

Regional Water & Sanitation Training

11-20 June 2002



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SOUTH EAST AND EAST ASIA



International Federation
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Report of the Regional WatSan workshop composed by Regional Health Unit
Regional Delegation for South East Asia with:

IRC
P.O. Box 2869
2601 CW Delft
The Netherlands

Tel: +31(0)152192939
Fax: +31(0)152190955
e-mail: general@irc.nl
website: www.irc.nl

QUEST-Consult
P.O. Box 15
6659 ZG Wamel
The Netherlands

Tel: +31(0)487502114
Fax: +31(0)487502132
e-mail: office@quest-consult.nl
website: www.quest-consult.nl

COSI Foundation
P.O. Box 3
Katugastota 20800
Sri Lanka

Tel: +94(0)8493829
Fax: +94(0)8493830
e-mail: cosi@sltnet.lk

Table of Contents

PREFACE	4
OBJECTIVES OF THE TRAINING PROGRAMME	5
TRAINING METHODOLOGY	6
INTERNATIONAL WATER AND SANITATION CENTRE (IRC)	7
QUEST-Consult	7
COSI Foundation	7
THE TRAINING PROCESS AND ACTIVITIES	9
Course Opening	9
Opening Speech by Dr. Keedeang Thammalangsy, Secretary General Lao Red Cross	9
Training modules	9
Module 1: Introduction to Water and Sanitation	9
Module 2: Water and Sanitation Programme Development	11
Module 3: Managing Effective Water and Sanitation Programmes	20
Closing Ceremony	32
Closing Speech	32
WAY FORWARD	33
ANNEXES	
Annex 1: List of publications	34
Annex 2: List of participants	35
Annex 3: Time table/Training programme	36
Annex 4: Presentation of Country Programmes	38
Annex 5: The Seven Steps of PHAST	52
Annex 6: Field visit preparation	53
Annex 7: Checklist for fieldwork	54
Annex 8: Reports on the two village visits by participants	55

LIBRARY IRC
 PO Box 93190, 2509 AD THE HAGUE
 Tel.: +31 70 30 689 80
 Fax: +31 70 35 899 64

BARCODE: 17712
 LO: 204.1 02 50

PREFACE

Water and Sanitation (WatSan) are essential for improving living standards and economic development. This is as true for South East and East Asia as it is for other regions in the world. Limited access to water and sanitation may occur because of limited natural resources in the region, poor available infrastructure or limited skills and knowledge on the staff and organisational level for exploring the available water sources. Threats to environmental health come from the pollution of water resources, lack of wastewater treatment, poor management of sanitation and solid waste.

In order to address the tremendous shortfall of water supply and sanitation, through the support of the Japanese Red Cross and Danish Red Cross, the Bangkok Regional Health Unit (RHU) of the International Federation of Red Cross and Red Crescent Societies (The Federation), the International Water and Sanitation Centre (IRC) organised a tailor-made training workshop on water and sanitation to address emergency and development programmes for 25 manager/technical water and sanitation staff, health advisors and country technical staff of RC/RC National Societies (NS) from Southeast and East Asia. This report describes the proceedings and act as a reference for future use.

Planning and conducting a training programme is not an easy task if not supported by many others. Facilitators warmly remember and highly appreciate the assistance and support received from following individuals and organisations to make the event a success. They are:

Secretary General and the Hon. President of Lao Red Cross Society for their presence on many occasions and for hosting the workshop;

- Luang Prabang branch of Red Cross for all logistic facilities and Mr. Chansouk Phandolack for his personal attention round the clock;
- Dr. Vilaphanh Silitham for his tremendous organising skills and kind attention to the welfare of all participants and course staff;
- Mr. Valin Jaroenpong for effective secretarial support and his colleagues from Lao Red Cross Vientiane for supporting all events;
- Mr. Evaristo Oliveira, Water & Habitat Engineer -Regional Support for Asia, ICRC for his worthy contributions and pleasant company;
- Mr. Heikki Wihuri (IRC) for administrating and facilitating the event;
- Villagers of Phai & Lo for their kind hospitality and time spent with us; hotel staff of both the training location (Luang Mouang) & stay (Phousi);
- To all the participants for their valuable contributions and flexibility;
- Finally to Mr. Thanh Le, Health Programme Officer, IFRC for creating the opportunity, for all kinds of arrangements, inputs, organisation, guidance and especially for the brotherhood extended.
- Wim Klaassen, QUEST-Consult, The Netherlands
- Palitha Jayawecera, COSI Foundation, Sri Lanka

September 2002

OBJECTIVES OF THE TRAINING PROGRAMME

The overall objective of the workshop was to strengthen the competence of focal WatSan people in the National Societies in SE/E Asia in managing programmes.

The following learning objectives were selected and from them the training programme:

By the end of the workshop, the following objectives would be achieved:

- The capacity of NS focal people would be strengthened;
- Focal people would realise that Organisational Development begins with Human Resources
 - the development of the individual in skills, knowledge and confidence;
- Participants would be ready and able to share their knowledge with their colleagues when they return to their organisations.

Objectives related to Operational Knowledge:

- A sound awareness of basic and practical water supply and sanitation concepts, for instance water sources development, Operation and Maintenance, etc;
- Knowledge of the International Federation systems and mechanisms in emergency response, e.g. the position and function of the Emergency Response unit; the often increasing complexity of WatSan interventions: the cultural and political context and organisational aspects of the Red Cross/Red Crescent organisations, the application of Sphere Standards while moving from WatSan Relief to building sustainable systems that originated in an emergency;
- The need to apply crosscutting issues in the setting of WatSan interventions in emergencies, rehabilitation and development, the main ones being gender, environmental issues and Sphere standards;
- Knowledge of basic concepts in epidemiology, disease surveillance and other health-related aspects of water and sanitation.

Objectives related to Getting familiar with skills:

- Needs assessment skills in different settings: tools which may be available to move (community based) water supply and sanitation facilities from emergency to rehabilitation;
 - Operational management skills: to strengthen the International Federation's and NS's emergency response capacity by using
 - Project Cycle Management;
 - Logical framework
 - Objective Oriented Project Planning;
- Participatory monitoring and how to implement in practice; using monitoring information as real management information;
- Co-ordination and negotiation skills; acceptance of the need for co-ordination; finding practical procedures for co-ordination;
- Gender and environmental analysis skills in emergency and development projects.



TRAINING METHODOLOGY

The methodology of the training programme was:

- Address the learning objective for each module
- Use a participatory approach. Participants used their own experience. In addition to problem analysis and a problem-solving approach, much attention was given to helping participants to forecast WatSan problems and prevent them.

Central to this was ensuring that participants drew on their professional experiences and presented case studies they had experienced. Lectures were kept to a minimum; the timetable concentrated on group assignments, simulation and practical exercises. A few videos were also viewed. (Annex 1)

The Modules

The workshop totalled 10 days, and consisted of three modules (7.5 days, not including module 0, introduction and practicalities, for half a day). The three modules were followed by a Field exercise (2 days). Each module ended with an assessment task in order to verify what participants had learnt. The flow of the sessions was changed many times to fit the knowledge and the standards of the participants. In addition, a few topics were added at the request of the participants. (see Annex 2: List of participants and Annex 3: Training programme)



INTERNATIONAL WATER AND SANITATION CENTRE (IRC)

The International Water and Sanitation Centre in the Netherlands (IRC) is an independent, non-profit organisation supported by and linked with the Netherlands Government, the United Nations Development Programme (UNDP), the United Nations Children's Fund (UNICEF), the World Health Organisation (WHO), the World Bank and the Water Supply and Sanitation Collaborative Council. IRC advocates change and aims to improve the information and knowledge base of the sector. Topics include: community management, gender and equity, institutional development, integrated water resources management, school sanitation, and hygiene promotion. IRC works with partners and sector resource centres in the South.

This tailor-made Training Programme was prepared, organised and conducted by two long-term partners of the IRC, QUEST-Consult from the Netherlands represented by Mr. Wim Klaassen and COSI Foundation from Sri Lanka represented by Mr. Palitha Jayaweera. Both trainers have many years of experience in WatSan and in training.

QUEST-Consult

QUEST provides services in the areas of Sanitation Development in Rural and Peri-urban areas; Institutional and Organisational Development; Human Resources Development: Training and Briefings; Humanitarian Aid and Rehabilitation Programmes; Rehabilitation of Primary Health Care and Sanitation Development.

Wim Klaassen -the director of QUEST-Consult- was the trainer. He has separate degrees in Water and Environmental Management and Organisation Sociology and is a qualified Trainer. He has extensive training experience with NGOs, EC and UN, and is Guest Lecturer at Colleges and Universities in the Netherlands and Denmark. He has conducted several assignments for organisations in the Red Cross/Red Crescent family: for the International Federation of the Red Cross (Netherlands, Namibian and Liberian Red Cross Societies) and ICRC (Netherlands, Angolan Red Cross). Over the past 25 years he has worked in relief, rehabilitation and development programmes. He has 4 year residential working experience in refugee programmes (Katumba refugee camp, Tanzania and Tongogara and Nyangombe refugee camps in Zimbabwe)

COSI-Foundation

COSI Foundation for Technical Cooperation is a Sri Lankan NGO, registered as a nonprofit company, active in the sector of rural infrastructure development with special focus on water and sanitation. COSI is governed by a Board of Directors and the organisation is not funded by donors but earns its income by selling services in the disciplines of Training, Research and consultancies.

Further, COSI is not working at the grass root level but rather provides support services to the organisations/governments/projects who are working in the sector. Conducting regional training courses on water and sanitation and thereby guiding the participants who come from all over Asia, has given the opportunity to COSI staff to expose themselves to the Asian regional situation and to deal with the same.

COSI stands for Community Self Improvement and believes in development of capacities of the beneficiary communities and thereby to look for sustainable solutions.

COSI has 5 primary objectives:

1. Improve well-being, health and living conditions of communities through support to peoples' initiatives

2. Create an enabling environment for sustainable infrastructure development
3. Empower people and their organisations through training and capacity building
4. Develop and deliver appropriate advisory services
5. Facilitate and support services in documentation, rural research and demonstration.

Palitha Jayaweera has 14 years experience in designing, planning, monitoring and implementation of rural water supply and sanitation projects; 6 years of experience as a consultant in planning, monitoring, evaluation of projects/programmes in the field of water & sanitation projects; altogether 20 years of experience in community planned, built and managed rural water supply and sanitation projects with special attention on key issues of sustainability aspects; 6 years of experience in workshop moderation and lecturing in national and international training courses.

Heading an applied research projects planning, development, organisation, implementation of technical and managerial training courses in the area of water supply and sanitation from community to international level.



THE TRAINING PROCESS AND ACTIVITIES

Course Opening

The training programme started with a brief inaugural ceremony. The Chief Guest was Secretary General of the Lao Red Cross Society Dr. Keedaeng Thammalangsy whilst Mr. Thanh Le, Health Programme Officer of Regional Delegation, Bangkok acted as the Master of Ceremony. The president of the Red Cross Luang Prabang branch was also a guest.

The Course started with participants and trainers briefly presenting their professional background and experiences. The expectations and fears/concerns of the participants were noted on cards and were displayed. The facilitators analysed the cards, gave feed-back and made adjustments.

Opening speech of Dr. Keedaeng Thammalangsy, Secretary General Lao Red Cross

“Good morning everyone! Mr. Chairman, Bounchine Keomamy, Mr. Thanh Le Regional Health Officer, IFRC Participants, Distinguished guest, Ladies and gentlemen! Today is a great honour and pleasure to me to present in this meeting. As we know, the degree of activities on Water supply and Sanitation particularly in community development and emergency relief are varying for National societies in the Region. Most of National Societies are challenging with organizational development which could affect a better service delivery and like implementation of Water supply and Sanitation related programmes. Water supply and Sanitation are part of primary health care for promoting community development, community healthcare through the collaboration with local government units and Water supply and Sanitation one integral part of government policy and strategy in the country. Through this workshop, participants will touch with theories and practices in the field as well as a good opportunity for learning, getting knowledge, sharing information, skill building in order to promote more Regional co-operation and well functioning Regional network in the future. Taking this opportunity, on behalf of Lao Red Cross, I would like to thank and appreciate the Regional Health unit for choosing Luangprabang as co-hosted city for this workshop. Thanks and appreciation are dedicated also facilitators, participants, organizers, Lao Red Cross branch Luangprabang and local government for their support to this workshop. All of you will spend times, energy, in nearly ten days to contribute more in this training. Wishing all of you a great success, a good health. Having a nice stay in this city. Keep in touch with Lao culture diversities. I would like to declare open the training course from now. Thank you for your attention.”

TRAINING MODULES

MODULE 1: INTRODUCTION TO WATER AND SANITATION

DURATION: 1.5 DAYS (JUNE 11-12)

Objectives: At the end of the module, participants would;

- have a sound awareness of basic and practical water supply and sanitation concepts;
- have knowledge of the NS's/International Federation structure and mechanisms in WatSan emergency responses.

Content:

- Review of the water and sanitation situation in Southeast and East Asia: identification of some constraints and lessons learned;
- Basic concepts in water and sanitation intervention programmes: linking concepts to perceived constraints and problems;
- Water and Sanitation interventions in emergencies, rehabilitation and development: sustainability of organisations, structures and components;
- International Federation—and ICRC—standardised equipment for emergency responses: technology choice and application: lessons learned and planning for the future;
- The Emergency Response Units (ERU)—New modular WatSan ERU system: the conditions for optimising effectiveness and efficiency of these specialised units;

During the session most of the participants found that WatSan conditions are similar from point of view of physical environment all over but differ due to the social, cultural, and economical context. How to achieve sustainability was a key concern to virtually all participants.

Session 1.1: Review of WatSan in South East Asia & East Asia and basic concepts

A discussion was facilitated on the need for water and sanitation. With guidance, this built up the logic on why improvement is necessary etc.

Points raised ranged from the human dimension—that—carrying water long distances everyday exposes villagers to many difficulties—to a wider view—that water demand is rising inexorably with social economic progress, making scarcity of water a burning issue.

Then, the facilitator placed the current situation in context of the historical development of the WatSan sector—previous global attempts—the importance placed on water and sanitation by the international bodies—changes in concepts, with the planners and implementers moving from the role of provider to facilitator—the current involvement of the private sector and of small-scale providers.

Then, a session on key concepts in water supply and sanitation, guiding principles based on lessons learnt, followed by the participants reflecting on their own projects and programmes and whether they are on line.

Summary of the presentation of their own situations and the key concepts discussed were:

WatSan as a coherent sector	Ensure integrated water resource management as integrated	Sustainability, effectiveness, equity, efficiency and replicability
Levels of Service to be considered as a package of issues	Principles of affordability, tariffs, cost recovery	Stakeholder participation
Sound Operation and Maintenance	Community management	Choice of technology
Studies to assess demand; creation of demand for improved facilities	Capacity building at all levels	Demand-responsive approach

Thereafter a major principle, WELL was introduced:

WELL Guiding Principles

- People matter more than science
- Both public and private aspects of environmental health count
- Software and hardware must go hand in hand
- Environment infrastructure is more than health

WELL points at new directions. Why does there need to be a change in WatSan? Why is “Business as usual” no longer good enough? Because:

Two million children die every year due to Water & Sanitation related diseases; Three billion people are denied of access to adequate sanitary facilities; 3.3 million people die every year from diarrhoeal diseases; Half of the people in developing countries suffer from one or more of the major six diseases associated with inadequate WATSAN facilities; 1.5 million suffering from parasitic worm infections. Large amounts of resources and investments in the sector are wasted.

Again, participants were asked individually to describe the problems and blocks in their projects. A joint list noted:

*Facilities under-utilised and abandoned; Demand-responsive approach is accepted but not practised; Projects are not maintained and therefore not sustainable; Technology not user friendly; Sanitation has no “God-father”; Hygiene education does not get adequate attention; Poor community management; No clear cut guidelines & policies; Poor needs assessments; Inadequate co-ordination among agencies.
(Ref. Guidance Manual on water supply and sanitation programmes, DFID, UK)*

Session 1.2: WatSan Interventions in Emergencies, Federation and ICRC standardised equipment and Emergency Response Unit (ERU)

Emergency Response Units (ERUs); these are a concept of the Federation’s disaster response which were initiated in 1994, after experiences of relief operations in African countries. It has enabled the Federation to address the most urgent needs of disaster-affected populations in very efficient manner, tackling immediate humanitarian needs and/or to assist the disaster response actions. The focal areas are Water (Mass/Specialised), Medical (Hospital/BHC) Logistics, Telecom, and Information.

Emergency response units are self-contained teams of specialist professionals and pre-packed sets of standardised equipment. The personnel guarantee to make themselves available within 48 hours, and the full unit aims to be operational on site within one week. ERU uses standardised equipment, which is packed for quick mobilisation and a system to train and reserve, trained personnel who can be deployed to the disaster hit area in very short notice. A number of ERUs have been developed within the Federation to address different needs of affected populations and operational needs including referral hospital, basic health care, water & sanitation, logistics, telecommunication etc.

The facilitator went on to cover the following topics: examples of ERU interventions; the balance between a fast, pre-planned approach and building in flexibility; consideration of the means of transport and unloading equipment available; the role of ERU National Societies and how they work with Geneva; training; responsibilities and gradual local integration.

Session 1.3: Presentation of Country programmes

This day was completely assigned to the 9 country presentations by the participants - Cambodia, East Timor, China, Vietnam, Philippines, Lao PDR, Thailand, Indonesia and DPRK (Korea). Participants used power point and transparencies.

Every presentation ended with a query & answer session which allowed others of the group to clarify the grey areas and also to see what kind of measures were taken to ensure the sustainability of projects. Lessons learnt by the different projects under the NSs were also discussed at length. (See Annex 4 for details)

At the end of the day, Luang Prabang Red Cross society hosted a welcome dinner for the participants and resource persons.

MODULE 2: WATER AND SANITATION PROGRAMME DEVELOPMENT**DURATION: 3 DAYS (JUNE 12-15)****Objectives:** by the end of the module participants should have a basic knowledge of;

- Basic concepts in epidemiology, disease surveillance and other health-related aspects of water and sanitation;
- Needs assessment skills (concepts, processes and tools) in (community) water supply and sanitation, including stakeholder identification;
- Gender and environmental analysis in water and sanitation emergency and development projects;
- Development of a concrete outline for a WatSan programme in their home organisation.

Content:

- Basic concepts in WatSan needs assessment and transformation of data into project planning information;
- Assessing the priority of different options for water and sanitation needs after a disaster, considering the longer-term transition to community based WatSan development;
- Application of the Humanitarian Charter and Minimum Standard (Sphere): understanding the needs approach and how to integrate Sphere in planning;
- Epidemiology and disease surveillance methods and transformation of data into planning information;
- Planning of crosscutting issues, e.g. Gender awareness, Environmental Analysis and LRRD;
- Reporting needs assessment and formats.

Session 2.1 : WatSan options in Emergencies and Sustainability

This session started with a brainstorming session on the differences between relief, rehabilitation and development. The outcome of the discussion was as follows:

- Development is to improve human life standards in a sustainable way, by strengthening capacities of individuals, groups and structures
- Relief is providing assistance to save lives
- Rehabilitation is 'putting things right again', to the level of functioning before the emergency, but with potential for development

Many of the Red Cross/Red Crescent national societies in South East and East Asia are working in WatSan-Relief and WatSan-Rehabilitation. More and more there is need to link WatSan Relief-Rehabilitation and Development.

Working groups discussed how the following steps exist between to link WatSan-Relief, WatSan Rehabilitation and WatSan-development.

Working groups discussed how to address WatSan-Relief. The following steps were agreed on:

- Step 1: Distribute drinking water by bowser or bottles during the crisis phase only if there is absolutely no other option. If indeed unavoidable, water distribution should be done for as short a time as possible. Right from the beginning plans must be made and implemented to develop local water sources. The guiding principle during this phase is that: *Water quantity and availability have precedence over water quality. But water improved quality should be given attention quickly*

Sanitation facilities in the crisis phase include defecation fields and communal latrines. The keywords are: life saving and low-cost/low-input solutions.

- Step 2: Decide with the beneficiaries which the WatSan facilities are which offer longer-term solutions in harmony with the culture of the beneficiaries. The keywords are:
 - addressing longer term objectives
 - cost effectiveness

- participation and management by the users
- ensuring that the projects have potential for long term developmental approaches, e.g. establishment of a water users association or training to apply a PHAST approach.
- Step 3: In the phase of sustainable WatSan development there are a number of important principals that lead us in implementing the WatSan projects. The principals and the application thereof are discussed in the next session.

Session 2.2: Principles of integrated water management

The eight key principles discussed were:

1. Water and catchment conservation and protection are essential;
2. Water allocation should be between stakeholders within a national framework;
3. Management needs to be taken care of at the lowest appropriate level;
4. Capacity building is the key to sustainability;
5. Involvement of all stakeholders is required;
6. Efficient use of water is essential and often an important 'resource' in itself;
7. Water should be treated as having an economic and social value;
8. Striking a gender balance is essential;

At the end of the session participants discussed and presented how these can be applied in the setting of their own programmes.

Session 2.3: Epidemiology and disease surveillance methods

It is common that the staff members of national societies handle epidemics routinely. So WatSan staff need the skills to assess such situations. At present they are handling such situations but need to do it systematically.

Participants were not familiar with the terminology of Epidemiology so the session started by establishing what they already knew, asking the differences between Clinical and Community Medicine.

At the end of the discussion, the facilitator had developed the following table together with the participants.

	CLINICAL MEDICINE	COMMUNITY MEDICINE
Objective	Cure patient of disease	Improve health status of the community
Information required	Clinical history & physical examination	Population data, health problems, disease patterns, availability of health services, laboratory investigations
Diagnosis	Differential diagnosis & probable diagnosis	Community diagnosis and priorities for action
Action plan	Treatment and rehabilitation	Community health programmes
Evaluation	Following up & assessment	Evaluation of changes in the health sector

A case study was given to the participants, working in four groups; each was asked how they would approach the problem. Looking at the plans of the four groups, all showed that within the group was the ability to; collect information systematically and sensitively in a community; take a disease history; consult relevant authority figures; make a community diagnosis; report to the Department responsible.

The participants were then told that what they were doing was an "epidemiological assessment". Then a Question and Answer session with transparencies was held. Definitions and Key Questions were stressed.

- What is Epidemiology?
"A study of the distribution, frequency and determinants of health problems and disease in human populations"
- What is the purpose?
"To obtain, interpret and use health information to promote health and reduce diseases"
- What is Epidemiology about?
"Information needed for planning, managing and evaluating all the activities required to promote health and to prevent and control diseases"
- What are the basic epidemiological questions? What? Who? Where? When? How? Why? So what?

Facilitator suggested that the following approach to be followed as a model when assessing a situation.

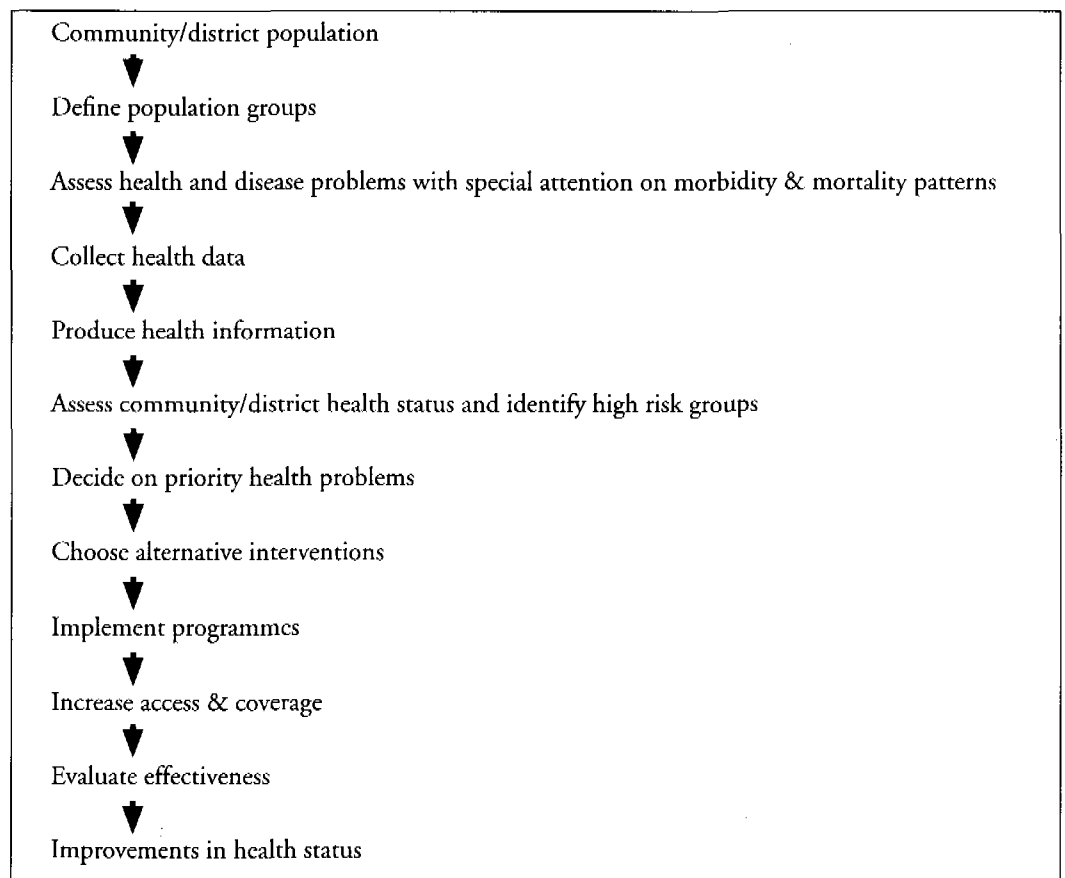
- Step 1. Descriptive Epidemiology –asking the key questions;
- Step 2. Measuring the frequency (incidence & prevalence) of diseases
- Step 3. Calculating the numbers and rates (prevalence & incidence);
- Step 4. People; Episodes or attendance; how this is being reported and what is the attendance;
- Step 5. Define a case; how do you define it?
- Step 6. Health Indicators; what the relevant health indicators are and what they tell you.

Health indicators and how to get them

There was a discussion with participants which covered; Registration of birth, deaths & diseases; Population censuses; Routine health information systems; Surveillance; Investigations of epidemics; Sample surveys.

Finally the whole process was discussed with participants in a flow diagram as follows which gives an overview.

Tasks requiring epidemiological and planning skills



WHY SURVEILLANCE

- to identify outbreaks and epidemics and to ensure that effective actions to control the diseases are being taken;
- to monitor the implementation and effectiveness of a specific control programme by comparing the extent of the problem before and after the implementation of the programme;
- to assist in the planning of health programs by showing which health and disease problems are significant and therefore worthy of specific interventions;
- to identify high risk groups, geographical areas where the problem is common and variations over time;
- to increase knowledge of vectors and other modes and dynamics of transmission of diseases;

Surveillance and surveillance methodologies

This was defined as “continuous scrutiny of the factors that determine the occurrence and distribution of disease and other conditions of ill health”. “A special reporting system which is set up for a particularly important health problem or disease”.

Some diseases such as leprosy, measles and guinea-worm were described to the participants; the implications of spread and reporting were discussed; participants were encouraged to develop a list of common local conditions in their own situation, listing possible diagnoses, symptoms and signs. A list of sources of information was developed together with the participants – death registrations, health facilities and so on. There was then discussion on analysing and presenting the data, communicating and using the information.

Session 2.4: Principles for integrated sanitation

Sanitation is one of the key areas usually neglected; it has significant influence on peoples’ health both directly and indirectly, since it affects the quality of water sources. Solutions for sanitation-related problems depend on many issues.

- The planners should have a clear knowledge of the governing principles of sanitation
- Sanitation should always be part of water supply
- Solutions should be integrated with other development work.

The following session started with the basic strategy of Environmental Sanitation in emergencies:

- Safe disposal of excreta and sullage;
- Provision of adequate drainage;
- Safe disposal of refuse;
- Insect and rodent control;

Action points:

- Do a rapid survey on current disposal practices;
- Prepare a sanitation plan, incl. resources needed, social and cultural factors;
- Identify immediate measures to curb the problems;
- Identify the medium-term measures.

Important factors to consider include the volumes of excreta; the social and cultural considerations; the maintenance of latrines; community involvement; staffing requirements and recruiting from refugees, local and international staff.

Participants were divided into groups and were asked to use the following case study and derive a set of Sanitation Principles.

Case study 1: An emergency sanitation project for refugees

Basic information

- Refugees are still arriving, influx about 250 per day, 80% female and children, 20% male
- the area has no sanitation facilities and infrastructure is poor
- there are two other agencies working in the sanitation sector, there is no co-ordinating body

Assignment:

1. to design the first sanitary interventions
2. to present the case and comment on:
 - technology choice and appropriateness
 - co-operation with other NGOs and local government
 - linkage to future development if possible
 - project monitoring
 - sustainability
 - arefugees' involvement

Derive from the group work a number of Sanitation Principles re. Principles for integrated water development.

The results can be summarised as follows.

Key Principles for Sanitation Relief and Development:

- I. Sanitation and Gender cannot be divorced: so increase gender-sensitivity in sanitation projects;
- II. Help Behaviour Change especially around access and utilisation: make available adequate health and hygiene education and IEC materials (use local language);
- III. Respect Culture: know and build on traditions and customs of the people and be sensitive with new values to be introduced: take into consideration Economic and Social values;
- IV. Choose an integrated approach: management of all types of waste: storm water drainage, sewage and solid waste;
- V. Sustainability of sanitary facilities is a priority: so strengthen management and O&M Capacity by users;
- VI. Involve the different stakeholders to bridge the gap between sanitary needs, financial resources and general public support;
- VII. Integrate Sanitation development with Water development.

These Principles were agreed to by all of the participants in the workshop and will be used in all projects implemented in the National Societies.

Session 2.5: Overview of PHAST

Participants were not familiar with PHAST methodology and therefore the session was more explanatory –but with discussions throughout.

The Question “Why use participatory methods?” was posed and got the following responses from the group: it follows the same principles as adult education; it offers a more rewarding experiences for field workers; it has led to successful results during extensive field testing.

PHAST stands for Participatory Hygiene And Sanitation Transformation. It has been found to: improve hygiene behaviours; prevent diarrhoeal diseases; encourage community management of water & sanitation facilities.

BY: demonstrating the relationship between sanitation and health status; increasing the self-esteem of community members; empowering the community to plan improvements and to own and operate water and sanitation facilities.

The facilitator went through and explained the Seven steps of PHAST with examples. More detail can be found in Annex 5 or in the PHAST step-by-step guide. These steps are - problem identification and analysis, planning for solutions, selecting options planning for new facilities and behaviour change planning for monitoring and evaluation, participatory evaluation six or twelve months later.

Session 2.6: Ecological Sanitation with special focus on contributions from participants from China National Society

This session got an introduction when the participants from China did their country presentation. Statistics which illustrate the volumes involved in faecal and sullage disposal were presented. The main types of latrines were discussed and the China example brought in strongly the ecological approach. As a link to this, participants were reminded on the routes of transmission of common faecal and water-borne parasites and infective agents. The concept and the definition of ecological sanitation were presented:

“a cycle – a sustainable, closed loop system which treats human excreta safely, preventing pollution rather than attempting to control it after pollution”

The criteria for ecological sanitation and the process of composting were discussed. The arguments for ecological sanitation shared with the participants were that it: prevents disease; is affordable; protect the environment; is acceptable and is simple.

The technical components of an eco latrine were presented as either aerobic or anaerobic aeration, with a temperature of 10°– 60° Celsius, moisture of 50-60% and the necessary acidity or pH value. The contents can be up to

- Urine (4 kg of nitrogen, 0.4 kg phosphorus, 0.9 kg of potassium)
- Faeces (0.55 kg of nitrogen, 0.18 of phosphorus, 0.37 of potassium)

At the end of the presentation participants from China gave a brief presentation on their practical experiences on ecological sanitation.

Session 2.7: Planning of cross cutting issues

Crosscutting issues in Relief, Rehabilitation and Development in the sector of water and sanitation have a great importance in achieving the objectives of the projects and programmes. The following were discussed:

- Gender
- Environment/Natural resources conservation
- Capacity development
- Strategic planning

Crosscutting issue: Gender

Experience shows that Gender is one of the key issues which influences the sustainability of WatSan projects. So planners must build in gender aspects throughout the project cycle. The following session was to convince the participants of the importance of gender and how to do gender planning in their project work.

A discussion was facilitated using transparencies. The key issues regarding men and women were presented to the group.

- i. Gender approach in Emergencies: From the Women's point of view, there are Key Gender Planning questions related to VULNERABILITY:
 - Proportion of women (and children) in population
 - Extra responsibilities: non traditional heads of the household

- Participation in planning and management feasible
 - Places of times of extra vulnerability to sexual violence
 - Stress due to fear or actual harm due to sexual assault
- ii. Gender approach in Emergencies: from Men's point of view
- Men present or away: voluntarily or forcibly recruited
 - Can men provide for their family
 - Have traditional roles changed?
 - Are symptoms of marginalisation observed
- iii. Women's and men's roles in WatSan Rehabilitation and Development
- When moving from WatSan Relief to Rehabilitation and Development, other and more complicated questions need to be asked. Examples of these questions are:
- How is physical work (cleaning), mobilisation and technology divided between women and men at different levels?
 - What are the preferences of women and men for improved services?
 - Who makes the decisions -leadership- at each level, men, women or both?
 - Who holds what type of function?
 - Who receives what type of training, for existing or new roles
 - What are the benefits or negative consequences of any changes, e.g. new/old knowledge or skills, more/less income, better/worse services, more/less control, lighter/heavier work-load?

With this information the project planning can start using the Principles for Sustainable WatSan in the project development.

Crosscutting issue: Environment/Natural resources conservation

This is a very important component in WatSan development and extensive publications exist via the websites of IFRC and IRC. For keywords and issues refer to section 2.2 and 2.4.

Crosscutting issue: Capacity development

In Southeast and East Asia regional meetings the options for longer term capacity development of RC staff and RC societies are being discussed.

Crosscutting issue: Strategy Planning for National Red Cross/Red Crescent Societies

In different ways all participants have to do with Management. Most often Management is related to project or programme management. But in addition participants should understand and sometimes take part in management of the National Societies. In this session of the workshop we looked into the steps of strategic organisational management as they could be used to develop the National Societies. We would aim at producing a plan. But strategic planning is also a process that helps to develop new insights into staff management. That is why not only some selected top staff should be involved, but the plan should develop by everyone working with the staff and the structure. This will ensure some sense of ownership of the Strategic Plan.

The Strategic Planning Process¹

- Step 1: Getting started and whom to involve
- Someone with influence in the organisation will propose the Strategic Planning process and the following issues will be addressed: who will be in the strategic planning group; how the Planning process will be implemented; who will participate -internal staff, external stakeholders and consultants; what the mandate of the National Society is.

¹ *Managing in the Voluntary sector: A Handbook for Managers in charitable and non-profit organisations, Osborne P.S. ISBN 0-412-71840-5*

- **Step 2: Clarifying the organisational purpose of the National Society: confirming the Mission and Objectives**

This requires a succinct statement about what the NS seeks to do- what is the problem or issue it addresses. Some organisations do not have one; sometimes the organisation has changed without a review of the mission statement. In this step the strategic planning group review and clarifies -or formulates- the mission statement, possibly with input from some other stakeholders.

- **Step 3: Conducting an internal scan**

This requires a Review of the activities of the NS over the last five to eight years: it needs objective data about what the NS does, what it uses to do, and how it does it. This will be made easier if the NS has an adequate monitoring system.

At the end of step three you will have data on: key areas, funding, workforce, clients, technology, role of volunteers and other revenue sources.

- **Step 4: Environmental and future scan of the NS**

This is the most important part of the strategic planning process: you will be looking into; expected, current and future dynamics in the context of the NS and what can be foreseen three to five years ahead. Use the acronym PEST as an aid to explore the NS environment and context: Politics (including policy and regulatory development), Economy, Society (including the most important stakeholders and demographic changes) and Technology (those used by the NS and those potentially of interest). The environmental scan also includes a network analysis -who the stakeholders are- where and with whom co-operation and co-ordination exist.

- **Step 5: SWOT analysis (Strengths, Weaknesses, Opportunities and Threats)**

This is a strategic evaluation of the information obtained during the previous 2 steps. It will also identify areas of best practice. Clearly a difficult exercise and it is often that the strategic planning group works with stakeholders -as a reference group- and external advisors in this phase. To avoid an overdetailed discussion on 'S and W' it may be best to start first with 'O and T' and from there to 'S and W'.

- **Step 6: Where do we want to go!? Identifying the strategic issues in the NS**

Now you need to select the most critical and strategic planning issues from your long list. You will be selecting the 'fundamental policy questions affecting the NS mandates, mission and values, productivity level, clients, users and payers, costs, finances, management and organisational design'.

- **Step 7: Strategy development for National Societies**

For each of the selected strategic issues, appropriate responses and ideas for actions will be developed. What this entails flows from the SWOT, from agreed best practice and from specific areas of consensus in the organisation. Each of the strategies will be discussed with the external reference group, staff and possibly an external objective consultant. It is important to do this in an open and non-threatening environment, while it is also important to take a realistic but also an ambitious attitude. This phase of the strategic planning process may lead to intense discussion as in this phase different visions and opinions may surface.

- **Step 8: Operationalisation of the Strategic Plan**

The second last step is to develop operational plans which implement decisions taken during the previous steps. Each of the strategic issues has to be 'operationalised'. The strategic planning group needs to sort through the array of issues and operations and reduce it to a coherent set of actions that can be performed by the NS within its resource restraints.

The operational plan for the NS will bring about important effects:

- transformation of how staff and other stakeholders view the organisation;
- changes in the way they work in the organisation and envision the future;
- resources allocation;
- changes in procedures;
- new approaches to other organisations and stakeholders, etc.;
- reorganisation in the NS;
- a time frame for changes;

If the strategies are to encourage significant changes, they must be operationalised in a sensitive manner. The participation of the NS leadership is crucial.

- **Step 9: Regular review of progress according to the new strategies**
The new strategies need to be reviewed to see whether they are appropriate and correct. Indicators need to be specified clearly and the relevant data collected. This is the most suitable time to establish or improve the existing monitoring system in the National Organisation.



MODULE 3: MANAGING EFFECTIVE WATER AND SANITATION PROGRAMMES**DURATION: 3 DAYS (JUNE 15,19,20)****Objectives:** At the end of the module participants will be able to;

- Design a practical participatory monitoring structure in the context of their own WatSan programme;
- Transform monitoring information into management information and describe management skills required at several levels in the programme structure of the NS/International Federation. A brief monitoring and management needs assessment will be included with a view to strengthening the International Federation's emergency response capacity;
- Describe methods for co-ordination and negotiation within the organisation and with other actors in the WatSan sector;

Content:

- Improving the strategic positioning and planning capacity within the NS/International Federation using tools related to Logical Framework/ Project Cycle Management and Objective Oriented Project Planning (OOPP);
- Co-ordinating efforts within the NS/International Federation, taking into account the other actors in the WatSan sector, e.g. networking with government and others;
- Participatory monitoring and monitoring-information management;
- Training needs of staff and volunteers;
- Involving communities/users in WatSan management in emergencies, rehabilitation and development projects;
- On-going reviewing, monitoring and evaluation of WatSan projects;
- International Federation's appeal system: linking achievements to aspirations;
- Reporting methodology and skills.

Session 3.1a: Monitoring

Monitoring is an essential part of projects and programmes, already included in many WatSan programmes; effective monitoring mechanisms, though, are still distant goals. Moreover, in many projects the information collected is not used. As computers are now essential items in office life, managers should start to find monitoring activities much easier, with information at their fingertips.

At present, the national societies do not have a Management Information System but they should have soon.

Session 3.1b: Management Information Systems (MIS)

Most participants were not aware of the subject but all of them were familiar with computers and their uses. The session flew by as facilitator and participants pooled knowledge. The definition of MIS used was -“A computer-based system, which will provide the required information to facilitate the decision-makers”.

It was emphasised that having a MIS alone will not solve the problems of monitoring. It has to be used. Information should be timely, accurate, in a suitable format and with the right balance between summarised and detailed. MIS needs serious input -a team of professionals such as system administrators, programmers and data entry operators; constant backing up and upgrading; password systems and so on.

At the end of the session a discussion was held on how a simple MIS can be developed on an individual basis and how beneficial it could be.

MIS is high level monitoring; the next session looked at another approach perhaps more useful at project level.

Session 3.2: Monitoring at project level

The purpose of monitoring is to collect progress information that will be used actively to improve and strengthen the implementation of the project. Monitoring and monitoring information per se, is of no use if it is not being used.

There was discussion on how to establish a monitoring system. It has three starting points:

- Firstly: know your programme well. If you do not know the most important areas for monitoring you may look in the wrong direction.
- Secondly: advocate in the NS for monitoring. Everybody in the organisation should understand the advantages of monitoring and be able to handle the monitoring information in the right way.
- Thirdly: monitoring information must be used for project implementation and management!! It is pointless to collect information for the sake of collecting it.

A monitoring system can be established in steps:

- Step 1: Identify key issues and concerns
 - i) Discuss with representatives of all stakeholders what should be monitored and how the monitoring system should be set up. The stakeholders include users of the project, especially the women, village leaders, staff from local clinics, district technical staff, etc.
 - ii) Agree to begin small and select a few issues for monitoring. Also that after some time, e.g. 6 months, the monitoring process will be evaluated and thereafter it may be decided to increase the scope of the monitoring.

- Step 2: Identify indicators and criteria

The indicators to be used should reliably measure what is going on. If the indicators are not sound they will yield wrong information, leading to wrong decisions. To formulate the indicators we need criteria. Examples of criteria are: 'walking distance to water point should not be more than 200 meters' or 'primary schools should have one latrine for 20 pupils or less'.

The indicators must also be:

- i) valid, meaning that the indicator measured the variable directly;
- ii) useful, meaning that the issue is important to know about;
- iii) easy, meaning that it is not too complex to measure the indicator;
- iv) reliable, meaning that the variable does not have a different meaning over time, e.g. 'persons using the latrine per day' can be read in several ways, and is unreliable.

- Step 3: Who collects or checks

Monitoring is most effective if it is planned and carried out at all levels by those who want to use the monitoring information. So, it is not only qualified professionals who monitor.

- Step 4: Collecting, analysing data and reporting

Make sure that the collection of the data is easy and cheap and that it does not upset the implementation or functioning of the project. It is also important that monitoring provides for desegregated data according to specific groups: fe-/male, rich/poor, etc.

- Step 5: WHO ACTS??!

Who Acts and What Action? This is the main question; monitoring isolated from management and action makes no sense. A number of activities should find place to make sure that monitoring leads to action:

1. develop a route in the NS for the management information up to whoever has the authority to take decisions;

2. decisions and actions should be taken at the lowest possible level in the organisation so the required competence at that level must be available;
 3. it should be agreed how decision-taking can be referred to a higher level for action if needed.
- Step 6: Provide training or orientation to groups or persons who need it
Staff in organisations who are not familiar with monitoring can be helped to understand the principles and practice of monitoring by training. It will not only increase monitoring capacity but also implementation capacity.

Session 3.3: Training needs

Covering this topic adequately was not possible because of time constraints. It will be further addressed in the regional meetings and in consultation with individual national societies.

Session 3.4: Preparation for field work

The objective of the two-day field exercise was:

- a) to use the knowledge and attitudes gained by the participants in a real setting. Learning at a deeper level happens when classroom knowledge is re-examined in another context;
- b) to assess the classroom sessions.

Trainers gave an overview of the 2 villages -which had been visited before by the RC and facilitators (see annex 6 for details)- the group was to visit the next day. Afterwards participants were divided into groups and asked to prepare their own checklists, questionnaires, etc. A checklist was given as a guide for inventorisation (see Annex 7).

The participants were also briefed on various tools (e.g. PRA tools) that they can use to obtain information and were asked to use the most appropriate tools.

The participants spent a few hours in the evening to fine-tune their checklists and other tools for the fieldwork.

Session 3.5: Field work

Participants visited the two villages, Phai & Lo; here, the Luang Prabang Red Cross Society have constructed water and sanitation schemes. The villages were about one hour travelling from the training location.

The groups assigned to each village met the village heads, community members, Red Cross Volunteers and the technicians who had designed the water schemes. The group assigned to each village divided into smaller groups each undertaking different tasks. Both groups completed their data collection in the late afternoon.

Session 3.6: Preparation for sub group presentations and discussion on findings

During the morning session the two groups analysed their findings and prepared for the presentation which took place in the afternoon. Reports on the two presentations are in Annex 8.

Observations on the reported findings – reflecting perhaps the parts of the course which transmitted well and the parts that need enforcing.

- The groups achieved a good mix of quantitative & qualitative data
- Both groups made sensible recommendations;
- Both groups were concerned with inadequate Hygiene education;
- They put a varied effort into identifying data related to the cross-cutting issues:
 - Gender; one group reported on the role of women;
 - Environmental impact; both groups made recommendations to improve the environmental effects of the projects;
 - Sphere; in the report, neither group related what they found to recognised standards or Best Practice such as Sphere.

After each presentation, facilitators contributed with their observations and suggestions on how to do an assessment more effectively.

Session 3.7: WatSan Sustainability and Community Based WatSan management

Community based WatSan: the question of sustainability and 'success'!

Other important factors found which determine the strength of community based management;

- Communities -in regular setting and emergencies- are not homogeneous;
- The way communities manage their supplies may be diverse/not standardised;
- Identification of problems and resources in the community;
- Finding solutions: experimenting;
- Role and selection of the water committee;
- Technology options: where can communities have a say;
- Water costing and tariffs;
- Transparency and financial control;
- Legislation and legal issues;
- Monitoring: always to link performance to management;
- Technical problems: ability to handle them;
- Management problems and sanctions.

Community-based management:

“the responsibility for the sustained functioning of the water supply and sanitation system at a service level and cost that was agreed upon.”

Session 3.8: Objective Oriented Project Planning (OOPP) inc. Logical Framework

Management tools can help in different stages of the project cycle providing different benefits. The OOPP is a combination of a Meta Plan and the logical framework which is found very useful in practice. Objective Oriented Project Planning is widely used as a tool for planning large-scale development projects. The end product of the OOPP process is a description of the present situation and a logical framework or project planning matrix which describes a formulated project in detail.

OOPP is an attempt to integrate planning in a way that improves communication. Planning can only be successful if it is a team process. Traditional communication methods, like meetings in which everybody is seated around a table, discussing draft plans etc. cost a lot of time and usually end with unsatisfactory results. Meta plan deals with these communication problems. The introduction of techniques in which everyone can participate makes OOPP a unique tool for planning, implementation and evaluation of projects.

The objective of the session was to give an overview of this tool. The session was started with a discussion strengthening the existing knowledge of the group. The following definition of Management was agreed on:

“Achieving progress by organising means effectively and efficiently”

Planning

The basic questions to ask are: What is the existing situation? What is the objective? How can we move from the existing situation to the objective?

Participants were convinced that following situation should be avoided:

There is a danger that people will ask for/ be given/ be persuaded to buy the “best” solution

The “best” may mean the most complicated, expensive and modern.

Discussed that following should be the ideal situation:

“A Planners Aim”

Plan which is the cheapest

Technical feasible technology

That the users can afford

That the users prefer

And that the implementing institution or user is capable of operating & maintaining

Objective Oriented Project Planning was then explained to the participants through examples. When participants were familiar with the problem analysis and objective tree, Log Frame was explained to the participants. Only a few were familiar with the Log Frame; others were learning it for the first time.

Session 3.9: IFRC Appeal System

The Federation's Appeal Mechanism is to provide appropriate and timely support to national societies throughout the world to respond to the needs of the most vulnerable. It is a tool to connect the donors and supporting national societies with the operating national societies focusing on real needs and impact to the most vulnerable communities.

Federation Appeal & reporting system: Coverage

- Why ?
- Appeals and reporting forms
- Process and steps involved
- Disaster emergency relief fund

Why Appeal

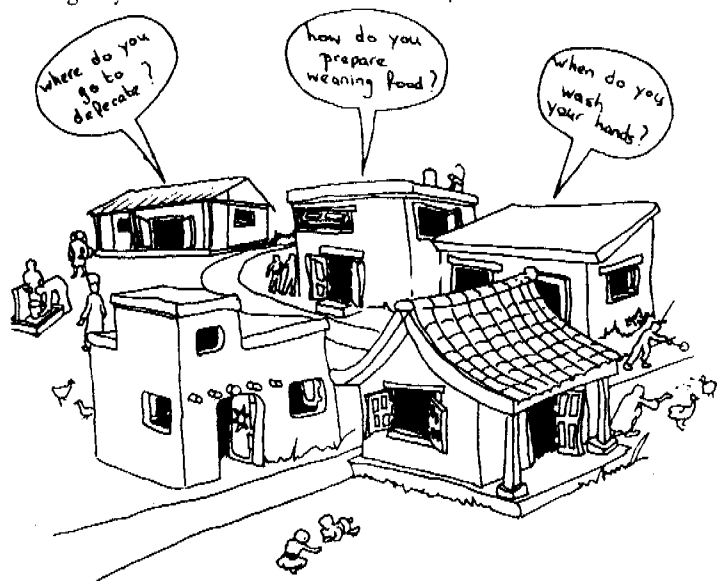
- Strategy 2010
- Strategic direction: RESPONSIVE and FOCUSED
- Secretariat priorities, 2001-2003
 - 'To act FAST' and BOLDLY in supporting and co-ordinating National Societies in rapid onset disasters
 - 'To get in, stay in and speak out on slow onset and forgotten disasters
 - To advocate in favour of disasters preparedness and to co-ordinate and support NS in developing preparedness capacity, nationally and internationally

Type of Appeals

- Emergency Appeal
 - For sudden disasters / emergency
 - For forgotten disasters
- Annual Appeal
 - Support NS operations
 - Planning and co-ordination with NS
 - Implemented by National Societies

Why emergency Response System?

- What are our stakeholders looking for?
 - Speed
 - Efficiency and speed
 - Relevance and speed
 - Competent and efficient analysis, prediction and anticipation
 - Clever co-ordination
 - Access
 - Competitiveness



Emergency Response Actions and Reporting Processes

DISASTER IMPACT	<ul style="list-style-type: none"> Alert, information bulletin
DO NEED ASSESSMENT	<ul style="list-style-type: none"> Preliminary appeal Situation report (FACT checklist)
REPORT ASSESSMENT	<ul style="list-style-type: none"> Assessment report/plan of action
FORMULATE APPEAL	<ul style="list-style-type: none"> Full appeal Revised appeal
REPORT ACTIONS	<ul style="list-style-type: none"> Operations update Operations period revisions Final report

Emergency Appeal Process:

Information and appeal tools

PRODUCT	TIMING	CONTENT
Information bulletin	24 hours	Disaster, numbers
Alert	Regular	RC work, update numbers
Preliminary appeal	24 – 48 hours	Disaster, number, Anticipated action
Appeal	24 – 72 hours	Disaster, detail, RC Plan of action
Operations update	48 hrs/1wk	Detailed budget, plan of action
Final report	5 days	RC action, relief Situation
	Regular	Results vs objectives
	3 mo. Post-op	Results vs objectives

FACT: Field Reports

- Situation report
- Key disasters information
- Needs, general and sectoral
- Proposed action
- Security issues
- Annexes, background
- Effects on people, direct and indirect
- Actions, already undertaken and to be undertaken
- Co-ordination mechanisms
- Resources needed

FACT: Field reports

- Plan of action
- Brief description of the disaster
- Identified needs
- Expected evolution
- Target group

- Overall objectives of the operation
- Relation to the response of others
- Specific objectives to be reached
- Proposed field structure
- Critical assumptions
- Relation to the CAS and strategy 2010
- Monitoring and evaluation
- Timeframe
- Exit strategy

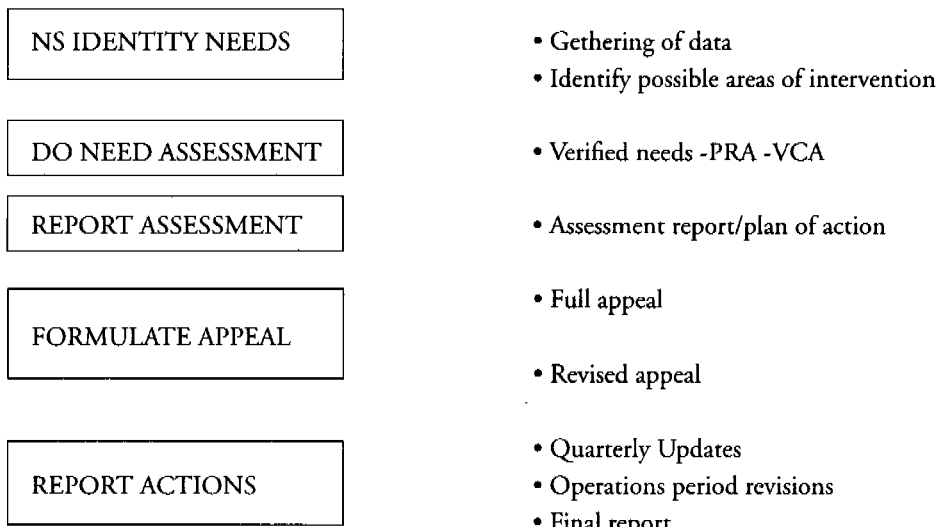
Information Bulletin

- What does it provide you with?
- Situation
- Red Cross / Red Crescent Action

Emergency Appeal

- What does it provide you with?
- Situation
- The proposed operation
 - Objectives and activities planned
 - Co-ordination and management
 - Monitoring and evaluation
 - Project timeline
 - Capacity of the National Society
 - Capacity of the Federation
- Budget summary
- The immediate needs

Annual Appeal and Reporting Processes



Operations Update

- What does it provide you with?
- Operational development
 - RC/RC action (including PNS support)
 - Sectoral achievements vs sectoral objectives
 - NS capacity building
 - Federation delegation
- Co-ordination
- Outstanding needs

Final Report

- What does it provide you with?
- Operational developments
 - RC/RC action
 - Sectoral achievements vs sectoral objectives
 - NS capacity building
- Co-ordination
- Lessons Learned

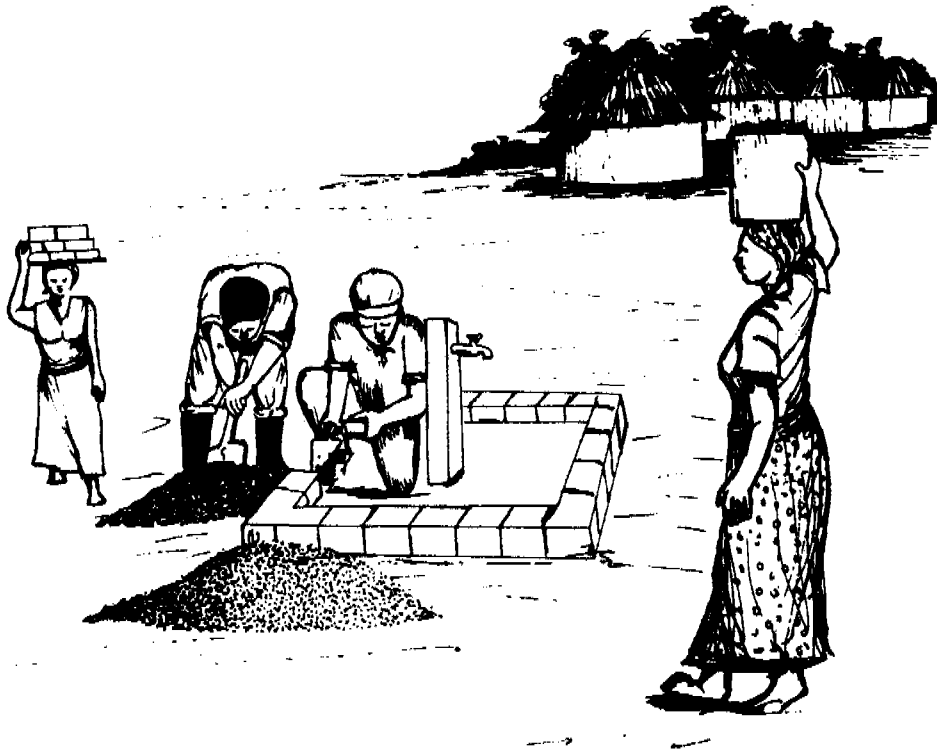
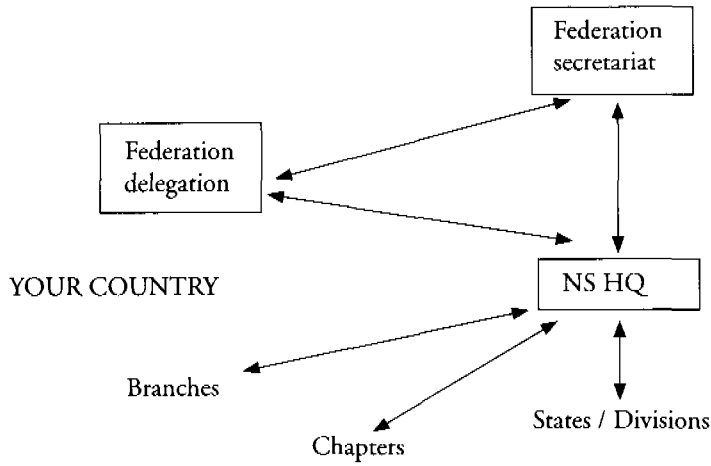
Disaster Relief Emergency Fund

- Allocated by Federation SG following fund use regulations
- Reimbursed by operations if Emergency Appeal is well-covered

Funding for Operations

- Main responsibilities of the Federation secretariat
- Complemented by Heads of Delegations through embassies and representatives of major donors
- Embassies, development agencies have funds that can be directly donated to local organisations
- Support of participating National Societies

What do these mechanisms mean for national Societies?



Session 3.10: SPHERE & Code of Conduct

The purpose of the Humanitarian Charter and Minimum Standards is to increase the effectiveness of humanitarian assistance, and to make humanitarian agencies more accountable. It is based on two core beliefs: first, that all possible steps should be taken to alleviate human suffering that arises out of conflict and calamity, and second, that those affected by a disaster have a right to life with dignity and therefore a right to assistance.

Part Two identifies Minimum Standards to advance the rights set out in the Charter. These standards cover disaster assistance in water supply and sanitation, nutrition, food aid, shelter and site planning, and health services.

The cornerstone of the book is the Humanitarian Charter (Part 1). Based on the principles and provisions of international humanitarian law, international human rights law, refugee law, and the Code of Conduct for the International Red Cross and Red Crescent Movement and NGOs in Disaster Relief,

the Charter describes the core principles that govern humanitarian action and asserts the right of populations to protection and assistance.

The Charter defines the legal responsibilities of states and parties to guarantee the right to assistance and protection. When states are unable to respond, they are obliged to allow the intervention of humanitarian organisations.

The Humanitarian Charter and Minimum Standards faces limitations in action for any Agency - a range of factors, within their control or outside it, e.g. politics. Does it have access to the affected population? Has it the consent and co-operation of the authorities in charge? Is the area secure? Are sufficient financial, human and material resources available?

Often, Humanitarian agencies face obstruction affecting whole communities or sectors, even violations of international law- direct threats to people's well-being, to means of survival, or to their safety with armed conflict, the paramount concern is protecting people against such threats.

The form of relief assistance and the way in which it is provided can have a significant impact (positive or negative) on the affected population's security. The Humanitarian Charter commits agencies to minimising any adverse effects of interventions. (for references: www.sphereproject.org)

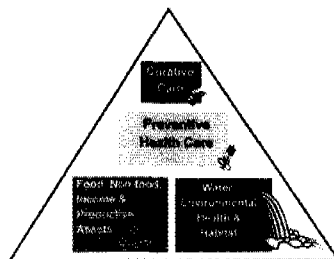
Session 3.11: Water & Habitat Presentation

The participants were presented with a brief introduction to the ICRC Assistance Division structure and its Water & Habitat Unit with examples of activities in the region. The main sections of the Power Point presentation (36 slides) are summarised below.

Assistance Division

Main Objective – Protection of victims: Assistance for victims of armed conflicts and internal violence:

- Preserve or restore living conditions with reduced dependency on outside aid (Emergency and longer term projects)
- Reduced morbidity and mortality among victims according to Assistance Pyramid



Assistance Pyramid:

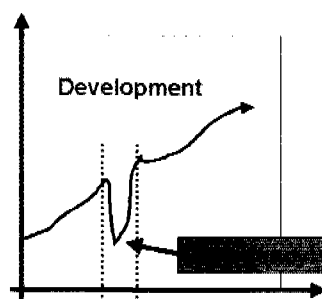
After impartial assessment, the priority of action is on the foundations of the pyramid.

Modern-day Complex Humanitarian Emergencies:

- Rapid outbreaks of extreme violence,
- Often compounded tragedies (conflict & natural disaster)
- Different causes and contexts (ethnic, political, economic)

Translate into:

- Short term emergencies can extend for years,
- Extremely varied needs and demand
- Difficult access to reach affected population
- ...and many more!



Interrelation between Emergency and Development activities

- = Broader range of activities
- = Many fields of expertise required
- = Fast initial intervention and well-planned withdrawal

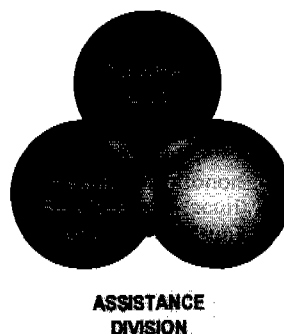
ICRC adapted internal organization to facilitate coordination in an “Integrated Approach”.

New structure: the ASSISTANCE DIVISION

Composed of three Units: Health Services (PHC, orthopaedic, surgery, etc.), Economic Security (food, agro. and nutritionists services, etc.) and Wat&Hab.

Operational Challenges:

- Security environment,
- Political environment,
- Exit strategies (e.g. local partners),
- Professionalism,
- Logistics,
- Working in harmony with partners.



The Water & Habitat Unit:

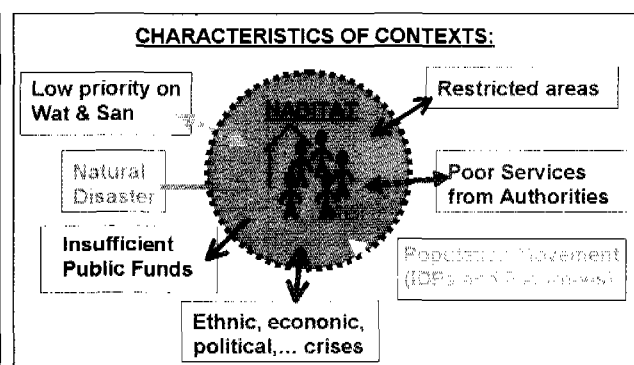
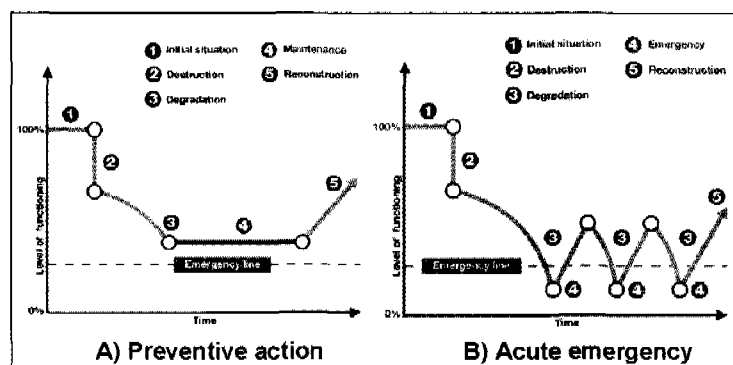
- Aims to ensure access to safe water for drinking and domestic use,
- Preserve the habitat that protects against environmental hazards.
- *** **Habitat:** designates boundaries of the home **but also** its relationship with the wider environment and the people.

WatHab Unit Activities (In Rural, peri-urban and urban communities):

- **Access to water:** rehabilitation of water plants, networks, gravity systems, wells, springs, storage systems.
- **Waste management:** latrines and sewage treatment plants, waste management, medical waste control.
- **Construction:** health structures, improvement of living conditions in detention centers, IDP camps and assistance to returnees.
- **Environment:** vector control, effective use of energy, hygiene promotion

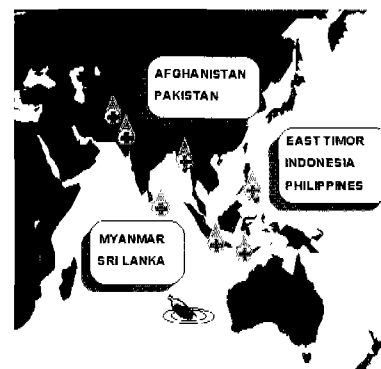
Preventive action and acute emergency

The graph below (A) shows preventive WatHab projects initiated before a deteriorating system drops below the emergency line, that is, before morbidity and mortality increase due to the collapse of the given system. These projects are medium- or long-term, and if successful, ensure that the system remains operational. (A “system” here may refer to housing, water treatment and distribution, vector control, energy for cooking etc.). Sudden destruction of a system (graph B), or political and security constraints may cause it to fall below the emergency line. Survival is then threatened and emergency water and habitat projects are the only solution. Such programmes often need to be repeated because the system can not be stabilized at a reasonable minimum level and may again drop below the emergency level, as shown in the graph below.



WatHab Countries of operation (example of programmes and projects):**Myanmar**

- Health Center Rehabilitation
- Hospital Construction
- New Gravity Fed Water Systems
- Rural Wat&Hab Promotion Projects (Implementation with Myanmar RC)
- Orthopedic Center Construction
- Assessment in Detention centers for possible assistance

**East Timor – Shelter Program (1999-2000):**

- After assessment and evaluation: the main need/demand was for shelter construction material. Assist most vulnerable groups while reconstruction programs start

East Timor – Rural Water Program:

- 15 years of WatSan water access program (gravity fed water systems with medical activities)
- 68 projects implemented in villages
- Direct collaboration with ONS (the PMI – Indonesian Red Cross)
- Community participation
- 2002, ICRC Assistance to phase out
- The new CVTL to take over with the support of the Australian Red Cross
- ICRC available to assist with technical expertise
- IFRC to provide support to CVTL (technical, institutional, etc.)

Indonesia (Aceh: Emergency assistance)

- Coordination of activities with PMI
- Training of PMI in WatHab assistance
- Elaboration of assessment system
- Assist IDP and host communities or population returning to villages.

Sri Lanka (WatHab projects in Detention centers):

- Assist in improving living conditions in detention centers when necessary and training of responsible authorities and WatSan management (e.g.: Workshop in Colombo, June 2002).

Reporting, Management & Accountability

- Since 1998, ICRC modified its planning and reporting to the PFR system (Planning for Results) (Produced August-Nov. every year).
- Analysis of “situation + needs” for specific “Target Population” (e.g.: Civilian – Displaced Populations, Women, etc...)
- Elaboration of response with means and budget required: General Objectives with impact over 3 years based on Specific Objectives planned on 1 year.
- Follow-up and monitoring according to the above system
- Mid-term evaluation and readjustment (May) and general evaluation (End of Year).
- Reporting and Appeals to donors according to PFR (e.g. Quarterly Institutional Report)

Internal WatHab Reporting and Management Tools

- A) Monthly Report [Details and explanations]
- B) Logical Framework [Quick access to info ... what planned and what achieved...]
- C) Tentative Time Planner [Daily and long term plans]

Conclusion

- Short term Emergency vs longer term assistance
- Adapted community based approach (conflict, unrest)
- In synch with national administration and plans
- Collaboration with ONS promoted as local partner when possible
- IFRC/ICRC coordination for Emergency Preparedness and Response and post-conflict assistance

Reference: The detailed explanations and comments for the above presentation were based on the information at the ICRC website: www.icrc.org

Session 3.12: Review, Monitoring and Evaluation

As the last step of the training workshop, participants minds were set to how to deal with the knowledge and the skills they've obtained here. Facilitator went through the following list and had an open discussion with the group.

Practising your new skills:

1. You would provide for an attractive debriefing after returning to your offices
2. Make sure all the information obtained during the course will be at hand, for instance in a box file
3. 'Play around' with the Federation WatSan CD-ROM and experiment with some topics you find interesting
4. Explore the website of IRC (International Water and Sanitation Centre) and down-load all the free publications from the website
5. Then: formulate your personal assignment!

Select 2 topics from the training that you found very interesting

6. Make a plan with your colleagues -those who attended the course and those who did not- how to apply it. But make sure: be playful with it and never impose!!!!
7. After some time of experimentation, formulate -together with your colleagues- some conclusions and discuss whether it should be continued and extended in future.



Closing Ceremony

Course finished with a simple closing ceremony and participants representing each country gave their insights/reflection to the training programme. This was followed by a dinner hosted by the President of the Lao Red Cross society.

Closing speech by Dr. Snivourast Sramany, President of Lao Red Cross Society

“Ladies and Gentlemen, I shall begin by addressing you as good evening. I sense that we are here not only with the Federation Representative (Mr. Thanh Le, Regional Health Programmes Officer) and with distinguished all of representatives from 8 Red Cross and Red Crescent National Societies in Southeast and East Asia, and Training course facilitators. At this farewell dinner tonight, I feel that you are more than official guest, I feel that we are all friends. It is first regional training course held in Lao Red Cross branch level, but I realize that it has been both fruitful and productive. We all are more experienced, as I know during training course you have worked under the perception and impression. Of course Water and Sanitation Programmes have a lot of issues to raise, but discussion among resource person and participants, and participants themselves were very thoughtful, both during the class session and field exercise as well.

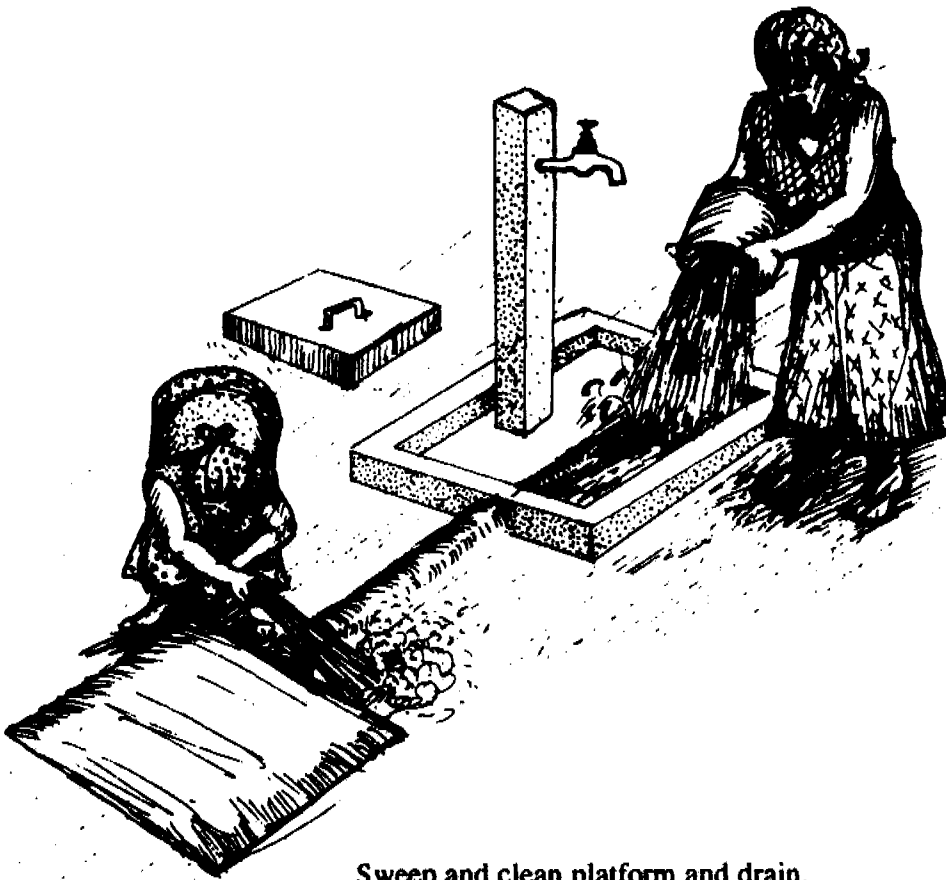
The course run successfully, means we did well at the first step. In the future, we will see the results of this great effort perhaps at Water and Sanitation unite, or initiate to integrating in to National Societies existing large programmes. Further more than that at regional level, as we see here today. Of course it may take more time, because people presented and worked in their own particular experiences since there are many differences situation. However, we all move in the same direction in search for solutions to minimize the health problems that affect to the people in respective countries.

I say goodbye to you all with optimism and confidence in our future, although it will be a hazardous road ahead. The future struggles will be harder than the past but I am confident about the future. Once again, I would like to take this opportunity to express my sincere thank to the Regional health unit to give us a chance to co-organize this important training course. We also look forward to work with you for the further courses. Thank to Luangprabang branch and headquarter staff for your effort to host and serve our colleagues. Thank you very much for facilitators and all of participants very successful in your work and have a safe trip back home. Thank you.”

THE WAY FORWARD

A few suggestions are offered for future consideration.

- It is important to ensure that the knowledge gained by the participants at the training course is percolated down to the other WatSan staff of the National Societies. So it is suggested that country level training occasions be encouraged and organised during which the participants of this training programme can act as resource persons. Perhaps NSs may need some assistance from RHU in terms of technical advice etc.
- Knowledge- and information-sharing within the organisation is a key issue for success. It may be worthwhile to inquire how best a fertile ground can be prepared for such a situation. Regional group meetings may be an ideal occasion for the horizontal flow of experiences.
- Access to information from other organisations and sharing lessons learnt with other development partners is another important issue to be considered. Building up relationships with national level resource centres (if available) or else to have access to regional resource network/s is worthy exploring.



Sweep and clean platform and drain.

ANNEX 1: List of publications

Action Monitoring for Effectiveness. IRC, Kathleen Shordt, 2000. (order code: TP 35-E)

Community Self-improvement in Water Supply and Sanitation: a training and reference manual for community health workers, community development workers and other community-based workers. IRC, 1988 (order code: TS 5-E)

Drinking Water Source Protection: a review of environmental factors affecting community water supplies. IRC, Michael D. Lee and Teun Bastmeijer, 1991. (order code: OP 15-E)

Keep it working: a field manual to support community management of rural water supply. IRC, Eveline Bolt and Catarina Fonseca, 2001. (order code: TP 36-E)

Multi-Stage Filtration: an innovative water treatment technology. IRC, Gerardo Galvis, Jorge Latorre and Jan Teun Visscher, 1998 (order code: TP 34-E)

Paying the Piper: an overview of community financing of water and sanitation. IRC, Phil Evans, 1992. (order code: OP 18-E)

Sanitation in Emergencies: sanitation programmes in camps for refugees or displaced persons. IRC, Tom de Veer, 1997. (order code: VO 1-E)

The Community-Managed Sanitation Programme in Kerala: learning from experience. IRC, K. Balachandra Kurup, 1996 (order code: PR 4-E)

What Price Water? User participation in paying for community-based water supply, with particular emphasis on piped systems. IRC, Christine van Wijk-Sijbesma, 1987. (order code: OP 10-E)

How to order:

IRC International Water and Sanitation Centre
Publications Department
P.O. Box 2869
2601 CW Delft
The Netherlands
e-mail: publications@irc.nl
website: www.irc.nl

ANNEX 2: List of participants

NS	TITLE NAME	POSITION	DEPARTMENT IN NS	PHONE	FAX	EMAIL
DPRK	Mr. Ko Gil San Mr. Kim Un Choi	WatSan Technician Staff of WatSan Unit	Social and Medical Service Department Social and Medical Service Department	+850 2 18 222	+850 2 381 4644	
Malaysia	Mr. Zulhisham Abdul Jamil	Development Officer	Health & Community Service,	+603 42 57 8122	+603 42 533 191	mrcs@po.jaring.my zul_74@hotmail.com
China	Ms. Tan Xue Qin Mr. Jianyang Guo	Project Officer Relief program officer	Community Health - Guangxi Province HQ	+86 771 5860326 +8610 65135933	+86 771 261 3265 +86 10 6512 4159	gxrc@public.nn.gx.cn koyo.jy@263.net
Vietnam	Dr. (Ms) Dao Thi Thuy Hang Dr. (Mr) Nguyen Van Quoc Viet Ms. Tran Thi Quy	Staff of Hanoi Chapter Programme Officer Programme Officer	Health & Care Dept VNRC Southern office CB Social Work Program	+84 4 8254 624 +84 8 839 1271 +84 4 943 4065	+84 4 928 6136 +84 8 8322298 +84 4 94 33 875	hanoiredcross@fpt.vn HCTD2@hcm.netnam.vn tkvn@netnam.vn
Cambodia	Ms. Mom Sichan Mrs. Krong Chanthou	WatSan Officer Federation Watsan Officer	Programme Department NE Programme	+855 23 212 876 +855 12 736 202	+855 23 212 875 +855 23 210 163	crc_adm@bigpond.com.kh ifrckh16@ifrc.org
Thai	Ms. Nuonanong Sritanyarat Ms. Peingjai Guntape Ms. Pavinee Yuprasert Ms. Chananun Suwannee	Assistant to Head Nurse, Registered Nurse Nurse Nurse - Station 7	Relief & Community Health Bureau Relief Section Relief & Community Health Bureau Relief & Community Health Bureau	+66 44 511 391 +66 2 251 7853 +66 45 245 309	+66 44 511 391 +66 2 252 7976 +66 45 245 309	nuonanong@hotmail.com Pguntape@yahoo.com pavineey@yahoo.com.uk Sapsiri2000@hotmail.com
Philippines	Mr. Benjamin Delfin Ms. Lillian B. Bayot Ms. Venina Acosta	Project Coordinator National Project Coordinator Senior Technical Staff	Community Health & Nursing Service Community Health & Nursing Service Community Health & Nursing Service	+632 527 8384 +632 527 63 53 +632 527 8384	+632 527 6353 +632 527 63 53 +632 527 6353	benjiedelfin@hotmail.com lillianbayot75@hotmail.com yna_santos5@hotmail.com
Lao	Dr. (Mr.) Vilaphanh Selitham Mr. Chansouk Phandolack Mr. Bounlue Vongsavang Mr. Bounma Xayasouk Mr. Inthasack Vongvilaythong	Director Project Officer - Branch Representative NRC Coordinator Watsan Officer Project Officer	Health Department Luang Prabang Health Department Health Department Health Department	+856 21 251 585 +856 71 212 303	+856 21 21 5763	vilaphanhsilitham@hotmail.com lrcpg@laotel.com nlrc@laotel.com nlrcsava@laotel.com Bounma_x@hotmail.com

NS	TITLE NAME	POSITION	DEPARTMENT IN NS	PHONE	FAX	EMAIL
East Timor	Mr. Francisco De Cavalho Mr. Mariano Da Costa Sores	Watsan Coordinator Watsan Coordinator	Health & Care Dept Health & Care Dept	+61 409 478 380 +61 409 478 380	+872 761 847 072 +872 761 847 072	ozrcinet@yahoo.com.au ozrcinet@yahoo.com.au
Indonesia	Mr. Benny Oktavianus	Head	Community Health Services, sub-division	+62 21 799 2325	+62 21 799 5188	Benny_8vianus@yahoo.com
Facilitators	Mr. Wim Klaassen Mr. Paliitha Jayaweera Mr. Thanh Le	Director / chief Consultant Programme Director Federation	QUEST Consult COSI - foundation for technical support	+31 487 502 114 +94 8 493829	+31 487 502 132 +94 8 493 830	office@quest-consult.nl cosi@sltnet.lk ifrcth16@ifrc.org
Support Staff	Mr. Valin Jaroenpong	Project Officer	LaoRC Health Department			valin35@hotmail.com nrcadmind@laopdr.com

ANNEX 3: Timetable/Training Programme

DATE	TIME	MODULE	TOPIC	FACILITATOR
June 11	08.30	Opening ceremony; Module 0		
June 11 Tues	Morning	Module 1: Introduction to Water and Sanitation	- Review of WatSan in S-E Asia and E-Asia - Basic concepts	PJ PJ
June 11 Tues	Afternoon	Module 1: Introduction to Water and Sanitation	- WatSan Interventions in Emergencies - Federation and ICRC standardised equipment - Emergency Response Unit (ERU)	TL/WK
June 12 Wed	Morning		- Presentation of Country programmes	Fed/WK/PJ
June 12 Wed	Afternoon	Assessment Module 1 Module 2: Water and Sanitation Programme Development	- WatSan options in Emergencies and Sustainability - Principals of Integrated water management	WK
June 13 Thurs	Morning	Module 2: Water and Sanitation Programme Development	- morning programme cont' ed	WK

June 13 Thurs	Afternoon	Module 2: Water and Sanitation Programme Development	- Epidemiology and disease surveillance methods - Preparation for Field visit	PJ WK
June 14 Fri	Morning	Module 2: Water and Sanitation Programme Development	- Cont'ed surveillance - Principals for Integrated Sanitation	PJ WK
June 14 Fri	Afternoon	Module 2: Water and Sanitation Programme Development	- Overview of PHAST - Overview ecological sanitation: with input China NS	PJ
June 15 Sat	Morning	Module 2: Water and Sanitation Programme Development Module 3: Managing Effective Water and Sanitation Programmes	- Planning of cross cutting issues - Strategic Planning - Co-ordination with other WatSan actors/within the Red Cross/Crescent families	WK/PJ TL/WK
June 15 Sat	Afternoon	Assessment Module 2 Module 3: Managing Effective Water and Sanitation Programmes	- Monitoring and MIS - Training Needs	WK/PJ
June 16 Sun	Morning		- Preparation for Field work	PJ
June 16 Sun	Afternoon		- Off	
June 17 Mon	Morning & Afternoon	Fieldwork	- WatSan Monitoring and Management in practice - Treatment and delivery options in practice - Community based approaches - Hygiene awareness and promotion in the real setting - Site and natural resources considerations in practice - Water source protection	Lao RC/ WK/PJ

Morning session: 9.00-12.30; Afternoon session: 14.00-16.30, 16.30-17.00: daily evaluation and issues

Detailed description of the Modules and learning objectives are appended to this schedule

Facilitators: TL= Thanh Le, PJ=Palitha Jayaweera, WK=Wim Klaassen

DATE	TIME	MODULE	TOPIC	FACILITATOR
June 18 Tues	Morning & afternoon	Fieldwork (reporting and conclusion)	<ul style="list-style-type: none"> - Preparations for sub-group reports - Discussions on findings - Illuminations of facilitators on key issues 	WK/PJ
June 19 Wed	Morning	Module 3: Managing Effective Water and Sanitation Programmes	<ul style="list-style-type: none"> - WatSan Sustainability and Community based WatSan Management - 'Success rate' in WatSan projects - MIS 	WK PJ
June 19 Wed	Afternoon	Module 3: Managing Effective Water and Sanitation Programmes	<ul style="list-style-type: none"> - IFRC appeal system - SPHERE - Code of Conduct - Reporting needs, methodology and skills linkages between WatSan and other RC program, e.g. PHC, Community Based First Aid. 	TL/EO
June 20 Thur	Morning & Afternoon	Assessment Module 3	<ul style="list-style-type: none"> - Ongoing Review, Monitoring and Evaluation - Summary and reflection - Workshop evaluation - Workshop Closure 	PJ WK/PJ TL Lao RC Chair

Resource Persons:

- ICRC Regional Representative
- Federation regional Health programme Officer-WatSan

ANNEX 4: Presentation of Country Programmes

Below summaries of the presentations of countries and organisations are listed. Presentations of DPRK and East Timor could not be reproduced for this report.

Cambodia

Cambodian Red Cross, Program Department, Health & Social Welfare sub-Department

Water and Sanitation Project

Ms. Mom Sichan, Water and Sanitation Officer

GOAL:

To reduce The Transmission Diseases by Providing Enough Safe Water and Appropriate Health Education through Red Cross Volunteer network.

OBJECTIVES:

1. To provide minimum quantity of safe water to communities.
2. To promote health care in communities.
3. To strengthen the staff capacities in water and sanitation program.
4. To improve the cooperation of all partners and related agencies.

BACKGROUND (FROM 2000- PRESENT):

- a. Safe area development:
 - 93 safe areas with 87 wells and 306 latrines in 12 flood affected provinces.
 - Beneficiaries: 18,240 families/77,479 people.
 - Rehabilitation: 2,363 water points.
 - 93 water and sanitation facility management committees were selected.
 - 38,500 IEC materials were printed and distributed to communities.
 - Emergency of water supply responses (20 plastic water tanks of 3000 L for 11,000 beneficiaries, 5,000 water containers of 20 L, 3,200 water containers of 10 L and 10,000 metal buckets).
 - 195 RCVs trained on distribution/use of Alum and chloramines.

China

Presentation of Hygiene Toilet Project in Guangxi Province, P.R. China

*Present to the Regional Water and Sanitation Training Workshop
11-21 June 2002, Luang Prabang Lao PDR*

BACKGROUND OF GUANGXI

- Location : in the southern part of China
- Total area: 236,000 square kilometers
- Population: around 47 millions, 80% rural residents, 12 ethnic nationalities

- Economics situation: 2,650,000 people under average living standard, rural residents' average yearly income is.....1972

SANITATION SITUATION IN GUANGXI

- 59% rural families do not have hygienic toilets
- the old toilet in rural area polluted ground and under ground water resources
- stocks living together with people
- high level of sanitation related disease such as diarrhea, fever, flu and skin affection.

OVERALL OBJECTIVE

- To reduce the level of sanitation related diseases for 20,000 men, women and children from minority ethnic populations living in Nanning, Baise and Hechi prefectures.

SPECIFIC OBJECTIVES

- To build 3900 hygienic toilets and promote changes in hygienic behaviour in Nanning, Baise and Hechi prefectures.

HYGIENIC TOILET'S ADVANTAGE

- Zero pollution: non-flushing, no fecal sewage discharge
- Zero affection: using ash to dehydrate feces and raise PH so that all virus and germs are killed
- Zero waste: excrement and urine being recycled

WHAT WE HAVE DONE/ARE DOING

- Selected 3 prefectures 6 counties for the project.
- Identified 3,900 beneficiary families.
- Mobilized community to build hygienic toilet.
- Opening tender for construction materials.
- Promoting health education.
- Building some toilets as models.
- Baseline survey for all beneficiary families.

OUR NEXT PLAN

- Primary school toilet project in rural area.
- Health education and promotion.
- Bio-gas system in the village.
- Separation animals from family.
- Road building and drainage system program.
- Raining water collection and supply system.
- Tree planting program.

Indonesia

INDONESIA IN BRIEF

- Archipelago (5 Main Island Groups Sumatra, Java, Kalimantan, Sulawesi and Irian Jaya)
- Total Land Area = 15,000 sq miles
- Total Population = 210,000,000 (Source; Dept. of Health)

WATSAN SITUATION

2. Sanitation Situation

- Rural Areas; pour flush, pit latrines, direct dumping into rivers
- Geographical Locations and Distance Hinder Developments
- Poor Economic Conditions of Communities Hinder Development

TARAKAN

3. Health Activities

- Door to Door Health Education
- Provision of First Aid Kit, Cadre

4. Achievement

- Improve health status of the community
- Enhance PMI Resources Capacity (HQ, Chapter and Branch Level)

HEALTH SITUATION

- Infant Mortality = 47 per 1000
- Maternal Mortality = 650 per 100,000 (UNICEF,1998)
- Typically diarrhea diseases, dengue fever, skin and eye infections affect urban areas
- Typically diarrhea diseases, Malaria, dengue fever, skin and eye infections affect the rural areas

PMI WATSAN PROJECT

CBFA Approach

- Tarakan, East Kalimantan (NRC)
- Lampung, Sumatra (SRC)
- Bengkulu, Sumatra (SRC)
- Planned 3 District (NRC)
- Planned ? District (SRC)

LAMPUNG

1. Launching

- Health Services
- Provision of First Aid Kit, Cadre

2. Construction; MCK = 3 Unit

3. Training @ Planned July 2002

WATSAN SITUATION

1. Water Supply Situation

- Various Government Bodies are in Charge
- Geographical Location and Distance
- The Agricultural Sector Uses A Significantly Larger Water (i e. 257,382,191cm/day)
- Expansive Development in Some Sectors Leading to Environmental Exploitation and The Destructions of Water Quality

TARAKAN

1. Construction

- MCK = 33 Unit
- Water Tank = 300 Unit

2. Training

- 'TOI' = 27 person
- 'TOC' = 53 person

BENGKULU

1. Construction

- Well = 80 Unit

2. Training

Lao PDR

In-Country Program Report on Water-Sanitation

*Present to the RCRC South East and East Asia, Regional WatSan Training
11-20 June 2002, Luangprabang, LAOS*

BRIEF COUNTRY BACKGROUND

- Total population: 5,000,000
- Annual population growth rate: 2.9%

WATER SUPPLY AND SANITATION COVERAGE

- Total access to safe water supply: 44%
- Total access to adequate sanitation: 18%

HEALTH SITUATION

- Infant mortality: 125 per 1,000
- Under 5 mortality: 128 per 1,000
- Maternal mortality rate: 656 per 100,000
- <10% pop benefit from official health services
- <3% national budget allocated to health (e.g., US\$3.50/pax/year)
- Most funding in health from external donors and partner agencies
- Typically dysentery and dengue fever affect urban areas
- Typically cholera, malaria, skin, eye infection affect the rural areas

WATER SUPPLY SITUATION, 1

- Water supply sources for urban areas are typically water system pipelines
- Water supply sources for rural areas are typically bore holes with hand pumps, hand dug wells, gravity fed systems and rainwater jars
- Inadequate support for the construction, repair and rehabilitation of water facilities
- Geographical location and distance

WATER SUPPLY SITUATION, 2

Two main government bodies are in-charge of water and sanitation management in the country:

- Ministry of Public Health (National Water Supply and Environmental Health Programmes/ NWSEHP) for rural areas; and
- Ministry of Communication, Transport, Post and Construction (CTPC) for urban areas

SANITATION SITUATION

- Sanitation facilities for rural areas include pour flush latrines (limited number) and pit latrines
- Sanitation facilities for urban areas are mainly pour flush latrines

NATIONAL STRATEGY

- Planning
- Institutional framework
- Capacity building and human resource development
- Community-based implementation and management
- Information and learning-based approaches
- Financing
- Partnerships and networking

OVERALL OBJECTIVES

- To improve access, use and sustain ability of new and existing water supply and sanitation facilities in the rural areas;
- To maximize health and socio-economic impact of new and existing water supply and sanitation facilities in the context of overall rural development and water resources management.

SPECIFIC OBJECTIVES

- To improve both quantity and quality of the new and existing water supply and sanitation facilities, accessibility to the poorest remote and hard to reach areas;
- To improve and increase health and hygiene education in rural remote areas.

WATSAN PROGRAMMES F LRC

- The health promotion department of the LRC is in charge of overall management/developing WatSan programmes;
- LRC cooperates with the Ministry of Public Health--PWSEHP/Provincial/District Nam Saat; and community leaders for programme activities;
- LRC WatSan activities are conducted in joint cooperation with PNSs providing access of safe drinking water to vulnerable group; provision of latrines to vulnerable groups and school and are conducted through existing CBFA/PHC programmes.

LRC WATSAN SITUATION

- GFWS: especially for the north;
- Bore hole with hand pump, Dug Well: north, central, south;
- Latrine: north, central, south (whole).

LRC WATSAN FUNDING SITUATION

- Almost 100% supported by external funds -- PNSs, JICA;
- 2001-02 government subsidized in monitoring and small grant for construction.

STATUS OF LRC WATSAN IMPLEMENTATION, 1994-2002

No.	Province	GFWS	Dug well	Bore hole	Latrine	Funded
1.	Phongsaly	3				DRC
2.	Houaphanh	10	6		217	DRC
3.	Xiengkhouang	5			179	DRC
4.	Luangprabang	38			3,313	SRC
5.	Oudomxay	2				SRC
6.	Bokeo		7		39	SRC
7.	Luangnamtha					
8.	Xayaboury					
9.	Vientiane			2		IFRC
10.	VTE Municipality			1		GoL
11.	Bolikhambay		9	12	825	NRC
12.	Khammouane		13	11	479	NRC
13.	Savannakhet		2	9	890	NRC
14.	Saravan				891	NRC
15.	Champasack		17	17	460	NRC
16.	Attapeu		1	5	653	NRC
17.	Sekong	2	5	8	280	NRC
	Total	60	60	65	8,226	5

STRENGTH AND OPPORTUNITY

- WatSan programme is prioritized LRC health promotion strategy;
- Health staff in charge with WatSan are available;
- Joint cooperation with PNSs and provincial/District nam saat;
- Active participation by community;
- Regional networking.

WEAKNESS AND THREAT, 1-SOLUTION

- Have not yet long term policy and strategy – *develop it in consultative with external expertise;*
- WatSan programme are not well plan and manage in some branch – *training, experiences exchange;*
- Un-experiences VHV to maintain and keep project sustainability in some branch – *training, experiences exchange, clear with their own job description;*
- Low technical expertise – *training, experiences exchange*
- Lack of experiences manpower – *training, experiences exchange*
- Lack of funds – *develop proposal and discuss with potential donors in consultative with external expertise*
- Integration into LRC existing programmes – *SPHERE*

WEAKNESS AND THREAT, 2-DIFF. TO SOLVE

- Remoteness and accessibility to target village (mountainous, hard road...);
- Traditional habits and cultural constraints of targeted communities (eg. slash-burned), lack of water sources, water output unavailable).

NEXT PLAN

- Collect data/info on WatSan existing programmes regularly;
- Monitoring an existing programmes;
- Mapping of WatSan needs;
- Build a capacity of the team work --technical training management, Engl...
- Collaborate and cooperate with PNSs and provincial nam saat/PWSEHP incl. planning and implementation on WatSan joint programmes;
- Experiences exchange: inter-prov & other NSs;
- Joint developing a proposal with RHU, seeking funds from potential donors for further projects;
- Take part as permanence member of the regional network.

CASE PRESENTATION ON THE PROCEDURE OF GRAVITY-FED WATER SYSTEM (GFWS)

Construction and Rehabilitation in Northern Branches of the Lao Red Cross Society

Lesson Learned

- Based on target people needs -- priority, PRA
- VHV based on
- Community participation
- Strategic alliance -- team work, regular meeting
- Based on LRC health strategies and provincial policies/strategies as well
- Season
- Transparency

(Project Sustainability)

- Integration with LRC existing programmes

Criteria for target village section

- RC coverage;
- VHV available;
- Based on their priority needs;
- In the prone of polluted water, that effect to the people used attach by diarrhea, Cholera disease
- Water sources possible for survey;
- The villagers will continue living, and/or more people from other village will moving in;
- Local authorities and villagers agree to supporting.

Water sources survey

1. Establish a survey team that consist of:

- LRC health staff
- Provincial/district WatSan technician
- LRC district health coordinator

Normally, team has to meet in March annually.

2. Survey

- Survey of water sources have to be carried out at the end of dry season (end of March to ealy of June) because of its lowest level, a sourecs which may has plenty of water during and after the rainy season may have nearly dried out by then;
- Survey water sources will be carried out in the daytime;
- Organize a meeting with villagers in the evening:
 - gather as many villagers as possible
 - ensure that the number of women are will presented.

3. Forum:

- Size of population (no. families, no. of poorest families)
- Current water use from where? how? and who carry it?
- What the water use for?
- Why do they need GFWS?
- Do they have idea where is water sources feasible?
- Situation of disease, what kind of disease cause more people died
- Income situation of villagers
- Are there any school, temple, health center, and latrines
- Capacity of local people contribution (how much in cash, local material such as sand, gravel, wood, labor and transportation...)

Feasibility study and planning, 1 (from June to July)

- Out put of water sources enough or not for the existing population in the village and including for a population growth of 2.9% during the next twenty years, as the GFWS is supposed to have a life span 20 years;
- Look into topography and attitude
- Pipe to be need (what kind, how long)
- Number of water sources tank, water tank in the village and number of tap stand need to be calculated (one tap stand per 60-100 people, or 10 families/tap)

Feasibility study and planning, 2 (from June to July)

- If the water sources feasible the water echnician will design and estimate the cost of the system;
- Then LRC will inform the village where the survey has been done;

- If fund adequate and allocated LRC will start to order materials. If not we have to submit a proposal to other potential donors.

Order equipments/materials (in August)

HPDE Pipe and fitting have to be ordered from abroad in case of they are unavailable in country.

Make contract with villagers (September-November)

- Contract will be signed by LRC branch, provincial/district health officers;
- In the contract following subjects are mentioned:
 - Responsibilities of LRC branch, WatSan technicians, villagers;
 - The contribution of village (amount of sand, gravel, wood, cash, labors—digging, concrete work);
 - Establish a committee of construction and maintenance

Construction (December to February)

Construction work are done by villagers, with consultation by WatSan technician.

Maintenance system

- Women and men are selected by villagers to be a member of maintenance team;
- Each tap stand has been looked after by one woman volunteer;
- The big work must be carry out by villagers;
- Monthly fee for maintenance: the villagers will decide by themselves. Normally, they pay according to the number of families member eg: less than 5 person: 700-kip/month and more than 6 persons 1,000-kip/month. In case of those who connect wht water from tap stand to their private house: 1,200-kip/month.

Follow up on maintenance system

- Using the standard survey form;
- Run one a year;
- Mid/long term evaluation (process)

Malaysia

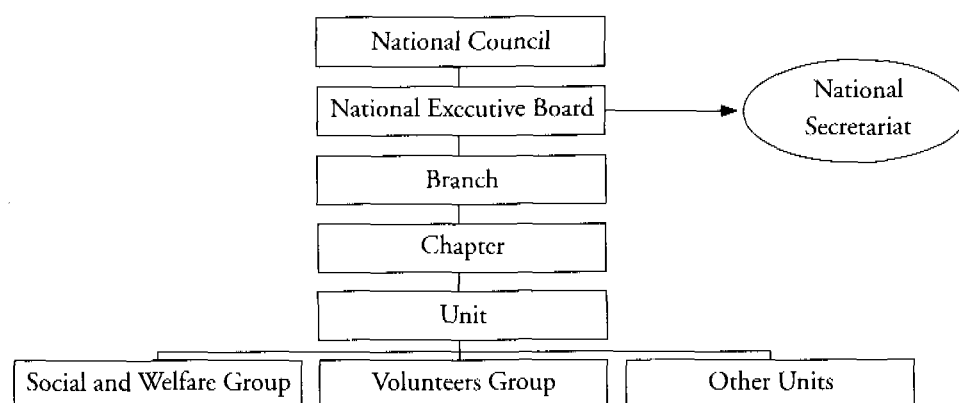
STRUCTURE OF PRESENTATION

- Brief history of MRCS
- Structure of organisation
- Structure of membership
- MRCS activities/programmes

HISTORY OF MRCS

- 1948 - The British Red Cross sets up its first Branch in North Borneo
- 1957 - Federation Of Malaya Red Cross Society established
- 1963 - Malaysian Red Cross Society
 - Recognition by International Committee Of The Red Cross (ICRC)
- 1965 - Malaysian Red Cross Society (Incorporation) Act
- 1969 - Sets up the 24 hour Emergency Ambulance Service
- 1973 - Withdrawn of Singapore From Federation Of Malaya
- 1975 - Malaysian Red Crescent Society - Act 1975 (change of name)

MRCS STRUCTURES OF ORGANIZATION



NATIONAL EXECUTIVE BOARD

1. National Chairman
2. National Deputy Chairman
3. 4 National Vice Chairman
4. National Honorary Treasurer
5. National Committee:
 - Emergency Response & Ambulance Service
 - Blood Program
 - Community Service
 - International Humanitary Law and Legal Affairs
 - Training and Manpower
 - International Affairs
 - Public Relation and Fund Raising
 - Building and Management
6. Delegation From 5 Regions and Secretary General

DIVERSION OF REGIONS

- | | | |
|-------------------------|-------------------|--------------------|
| 1. Northern Region | 2. Middle Region | 3. Southern Region |
| 4. Eastern Coast Region | 5. Eastern Region | |

STRUCTURE OF MRCS MEMBERS

- Honorary Life Member
- Life Member
- Ordinary Member
- Youth Member
 - a. Junior Red Crescent
 - b. Link

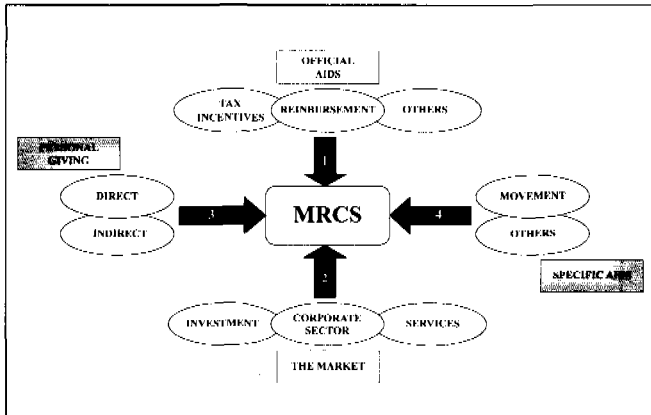
PURPOSE OF MRCS (Article 5 of Act 540/1965)

1. IN TIME OF PEACE OR WAR - to carry on and assist in work for:-
 - the improvement of health
 - the prevention of disease
 - the mitigation of disease
2. IN TIME OF WAR - voluntary aid to:-
 - the sick and wounded
 - prisoners of war
 - civilian sufferers
3. TO PERFORM all the duties devolved upon a National Society by each nation which has acceded to the Geneva Conventions.

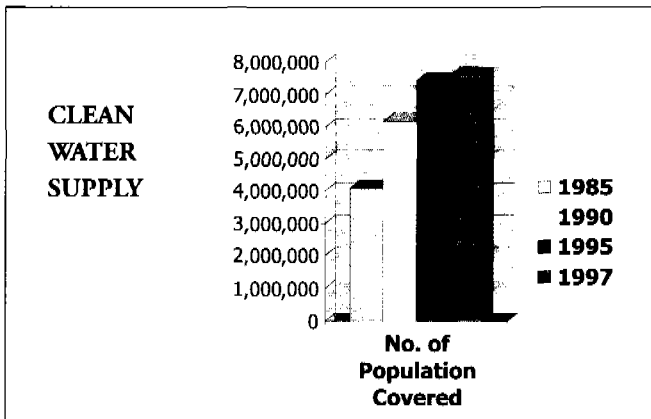
MRCS MAIN ACTIVITIES

1. **Disaster Management:**
 - Standby for disaster response
 - 24 hours Ambulance service & Emergency Motorcycle Unit
2. **Tranining:**
 - Movement of Red Cross & Red Crescent
 - First Aid
 - Dissemination of International Humanitary Law
3. **Programmes:**
 - Community Service
 - Blood Program
 - HIV/AIDS, Drug Abuse, Organ Donation Campaigns
 - Monitoring Health
 - etc.
4. **Youth:**
 - Youth Activities
 - School Program
5. **Public Relation and Support**
6. **Fun Raising and Financial Management**
7. **International Affairs**
8. **Disceminaiton of International Humanitary Law**

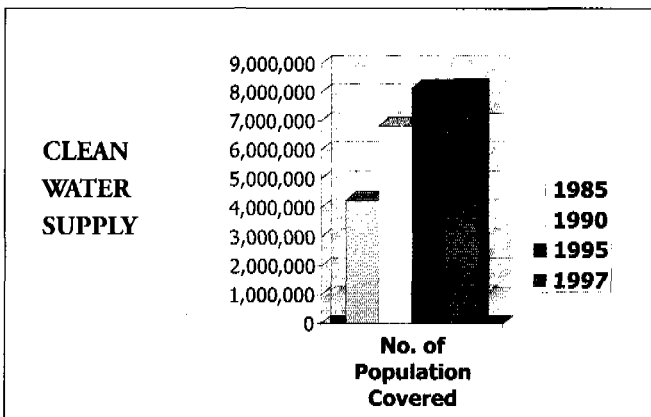
MRCS SOURCES OF INCOME



COVERAGE SAFE WATER SUPPLY AND SANITATION LATRINES TO RURAL POPULATION IN MALAYSIA 1985-1972



COVERAGE SAFE WATER SUPPLY AND SANITATION LATRINES TO RURAL POPULATION IN MALAYSIA 1985-1972



DISEASES IN MALAYSIA

- Tuberculosis
- Leprosy
- Malaria
- Dengue
- Filariasis
- HIV infection

The Philippines

Primary Health Care Programme

Assisted by the Japanese Red Cross Society

Presented at the Regional WatSan Training, Lao PDR, 11-20 June 2002

PROJECT HISTORY

- PNRC started its training of Village Health Workers in 1977 as a pilot project (National Training Course)
- Expanded to a 3-year programme assisted by the Netherlands Red Cross (Regional Training Course)
- In 1983, PNRC started a development cooperation programme with the Japanese Red Cross Society, focusing on provincial/municipal level
- JRCS launched the TV fundraising "NHK Helping Hand Campaign"
- "Red Cross Primary Health Care Programme" was signed between the JRCS and the PNRC in 1983.

PROGRAMME OBJECTIVES

- To assist the government in improving the health and living conditions of the population particularly in the depressed rural areas of the country by assisting communities to ensure self-reliance in health care with the help of trained village health workers.

ACTIVITIES OF THE PROGRAMME

- Training of village health workers
- Supported various community projects such as income generating projects for health workers, nutrition intervention, multi purpose centers and WATER SYSTEMS and SANITARY TOILETS construction.

PNRC WATER SANITATION PROJECTS

- Since 1995, thirteen (13) PNRC chapters has implemented water supply projects
- Safe water project outputs include well construction, pipeline installation, construction of water reservoir and spring development.

DESIGN AND CONSTRUCTION

- Screening and processing of project proposals for approval was carried out by the Community Health & Nursing Service (CHNS) through the project coordinator.
- The assistance of the PNRC – through provision of materials for construction/installation
- The community's counterpart – cost of installation and the required operation and maintenance
- Technical support – local engineering office or from the local village council
- Assistance provided – preparation of the design and cost estimation for the proposed water improvement project.

SUSTAINABILITY AND MAINTENANCE

- Beneficiaries of the project – responsible for the proper operation and maintenance of water facilities
- Community water users association established

ORGANIZATION AND MANAGEMENT

- The PNRC chapter offices were the primary implementing arm for the project
- Coordinate activities with the local government offices, rural health units.

MONITORING AND EVALUATION

- Monitoring – done by the CHNS
- In 2000, an evaluation of all safe water projects assisted by the JRCS was done.

CONCLUSIONS AND RECOMMENDATIONS

- Formation and training of community water user association
- Creation of coordination mechanism at field implementing level
- Strengthening the technical capacity of the PNRC
- Development of project implementation guideline
- Development of operation and maintenance guideline
- Comprehensive and integrated PHC approach
- For PNRC to continue water and sanitation projects

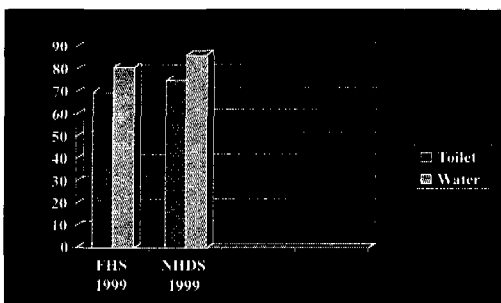
MOST SIGNIFICANT ENVIRONMENTAL HAZARDS

- Lack of water supply
- Lack of sanitation

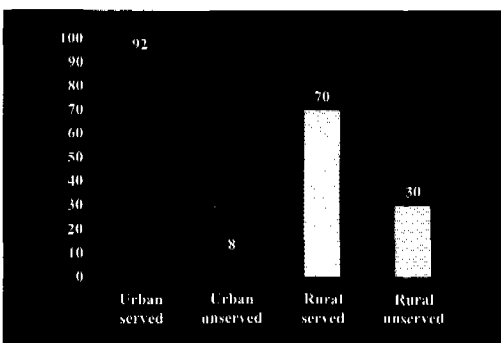
WATER SITUATION

- Percent of total households with access to water supplies --- 87 percent
 - Urban --- 91 percent
 - Rural --- 71 percent
- Sources of drinking water supplies
 - Level 1 --- 39 percent
 - Level 2 --- 18 percent
 - Level 3 --- 30 percent
 - Doubtful sources --- 13 percent

HOUSEHOLDS COVERAGE WITH SANITARY FACILITIES AND ACCESS TO SAFE WATER, PHILIPPINES



HOUSEHOLDS COVERAGE WITH SANITARY FACILITIES AND ACCESS TO SAFE WATER, PHILIPPINES



THE PHILIPPINES NATIONAL RED CROSS

Objective: Improve the living and health condition of the most vulnerable communities in the Philippines

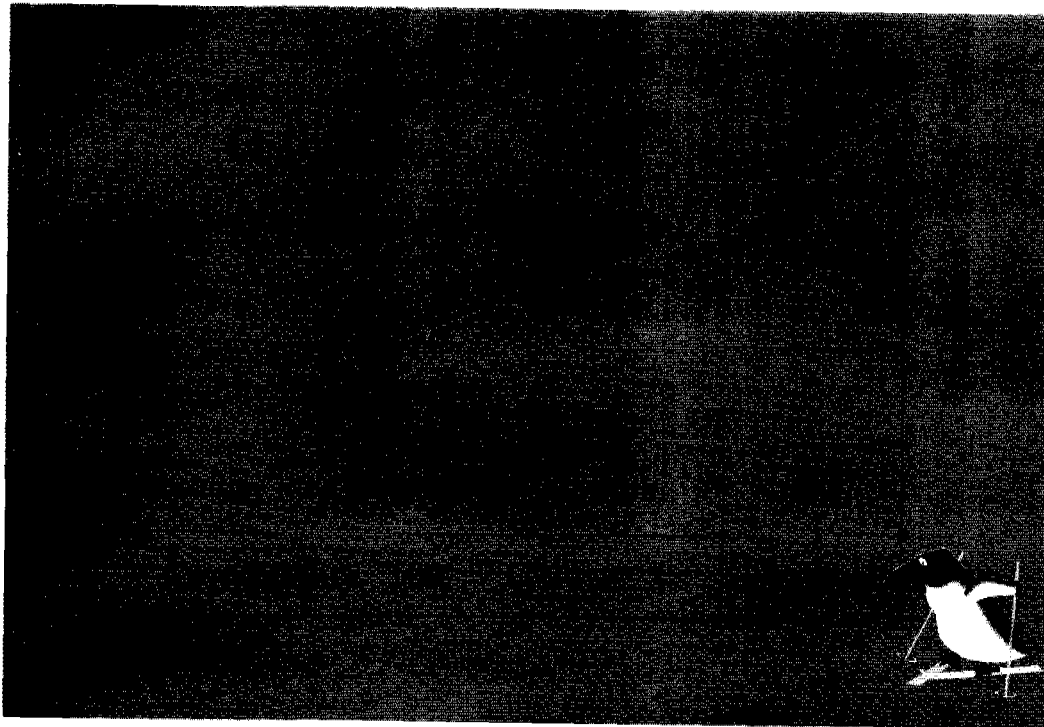
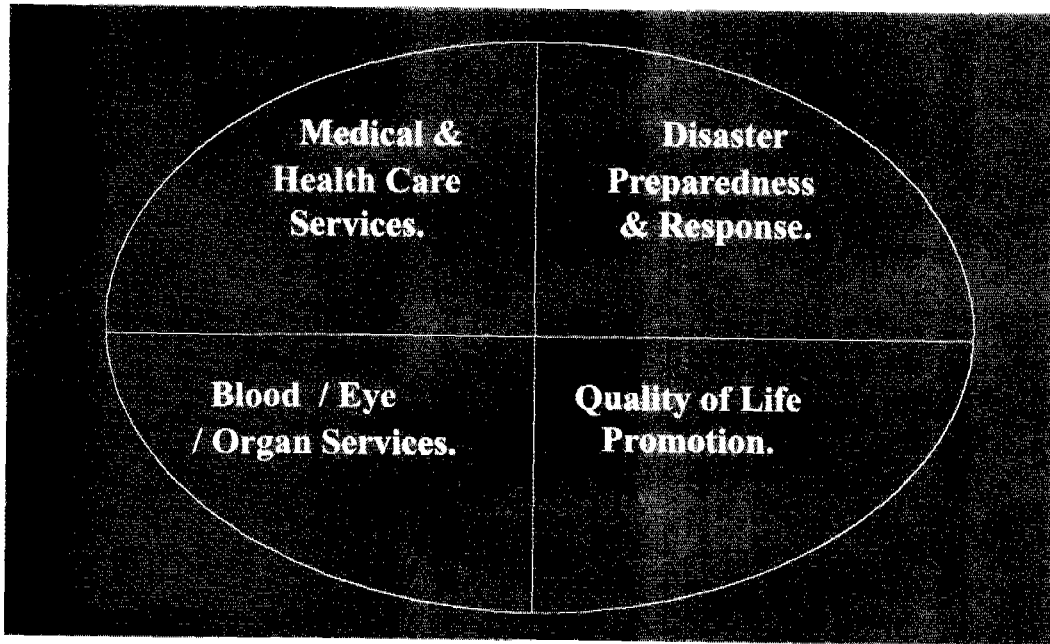
Policies, Programmes and Project in WatSan

- WatSan activities form part of the Primary Health Care Programme to vulnerable communities across the country
- PNRC develops the capacity of the Red Cross chapters in undertaking community development/management programme, particularly in the areas of community mobilizing and organizing and in capacity building
- PNRC promotes the community development component of water supply and sanitation project with the chapters providing close coordination with the Local Government Unites (LGUs)
- The Community Health & Nursing Service is the lead department in developing and managing WatSan projects
- Consequently, the Integrated Community Disaster Planning Programme & Red Cross Youth implements WatSan projects as part of the disaster preparedness and youth activities in schools
- PNRC develops IEC materials on water-related disases and hygiene education.

CONCLUSION

- There is an apparently lack of sufficiently accurate and usable information on health and environmental sanitation to support policy development, priority setting and decision making for action at the national and chapter levels
- Existing information and indicators need improvement including data collection and data validation
- Inadequate water supply and poor sanitation remain a public health problem

Thailand



Vietnam

Primary Health Care Project, WatSan Component

Dr Nguyen Van Quoc Viet

SITUATION

- Soc Trang Province
- Saline water flooding, 4-5 months per year
- PHC – working in two communes – Tham Don and Lieu Tu
- High number of poor families
- Almost 100% household do not have latrines
- High % of children infected with intestinal parasites and hookworm

SITUATION (2)

- Families uses pond water for drinking and daily uses
- Limited water supply technology for people to chose
- PRA and KAP survey showed limited success in projects trying to resolve the problems

PLANNED ACTIVITIES

- Rainwater tanks
 - In 4 villages in 2 communes
 - Individual poor family
 - Red Cross pays for materials
 - Family pays for labour cost

RED CROSS STRATEGIES

- Focus on pilot villages and group of households
- Encourage people to participate in planning, construction, and maintenance
- Integrate with other community development activity – credits and saving scheme

RED CROSS METHODOLOGY (1)

- Select the appropriate technical model and the site to construct with the involvement of villagers and their groups
- Establish the village steering committee and water supply groups
- Make plan in participatory way to allocate the resources and identify the construction and maintenance measures
- Train village health volunteers and heads of hamlets on safe water issues for them to conduct the campaign to families.

RED CROSS METHODOLOGY (2)

- Technical support
- Financial support to poor households according to different solutions
- Supervise the water quality
- Monitoring and supervision the use and maintenance
- Sustainability will be the underlying principle for all selected solutions

PROPOSED RED CROSS SOLUTION

- Red Cross identified 3 possible technical solutions to the water problem, dependence on the village situations
 - Well - less than 100 meters deep (hand pump)
 - Well - more than 100 meters deep (piped system)
 - Rainwater tanks (1.2-1.5 cubic meters)

PLANNED ACTIVITIES (1)

- Well – less than 100 meters deep
 - In 4 villages in 2 communes
 - Each hand pumps for group of 10-15 families
 - Red Cross support 50% of cost
 - Families contribute 50%

PLANNED ACTIVITIES (2)

- Well – more than 100 meters deep
 - In 4 villages in 2 communes
 - Each system for 120 families
 - Red Cross provides for drilling cost
 - Families pay for all other costs – pipes, water meters (for cost recovery)
 - Well-off families pay full cost
 - Poor family can take loan from Red Cross (monthly repayment)
 - Families provide labor for the work
 - User pay system – monthly collection

DIFFICULTIES

- Pricing of contractors
- Difficulties in drilling
- Wrong location of hand pump due to community pressure
- Local people giving wrong information
- Some wells, not repaired once damaged

EXPECTED RESULTS

- 75% poor women in credit and saving groups can talk exactly about concept of safe water
- 50% of poor households agree to borrow loan to drill well
- 20 hand pump wells drilled in villages where possible

RESULTS

- 85% poor women in credit and saving groups can talk exactly about concept of safe water
- 37% of poor households agree to borrow loan to drill well
- 140 rainwater tanks were constructed
- 38 hand pump wells were drilled in villages

ADDITIONAL RESULTS OF INTEREST

- 39% of poor families agreed to obtain loans to build latrines
- 92% of families repaid loan

ANNEX 5: The Seven Steps of PHAST

Step 1: **Problem Identification;** at the end of these two activities, the group would have identified the main issues facing its community and would have decided if diarrhoea is a priority problem. It should also be interested in and willing to follow the process through to the next step.

Step 2: **Problem Analysis;** at the end of this step group should understand how some of its common everyday hygiene and sanitation practices may be causing diarrhoeal disease. It will then be able to start considering what can be done to improve those practices in order to prevent diarrhoeal disease.

- | | |
|-----------------|--|
| Activity | 1. Mapping water and sanitation in our community; |
| | 2. Good and bad hygiene behaviours; |
| | 3. Investigating community practices; |
| | 4. How disease spreads |
| Tools | 1. Community mapping; 2. Three pile sorting; |
| | 3. Pocket chart; 4. Transmission route; |

Step 3: **Planning for solutions;** After completing these activities, the group members should have identified various ways to prevent diarrhoea in the community

- | | | |
|-----------------|--|---|
| Activity | 1. Blocking the spread of diseases; | 2. Selecting the barriers; |
| | 3. Tasks of men & women in the community | |
| Tools | 1. Blocking the routes; | 2. Barriers chart; 3. Gender role analysis |

Step 4: **Selecting options;** By the end of this step, the group will have made an informed choice about the changes to facilities and hygiene behaviours it wants to make

- | | | | |
|-----------------|--------------------------------------|--|------------------------------|
| Activity | 1. Choosing sanitation improvements; | 2. Choosing improved hygiene behaviours; | 3. Taking time for questions |
| Tools | 1. Sanitation options; | 2. Three pile sorting; | 3. Question box |

Step 5: **Planning for new facilities and behaviour change;** These activities will enable participants to develop a plan to implement changes in sanitation and hygiene behaviours, to help identify who will take responsibility for carrying out the steps in the plan & set a time frame for implementing the plan and to get the group to think about possible problems in implementing the plan & devise ways of overcoming them.

- | | | |
|-----------------|------------------------------------|----------------------------|
| Activity | 1. planning for change; | 2. planning who does what; |
| | 3. identifying what might go wrong | |
| Tools | 1. planning posters; | 2. problem box |

Step 6: **Planning for monitoring and evaluation;** The group fills in a chart for monitoring its progress towards achieving its goals

Step 7: **Participatory evaluation;** this is carried out after the community has implemented its plan, perhaps six months or one year after the start of the programme

- | | |
|-----------------|--|
| Activity | 1. checking our progress |
| Options: | Monitoring chart; community map; planning posters and who does what; pocket chart; community walk; drama |

(Ref: PHAST step-by-step guide)

ANNEX 6: Field Visit Preparation

FIELD VISIT TO PHAI AND LO VILLAGES, PAKOU DISTRICT, 17-06-'02

In preparation of the Fieldwork on June 17-18, 2002

Visitors:

Dr. Vilaphanh Selitham
 Mr. Chansouk Phandolack
 Mrs. Manivone Health Officer (CBFA) Luang Prabang Branch
 Mr. Sonclay, Health Officer WatSan

Some Characteristics of Phai Village and water supply system

- 2,000 inhabitants
- water source: spring
- 7 tap stands
- CBFA volunteers: 1 female, 1 male
- Differentiated flat tariff:
 - families with 5 or more children: Kip 1,000
 - families with less than 5 children: Kip 700
- no water meters
- Alert: maintenance situation at two water points at schools interesting
- 54 households
- supply system: gravity
- distance to source: 3,500 metres
- Maintenance volunteers: 2 male

Head of village: Mr. Ma

Appointments for interviews have been made with:

- CBFA volunteers: 1 female, 1 male
- 8 fe-/male community members
- Maintenance volunteers: 2 male
- (hopefully also) with Head Master of the school

Some Characteristics of Lo village and water supply system

- 179 inhabitants
- Water source: spring
- 5 tap stands
- CBFA volunteers: 1 female, 1 male
- Undifferentiated flat tariff: all families pay Kip 1000/month
- No water meters
- 37 households
- Supply system: gravity
- Distance to source: 2,000 metres
- Maintenance volunteers: 2 male

Head of the village: Mr. Say

Appointments for interviews have been made with:

- CBFA volunteers: 1 female, 1 male
- 8 fe-/male community members
- Maintenance volunteers: 2 male

Methodology

We will split up in two sub-groups: each group will go to one of the villages. Staff accompanies us from Lao-RC.

In the villages we will divide tasks. We will look separately into

- the intake
- the sanitation component
- the water supply distribution

Before the field work start you will prepare your own questionnaire. The main topics will be provided. You will work on the preparation of the questionnaire on Sunday morning.

The fieldwork will be on Tuesday while on Wednesday we will complete the assignment, present it and draw lessons learned.

During your presentations the trainers will illuminate your report with additional information.

ANNEX 7: Checklist for fieldwork

Environmental Aspects

- Protection and preservation of water source and water points
- Quantity & quality of water
- Environmental sanitation
- Availability and reliability of water resources
- Waste water management
- Seasonal variation
- Risk for negative aspects

Community Aspects

- Structure and functioning of community organisation
- Participation of women
- Satisfaction of users
- Technical capacity within the community
- User preferences
- Household income and seasonal variations
- Ownership feeling
- Management capacity of committees
- Living pattern and population growth
- Social cohesion

Technical Aspects

- Complexity of O&M of the system
- Training received for operator/caretaker
- Preventive maintenance
- Water quality control
- Demand vs. supply
- Compatibility with existing water supply systems
- Compatibility with norms and legal framework
- Spare parts availability
- Dependency on chemical & fuel
- Tools
- Technical standards
- Extension capacity

Institutional Aspects

- Technical assistance
- Relationship with the local govt. authorities
- Skills requirements (software)
- Support from external support agencies
- Monitoring & follow up
- Stimulation of private sector
- Monitoring

Financial Aspects

- tariff and what does the tariff cover
- non payments and sanctions
- ability to pay
- use of the funds
- how are other costs financed
- willingness to pay
- financial management

Processes

- how was the project introduced?
- how did the community participate?

ANNEX 8: Reports on the two village visits by participants

LO VILLAGE

Observation Environmental Aspects

Positive

- 80 % HH make latrines and properly used
- High participation of women
- Use of local material (drainage bamboo)
- Separate area for animals
- Availability of water
- Animal waste used for crops (fertiliser)

Negative

- 5 families don't have latrines
- Garbage disposal system not well managed- throw the garbage behind the house
- Few HH with vegetable gardens
- Lack proper Drainage system
- Primary school (2 classes) don't have latrine
- Slash and burn of trees

Community aspects

Positive

- Strong ownership/ feeling – project belongs to them
- Villagers satisfied to use tap stands and latrines
- Well organisational groups/ functional to manage the water supply (women involve)
- 2 maintenance teams received technical training during construction
- High participatory of women
- Voluntary contribution
 - Construction
 - Maintenance
- Finance transparency

Negative (software)

- Not all houses maintain toilet facility properly
- Conflict without other village (water source)
- Children waste water
- No update population registration

Technical aspects

Positive

- Appropriate water design (UNICEF)
 - Pressure is ok
 - Strong tap stands
 - Division tank is well designed
- Deep enough pipelines (80 CM)

Negative

- No standard toilet house
- Potential to dry up (dry season)
- No water testing
- Conflict between other village

Recommendation

- More additional tap stands
- RC local authority should assist the village to solve conflict between other by putting up water supply
- Tree planting around the water source should be enhanced
- Appropriate health education should be ensured
- Water should be tested
- RC monitoring should be on going

PHAI VILLAGE**Issues/Concern Tools Prob. Analysis*****Environmental***

- Questionable water Qua interview no water testing done
- Sufficient quality of water
- No drainage system establish
- Waste management system, digging, burning rivers
- Sanitation toilets 76 %
- Present of mosquitoes and rodents

Community Aspects

- Functional community organisation establish
- Health educator establish, not systematic
- Community satisfied with WatSan facilities
- Lack of fund to construct drainage system

Technical aspects

- No training on repairing damage facility
- Need the standard UNICEF design
- No water quality control and technical standard

Institutional aspect

- Training on CBFA conducted
- No private sector involve
- Monitoring:
 - Health dept every 3 months
 - Red Cross every 4 months
- Co-ordination established but not strong

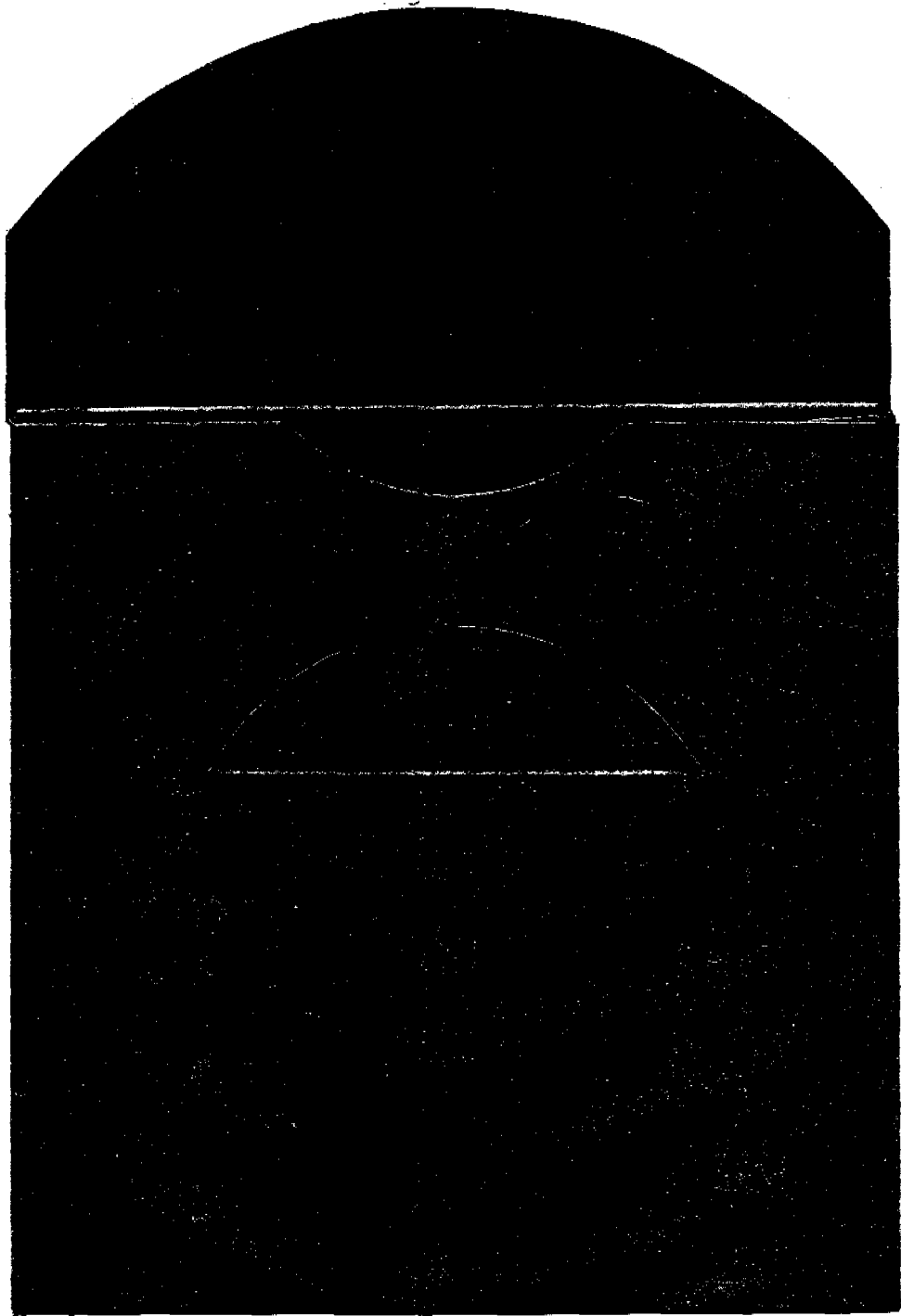
Financial aspect

- Fees collected for O and M
- Approval of the head of the village before using the available fund
- WatSan was initiated by the villagers
 - LRC provided the funds for some materials
 - Health dept. provided technical support
 - Villagers share 10 million kip and labour (10% of total cost)

Recommendations

1. Strengthen networking and partnership with other organisation especially on water testing
2. Increase the capability of Red Cross volunteers on health promotion through IEC materials and basic treatment
3. Establishment of management information
4. Construction of a drainage system and rain water catchment
5. Each house must build fences to prevent animals from roaming around the village
6. Improving the water design
7. Red Cross should continue WatSan project

After each presentation, facilitators contributed with their observations and how to do an assessment more effectively.





RED CROSS RED CRESCENT

the power of humanity



The *International Federation of Red Cross and Red Crescent Societies* promotes the humanitarian activities of National Societies among vulnerable people.

By coordinating international disaster relief and encouraging development support it seeks to prevent and alleviate human suffering.

The International Federation, the National Societies and the International Committee of the Red Cross together constitute the International Red Cross and Red Crescent Movement.