

PROMOTION AND SUPPORT FOR WOMEN'S
PARTICIPATION IN A RURAL SANITATION
DEMONSTRATION PROGRAMME

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Mission Report to Cairo, Egypt, 6-12 June 1987

For UNDP/PROWESS/INT/83/003

by

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I. INTRODUCTION

Terms of Reference for the Mission

To share experiences from other projects of this kind with project staff of the UNDP project INT/83/003.

To do a mid term review of the project EGY/002.

Project Objectives

The purpose of the project (INT/83/003/01/31) is to provide a replicable model for community and particularly women's participation in sanitation waste disposal in rural areas.

The overall objective is to identify suitable approaches and means to involve women in planning, implementing and monitoring sanitation service facilities for their families and community.

The specific objectives of the project are:

1. To demonstrate the importance of social feasibility of sanitation projects and the benefits of women's participation in these projects.
2. To include women in ongoing projects in the field of water supply and sanitation and thus improving the outputs of these projects and developing women as agents of change.
3. To develop a health education programme relating to health hazards of unsafe water and defective sanitation practices.
4. To train women in sharing the responsibility of decision making and choice of the services in their community.

Brief description of the project

The project started in July 1986 and was linked to EGY/82/002 Drinking Water Supply and Sanitation Sector Support Project. One of the purposes of EGY/82/002 is to develop and demonstrate the viability of low cost sanitation technologies.

An advisory board consisting of representatives from ORDEV, UN agencies and team leaders of both the country project and women's project was set up in July 1986. The board selected a village MENSCHAT KASSET in GEIZA governorate to test social feasibility of low cost pit latrines. The village is 45 kms from Cairo.

The work to date includes rapport building with the community, a baseline study including mapping of the community and selection of 20 households who will receive the 20 demonstration latrines for private use.

Health education activities have been undertaken simultaneously. The mayor/village has contributed a "guest house" which has been physically upgraded and serves as the focal point for project activities in the village.

Attempts to get women involved and interested in sanitation and health have been problematic. The illiteracy rate of women in the village is very high, 97%, and attempts to identify and train informal women leaders have not been successful. Getting women to attend health education lectures has been difficult. A few women have shown up each time after reminders from project team members.

The project has widened its scope in an attempt to reach women indirectly. These activities have included reaching children, especially girls, through the school system and outside school by starting an informal play center at the guest house when the team visits the village.

One of the major problem identified by village women was lack of access to health facilities. Hence an attempt has been made to address this need. A visit has been made by an experienced mid wife and plans are underway to open a health clinic at the guest house. Arrangements are underway to have a medical doctor available at the clinic at intervals.

Based on lack of success of lecturing about health the project is now moving to using more participatory techniques in imparting health awareness.

More recently, the results of the project baseline study have been tabulated and will soon be made available to the country project.

Future plans

Further education and awareness raising components have been delayed and await the construction of demonstration latrines. The latrines were scheduled to be built in April 1987 and are now scheduled for July/August. Construction of three public latrines was scheduled for 12 June 1987, but it is expected that they will be delayed once again. These latrines will be built at the guest house, the mosque and the school which may offer a good opportunity for strengthening community involvement aspects of the project.

II. PERCEIVED STRENGTHS AND WEAKNESSES

1. Personnel

Description.

The project is headed by an Environmental Health Advisor, Dr. A. Amin El Gamel. Dr. Gamel is a former under secretary of Health. He is well respected and played a central role in the decade activities in Egypt. He is also a strong proponent of the PHC approach in Egypt.

The research work and social mobilization of the village is led by Dr. Hind Khattab, an experienced anthropologist. She is the head of a private consulting firm, Delta, and was sub-contracted as an individual.

However, the project for all practical purposes is run from her offices. She is assisted by Mrs Samiha El Katsha, also an anthropologist and senior researcher at the Social Research Center at the American University of Cairo (AUC).

In addition, two social workers form part of the team. They are assisted by four recent social science graduates from AUC who work full time with the project.

Discussion

The strength of the project lies in the commitment, dedication and competence of the team leader and the consulting anthropologists and their staff. Dr Gamel's role as team leader has been crucial in the project being taken seriously and becoming acceptable to the country project and to ORDEV. His importance because of his status and knowledge of the Egyptian system cannot be overstated. The consulting anthropologists both have previous experience in sanitation projects. Not only are the social science staff knowledgeable, but they are willing to modify, experiment and change their approach when strategies do not work. This offers a good starting point for testing out the approach in a different context prior to a scaled-up approach.

The project is labour intensive when one keeps in mind that it is dealing with one village and about 140 households. This aspect will need attention when developing a project in a different context and in the scaled up approach, where such a labour-intensive approach may not be possible.

2. Administration

There are several aspects of the project that deserve mention.

Within project administration.

Dr. Gamel is an experienced and competent administrator. The consulting staff however, are not involved in administrative decision making which sometimes resulted in tussles between the team leader and social staff. However mutual respect, despite problems is also obvious.

A case in point is the following: when it was obvious that to get women involved, strategies other than lecturing would need to be used, requests for money for materials were made by the consulting staff. These included simple toys for children, demonstration materials for hygiene and cleanliness and money for drawing materials, puppets etc. This request was turned down.

Dr. Gamel's stand was these activities were not part of the project, whereas the anthropologists felt that a wider, more holistic approach was needed.

Between project administration.

Two separate committees have been set up for each project, the women's project (INT/83/003) and the country project (EGY/002). Team leaders from each project are members of both committees, thus ensuring feedback to each project.

Given common difficulties in communication between social scientists and engineers, the project seems to be working well.

There are some problems in lack of communication of decisions made by technical staff that affect implementation methodology in the village. However despite the problems, communication between the two projects is an ongoing process, with Dr. Gamel providing an important buffer.

Between UNDP and project

Administratively the relations seem good. There were some complaints from consulting anthropologists in delays in signing contracts for extension and in lack of change in salaries despite the change in value of the Egyptian pound vis-a-vis the US Dollar. UNDP/Cairo has played a crucial supportive role in keeping the project going.

3. Financial

In 1986, the project started with approximately 84,000 Egyptian pounds (US\$ 100,00). On June 11, 1987, they had US\$ 55,316, approximately 123,000 Egyptian pounds due to devaluation after deducting expenditures since July 1986.

Strengths

There appear to be no problems relating to financial accountability. In view of the innovative and experimental approach, UNDP needs to encourage the team leader to communicate financial needs within the project which arise but which may not be perceived to be clearly a part of the original project document.

4. Relations with ORDEV

Perhaps the greatest achievement and significance of the project is the interest it has aroused not only in the country project and among engineers but among the senior members of ORDEV. A courtesy call on Mr. Soliman, the President of ORDEV became a working meeting because

of his interest in the project and its perceived relevance for technology dissemination within Egypt. While agreeing that replication of projects was government business, Mr. Soliman made forceful arguments for the need to try out social feasibility approaches in other geographical and technological contexts. He also stressed the need for training ORDEV staff in community mobilization and social feasibility studies.

5. Substantive Issues

Research

Both qualitative and quantitative data were gathered dealing with background socio-economic demographic factors as well as health, water and sanitation related issues. An attempt was made to cover all households in the main village.

Strengths

Data gathered have been perceived as useful in developing strategies for involving women, understanding the setting, providing information to engineers for household selection, finalizing design of latrines and for developing health education materials.

Materials have been put together in two documents which will lead to the development of a health education manual and a manual on mobilizing women in a community for sanitation activities.

Weakness

Although some cultural insights can be obtained through field notes of data collectors, insights into ways women network, their real concerns, needs are only just emerging through the gradual rapport building. However, what is important, is that the researchers recognize these factors.

Many more insights are needed about the motivation of those who do not use or have latrines.

Women's projects cannot assume at the outset that they will deal exclusively with women. The research did not include parallel information from men which would have made it possible to make judgements on who should be approached for what and how.

In order to meet deadlines and to ensure control over quality of data, ORDEV staff were not included in the data collection process. Hence there is little institutional building although there will be a trained cadre of Egyptian women available within the country.

Feed back to the community

There are some differences in perception of the anthropologists and the team leader concerning required feed back to the community. For example, water samples have been taken from most handpumps and analysed. Results show most water samples to be heavily polluted. Local people are extremely interested in the results but Dr. Gamel feels that the community should not be informed because it will produce a scare. However, this may be prevented by using utilising test results as an entry to dealing with hygiene and sanitation issues showing people who are already concerned about the purity of their water, ways and means of preventing water pollution is essential to the overall improvement in environmental sanitation.

Community mobilization

This has been extremely difficult. However, the researchers felt that once the demonstration latrines were constructed, people would be able to see some "concrete" progress and become more interested.

Strengths

The obvious committment and dedication of the staff and their persistance and willingness to explore different strategies which are currently being consolidated.

Weakness

Perhaps the project got off to a false start by a narrow focus on women although men were approached when women were not able to provide certain types of information such as how deep is the pit, how much did it cost, was it lined. The potential for women's involvement cannot be properly gauged without understanding the complementing roles of men.

There is very little evidence of women or anyone else involved in planning. It is clearly a project of "experts". However the team was confident that women would be more involved in monitoring, implementation and evaluation of latrines.

Household selection

Since it is a demonstration project, engineers wanted to build latrines in a variety of conditions, variable family size, building materials of house, distance from handpump etc. As a result 20 households have been selected although the households do not know yet that they have been selected.

The team felt that this was the only "scientific" way of doing the project and people would participate in the siting and other decisions. However, the community has been informed about the perceived need for engineers to select households and people in the community appear to have accepted the rationale for this.

Cost recovery

From the baseline study, it is clear that a majority of households have the ability and are interested in building latrines.

However, a decision has been made by the country project and supported by WHO, to use local contractors who will be paid the full amount to build a latrine as a package. Cost estimates have gone up from 150 to 500 Egyptian pounds.

The social team felt strongly that they would not make ability to pay as a pre condition to latrine construction. After discussions the team agreed that a policy implemented on a one to one basis on contributions might lead to dissension within the village.

Hence it was decided that contributions in cash or kind will be solicited. A policy has still to be evolved although latrines will be built by local contractors within the village.

Approaching the communities

A typical approach to the village involved two car loads of 6-8 women going to the village in the morning and coming back in the afternoon. Team members go in twos to homes and have never spent a night in the village.

In other countries this approach in the end was not persued because it seems less effective in bridging the gap between city people and rural people.

III. CONCLUSIONS AND RECOMMENDATIONS

Summary conclusions

The project Women's Participation in a Rural Sanitation Demonstration Programme is being implemented in village Menshat Kasset in Geiza governorate about 45 kms from Cairo.

The project has several strengths which makes it viable and extremely important for Egypt.

1. It is staffed by Egyptian staff who are competent and well respected in their fields.
2. The staff are dedicated to their work and committed to the project.
3. The linkage between the women's project and the hardware project (INT/82/002/J/14) are well established. Despite minor problems, there is strong committment on both sides and the mutual inter dependancy is recognized and respected.
4. There is strong interest within ORDEV in the results of the project. There seems to be a strong committment at the highest levels within ORDEV to build in social feasibility components in all technology dissemination projects in Egypt.
5. Much has already been learnt from the attempt to do applied research and to mobilize a community especially its women. However, much remains to be learnt and experimented as latrine construction begins and training in maintenance is initiated.
6. The broadening of the approach to include children and youth as additional entry points is viable and need to be further developed and supported.

Problems

1. Reported lack of readily available health/hygiene education materials applicable to rural Egypt. Lack of budget made available to the anthropologists to experiment with and develop low cost

materials for use with young children, youth and adults. Expensive materials such as imported magnetic boards should not be encouraged.

2. Lack of easily identifiable women leaders.
3. Difficulties in mobilizing broad based community support for the project, despite evidence of interest in latrines.
4. Delays in latrine construction, changes in design and increasing costs of latrines.

Recommendations

1. A sum of money should be made available for purchase of local materials to support health/hygiene education.
2. The outputs should include guidelines for future social feasibility studies with a focus on minimal elements needed for research or social feasibility studies.
3. In view of delays in latrine construction, a final evaluation should be slightly delayed to enable the assessment to take place after people have already used the latrine for a few months.
4. Contracts already proposed for extension of project staff should be signed as soon as possible.
5. Funds should be made available for the senior project team to visit some other projects within Egypt which are also trying out community mobilization strategies within the context of low cost sanitation.

Proposals for the future

The fact that the project has not progressed according to the stipulated schedule and the fact that it is estimated that at the end of 1987, the project will still have at least 100,000 Egyptian pounds, point to the need to look beyond 1987.

The following recommendations are made based on my understanding of the project, its personnel, the country project, commitment expressed by the President of ORDEV and UNDP's inter regional projects.

Possible extension of INT/83/003. The country project EGY/002 will officially end in 1988 with a possible extension of one year. After completion of demonstration models, the country project has made a commitment for total coverage of the village. Both projects and ORDEV expressed a strong desire for continuation of INT/83/003 in Menshat Kasseh. All parties also agreed that the same level of involvement would not be necessary.

However, three factors need to be taken into account: 1) the tremendous variability of Egyptian villages both in geography and culture; 2) the wide range of low cost technological innovations being developed and in need of testing; 3) the relatively high cost of the project concentrated in one village (not including the satellite villages) in comparison to similar projects elsewhere in the world.

Based on these factors, the following suggestions are offered:

1. Give closure to the present project by end of 1987 or early 1988. This should result in stipulated outputs including research guidance document and health education materials and manuals. Outside experts should be involved prior to finalization of draft reports and recommendations.
2. Organize a training workshop, interactive workshop for staff from ORDEV and INT/002 who will continue working in Menshat Kasseh.
3. Explore further the need for very low level support for monitoring of activities in Menshat Kasseh ending with an evaluation of the project at the end of 1988 to coincide with the final evaluation activities of INT/002.
4. There is an urgent need to capitalize on strong government support and interest in testing a social feasibility approach in a completely different geographical area and focussing on a different technology. One possibility mentioned repeatedly by the team leader

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3. Explore further the need for very low level support for monitoring of activities in Menshat Kasset ending with an evaluation of the project at the end of 1988 to coincide with the final evaluation activities of INT/002.
4. There is an urgent need to capitalize on strong government support and interest in testing a social feasibility approach in a completely different geographical area and focussing on a different technology. One possibility mentioned repeatedly by the team leader

INT/002 was social feasibility of low cost sewerage systems. Experience in the past indicates that improper use leads to blocked sewers within a few months. In addition different types of pit latrines are being tried in the upper delta.

5. If such a project is funded, it should be structured in such a way so as to 1) ensure that the project team is geared towards the modified approach, 2) have expert input from the outside if necessary on participatory techniques for community mobilisation, 3) use ORDEV social science staff for data collection and social mobilization so it leads to a core of experienced staff within ORDEV (possibly staff seconded to the project, the issue has been discussed).
6. Once a proposal is submitted by ORDEV, a workshop should be convened and the project work plan should be developed in Cairo with involvement of some outside international experts.
7. New projects should ensure that modalities of community involvement in design of latrines, in construction of latrines, in siting etc. form a central core of the project implementation strategies.
8. Alternatively since there is evidence of interest in latrines, willingness to pay and ability to pay for latrines among a majority of the population (according to the study village) a combination of two approaches may need to be tested:
 - social marketing approach using mass media for those who desire and can pay for latrines.
 - community involvement approach utilizing the least cost options for those whose ability to pay is limited or those who do not perceive a need for latrines. This should indicate community decisions in choice of technology, construction etc.

ANNEXE I

Mission Itinerary

June 6-12, 1987

- June 6, 1987 Departure from the Hague 11.30 am, arrival in Cairo 8.30 pm.
- June 7, 1987 Meetings with Mrs Habib, UNDP, Dr. Gamel, Dr. Tharwat Saleh, meetings with country project engineers, group meeting with project working group including all senior staff from the women's project and country project.
- June 8, 1987 Meetings with Dr. Gamel and Dr. Hind Khattab's staff; visit to the village Menshat Kasset.
- June 9, 1987 All day meetings with staff at Dr. Hind Khattab's office, individual and group meetings.
- June 10, 1987 Meeting with Mr. Mohamed Salah Eldin Soliman President of ORDEV, Dr. Gamel, Dr. Saleh, Mr. Shaabini, Undersecretary ORDEV Mrs Samiha Katsha and Delta staff.
- June 11, 1987 Meetings with Mrs Habib, UNDP. Mr. Cappelletti, Res. Rep. UNDP. Dr. Gamel and consulting anthropologists. Evening meeting with Mrs. Habib and Dr. Saleh.
- June 12, 1987 9.30 departure for The Hague.
- June 15, 1987 Report writing.

List of people contacted

Dr. Amin El Gamel	Team leader INT/83
Dr. Hind Khattab	Consulting Anthropologist, Delta Consultancies
Mrs Samiha El Katsha	Consulting Anthropologist, Social Research Center, American University of Cairo
Ms Olfia Kamal	Senior Social Worker, Delta
Ms Rawya El Hefny	Senior Social Worker, Delta
Ms Omaima Zikrallah	Field workers, Delta
Mrs Habib	Programme Officer, UNDP Cairo
Mr Cappelletti	Res. Rep. UNDP Cairo
Ms Eman Saleh	Field Worker, Delta
Ms Laila	Field Worker, Delta
Mr. Mohamad Salah Eldin Soliman	President, ORDEV
Mr Shaabini	Undersecretary for Administration and Planning, ORDEV
Dr. Tharwat Saleh	Team leader INT/002
Dr. Hamdy I Ali	Professor of Sanitary Engineering AIN-Shams University, Cairo
Eng. Sameh Wasel	Sanitary Engineer, INT/002
Eng. Fathy Abdel Latef	Sanitary Engineer INT/002.

List of attached documents

1. Tables and cross tabulation of results
2. Synergy proposal to ORDEV
3. Copy of field notes from a meeting 4 February, 1987.

Note on the budget

Dr Gamel presented me with the following figures on 11 June 1987.

Item (Budget line) 17. Standing balance:

\$ 32,824 = E. Pound 71,556

Budget line 32

\$ 22,492 = E. pound 49,034,

average monthly expenditure 11,000 E. pounds/month. Dr. Gamel estimated that excluding the expenses for an international consultant for final evaluation and duplication costs of final report, (EP. 20,000) at the end of the year (project), 100,000 EP would still be left.

List of materials shared with the project

An article by David Drucker on demystification of planning, ideas for children.

Developing designs for toilets: the case of the Maldives, Dr. Narayan-Parker.

Guidelines for planning participation activities in Water Supply and Sanitation Projects, Anne Whyte. WHO offset publication no.96.

From the Field Tested Participatory Activities for Trainers, C. Crone & C. Hunter World Education, 1980.

Women Working Together for personal economic and community development, Suzanne Kinderwatter, OEF, 1983.

Training Activities for Group Building, Health and Income Generation, D.S. Svendsen and S. Wijetilleke. Women's Bureau of Sri Lanka and OEF, USA, 1983.

Getting the Community into the Act, 72 participatory activities for field workers and trainers, Pat Ellis, WAND, Barbados, 1983.

ANNEXE II

SUMMARY RESULTS
OF BASELINE STUDY

ANNEXE III

CROSTABULATION

ANNEXE IV

FIELDVISIT REPORT DELTA CONSULTANTS