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RESEARCH TRIANGLE INSTITUTE

RUSAFIYA PROJECT

**(UNDP-ASSISTED RURAL WATER SUPPLY
AND SANITATION PROJECT
PROJECT NO. WIR/87/011)**

**AN INTERIM REPORT ON A
SOCIOECONOMIC SURVEY
IN PLATEAU STATE**

SEPTEMBER 1988

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Federal Government of Nigeria
Federal Ministry of Health

RUSAFIYA PROJECT
(UNDP-Assisted Rural Water Supply
and Sanitation Project
Project No. WIR/87/011)

An Interim Report on a Socioeconomic Survey
in Plateau State

by

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under contract No. 3123, Task 77
for the World Bank

UNDP
NATIONAL BUREAU OF STATISTICS
FEDERAL GOVERNMENT OF NIGERIA
ABUJA

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Chapter 1

OBJECTIVES OF THE SOCIOECONOMIC STUDY

The Rusafiya Project is a UNDP-assisted rural water supply and sanitation project in the Plateau State of Nigeria. "Rusafiya" is an acronym in the Hausa language for "water, sanitation, health."

The objectives of the socioeconomic study in support of this project were:

- to determine the socioeconomic characteristics and attitudes of the Plateau State that can serve as the base for all project activities in the State.
- to develop a simplified methodology for routine studies of similar rural water and sanitation projects. (For additional information on areas of inquiry see complete terms of reference in Annex 1.)

1.1 First Phase

The consultancy was divided into two phases. During Phase I, which took place from July 20 to September 6, 1988:

- A protocol was developed for introducing communities to the Rusafiya project.
- A method was developed for understanding community socioeconomic characteristics and attributes and for collecting baseline data.
- National consultants, potential Rusafiya staff, and NLG staff were trained in protocol development and community data collection.
- A detailed outline was prepared for continuation of the survey by local consultants and Nasarawa Local Government (NLG) staff.
- Detailed scopes of work were prepared for national consultants to continue complete activities (see Annex 2 for consultants' scope of work).

1.2 Second Phase

The second phase of the consultancy will take place from the last week of November until December 10, 1988. This phase will include the following activities:

- A review of data collected and analyzed during Phase I.
- Assistance in data analysis.
- Development of findings and recommendations.
- A workshop for project staff and other relevant people will be given on socioeconomic survey methodology and the findings of the survey which would lead to a detailed work plan. The workshop will demonstrate how the results of the survey determine construction activities.

Chapter 2

SOME PRELIMINARY FINDINGS AND RECOMMENDATIONS

2.1 Sociological and Demographic Findings

The Nasarawa Local Government (NLG) villages are multi-ethnic and multi-lingual. Within the six districts of the NLG village composition and demography differ vastly. Villages visited in each of the districts tended to have a population of over 1,500. Frequently there are four to seven different ethnic groups within each village with each group in a specific area of the village. Each of the ethnic groups has a representative in the village decision-making "council of leaders." Preliminary indications are that settlement patterns in villages of this size are in a continuous state of flux, depending on season, availability of farm land, and proximity to major markets. In this study, a clearer understanding is needed regarding composition and layout of such large villages as well as "small" villages (i.e., those with a population of 300 to 500). Languages also differ. While the local lingua-franca is Hausa, in many of the villages visited, one of the community members translated from Hausa to the major ethnic language of the village.

In such large villages with multi-ethnic composition, each ethnic group could be treated as a village and each "sub-village" could very easily have a population of 500, a number appropriate for rural water technologies.

2.2 Data at the NLG Level

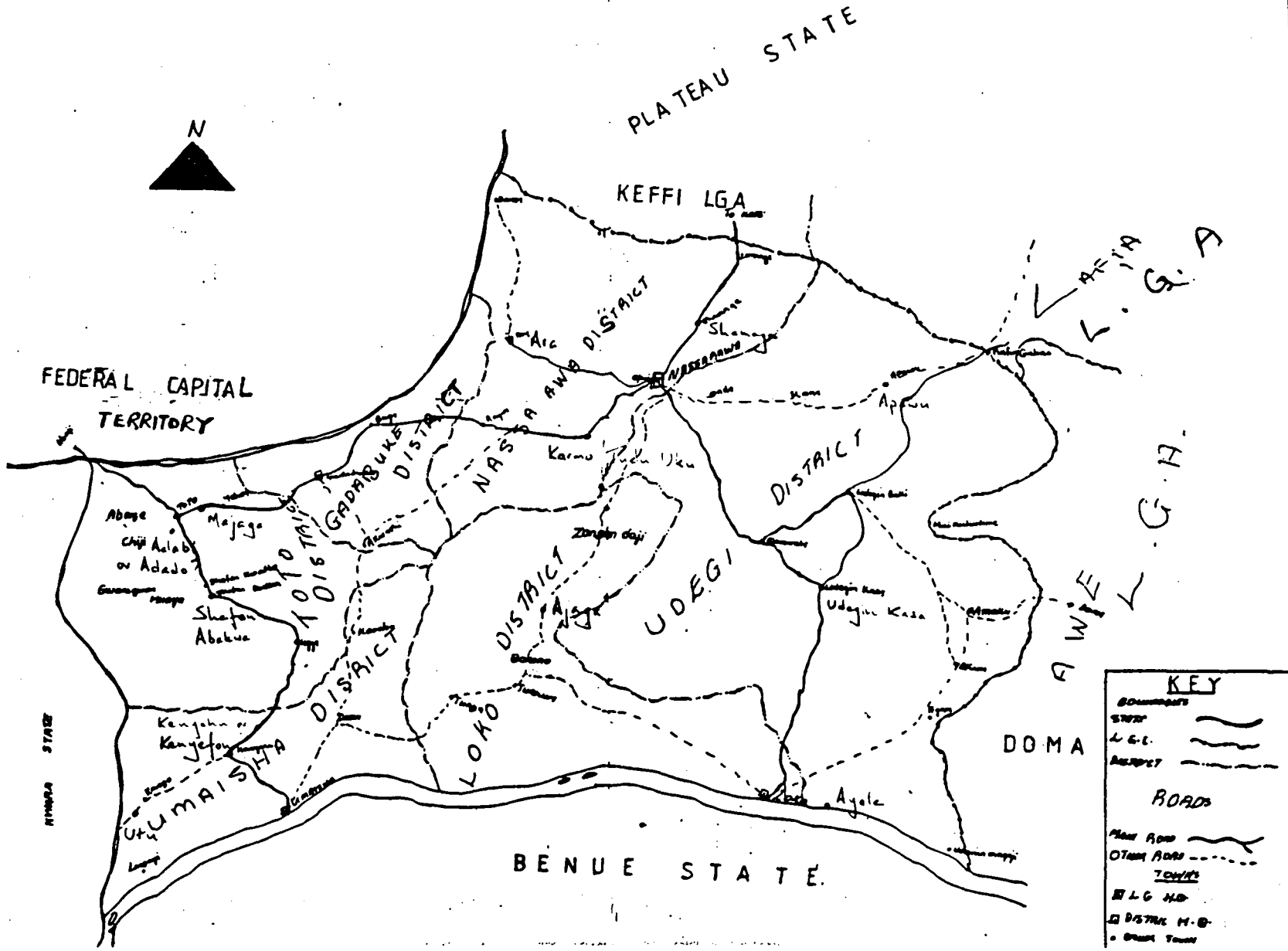
Preliminary investigation of data reported from the districts to the NLG indicate that they are poorly collected and inadequate for planning or decision-making purposes. The exception might be house numbering by the Primary Health Care (PHC) program of the local government. This and tax collection information might indicate the population size of communities. However, data on health and on diseases are inconclusive. Guinea worm is reported in Ara, Shamage and Laminga (see map below). The disease has been identified only within this triangle. There were 20 reported cases last year and recently 13 in Ara.

The health inspectorate receives a monthly data sheet from each of the districts. Data collected include those on refuse pit inspection, construction of VIP latrines, hygiene education sessions, and immunization. Since the introduction of VIP latrines at NLG in late 1987, four demonstration units have been constructed: two at Nasarawa Primary School, one at Laminga Government Health Clinic, and one at Tudu Uku. There are no formal lesson plans for hygiene education. It tends to be conducted on an ad hoc basis and "whenever time permits."

At the state level there is a task force for environmental sanitation, with corresponding task forces at local government and district levels. In the district, the district head, a traditional ruler, is also the head of the environmental sanitation committee. There is also a representative from the

MAP OF MASSARAWA LOCAL GOVT AREA
SHOWING ITS DISTRICTS H.O.

APPROXIMATE SCALE - 1:250,000



health department, the police, ministry of works, and community development. At Nasarawa local government, committee activities have included a monthly environmental sanitation exercise. This "exercise" was done because a federal government decree was passed that all the towns were to be cleaned. Information on public health is disseminated through loud speakers and town criers. A mobile court enforces these decrees by driving around the towns and arresting defaulters.

General mortality and morbidity data are inadequately reported. Statistics on "unspecified diseases" are five times the number of those specified. The only statistics for water-related diseases are those for dysentery. These numbers seem unrealistic when checked against the responses of community members when questioned.

2.3 Prevalence and Perceptions of Water-Related Diseases and Attitudes toward Them

Almost 80 percent of the diseases identified by community members are water-related. The most significant are acute diarrhea among infants (some mothers said that babies have diarrhea from birth), dysentery, scabies, measles, hepatitis, and in some areas guinea worm. Some communities believe that these diseases are brought to their village by people who leave the village and then return or by strangers who come to live with them.

A point worth noting here, however, is that during the demonstration (see Chapter 4 below) members of the community began to recognize the relationships between a disease and excreta disposal and water protection. Their remarks following the demonstration were frequently about what measures they must take to prevent contamination of the existing water sources and ensure that fecal matter is not ingested. In fact, people at this point stopped talking of construction and began asking questions about hygiene behavior.

2.4 Accessibility, Nature, and Organization of Existing Water Supply Facilities

Improved water sources at NLG have always been a political issue which has left communities angry and frustrated. Almost all major villages have improved sources. Such communities generally have anywhere from one to eight wells installed 25 to 30 years ago. Such communities also had boreholes drilled around 1982 "during civilian rule." One might find only one or, at most, two of the old wells functioning in the rainy season. Either the boreholes have not been completed or have not been opened. Private wells in compounds are also common in some of the larger villages. Streams and stagnant ponds remain the only reliable water source for almost all communities. The distance of streams from the center of villages varies from a five-minute to a twenty-minute walk. However, during the dry season when it is necessary to await the accumulation of water in such streams, waiting time can be 12 hours. In villages close to the streams feeding the Benue River, inhabitants use the section of the stream closest to them.

In general, communities have some form of mechanism for regulating streams. In communities where water is scarce during the dry season, all community men and

youths deepen the stream. In some communities, members of village development committees ration the quantity of water to only two buckets per household per day. A fine of N 10.00* is levied on any additional buckets. In other communities, the men clear the paths to the stream and regulate different parts of the stream for different uses. In one community, for example, washing and bathing is done upstream while drinking water is collected downstream.

Almost all households collect rainwater during the rainy season. Rainwater is considered the best tasting although issues of taste rarely come up.

Household compounds consist of elder brother, his wives and children, and his brothers' wives and children who cook and eat together. Water tends to be a different story. In every community visited with regard to water it was each household for itself. Food is shared. Water is not.

Water vendors with trucks sell water during the dry season to villages on the main road sometimes as far away as a three-and-a-half hour drive from Nasarawa township. At times people with private wells sell water to other members of the community. A 42-gallon oil drum costs N 2. The cost of filling a 42-gallon drum averages N 4 to 5. Expenditures of some households on water varies from a minimum of N 10 to N 30 per week.

Rusafiya has various technical options. Rehabilitation of existing wells, boreholes, and other sources should be considered and, where possible, any construction should begin there. The proper use and protection of existing streams should be part of the hygiene behavior package. Similarly, the more efficient and hygienic methods of collecting and storing rainwater should be considered as yet another aspect of community water protection.

2.5 Sanitation Facilities

All villages visited have latrines. Most family compounds have one latrine for men and one for women. Some villages have latrines inside compounds, others outside. All the latrines visited are pit latrines with variations as to the depth and lining of pits. One village used a large oil drum to line part of the latrine. Community men help each other in the digging of pits, although one person said he paid N 100 to have a pit dug. The depth varies between 6 to 12 feet and is filled up in from 6 to 10 years. The walls and roofing materials used vary from one village to another.

The basic concept of VIP latrines, i.e. dark with only a vent, is a traditional form of latrine in some district villages, but a fly screen was missing at the end of the vent. Some households pour a gallon of Detol or Izal (antiseptic lotion) in the latrine once a year to prevent flies and odors.

While most communities have some form of latrine, in some villages the old men refuse to use them, believing that they cause disease.

*One Nigerian Naira = US\$0.20.

2.6 Economic Activities and Assets

The houses in a compound are owned by each brother with the elder brother acting as primary decision-maker for the compound. Sometimes houses are rented. Agriculture and subsistence farming is the primary economic occupation of NLG communities. The primary purpose of farming is to feed the family. Any surplus is sold. Rice is cultivated in the southern districts as primarily a cash crop. Under the most optimistic circumstances, a farmer selling rice who has some surplus of basic agricultural products might make an annual profit of N 2000.

Women do some farming but their primary personal source of income is from petty trading and beer brewing. The beer is sold at the market for N 4 a gallon. Trading consists of either buying and selling such items as matches or individual cigarettes or buying a product and hoarding it until it is scarce and then selling at profit. A woman owns her own cooking pots (Chinese enamel ware) which she might use communally with other women.

Water, food, and school expenses for children are the man's responsibility, but a woman will "help" if the man does not have the money. If, however, a woman is "in trouble" she will rarely go to her husband's kin for assistance. She usually asks her own family for help.

2.7 Financial Institutions and their Relevance for Cost Recovery

Some form of savings institution can be found in almost all communities. The amount saved and or used for "development of the community" seems to be the best indicator of people's ability and willingness to pay. The concept of contributions for communal needs takes various forms. In some communities, contributions are collected on a case-by-case basis. Such communities have contributed as high as N 20 per family. Other communities have savings funds where the lowest sum contributed is N 2 per month for every adult over 15 and the highest was N 5 per month. In one village in a youth savings club each graduating student contributes N 5 to N 10 annually. Based on the above, if one were to estimate a cost of N 600 annually for operations and maintenance of a water supply or sanitation facility, it would seem to be within the range that some of the poorest communities can afford.

2.8 Women and Water Management

The women are obviously participating in the collection and distribution of water. However, their role and their participation need to be emphasized and strengthened. Rusafiya has already started the process at both the community and NLG level. At the community level, the protocol reinforces the important role of women in water use and hygiene. The protocol also asks community members to include women on their committees.

When there is resistance, it is necessary to determine whether it is religious or economic (a woman might be busy in the field). The current protocol includes an explanation to the village elders of why the presence of women is necessary. Access to women in Moslem communities, especially those surrounding NLG, is not easy. Elder and middle wives have authority over newly married and

unmarried women. During visits to these Moslem villages, women were not called immediately even though the message sent to the community earlier requested their presence at the initial meeting. It was only after demonstrating the relationship between behavior related to water and health and by eliciting answers from elders as to who would be responsible for health and the handling of water that they sent for older village women.

At NLG level, Rusafiya asked specifically that a women be involved in these initial stages. Additional women are being recruited to be trained to conduct intensive household hygiene behavior surveys. There is no shortage of women; it is only a questions of asking specifically for their participation and building their skills and confidence.

The cultural and ethnic variation in this NLG will require different approaches in different settings.

Access to women will continue to be a major problem requiring special attention and effort. In strict Moslem communities one way that is culturally acceptable is to work through "elder" women. These would be women past child-bearing age with whom young men, i.e. extension workers, can interact as "sons." The older women in turn within the framework of their traditional social and culturally obligations must teach the younger women.

These culturally appropriate ways of involving women will need to be determined on a village-by-village basis. It is most important, however, from the very first meeting to request and ensure the presence of women.

2.9 Community Level Resources and Skills

Each village had four to six motorcycle repairmen. Masons, carpenters, and blacksmiths are also common. It is difficult to determine their fee as it seems to hinge on many other non-economic factors. Such factors could be the purpose of the work (if it is communal then the artisan might contribute a percentage), his personal relationship with the customer, the ability of the customer to pay, the time of year, and whether or not he has sufficient money for his own needs.

In addition to artisans, every village has a number of religious and primary school teachers who teach pre-school and school-aged children. The large villages also had an average of 15 to 30 secondary school graduates either "self employed" or seeking employment.

2.10 Resource Mobilization for Communal Activities

A community's decision to deepen a stream, clear the bush leading to the stream, or construct a mosque or school are all based on the need to do so. The community leader is approached with the need for such an activity by any member of the community.

The community leader then calls a community meeting which includes leaders of each of the ethnic groups. At that meeting the work to be done is divided among those able to do it. Those who are unable pay the equivalent of a day's

wages for someone else to do his share of the work. Women participate in communal activities by making special drinks and cooking.

The maintenance of public facilities, i.e. mosques and community meeting places, are "everybody's" responsibility. There is a sense that "it is my turn now" which villagers say "people feel when it is their turn." However, the ultimate responsibility for maintenance seems to rest with the person living closest to the public facility; they can call on a specific community member to clean or sweep the facility or do it themselves. Villagers do not remember a time when the mosque or village meeting place was left unattended.



Chapter 3

STUDY PROTOCOL

3.1 Objectives

The objective of the study protocol was twofold:

- Develop field instruments that are simple enough for NLG staff to implement.
- Provide all the necessary information that Rusafiya needed for planning purposes and for establishing a dialogue with community members.

3.2 Implementing the Protocol

A series of some 80 questions were developed based on general areas of inquiry. After one field test with consultant and NLG staff, the most critical areas of inquiry were extracted. After another field test the most relevant and critical questions were selected. After two field tests, a final review called for the addition and deletion of some questions (see Annex 4 on villages visited in phase I of study) and community profiles developed for each village (Annex 5).

The process was done collaboratively so that NLG staff have a sense of ownership of the product. Rusafiya project staff and national consultants participated along with NLG staff in all the stages of development and adjustments (see Annex 3 on field instrument developed).

The Rusafiya community development consultant will continue to apply the instrument to the second set of communities selected. At the end of this second phase, NLG staff will be able to collect data and develop community profiles (see Annex 7 for a list of communities to be visited in Phase 2). At the end of this phase, the field instrument will be translated to Hausa and reviewed for accuracy by Rusafiya project staff (see Annex 2.a for terms of reference for community development consultant).

In-depth quantitative data on water use and hygiene behavior will be collected during the second phase (see Annex 2.b on terms of reference for health/hygiene consultant) as well as settlement pattern data (see Annex 2.c). Among the end product of this activity will be to train NLG health inspectorate female staff members to conduct such surveys in the future.



Chapter 4

PROTOCOL FOR COMMUNITY PARTICIPATION

4.1 Objective

Rusafiya's objective from the very start is not one based merely on construction of facilities. Behavioral change in water use and sanitation practices and the concept of communal responsibility are the basic concepts behind its approach to the installation of rural water and sanitation facilities.

Thus, the very first contact with the communities conveyed the following messages:

- Water is more than construction
- Water is for health
- For health to be assured, everyone must participate.

4.2 A Model Presentation for Extension Workers

In collaboration with NLG staff, the community development consultant, and Rusafiya project staff, the following presentation for mobilizing community support and participation was developed and used. After an introduction, the community was asked about their water sources, their adequacy, reliability, and condition. If wells were constructed, were they functioning or, if not, why not? This leads to the recognition that construction is not enough and that the users must learn how to maintain water supply and sanitation facilities.

Posing the following types of questions and demonstrating the answers at community meetings introduces the above concepts:

- Is it enough only to construct a house? What do you need to do to keep it beautiful and pleasant?
- I will show you how water can make you ill. Do you eat feces? Watch how, without knowing it, you eat feces.

Here the extension agent does the following:

1. He sprinkles white powder on the ground to indicate defecation and feces. He demonstrates how he inadvertently walks on it and how the white powder is carried into the household. A child crawls and then puts his hand in his mouth. An adult drops food on the floor on the feces and then eats the food. At each point the extension agent stops and asks, "What happened here?" and people say, "He/she ate feces".
2. He then takes a container of water and shows how someone with feces (white powder) on his feet steps into a stream, then how the container for

collecting water was laying on feces (white powder) before being dipped in the water, how people cleanse themselves anally in the communal water source. The extension agent then picks up the container and offers it for drinking. He asks different community members, "Will you drink this?" They answer invariably "no." "Why not?" he asks. "It makes one sick."

(During the testing these demonstrations were followed by silence, recognition, and realization.)

If women are not present, the extension agent asks, "Whose responsibility is it to care for water? Whose responsibility is it to care for the house?" Community members answer "women." Then the extension agent asks, "Why are they not here?" (Invariably, during the testing someone was immediately dispatched to call the woman leader.) The demonstrations are repeated. The extension agent then summarizes by saying that construction alone is not enough. Responsibility for its functioning and learning about what can make people sick and healthy are what water is about.

Find out if there are any questions. Here points of resistance come can out. The whole discussion stops with regard to whether or not contractors had completed the borehole and centers on health and hygiene behavior. The extension agent emphasizes that the project's approach is based on health, responsibility, and learning.

At this point questions are asked about whether this is "a new project" and people want to know when it will start. The extension agent says, "We are not a new project. We work with LGA. We are only doing things differently; instead of construction only, we insist on:

1. Your ability to care for the source.
2. Your using it so you are healthy.

We have no specific starting date because we are trying to learn how to do this a new way. Do you have questions? Are you interested? If you are, this is what you can do:

(The point of this step is to allow communities the opportunity to say no by simply not doing what is required of them.)

1. Select a committee or if you have one you think is suitable, use it. The committee must be men and women and have about 8 to 13 members. They must be people interested in health and the community water supply. They must also be people interested in teaching others what they have learned.
2. Decide on one evening or day every two weeks to receive the extension agent and learn from him or her. They will teach the committee and the committee will teach the rest of you. He or she will do this for at least six months. If during six months the meeting time is not kept, then the extension agent will stop his or her work in your village.

3. Be prepared to find him a place to sleep and feed him or her if they must spend the night with you. (Here community members usually say they do this anyway.)
4. Send a letter or message to the NLG community development office with all the information.
 - Any questions?
 - Now we will ask you questions.

(Here the extension agent starts gathering information for the community profile.)

This introduction usually takes an average of two to three hours. During this preliminary survey, the introduction and survey were done on the same day and took an average of five hours.

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Chapter 5

PRELIMINARY APPROACH FOR TRAINING IN COMMUNITY PARTICIPATION AND HYGIENE EDUCATION

5.1 Staffing

Rusafiya's approach is based on the experience of the water supply and sanitation sector since the start of the Decade. The approach is also recommended in the report prepared by HIFAB, a European consulting firm. Stressing community dialogue and the potential for replicability as the key concepts in its implementation approach, Rusafiya will have to utilize the existing resources of NLG to achieve its objectives.

At present, NLG has ten health and six community development inspectors who are assigned to the six NLG district headquarters. One women community development inspector oversees all women-related projects in the six districts.

As the title of these extension agents suggests, their primary function seems to be one of inspection rather than dialogue with the health agents. Their relationship with community development agents is somewhere in between inspection on the one hand and interaction on the other. The communications strategy used by existing agents is primarily that of addressing the entire village at meetings or making house-to-house visits.

5.2 Proposed Structure

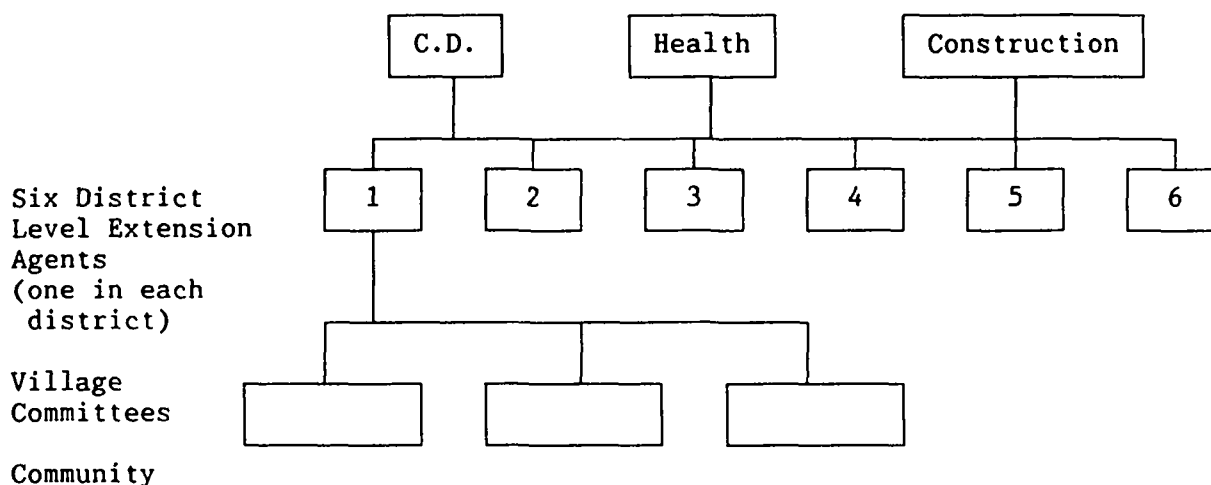
At Rusafiya the committees will act as trainers for the entire community. Some members will be responsible for operations and maintenance, others for cleanliness and care of the source, and others for hygiene and health. There will be approximately three committee members for each function.

The committees will be trained by the extension agent who will have been trained by and who will be supervised by NLG staff. NLG staff will be trained and supported by Rusafiya advisors in various areas of specialization. However, the most critical aspect of the training will be the ability of committees to transfer knowledge to community members.

The proposed strategy will require only one full-time extension agent at the district level. Each agent will train two to three committees:

RUSAFIYA TEAM AT NLG

Nasarawa



5.3 Approach

Specific well-planned tasks should be at the heart of each interaction between the community and the extension agent. While the skills of community development supervisors at the NLG headquarters seem to be excellent, those of the agents in the field are not as well known to this consultant team. As is the case in many countries, there are many constraints hindering the effective work of extension agents.

The approach recommended and outlined here emphasizes that the skills of the field agents are built over time, that they are based on specific tasks required by the implementation schedule of the project, and that a fixed schedule of visits to the community is imperative. The latter will be of critical importance as the extension agents field will include Rusafiya's work as a part of their already existing activities.

In Rusafiya, one extension agent will support two villages, thus two extension agents (one health and one community development) will support four to six villages in each district. The extension agents meet each village committee the same time every two weeks at a time suggested by the committee. The rest of the time each extension agent spends time doing special training and meeting special groups within each committee.

At these meetings, the extension agents:

- Provide skills and knowledge required for specific activities over the following two weeks.

- Review what was learned in the previous two weeks.
- Listen to comments regarding its usefulness.
- Take note of problem areas that arise.

The approach is one of problem-solving and the committee, in consultation with community members, develop a plan to address the difficulty. The two community development supervisors at Nasarawa meet with district extension agents at a place the extension agents can get to easily. The meeting lasts for a day. Progress is reported, problems are discussed, and information for the lesson plan for the following week is provided. The lesson can take place at separate monthly meetings with various project technical experts.

Supervision under this system is based on learning rather than questioning. Each supervisor is responsible for not more than three fieldworkers, with each of whom he spends an entire day in the field every two weeks. Action by supervisors, advisors, and coordinators is based on the relationship observed between community members and extension agents. Each key staff member is expected to spend a portion of his/her time in the field listening to community groups.

The successful implementation of this approach requires training methodologies which emphasize:

- Adult learning
- Experiential learning
- Problem solving.

5.4 Strategy

From a technological point of view, Rusafiya will begin its activities in areas where hand-dug wells are likely to prove most successful hydrogeologically. These communities are likely to be in districts in the southern part of NLG. Other communities, more likely to need drilled wells, will be the focus of a later stage. These communities will, nevertheless, have to be ready so that the drilling rig can be cost effectively utilized and move quickly from one village to another.

To implement such a strategy, villages with hand-dug wells will be part B of Plan A while village candidates for drilling will be in Plan B. Training for both types will be the same with only the sequencing of activities differing.

A series of tasks will be prepared for Plan A communities to occur over a minimum of six months, all geared to preparation for a well. The tasks will include:

- Training committees in training skills.
- Development of a village map with all compounds marked.
- Training in holding meetings.
- Management of funds.
- Conducting/participating in some surveys required by the hydro-geologist.
- Care of the source.
- Use of different sources.

In the communities in Plan B, the momentum and community contact will be around environmental health improvements and tasks will include:

- Training of committee members in training and communications skills.
- Preparation of a village map.
- Development of messages around community health, i.e., If you defecate, I have to eat it.
- In communities with guinea worm, training in water protection at the source, filtering of water, and treatment of source with Abate.
- In non-guinea worm communities, training in protection of existing sources.
- Training in the protection and care of drinking water during transport and at home.
- Training in the efficient and hygienic use of rainwater.
- How to build dish racks.
- How to protect water sources from animals.
- Introducing clothes lines.
- Digging refuse pits.
- Improving and increasing latrines.

Communities in Plan A will then begin tasks which those in Plan B communities have done.

The end product of both Plans A and B will be a community with all sources and environmental interventions completed.

ANNEX 1

Consultancy Terms of Reference



Nigeria - World Bank-executed UNDP Project NIR/87/011

Terms of Reference for Socio-economic Surveys in Plateau State

BACKGROUND

In Nigeria, out of a total population of more than 100 million, more than 50 million live in rural communities of less than 5000 people. It is estimated that less than 20 percent of the rural population is served by adequate water supply and an even smaller percentage has access to sanitation facilities.

Since the establishment of the State Water Boards (SWBs) in 1967 in the 21 States plus the Federal Capital Territory (FCT), the responsibility for rural water supply has been shared between the Local Government Areas (LGAs) and the SWBs; responsibility for the sanitation subsector was left with the LGAs. Experience over the past 20 years has shown that SWBs have concentrated their activities primarily in the urban areas, leaving rural needs largely unmet. To redress this imbalance in service coverage, and in line with government policy on decentralization, it is now intended to shift almost all responsibility for both water supply and sanitation to the LGAs. However, the institutional arrangements for an effective delivery of the services by the LGAs have not been clearly defined and tested.

THE PROJECT

At the request of the Federal Ministry of Health (FMH), UNDP has prepared a new project to test this new arrangement by providing assistance to the States of Bauchi, Benue, Borno, Plateau and FCT. The project is designed to determine the processes and institutional needs for the effective planning, management and implementation of sustainable rural water and sanitation services, including the need to strengthen the involvement of beneficiaries in the sector. This project will provide assistance to a nationwide programme for rural water supply and sanitation (RUWATSAN), which was launched by the Federal-level Directorate of Food, Roads and Rural Infrastructures (DFRRI) to promote and coordinate development in the rural areas. It will also collaborate with a complementary UNDP Project on the Promotion of Women in Water Supply and Environmental Sanitation Services (PROWESS).

The Project will be headed by a coordinator based in Jos, Plateau State, with a core staff consisting of a training adviser, community development adviser and administrative staff. This group will provide support to all project states. In each project State, an LGA RUWATSAN unit will be established as the pivotal point for the project operation; it will include community development officers, health workers, a construction supervisor, mechanics and drivers along with part-time hydrogeologists and water resources surveyors. This unit will be led by a State Coordinator and his/her official counterpart. The State Coordinator will also advise the States on matters relating to his/her specific area of expertise.

OBJECTIVES

It is intended that a pre-implementation socio-economic study should be carried out in each state to provide a basis for the planning and the development of approaches for such activities as community participation, the involvement of women, hygiene education and cost recovery. This consultancy is intended for the first study which will take place in the Nassarewa Local Government Area of the Plateau State.

The objectives of the study are to:

- define the socio-cultural and economic environment in Plateau State that can serve as the baseline for all project activities in the State.
- develop a simplified methodology for similar studies for routine use in rural water and sanitation projects.

ACTIVITIES

The activities of the consultant(s) shall include, but not limited to, the following:

- review of available project documentation
- collection and analysis of data available with Federal, State and LGA authorities, with particular emphasis on demographic, socio-economic and health profiles of the study area;
- development and proposal of a detailed study protocol, including sampling procedures and plan of action for data collection and analysis. This protocol shall be discussed and endorsed by the Project management and LGA officials;
- recruitment, organization and training of field investigators;
- design and field-testing of an appropriate questionnaire in close consultation with Project Management;
- supervision of data collection with the involvement of community leaders;
- design and organization of a limited number of supportive qualitative field studies in selected communities (see below);
- data analysis and preparation of a report with recommendations for the design of effective measures to promote community participation and women's involvement in the implementation and maintenance of project installation/ activities. Before finalization of the report, a draft version shall be discussed with the Project management.

SCOPE OF WORK

In carrying out the survey particular attention shall be paid to :

- prevalence of, as well as perceptions and attitudes towards, water-related diseases;
- accessibility, nature and organization of existing water supply and sanitation facilities;

- collection , storage and consumption patterns of domestic water;
- hygiene and defecation behavior;
- socio-economic, sexual, ethnic and cultural differences of relevance for water supply and sanitation;
- distribution of productive assets and incomes with respect to broad assessments of cost recovery potentials.

In addition, the limited number of intensive qualitative studies shall :

- explore the social and sexual division of labor relevant for collection and distribution of domestic water;
- identify domestic and community decision-making processes and the role of women, particularly with regard to site selection of water supply points and organizations regulating access to distribution of drinking water;
- identify formal and informal instruments of empowering women in water supply management;
- identify social and cultural values beliefs and taboos associated with water supply and sanitation;
- identify existing and potential patterns of domestic/community resource mobilization relevant for the promotion of cost recovery and sense of ownership/responsibility of water supply installations.
- determine prevalent attitudes towards existing institutional arrangements;
- investigate the availability of skilled and unskilled local labor and attitudes towards construction techniques;
- assess the economic capabilities of households to contribute to construction, operation and maintenance of improved water schemes and sanitary facilities;
- investigate the existence of health education programs.

ORGANIZATION OF STUDY

The study shall be entrusted to an external consultant who will work in collaboration with local social scientists and who will be responsible for the satisfactory completion of the study. Throughout the study the project management shall be kept closely involved.

The study will be carried out during a period of three months, starting from the approval of the detailed protocol as outlined above.

The implementation of the consultancy will follow this tentative schedule:

(a) Preparatory Phase (one week)

- review of available project documentation
- preparation of a draft questionnaire for the socio-economic survey followed by discussions with project staff in Washington.

(b) First Visit to Nigeria (two weeks)

- briefings with Project Staff in Nigeria
- selection of the local consultants with the assistance of the

- Project staff followed by preliminary discussions
 - visit to the Nassarewa Local Government Area and discussion with local leaders
 - finalization of the questionnaire and the plan of action for data collection, coding, manipulation and presentation.
- (c) Second visit to Nigeria - to take place after approximately 8 weeks from the end of the first visit - (three weeks)
- data analysis and draft report preparation
 - preliminary discussions of findings with project management team
 - participation in project development workshop with the participation of all parties concerned
 - Finalization and submission of revised reports

OUTPUTS

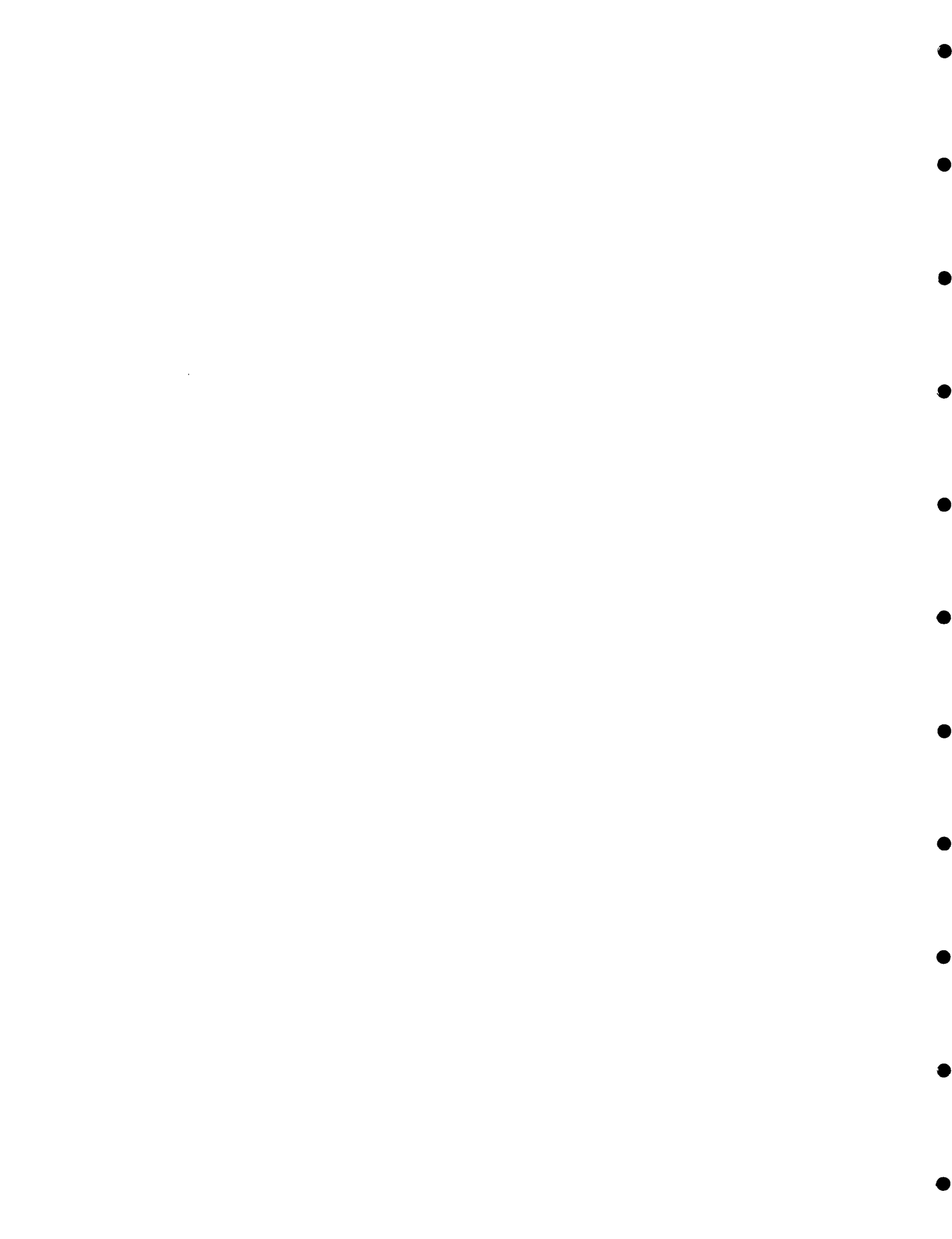
The Consultant shall submit the following reports within the time limits specified below:

- (a) Prior to departure for Nigeria
- a draft questionnaire to be used in the socio-economic study for comments from the Bank;
- (b) Within two weeks of returning from first visit to Nigeria
- report on the plan of action for the study including a revised questionnaire based on field inputs;
- (c) Within two weeks of return from second visit to Nigeria
- a final report on survey findings with recommendations for project planning and implementation;
 - a report describing a simplified methodology and plan of action to carry out routine surveys for quick assessment of socio-economic realities.

ANNEX 2

Terms of Reference for Socioeconomic Surveys

- a. Community Development Consultant
- b. Hygiene/Health Behavior Consultant
- c. Demographic Survey Consultant



a. Terms of Reference for Community Development Consultant
September to December 1988

Rusafiya Project

Background

The preparatory stage of developing field tools for a community profile and for approaching communities in Rusafiya project communities was developed with Nasarawa Local Government (NLG) staff and Mr. Pam, consultant in community participation.

The process for approaching communities and the field testing of community profile field instruments took place in a village in each of the six districts of NLG.

Objectives

Implement protocol and develop community profiles in a second community (see schedule below).

Activities

- Implement protocol and develop community profile as indicated in the attached schedule.
- Write down and note all questions and remarks made by community members in the course of carrying out the introductory protocol, paying special attention to expressed points of resistance. For example, in one community, it was noted that elders believe disease comes from latrines. (Please make no effort to change those beliefs at this point -- only note them.)
- Work closely with NLG community development staff. At the end of the assignment, NLG staff should be able to:
 1. carry out entire protocol alone.
 2. complete data gathering for community profile.
- Note if women's committees have a structure similar to the community development committees found at NLG, district, community, and ward levels.
- Translate into Hausa the community profile field instrument, reviewing it before finalization with the Bauchi Handpump Testing Project Manager, Mr. Joseph Ajayi.

Schedule of Villages to be Visited
by Community Development Team

<u>Village</u>	<u>District</u>	<u>Date</u>
Majaga	Gadabuku	September 12
Adado	Toto	September 13
Utu	Umaisha	September 14
Ayele	Loko	September 15
Ara	Nasarawa	September 16
Afawu	Udege	September 19

b. Terms of Reference for Hygiene/Health Consultant

Rusafiya Project

Background

As part of the socioeconomic pre-implementation study, data on health and hygiene and on demography behavior will be needed to form the basis for the Rusafiya water and sanitation hygiene education program.

In addition, the changes in water use and hygiene behavior will in the future provide evaluative criteria for assessing project impact.

Objectives

- Conduct intensive household/compound observation to assess water use and sanitation practices.
- Train NLG staff in carrying out observational household surveys.

Methodology

- During the first phase of the study, a representative village was visited in each of the NLG six districts. These communities will be revisited and an additional six communities (one in each district) will be visited for the purpose of this assignment (see list below).
- At least one compound will be selected for observation. The compound should be selected based on distance from the source.

Activities

- Assess demographic and health data availability at state and NLG level (PHC house numbering and tax collection records should be reviewed for their usefulness.)
- Coordinate activities with NLG community development staff so that communities understand the purpose of the study.
- Find out from household compounds what their experience has been with community development staff.
- Quantify exact amounts of water used for different functions. (Note variations when away from home, e.g., in the market or in town.)
- Find out where, how, and by whom are infant and child feces disposed of.
- Find out at what ages children begin using latrines.

- Find out if old people and young use them?
- Find out what women and men might consider an inconvenience in existing facilities?
- Note different public health behaviors:
 - Are water containers covered?
 - Are dippers kept from contamination?
 - How are clothes and dishes cared for?
 - Drainage?
 - Handwashing and soap availability. If present or absent, is it because of knowledge or money?
- Record perceptions on frequency of diarrhea and its sources.
- Note details of latrine construction.
 - Pit: circular, rectangular
 - Slab: wood, plaster, concrete
 - Walls: yes or no
 - Form: mud, blocks, other (state)
 - Roof: Yes, no
 - Form: Thatched, corrugated.

End Product

- Hygiene education lesson plans based on detailed findings and recommendations.
- Tabulation and manipulation of data collected.
- Develop a simplified form which NLG staff will use to collect similar data.

Timing

Between October 20 and November 11, 1988, the consultant will conduct field research in the following communities:

<u>Village</u>	<u>District</u>
Majaga	Gadabuku
*Karmo/Tudu Uku	Gadabuku
Adado	Toto
*Shafan Abakura	Toto
Utu	Umaisha
*Kenyefun	Umaisha
Ayele	Loko
*Ajaga	Loko
Ara	Nasarawa
*Shamage	Nasarawa
Afawa	Udeji
*Udejinkasa	Udeji

*Communities visited in first phase.

The consultant shall deliver the completed report no later than November 21, 1988.

c. Terms of Reference for Demographic Survey

Rusafiya Project

Background

During the first phase of the socioeconomic survey, the communities visited seem to be large villages (1,500+), multi-ethnic and with linguistic variations between villages and among ethnic groups residing within the villages. For the purposes of planning rural water supply and sanitation interventions, Rusafiya needs a clearer idea of project area communities.

Objectives

1. Map out representative communities.
2. Train Nasarawa local government staff in conducting similar assessment.

Activities

- Review PHC and tax collection statistics data usefulness of the data.
- Visit communities selected in phase 1 and phase 2 of the socioeconomic survey.
- Map out each community showing its relation to the main road, paths within the village, residential patterns of different ethnic groups, the compounds, community wells, and latrines.
- Train NLG staff in conducting similar surveys.

Timing

Between September 19 and October 31, 1988 the consultant will conduct field surveys in the following communities:

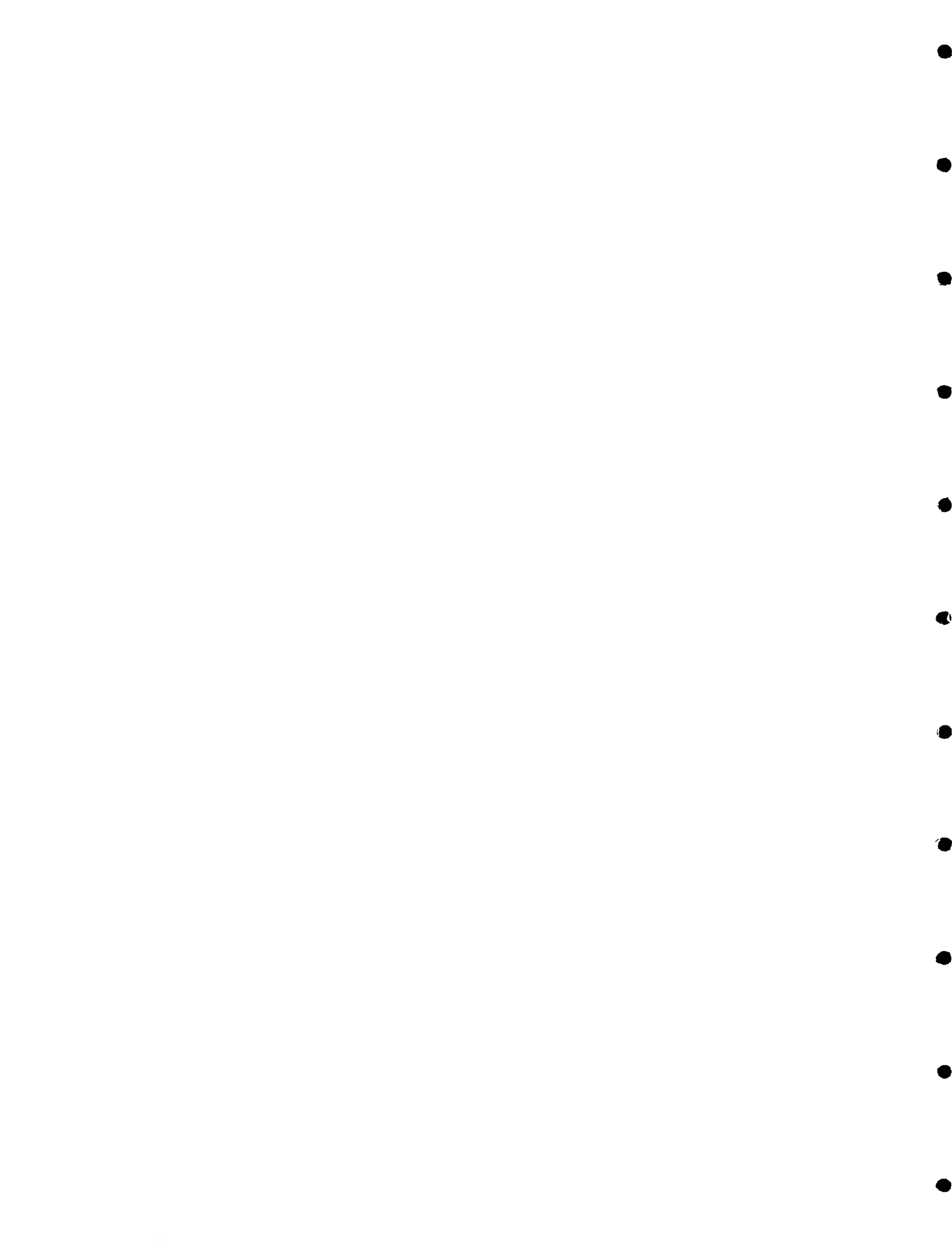
<u>Village</u>	<u>District</u>
Majaga	Gadabuku
*Karmo/Tudu Uku	Gadabuku
Adado	Toto
*Sufan Adabuka	Toto
Utu	Umaisha
*Kenyefar	Umaisha
Ayele	Loko
*Ajaga	Loko
Ara	Nasarawa
*Shamage	Nasarawa
Afawa	Udeji
*Udejin Kasa	Udeji

*Communities visited in phase 1.

End Products

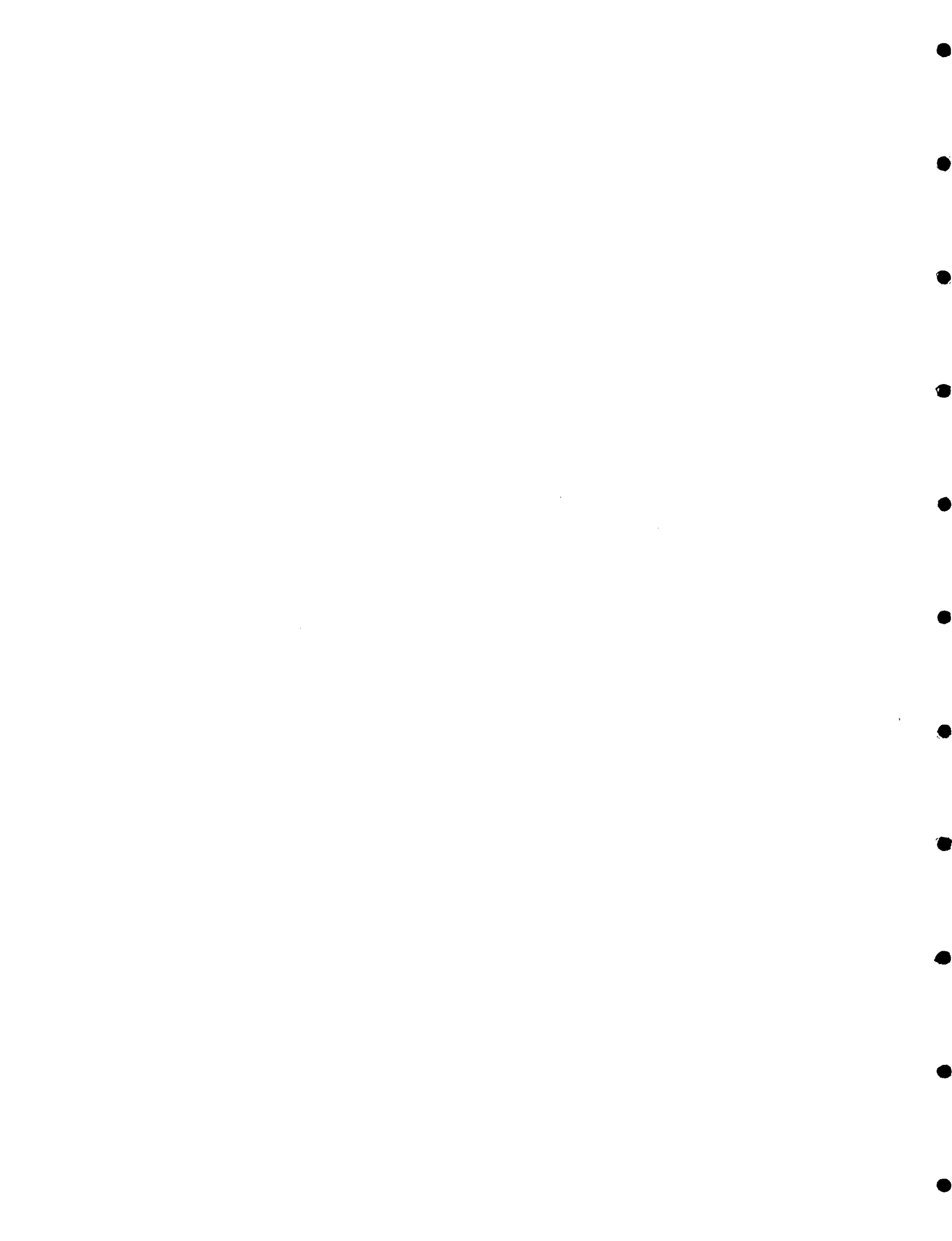
The consultant will submit a map for each community, indicating population size, and details specified under section on activities.

A short report outlining how the training of NLG staff was conducted. End products are to be submitted no later than November 20, 1988.



ANNEX 3

Field Instrument for Collection of Community Data



RUSAFIYA QUESTIONNAIRE

1. Distance from NLG:km.
2. Ethnic Group(s):
Which languages are spoken here?
.....
.....
.....
3. Religion:
What religions are here?
.....
.....
4. Previous external support:
Any project undertaken by State Government/
Local Government/Mission in this Community?
.....
.....
5. Men, community leader and decision makers:
Who is community leader
His name?
How long has he been leader
How was he appointed?
Who elected him?
6. Women's leaders:
Who is women's leader?
How long has she been leader?
How was she appointed?
Who elected her?
7. Youth groups:
Do you have youth associations?
How many?
How were the groups formed?
What activities have they done?
8. Previous experience working together:
Have you ever undertaken communal activities
together?
Who initiated those activities?
If yes, what activities have been done by men?..
.....
what activities have been done by
women?
9. Decision making processes:
How are decisions made about bush clearing,
deepening of walls, drainage, mosque, school
or other examples?

10. Finance and economic activities:
 Are there any savings clubs?
 Are there any cooperative societies (farmers',
 women's)?
 What has been your experience with cooperative
 societies?
 How much money do you contribute?

 What do you do with it?
11. Human resources:
 Artisans? Carpenters? Masons? Motorbike
 mechanics?
 Blacksmiths?
 Primary school teachers?
 Religious teachers?
 Secondary school graduates?
 Ngezome (TBAs)?
12. Perceptions of health:
 What diseases are common in your community?

 Where do you think they come from?

13. Existing water sourcesL
 Who fetches the water?
 Where do you get your water?

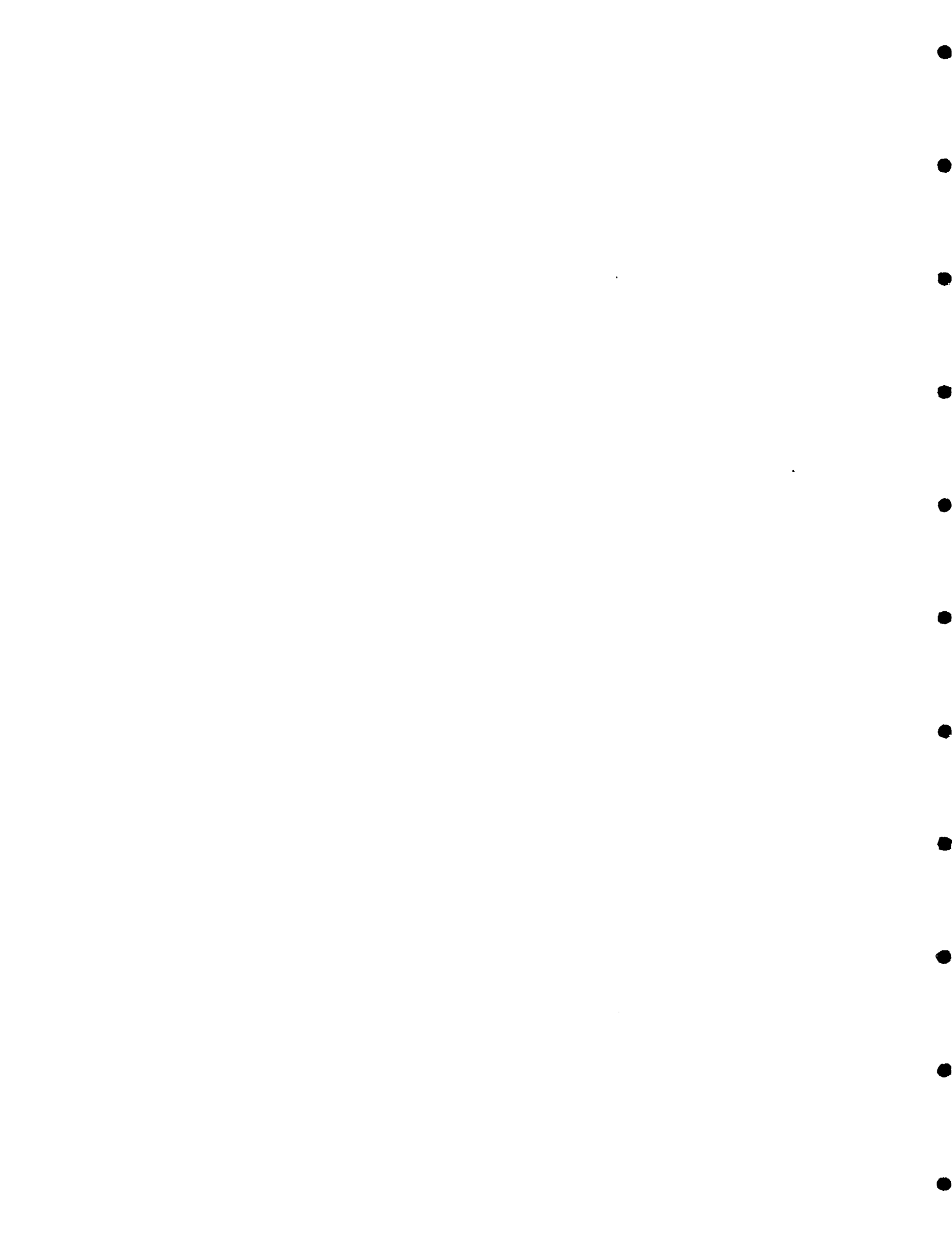
 in dry season?
 in rainy season?
 Does anybody regulate the use of water?

 Does anybody regulate the amount of water
 collected?
 What is allowance?
 Do you buy water from vendors?
 If so, how much do you pay?

 Type of source?
 Distance? (one way)
 Time to and fro?
 Reliability: rainy season only?
 dry and rainy season?
 Usage: drinking washing
 bathing, animals

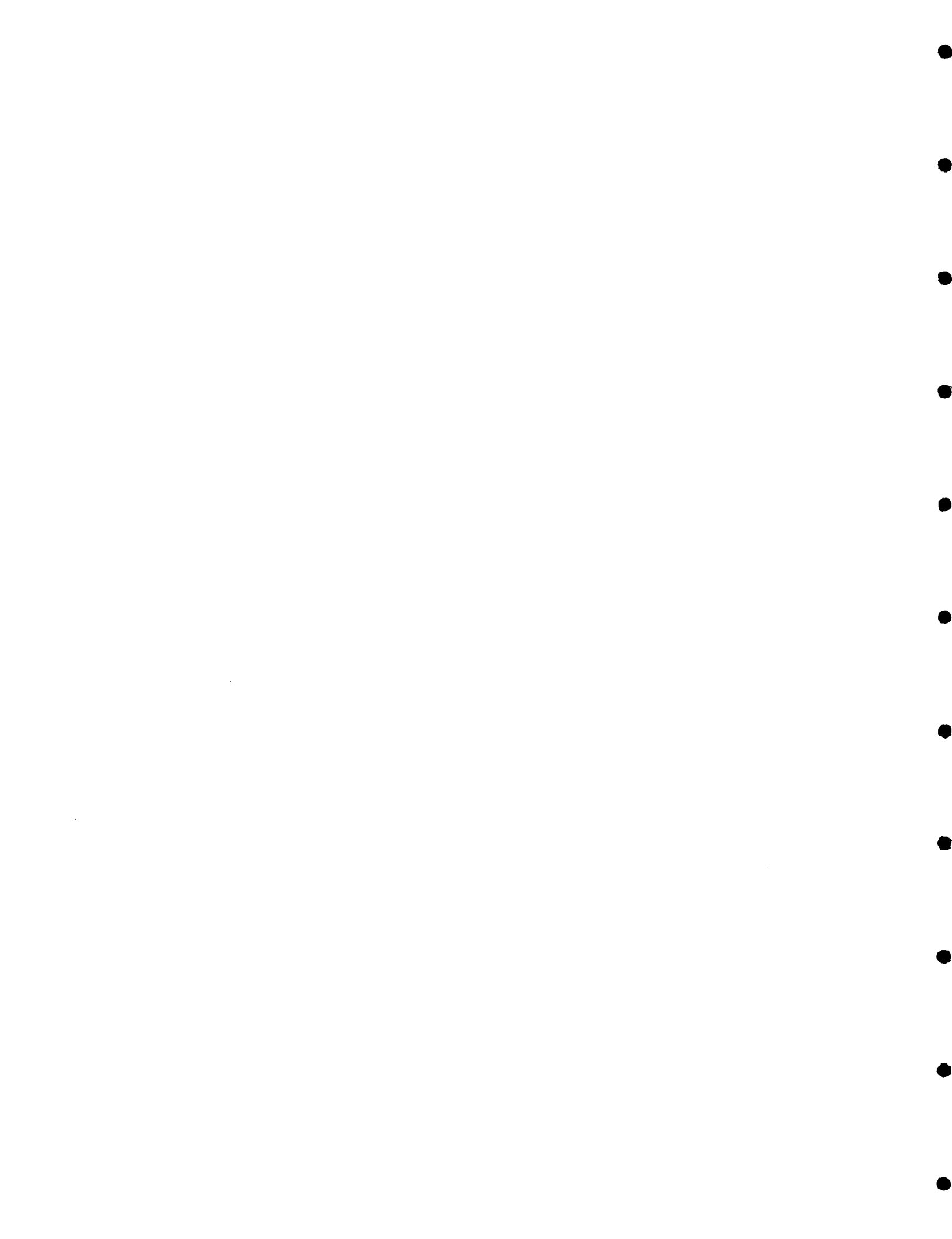
ANNEX 4

Schedule of Communities Visited in Phase 1



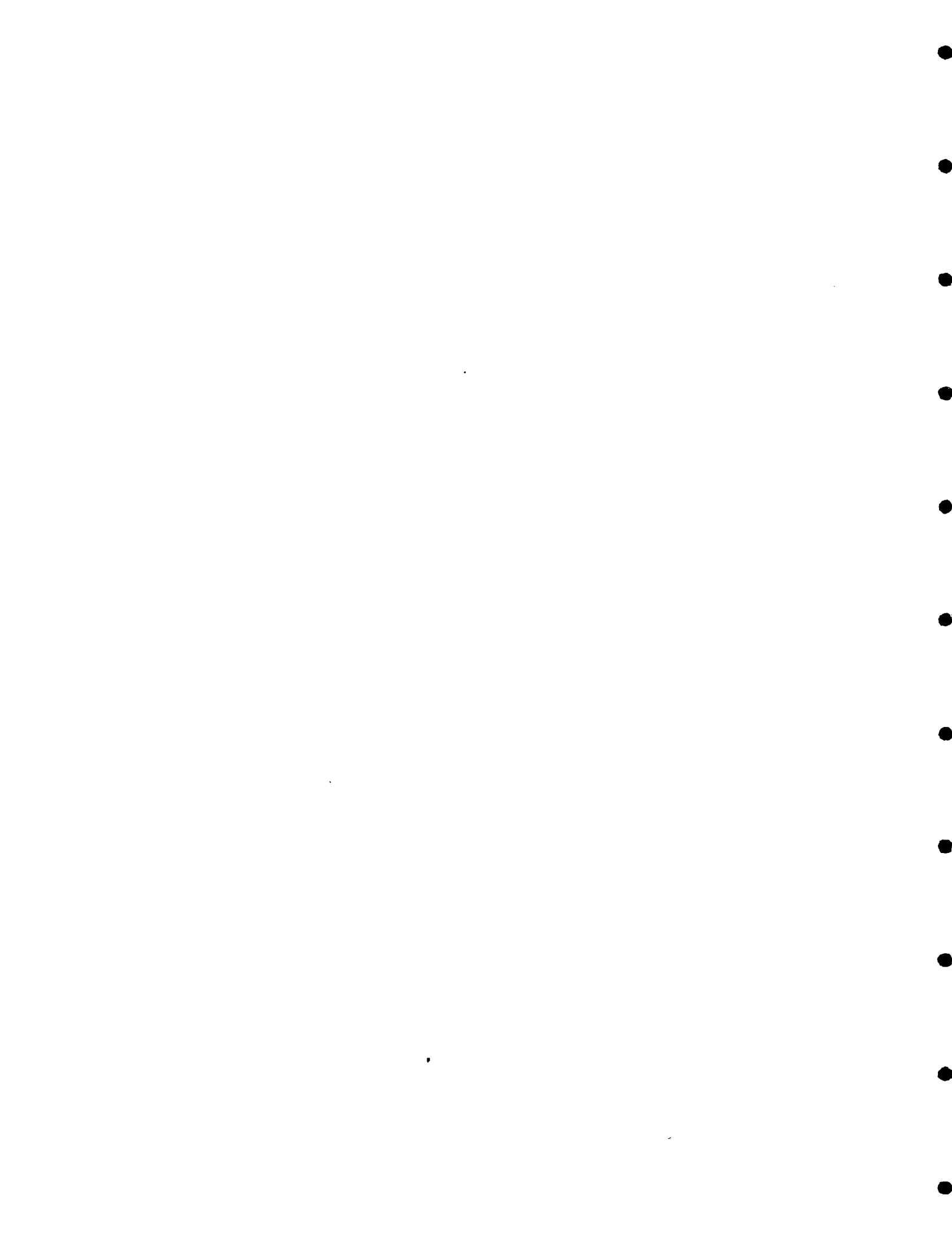
Schedule of Communities Visited in Phase 1

<u>Date</u>	<u>Village</u>	<u>Tribe</u>	<u>District</u>	<u>Travel Time</u>	<u>Water Status</u>
Friday 26/8	Shemage	Fulani	Bassarawa	15 minutes	Scarce with guinea worm
Saturday 27/8	Continue Shemage Visit	Meet and review with Dr. Pam			
Sunday 28/8	Karmo/Tudu-Uku	Gade	Gadabuke	39 minutes	Well served
Monday 29/8	Shafan-Abakpa	Egbura	Toto	2 hours	Scarce
Tuesday 30/8	Kenyefum	Bassa/Egbura	Umaisha	2.5 hours	Adequate
Wednesday 31/8	(Review day with Yacoob, Lockery, Ulumologe, NLG Staff, and Habila)				
Thursday 1/9	Ajaga	Afo	Loko	1.5 hours	Scarce
Friday 2/9	Udejin Kasa	Afo	Udeji	3 hours	Well Served
Saturday 3/9	Review Instruments				



ANNEX 5
Community Profiles

LIBRARY
INTERNATIONAL REFERENCE CENT
FOR COMMUNITY WATER SUPPLY &
SANITATION (IRC)



SHAMAGE

Distance from LGA: 15 minutes.

Demography: 500 compounds with 30 to 50 people in each.

Community Resources: Three traditional birth attendants, ten Koranic teachers. One shop selling shoes and dresses. One mechanic for motor bikes. One tailor. Three secondary school graduates. One traditional healer.

Women Leaders: Alhaja Kaltume appointed by community elders during "politically" sensitive time.

Village Elders: Alhaji Shuaybu. In power for past 25 years. Selected by village elders, no government interference.

Decision Making: Community members (all) meet to make a decision for labor or funds.

Projects Together: Every dry season all village men work to deepen pond. Have also built two classrooms in primary school.

Public/Environmental Health Interventions: Dishes on floor. Pit latrines are covered and used. Drainage and garbage pits. Behaviors around care of existing sources to prevent Guinea worm (cloth filtering, Abate treatment of pond, and provisions for infected community members).

Water Sources: The village and its surrounding has five shallow wells about 51 CV 6es. These are uncovered with highly polluted stagnant water. In the rainy season these sources are used for cleaning and bathing. Most households also collect rainwater from their roof during the rains. The containers are heavy large rusty oil barrels. During the dry season women walk about 15 to 20 minutes to a shallow pond outside the village. Water from this pond is used for drinking, bathing, and cooking. There are sanctions imposed by the village elder to avoid pollution of the pond water. During the dry season a household (i.e. man, wife (wives) and children) might spend an average of N 5-10 a month buying water from a private tanker truck. Women during the dry season sleep near the pond so they can fetch water early enough. There are no sanctions on quantity fetched.

Finances: A male head of compound might spend money on food for his compound. However, each family in the compound provides its own water.

Women might trade by buying some crops, hoarding them until they are scarce and then selling at a profit. Another source of income is buying and selling matches or individual cigarettes. Total cash flow per month is between N 1 to N 5. In such cases, a women will turn to her own kin for financial help.

Communal activities that require communal contributions are decided upon by the entire village at a meeting called by the village elder.

No credit or savings organizations exist.

Almost all houses have tin roofs and are built with cement.

Care and maintenance of public facilities: The village has four mosques. The maintenance of the mosque is the responsibility of women. The woman living closest to the mosque is ultimately responsible for its cleanliness. However, every woman "feels in her heart" when it is her responsibility to go and clean the mosques. It seems to work out.

AJA VILLAGE

Distance from NLG: 40 km.

Ethnic Groups: Gwari (predominant), Aho, Tir, Hausa, Ibo, Fulani, Agatu, Mada, Gade, Bassa, Kwato, Gwandara.

Languages Spoken: Hausa (commonly spoken), but each tribe speaks its mother tongue.

Religion: Christianity, Islam, traditional religion.

Previous External Support: Primary school and well said to have been provided by the LGC. At time of study well was not functioning. Construction of the 40 km road had been at a slow pace. Study team observed a few uncompleted bridges along this road.

Community Leaders and Decision-makers:

Men: Village head and his five ward heads; town development committee; Headman's name - Sjaga.

How long has he been leader: Since 1972.

How was he appointed? - Traditional procedure, i.e. by traditional king makers.

Women's Leader: Madam Halima Usman

How was she appointed? - By election (women themselves constituting the electoral college).

Contribution of Women: Provided water when building of primary school. Provided 'kunu' (a local soft drink) to the men folk when maintenance work was being carried on the 40 km road. They usually worked hand-in-hand with the youths.

Youth Groups: Each tribal group (see 21 above) has a youth group, but there is not a total town youth group.

What activities have they done? Participated in road construction and maintenance. Usually undertake the cleaning of water source when the wells dry up.

Previous Experience Working Together: Undertaken the construction and maintenance of 40 km road, building of primary school, and cleaning of water source as and when the need arose. Decisions are taken by the Town Development Committee.

Decision Making Process: Decisions are made by the village head together with his ward heads. The town development committee contributes.

Finance and Economic Activity: Two savings groups exist; one for the men and the other for the women. Members contribute N 10.00 (ten naira) each every year. The purpose is to assist members who wish to undertake commercial ventures or increase their farming activities. Extra contribution (levy) is

usually made as and when the need arises. Financial assistance to members is based on a revolving loan system.

Human Resources:

Carpenters	- About 6
Masons	- 8
Blacksmiths	- 5
Primary school teachers	- 3
Motorcycle mechanics	- 8
Religious teachers: Christian	- 2
Islam	- 8
Ungwan Zoma (town birth assistants)	- 4

Perception of Health: Common diseases in this community include skin diseases, hepatitis, malaria, diarrhea, dysentery. When asked, members of the community thought the source of these diseases is from the water.

Existing Water Sources:

- Women fetch the water
- Water is gotten from wells (in the rainy season) and from a pond or marshy area in the dry season.
- Individuals have private wells. These are controlled by the individuals themselves.
- Water from public wells is not controlled.
- In time of scarcity people get up as early as possible to fetch water from public wells.
- Amount of water per individual is not regulated.
- In time of scarcity people buy water from vendors - private well owners, but usually all the wells dry up in the dry season.
- Distance from town to the pond is about 1 km. It's about 1/2 hour to and from.

Reliability:

- The wells are reliable only in the wet season.
- Only the pond is relied upon in the dry season.

Usage:

- Drinking, washing, bathing, use by animals, brewing of local corn beer.

Public/Environmental Health Observations. Compounds visited showed:

- Pit latrines are built outside the compound.
- Water is stored in 50 to 60 cubic liter containers.
- Ovens are specially built in a particular area.
- Stray animals and birds were observed.

(About five hours was spent on this study).

UDEGIN KASA

The team arrived in Udegin Kasa at about 1:30 p.m. Because the team was unable to get to the village at the appointed time, it discovered that most of the villagers had gone to their farms. So the team had to wait for those considered to be the key people before the exercise started.

Distance from LGC Headquarters: 69 km. Road: Laterite and rugged. Federal government is responsible for a greater part of the road.

Ethnic Groups: Eloyi (plural), Aloyi (singular) - Predominant. Tiv, Mada, Fulani, Gwari, Gwandara, Hausa.

Languages: Eloyi and Hausa.

Religion: Christianity, Islam, and traditional religion.

Previous External Support: Primary school, dispensary, provided by Nasarawa LGC.

Community Leaders:

Men - Village Head (Sarki)

Name: Edego

- Traditional hold.
- Elected by traditional king makers.
- Village Head since 1982.

Women's Leader:

Name: Oguru

- Been leader for about ten years.
- Became leader by traditional (customary) succession by virtue of her being the eldest (married) women in the community.

Women's Contribution: Undertaken cleanup campaigns. Undertaken maintenance of water source.

Youth Groups: Only one youth group exists. Undertake group farming, and clean-up campaigns.

Previous Experience Working Together:

- Had contributed money for the purchase of an existing electric generator. Generating set used for television, refrigerator, ironing, fan, and heater. Set operates from 7:00 p.m. to 7:00 a.m. An absentee son-of-the-soil, Mohammed Ogbeh suggested the buying of the set.
- Had built quarters for the village dispenser.
- Built a primary school, but it collapsed. Have a desire to rebuild it.
- Built a church and a mosque.

Decision-making Process: Collective of both men and women. Men clear paths and the women clear water source.

Finance and Economic Activity: Three (3) savings groups exist; men's group, women's group, and the youth group. Eligibility is from 15 years and above. Grouping is ward by ward. There are 13 wards in all. Marketing and trading cooperatives exist for both farmers and traders. Women are also members. Ward savings group contribute fifty kobo (50 K) per head per week. Youth group contributes one naira (N 4.00) per head every month. Women's group contributes 20 K every Sunday. Men's group contributes one naira (N 1.00). Contributions go toward running cost of electric generating set and buying of materials for community projects.

Human Resources:

Masons	- 5
Carpenters	- 4
Motorcycle mechanics	- 2
Blacksmiths	- 1
Primary school teachers	- 11
Religious teachers	- 2
Secondary school graduates	- 40

Ungwan Zoma - None. The women help themselves when in labor.

Perception of Health: Hepatitis, cough (rampant in children), measles, diarrhea, dysentery, malaria, hernia. Attribute diseases to the sun (in the dry season) and hard work.

Existing Water Sources: Stream is the only water source. Women and children fetch the water. The stream flows all year round. It does not dry. Water is not a problem to Udegin Kasa community. The community's only water problem is purification and source maintenance.

UDEGIN KASA

Distance from Nasarawa: Town is about 69 km. In view of the state of the road, the trip between the LGC to Udegin Kasa took about two hours.

Socio-Demographics: We were informed that there are about 1,000 men, women, and children in the community with children appearing to have an edge in terms of population. The women folk appeared considerably represented, while the very aged adult males were also not left behind. The middle-aged males were noticeable absent because they had gone to their farms by the time we got there, having waited for us in the early hours. The Sepiki was also absent because of his age but was ably represented by his son who served as interpreter to the gathering.

Ethnic Groups: The district residents dominantly belong to the Eloyi (plural), Aloyi (singular), Tiv, Mada, Fulani, Gwasi, Gwandara, Hausa. The languages spoken are Hausa by the adult population, Eloyi, Hausa, and Agatu.

Living Environment: The residential pattern of the village is concentrated which is likely to facilitate community projects. There are, however, a handful of surrounding villages.

Educational and Health Facilities: There is a primary school located in the district headquarters which is equally used by residents in the outlying villages. There is a dispensary located in the district headquarters with facilities to treat minor ailments.

Economic Activities: Farming is extensively done by both men and women. Farm crops include yam, and Cassava.

Sources of Water Supply: There are private wells in the community as attempts to construct some in the past had been unsuccessful. Informants claim that there are four points of water collection but all appear to be different points of the same stream. The stream is not seasonal, and is in fact, much more resourceful during dry season. From the two directions on a leisurely walk we took from the village to the water source, we spent 10 and 15 minutes respectively to reach it.

Recommendation: It is important for the interest of practical measures and expediency that elders of the district headquarters should encourage their people to separate spots for collecting drinking water from those used for washing and bathing. Presently, residents of another village who are probably 20 in number, and under the jurisdiction of Udegin Kasa wash clothes, bathe, and also drink from a water spot upstream while Udegin Kasa people drink from the same stream downstream. This is highly unhygienic.

Religion: Islam, Christianity, and traditional religion are widespread. As a rural and homogeneous community, there appears to be a similarity of social and psychological characteristics in the population with regards to their beliefs, moves, and patterns of behavior. As a farming community, fertility shrine is universally worshiped for its grace and bountiful blessings to the community after the first rain during the planting season.

RECEIVED
FEDERAL BUREAU OF SURVEY
NATIONAL BUREAU OF STATISTICS
AGRICULTURE
1970

Leadership Pattern: Choice of leadership is by heritage.

Standard of Living: The community through self-help managed to provide electricity supply for the community through generator plant. We were reliably informed that some residents have water heaters. The use of the latrine is not widespread, but the two we saw were well-built. Old tradition dies hard. It is our understanding that the old folks in the community resent latrine facility because of tradition and lack of exposure to such facilities.

Social Solidarity: Social solidarity or cohesiveness and unity in a rural community often come through common traits, similarity of experience, common fate, etc. Udegin Kasa is no exception. There are health and school committees in the community, and common objectives are easily shared by the committee. We were reliably informed, however, that members of some committees such as the health committee do not always live up to expectation.

General Observations: It is crystal clear from Mr. Gombo's demonstrations that the desire to learn among the people is uppermost. This is demonstrated in the attentive atmosphere that was noticeably pervasive during Mr. Gombo's demonstrations. The type of questions and answers that followed showed that Mr. Gombo's demonstration sank in.

Previous External Support: Primary school and dispensary have been provided by the Nasarawa LG.

Community Leaders:

Men - Village Head (Surki)

Name: Edego

- Traditional title.
- Elected by traditional king makers
- He has been village head since 1982.

ANNEX 6

Preliminary Protocol for Rusafiya Communities



PRELIMINARY PROTOCOL FOR MEETINGS INTRODUCING THE
RUSAFIYA WATER SUPPLY AND SANITATION PROJECT TO LOCAL COMMUNITIES

- Introduce those present.
- Find out about existing water sources and what went wrong.
- Discuss that water is not just construction. If you construct a house and not maintain it, what happens?
- It is responsibility, learning, and health.
- Two demonstrations.
- If women not present, emphasize their role in health and care of water sources. Suggest their presence. (Repeat two demonstrations and summarize what was discussed).
- Find out if there are any questions. Find out points of resistance and respond emphasizing project's approach on health and responsibility.
- We are not a new "project." We are here to work with LGA. We are only doing it differently: instead of only construction we insist on community's ability to care for source and use it so there are no illnesses.
- We are now trying to learn how to do this a new way, so there is not yet a specific date.
- Are you interested?
- If you are interested in the project, this is what you can do:
 1. Select a committee or if you have one you think is suitable, use it. The committee must be men and women, about 8 to 13 who are interested in the health and the water supplies of the community. They must also be people interested in teaching others what they have learned.
 2. Decide on one evening every two weeks to receive the extension agent and learn from him for at least six months. If during six months the meeting time is not kept, then the extension agent will stop his or her work there.
 3. Be prepared to find him or her a place to sleep, and food if she must stay the night with you.
 4. Send a letter and/or message to NLG community development office with all the information.
- Do you want to ask any questions?
- Now we will like to ask you questions.
- We also need to ask questions so we can get to know you.



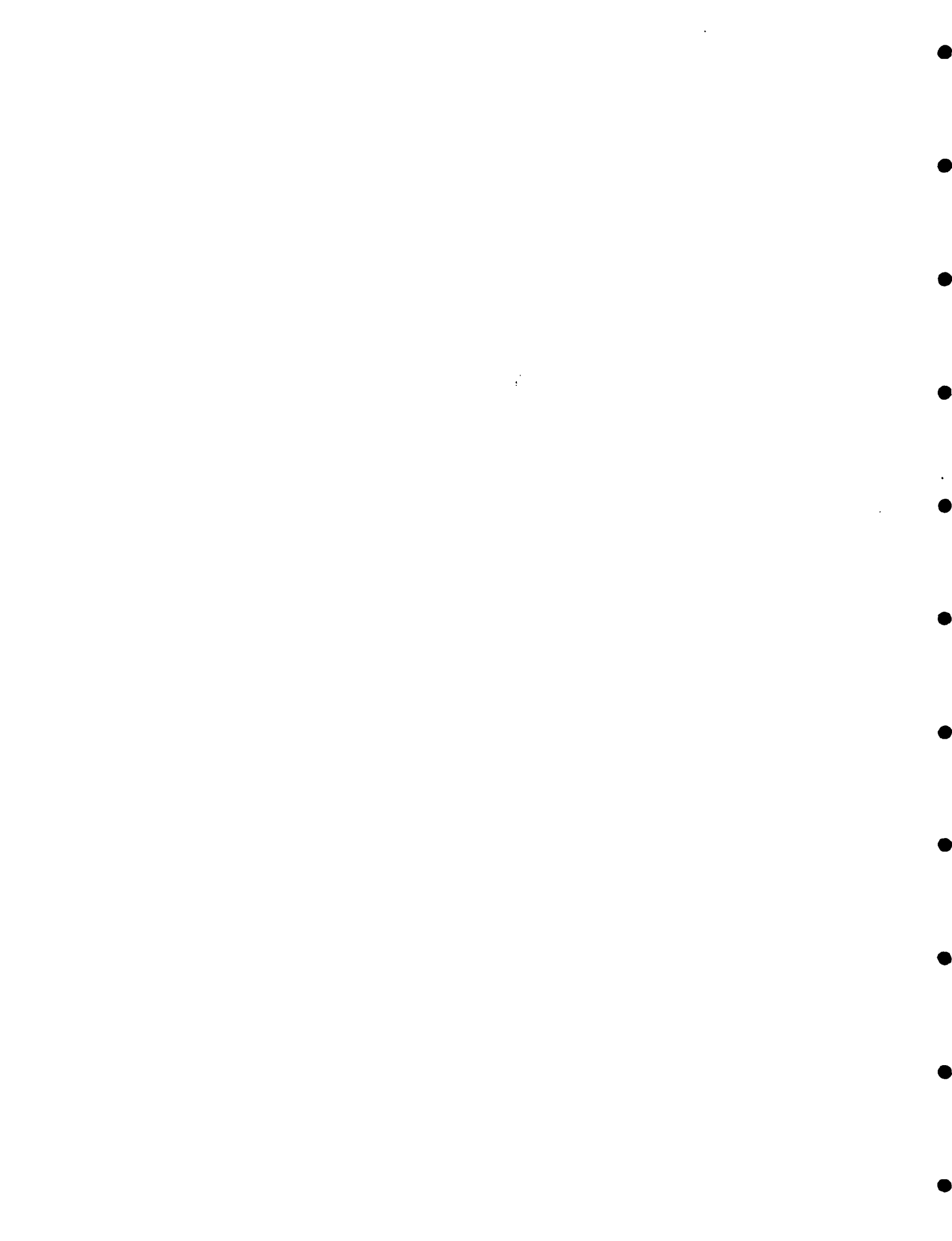
ANNEX 7

List of Villages in Phase Two



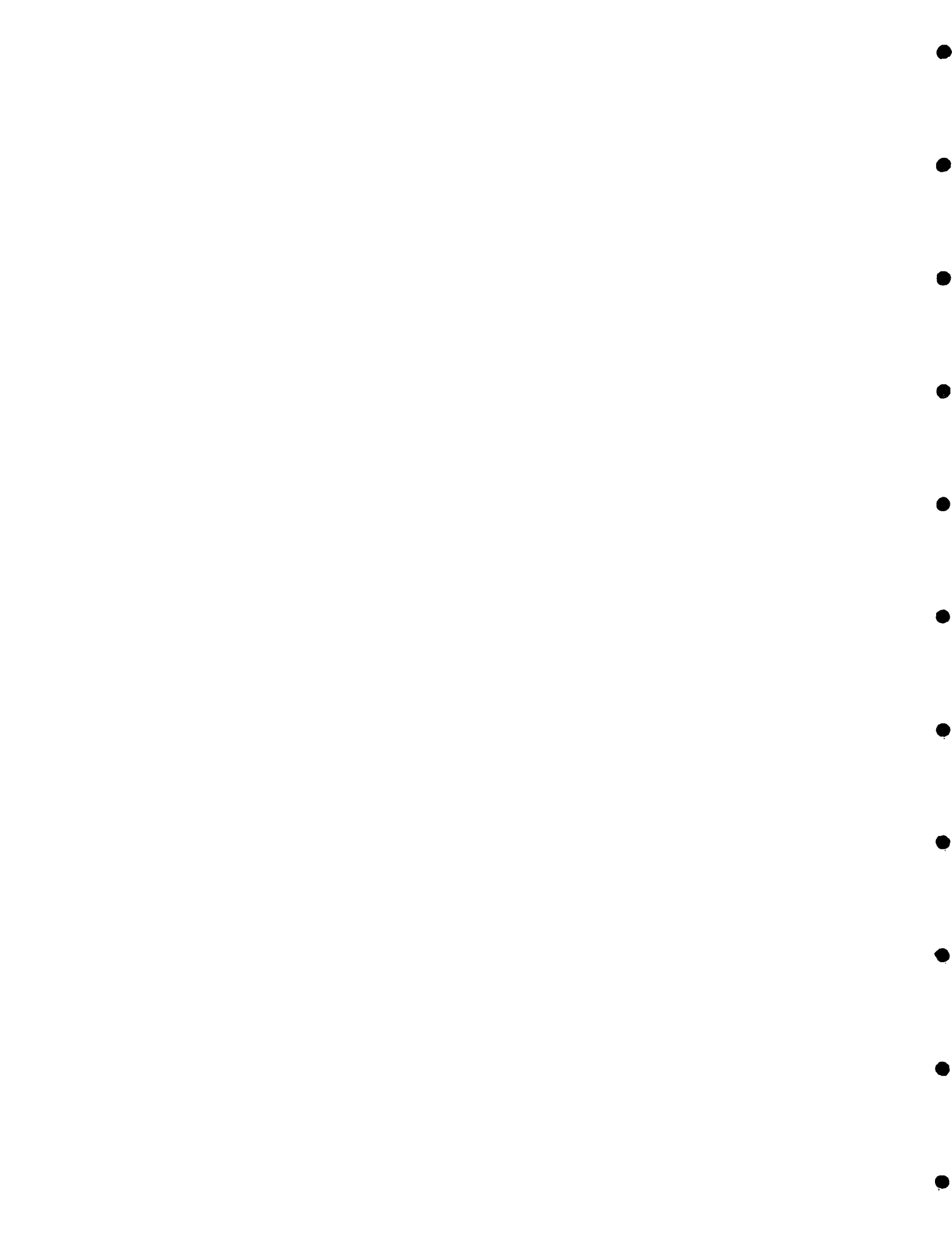
Villages Visited in Phase Two

<u>District</u>	<u>Village</u>	<u>Water Condition</u>	<u>Approximate Population</u>
Nasarawa	Ara	Scarce (guinea worm)	2,000+
Gadabuke	Majaga	Scarce	500
Toto	Adado	Adequate	300+
Umaisha	Utu	Scarce	300+
Loko	Ayele	Adequate	1,000+
Udege	Afawu	Scarce	300-400



ANNEX 8

People and Organizations Visited



People and Organizations Visited

Greg Udegbe	Water and Sanitation Task Force, Jos.
Mallam Danladi Iduh Ondachi	Chairman, NLG
Alhadji Usman Babangida	Vice Chairman, NLG
Mrs. Alkali	Councilor for Health, NLG
Mr. Abdullahi Shafa	Councilor for Education, NLG
Mr. Muazu Mohammed	Senior Community Development Inspector
Mr. Sule Baba Lokko	Senior Health Inspector
Mrs. Alhaja Sa'Adatu Usman	Health Superintendent
Mr. Mohamad Gambo Ahmed	Chief, Community Development Assistant
Dr. Gabi Williams	MOH, Lagos
Mr. Carol de Roy	UNICEF, Lagos
Dr. Jerry Cushion	USAID Health Officer

