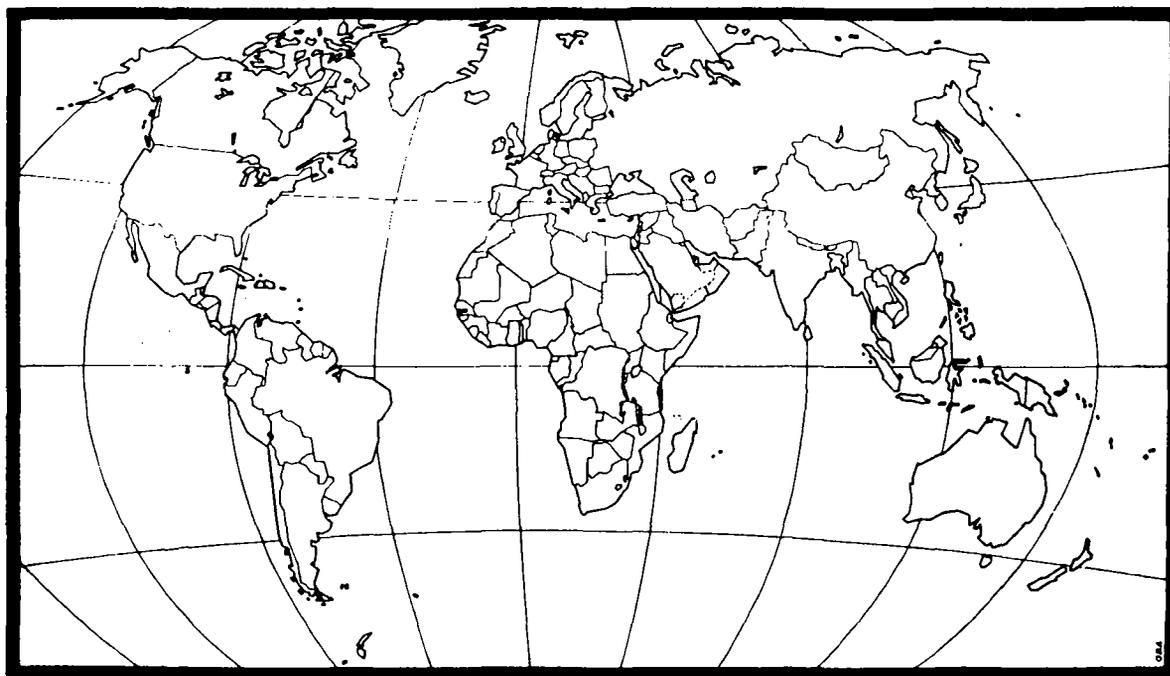


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**A REVIEW OF THE WHO/WORLD BANK COOPERATIVE PROGRAMME  
IN COMMUNITY WATER SUPPLY AND SANITATION  
(1971 - 1984)**



WORLD HEALTH ORGANIZATION

WORLD BANK



December 1985

202.5-85RE-5959

(i)

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16N 5959

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LIST OF ABBREVIATIONS AND ACRONYMS

AFRO	WHO Regional Office for Africa
AMRO	WHO Regional Office for the Americas
CEFIGRE	Centre de Formation Internationale à la Gestion des Ressources en Eau (International Training Center for Water Resources Management)
CHP	Country Health Programming
CP	Cooperative Programme
CPD	Cooperative Programmes for Development Unit, WHO
CRU	Country Health Resource Utilization Review
CWS	Community Water Supply and Sanitation
EDI	Economic Development Institute of the World Bank
EHE	Environmental Health Division of WHO
EMRO	WHO Regional Office for the Eastern Mediterranean
ETS	Environmental Health Technology and Support Unit, WHO
EURO	WHO Regional Office for Europe
FAO	Food and Agriculture Organization of the United Nations Organization
GTZ	German Agency for Technical Cooperation
HFA	Health for All Strategy
HRG	Health Resources Group
HRM	Health Resource Mobilization
IDWSSD	International Drinking Water Supply and Sanitation Decade
IRC	International Reference Centre for Community Water Supply and Sanitation
PHC	Primary Health Care
PHN	Population Health and Nutrition Department of the World Bank
PIP	Pre-investment Planning Unit of WHO (now ETS)
SEARO	WHO Regional Office for South-East Asia
SIDA	Swedish International Development Authority
TAG	Technical Assistance Group, World Bank
UNCTAD	United Nations Conference on Trade and Development
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
WHA	World Health Assembly
WHO	World Health Organization
WPRO	WHO Regional Office for the Western Pacific

FOREWORD

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This report reviews the WHO/World Bank Cooperative Programme (CP) on water supply and sanitation.

The CP was launched in 1971 by a Memorandum of Understanding signed by the Director-General of WHO and the President of the World Bank. It aimed to promote health and socioeconomic development through the pooling of WHO and World Bank resources for the development of community water supplies and sanitation.

Notice of terminating the CP was given by the World Bank in a letter dated June 9, 1982 and, with WHO's agreement, the CP was formally terminated on August 31, 1984. The World Bank proposed that future cooperation should be conducted at the level of individual, health-oriented programmes initiated by each organization rather than in the context of a formal cooperative programme incorporating common objectives and pooled resources ; WHO has responded favourably to this proposal.

Meanwhile, cooperation between the two organizations continues in areas such as the Special Programme for Research and Training in Tropical Diseases, the Onchocerciasis Control Programme, the Diarrhoeal Diseases Control Programme, as well as in respect of Health Resource Mobilization (HRM) for the strategies for Health for All through Primary Health Care (PHC). Staff from the two organizations that had worked on the CP have since been closely involved in particular in HRM activities, which aim at identifying viable PHC programmes and matching internal and external resources with programme requirements.

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## CONCLUSIONS

The WHO/World Bank Cooperative Programme (CP) completed a total of 199 separate activities in 86 countries during its term of operation from 1971 to 1984. Until 1976, the main activity of the CP was the preparation of sector studies. From 1977, CP activities were diversified, particularly to the preparation of rapid assessment reports as well as project support work. This diversification occurred as new concepts of water and sanitation development were adopted by developing countries and external support agencies, partly in response to the "Decade" approaches adopted for the International Drinking Water Supply and Sanitation Decade (IDWSSD).

The sector studies remain one of the CP's most significant achievements. They gave national planners and funding agencies a much better guide than had been available to the water supply and sanitation priorities in the countries concerned. They yielded detailed planning options and project proposals, and helped judgments to be formed on new directions for investment, while also identifying institutional, manpower, and other resource constraints.

As a direct result of the sector studies, a number of countries have made institutional changes, considerably strengthening their water and sanitation sectors. Programmes are being based on periodic sector reviews, and the results, particularly in the form of benefits to previously neglected populations, are encouraging.

Guidelines drawn up as part of the CP sector studies provide a useful model for future exercises. One important lesson derived from the studies was that terms of reference for national authorities and mission members should be well-defined at the outset. The rigid format of the sector study process ensured the uniformity of treatment of water supply and sanitation sectors in different countries and meant that follow-up was much easier to achieve.

The CP's most effective activities stemmed from agreements formulated directly between WHO's PIP (later ETS) unit and the Bank's Water and Wastes Adviser as well as chiefs of projects divisions. Sector study missions involved planning, economic development, finance, and home affairs ministries in pre-mission planning wherever their mandates overlapped with the technical agencies involved in water and sanitation.

A number of projects suitable for World Bank financing were identified from the sector studies, and other external support agencies, particularly bilaterals, based their project support on priorities highlighted by the studies.

Preparations for the IDWSSD led to the introduction of Rapid Assessment Reports as a more concise version of sector studies.

The reporting format made rapid assessment reports easy to up-date, and they introduced new indicators linking the sector with health work, and providing useful guides to external agencies interested in offering technical or financial assistance. As a result, they had a marked influence on national planning for the IDWSSD.

The CP allowed work on water supplies and sanitation sectors by WHO and the World Bank to be carried out in an integrated manner, with common objectives and pooled resources. The existence of a permanent CP team, familiar with the most recent concepts in the field, ensured consistency in project preparation, manpower development, and other aspects of the CP's objectives. The lessons learned from it are of lasting value, and will assist in the design of future collaborative efforts between WHO and other international agencies.

## CHAPTER I: EVOLUTION OF THE COOPERATIVE PROGRAMME

WHO took the leading role among the specialized UN agencies in water supply and sanitation sector activities in the late 1950s, because of its particular engineering competence in this field. In 1959, the World Health Assembly mandates placed priority on the improvement of health conditions in the member countries through the provision of safe and accessible water supplies. Special recognition was given to the need to provide services to urban areas and to areas where population densities created major health problems. It was considered that projects in urban areas had a higher chance of success because the established institutional capacity was strongest there and because they offered greater potential for payments by beneficiaries and hence revenue for water supply agencies. However, the need for rural water supplies and sanitation was not neglected.

WHO became the executing agency for UNDP preinvestment studies, and it began to prepare water and sewerage projects for financing by other agencies. The World Bank approved the funding of two first projects in this field in 1961, and it developed a close working relationship with WHO. Throughout the 1960s, collaboration mainly involved so-called "special interest" projects. These were initiated by UNDP and administered by WHO, and the World Bank gave a prior commitment in each case that it would consider the projects for financing once the preinvestment studies had been completed. WHO and the World Bank adopted a protocol for "special interest" projects which provided for consultations, agreement on consultants, and joint field visits. However, from the World Bank's point of view, the WHO/UNDP project preparation arrangement did not produce enough projects that could be considered favourably for financing. As a result, the World Bank explored with WHO the possibility of establishing a more formal relationship between the two organizations, such as it already had with FAO and UNESCO in the agricultural and education sectors. The purposes were to improve understanding of the water/sanitation sector needs of member countries and to develop sound projects suitable for financing by the World Bank and the regional development banks, as well as other multilateral and bilateral sources.

This resulted in agreement on the Cooperative Programme (CP), which became effective on September 1, 1971. Its objectives were to strengthen sector institutions, policies and operations in water supplies, sewerage, and storm drainage - urban and rural - in member countries. To achieve these objectives, the following activities were agreed to between WHO and the World Bank in the Memorandum of Understanding (Annex 1) that initiated the CP:

- (a) country sector studies to formulate sector programmes and policies;
- (b) identification and preparation of investment projects of mutual interest;
- (c) identification and preparation of proposals for pre-investment studies and other projects, including those suitable for financing by UNDP;
- (d) WHO participation in World Bank economic, sector, project appraisal, and project supervision missions.

The initial concentration on sector studies reflected a desire by World Bank projects divisions to obtain a broad analysis of sector performance and prospects where project financing was contemplated, and initiatives for country selection came mainly from the Bank. It was expected that most projects developed under the CP would be financed by the World Bank, while requests for funding studies leading to projects were to be referred to UNDP for consideration, although in some instances the Bank itself considered financing the studies. The nature of the work, the need for close contacts with the World Bank, and the interregional approach of the programme favoured initially the centralization of CP activities.

While the staffing pattern, work planning and financial arrangements specified in the Memorandum of Understanding remained broadly intact over the life of the CP, substantial changes occurred in programme orientation and content. These resulted largely from the integration of Decade goals into the CP as preparations began in the mid-1970s for the IDWSSD. Also, CP activities were affected by new directions in development policy that emerged at the 1976 Habitat and the 1977 Mar del Plata Water Conferences, the 1978 Conference on Primary Health Care (PHC), and the World Bank President's address to the joint World Bank/IMF Annual Meetings in Nairobi in 1978. This resulted in new and broader objectives for the CP, which coincided with the Decade approach to sector activities and included the following:

- (a) improving sanitation hand in hand with the provision of safe water;
- (b) giving priority to the underserved rural and urban populations;
- (c) designing replicable, self-reliant and self-sustaining programmes;
- (d) using socially relevant systems and applying low-cost technology;
- (e) involving the community in planning, implementation and, particularly, in operation and maintenance;
- (f) establishing close links with programmes in other sectors;
- (g) implementing drinking water and sanitation programmes as part of primary health care activities;
- (h) 100 per cent coverage by 1990.

The emerging principles were discussed at various policy levels and at CP staff meetings, and elaborated upon in papers issued by each institution in preparing for and promoting the IDWSSD.

In addition to integrating the Decade approach into the CP, CP activities were gradually decentralized and shifted over to the regions in line with WHO policy. This had a number of results.

First, decisions on work plans, country selection and timing of missions could no longer be taken directly between Washington and Geneva. Country clearance procedures via Regional Offices became the rule. This sometimes led to problems of scheduling and to costly time losses. However, some subsectoral reviews, tariff and institutional studies could be included in initial studies rather than being left to a later date. Also, these changes allowed WHO regional and country personnel to carry out studies on their own and to provide follow-up on Sector Study Report recommendations.

Second, WHO Regional Offices gradually assumed the role of programme management and delivery. The CP unit in Geneva coordinated with the World Bank and provided staff support for the Regional Offices. In the course of decentralization, four CP staff positions were created in the Regional Offices (two in SEARO, and one each in AFRO and AMRO). The new staff positions were mainly for economists/financial analysts, in order to give more attention to macroeconomic and financial aspects in country and sectors assessments.

Third, decentralization proved to be effective in that more countries could be covered by the CP and follow-up was facilitated by the proximity of Regional Office and country staff.

A number of difficulties were associated with the integration of the Decade approach into the CP. In many countries that launched Decade planning meetings and subsequently

formulated action programmes, the resources required to reach 100 per cent coverage by 1990 could not be mobilized in the prevailing economic climate of recession. Changing to lower-cost technologies could have brought down costs estimates substantially, but this was not often readily acceptable, either because the savings were insufficient or because it was not compatible with government mandates requiring urban systems to pay their own way. While central government funds were usually adequate to establish water supply and sanitation systems in the first place, few countries were able to generate the funds needed to operate and maintain these systems and at the same time finance additional facilities to meet Decade goals.

Difficult political decisions requiring strict policies on payment for services were frequently not taken, and this led to the need for cutting back on previously established targets or for rescheduling target dates for project realisation. Development of rural systems frequently had to be postponed since few countries could afford to subsidise operational costs.

CHAPTER II: ACTIVITIES BY TYPE, REGION AND COUNTRY

The following table summarizes CP activities and provides the share of each component in the total. The total of 199 activities is slightly higher than the number of country missions that took place; although the general practice was to assign one specific task to each mission, some missions conducted both a sector study and support activities like studies on community participation or health education. Seminars and workshops were usually held on an intercountry basis for groups of national sector officials and WHO country/regional staff.

TABLE 1  
CP ACTIVITIES AT COUNTRY LEVEL, 1971-84

Activities	1971-76	1977-80	1981-84	Total	Shares in %
1. Sector studies + reviews	38	26	11	75	38
2. Rapid assessments <sup>a/</sup>	-	23	1	24	12
3. Project preparations (incl. identification, formulation, pre-appraisal)	-	10	13	23	12
4. Manpower + training reviews	-	10	5	15	8
5. Seminars + workshops	1	6	10	17	9
6. Decade planning support (incl. national planning meetings & consultations with external sponsors)	-	5	9	14	7
7. Health resource utiliza- tion reviews + related health sector work	-	-	10	10	5
8. Community participation + health education studies	-	5	5	10	5
9. Tariff studies	-	8	-	8	4
10. Various specific studies	-	-	3	3	min.
Total	39	93	67	199	100

<sup>a/</sup>Note: Numbers represent reports produced by CP staff only. The CP was instrumental, however, in helping governments with the production of more than 100 rapid assessment reports.

### Sector studies and reviews

The 75 country water supply and sanitation sector studies and reviews (updated versions of earlier studies) that were prepared accounted for almost 40 per cent of CP activities. Most of these studies were completed in 1971-76, when they represented the main activity of the CP.

Sector studies contained an examination of the existing provision of nationwide drinking water supplies, sewerage, and sanitation services. They identified likely constraints to progress in the sector; proposed measures to alleviate these constraints; and suggested priorities for the government's future investment programme in this sector.

The formulation of sector studies evolved as experience was gained with the CP. Guidelines that were developed jointly by the World Bank and WHO were issued in November 1973. These included valuable checklists for seeking sector information and for identifying problems. They reflected prevailing priorities, such as goals for water supply improvements under the UN Second Development Decade (1971-1980) and ensured the production of standardized studies despite the changing composition of mission teams. The "pink copies" of sector studies did not go through all of the usual internal review procedures for World Bank projects publications and they were distributed much more widely. All studies on French-speaking countries were issued in French and some of those on Arab and Latin American countries were issued in Arabic and Spanish.

Health and sociocultural aspects were included in the sector studies as development policy and decade goals evolved in the 1970s. Sector work varied in quality according to such factors as:

- (a) an appropriate reconnaissance mission to establish government interest and subsequently the terms of reference for the field mission;
- (b) preparatory work by the national group;
- (c) composition of the field mission and time planned for execution;
- (d) careful internal review of the draft report;
- (e) government interest and support; and
- (f) basic agreement between CP management in both organizations as to the next steps after official presentation of the report to government.

Outstanding features of the sector study process were careful planning and timing of each step. Explicit terms of reference, guiding both the national authorities and mission members as to what inputs were required and what outputs were expected, were critical for assuring a successful outcome and a meaningful follow-up.

The preparation of sector studies took from 5 to 10 months. Timing varied according to the complexity of the sector in each country; the amount of preparatory work and team composition; the quality of first draft reports; and the extent of WHO/World Bank agreement on assessments and follow-up proposals.

As a result of the reorganization of water supply responsibilities within the World Bank in 1972, a planned training programme for staff assigned to or recruited for the CP by WHO was cancelled. Communications with the World Bank were at times difficult because different divisions in the Bank had different approaches to the CP and draft workplans had to be adapted accordingly. Cooperation was also hampered by a budgeting arrangement that directed resources towards sector work carried out by CP staff while the Bank's divisions sometimes lacked staff for urgent project activities.

TABLE 2  
THE SECTOR STUDY PROCESS

Step	Time (in weeks)
1. Government request, WHO or World Bank initiative	0
2. Reconnaissance mission and establishing the terms of reference	1
3. Preparations at country level and by CP mission members	2-6
4. Team visit and field work	2-6
5. Preliminary results presented to Government, WHO Regional Office, World Bank	1
6. Draft report	4-8
7. Reviews of draft report (internal, WHO/Regional Office, World Bank)	6-12
8. Final version prepared and discussed with Government	2-4
9. Preparing of "pink version" and distribution of report	2-4
Total	20-42

Despite these problems, the conclusions of the 75 sector studies and reviews were generally encouraging:

- (a) The quality of the studies' findings and recommendations improved over time. Linkages with health, agriculture, industry, energy, and other sectors were given more attention in the studies, although in the absence of national inter-ministerial planning, it was seldom possible to formulate recommendations as comprehensively. Even today the separation of urban and rural drinking water services among diverse agencies causes difficulties of coordination in most countries.
- (b) The comprehensive studies contained alternative options for sector development, including basic needs programmes with an immediate action plan and a medium- and longer-term perspective, with investment and support project proposals and their provisional costs.
- (c) Successful studies laid the basis for a continuous national planning process. If a national team was not already in place, it was formed while the mission was in

the field. A national decision-maker who was influential in the sector and supported the project had to be identified. Also, the studies were integrated in the national development process by focusing on key policy interventions at critical junctures (e.g., at the time of national development plan preparation, fiscal reform or utility tariff revision, government commitment to basic needs programme, overhaul of sector organization under discussion, or need for an emergency programme triggered by a widespread outbreak of communicable diseases associated with deficient sector services).

- (d) The experience gained with country sector studies during the first five years of the CP mainly by Geneva-based staff was spread more widely with the help of some interregional workshops (e.g., SEARO New Delhi, 1976) and seminars (e.g., IRC Amsterdam, 1976), assembling both national sector managers and staff of international agencies (Annex 6, No. 2). Sector studies became increasingly the responsibility of staff teams in the Regional Offices.

The subsequent step, first undertaken by WHO/SEARO, was the conduct of sector studies by local consultants, with some guidance by and participation of CP staff. A series of sector studies were thus produced for almost all the States of India. These proved to be important elements of the input for India's Decade Plan, subsequently formulated at both state and federal levels with support from the WHO/UNDP Cooperative Programme. The involvement of national staff as responsible officers rather than "counterpart" personnel proved successful, and was a logical step towards the attainment of self-reliance.

Lasting benefits from sector studies are evident in a number of developing countries, where institutional changes, proposed in the sector studies and subsequently implemented with World Bank project support, have yielded substantial improvements in the national capacity to prepare and implement water and sanitation projects. The introduction of Decade approaches into the studies has enabled governments to produce plans that meet the needs of more people for the same investment, and that take account of operation and maintenance needs, institutional and manpower requirements, and the complementarity of water and sanitation investments.

#### Rapid assessment reports and sector digests

Rapid assessment reports provided a quick and concise analysis of on-going programmes in the sector and their ability to be expanded in line with Decade goals. The 24 rapid assessments shown in Table 1 that were produced directly by the CP underline CP's role in this phase of the programme's evolution. The terminology, concepts and reporting model for rapid assessments were drawn up by CP Geneva shortly after the Water Conference in Mar del Plata in the spring of 1977.

During the period 1977-80, there were close to 90 Decade-related activities across the categories listed in Table 1 (except health resource utilization reviews which were to have started in 1981). New activities, often associated with rapid assessments, include:

- (a) manpower and training reviews, mostly conducted in West African countries,
- (b) various project formulations (for rural investment schemes, training systems and subsequent GTZ, SIDA and UNDP support in Decade planning),
- (c) a series of tariff studies, and
- (d) attempts at community involvement and health education studies.

During this period, conventional approaches to facility construction ("abundant supplies for urban dwellers") came under attack, mainly because of cost, human resource and maintenance constraints. Wealth and income distribution became essential parameters for judging the equitableness of current tariff systems and the ability to pay for services.

A major hurdle in designing the basic model for rapid assessments was overcome once it was accepted that efforts should go toward satisfying the basic needs of the poorest populations.

In slightly more than two years, almost 110 country reports were prepared by various teams consisting of national staff and WHO staff at country, regional and headquarter levels.

Rapid assessments provided valuable benefits for the approaching Water/Sanitation Decade. First, by bringing together people from various professions (engineering, economics, finance, public health, national and international administration) to produce the basic orientation material for the exercise, consensus was reached on terminology, on methods of fact finding and analysis, and on the presentation of country-by-country results. Second, the reporting format encouraged concise analysis and recommendations. Third, rapid assessment stimulated contacts among national institutions concerned with water and sanitation issues, and helped promote Decade approaches.

Finally, the country-by-country results served as a prime source of information for external agencies interested in providing financial or technical assistance. This was further facilitated by global and regional summaries of the national and sector data relevant to Decade planning, and led eventually to a compact country classification system ranging from 1A (most in need) to 4C (limited and specific requirements). This classification was based on economic and technical indicators, and included a composite social indicator made up of infant mortality, life expectancy at birth and adult literacy. Thus it built a bridge to other health-related concerns.

The overall output resulting from the exercise was first published in 1981, and re-edited in March 1984 as an International Drinking Water Supply and Sanitation Decade Directory, containing 136 country sector digests (see Annex 6, No. 4).

#### Projects and studies in specific functional areas

Activities under this heading (items 3, 4, 8, 9 and 10 in Table 1) accounted for 33% of CP output in 1977-80, but fell to 26% in the 1981-84 period. This was mainly the result of the reduction of staff, first at the regional level and subsequently at headquarters, and of the secondment of CP staff to other tasks. These including coordinating the WHO Decade planning support programmes with GTZ, SIDA and UNDP, participation in WHO health resource utilization reviews, and the preparation and conducting of intercountry seminars and workshops on Decade, sector, and project planning jointly with the International Training Center for Water Resources Management (CEFIGRE) and the Economic Development Institute (EDI) of the World Bank.

The relative decline of project-oriented activities was probably responsible for fewer requests from Bank projects divisions for CP staff inputs at the periodic workplan meetings after 1980-81.

The various activities are briefly assessed below.

#### Investment project preparation

Project preparation began in the second phase of the CP with a rural project formulation in Morocco in 1978, followed by a sewerage project formulation in Oman. Subsequently, a variety of tasks beyond the usual areas of Bank sector investment were covered, particularly in rural and urban fringe areas, e.g., Lomé water supply project (1979-81), Uganda urban water supply and sanitation rehabilitation project (1979), Papua New Guinea rural water and sanitation (1980), Zimbabwe rural water/sanitation project identification (1981), Istanbul solid waste disposal project preparation (1981) and further single or area projects as listed in Annex 3 in Djibouti, Senegal and Seychelles (1981); Guinea, Kenya, Korea, and Madagascar (1982); Congo, Haiti, Ivory Coast/Abidjan, Sierra Leone, Tunisia, Zaire, and Uruguay (1983).

### Manpower and training reviews

The first manpower and training review was conducted in 1977 in Turkey as part of a comprehensive institution building programme of ILLER Bank, the national development and finance agency for municipal public utilities including drinking water, sewerage and solid waste disposal services. The three-year training programme cost almost US\$ 1 million and was financed by UNDP. It enabled Turkey to become largely self-sufficient in sector manpower expertise and, more recently, to make available short-term technical consultants to countries in the Middle East.

Most of the CP manpower training reviews were undertaken in Africa (8 West African Countries, 1979), Zambia (1980), Tanzania (1982), Comoros (1982). The West African studies led to follow-up training assistance by GTZ in Benin, Mali, Niger, and Burkina Faso (formerly Upper Volta). An update of the earlier reviews, complemented by projections of likely requirements in various subsectors and by proposals for training schemes, was conducted in 1982-83 with CP guidance by a short-term expert sponsored by the Union of African Water Suppliers in Dakar.

Further human resources development studies, with a focus on rural training schemes, were undertaken in Papua New Guinea (1980), Nepal (1981), Syria (1982), and Laos (1983). The world-wide orientation and diversified nature of this component of the CP has been of considerable value in elaborating the Basic Strategy Document on Human Resources Development and related guidance material in response to the Decade Steering Committee's recommendations (see Annex 6, No. 6).

### Community participation and health education

Together with manpower development activities, WHO and the World Bank attached considerable importance to the development of community participation and hygiene education as part of sector programme/project work by the CP.

Attention was given to the early development of a practical model to serve as a general guideline for dealing with these issues in project cycle work. The first steps were taken in 1980 with sector missions to Kano and Oyo States in Nigeria and project identification missions on sanitary education to Cameroon and Bihar State in India. A country mission to Zambia, also in 1980, proposed a combined programme of public relations, consumer information, service promotion and related health education, in respect of a water supply improvement project for six rural townships. Consultancy services were also used to organize appropriate training of project staff and to assist in the preparation of educational material. Health education to adults on water use and personal hygiene was to be delivered through existing mechanisms of the Ministry of Health in the framework of the Primary Health Care programme. Health education at primary schools followed a pilot project already under way. No new institutions were recommended, but better coordination and strengthening of units in charge of these aspects in the Ministries of Health, Education and Culture and the Department of Water Affairs were suggested.

In the Philippines (1981), community participation and health education aspects became part of a fully-fledged water and sanitation sector study, with special emphasis on programming for the rural subsector and related institutional requirements. Limited CP staff time was directed to this new departure, in part because of delays in re-training CP staff for this purpose. One country mission to Rwanda was executed by an expert consultant in 1982. Further staff missions took place to Thailand (1981) and Botswana, Lesotho and Swaziland (1982). These studies led to projects funded by USAID and UNICEF.

### Tariff and finance studies

Tariff studies were conducted after 1978 in Zaire, St. Vincent, Panama, Costa Rica, Rwanda, and Uruguay, and with broader terms of reference to include organizational and

legal changes in Fiji and Mauritius. From these studies came a short set of guidelines (see Annex 6, No. 7) which, together with the country case material, have been used in the seminars and workshops for sector planners and managers held in the most recent period. Some more specific financial and fiscal appraisals (e.g., of the Istanbul solid waste department (1981), the Mogadishu water project (1982) and of the Haitian sector agency (1983) were also made.

#### Workshops and seminars

The series of CP workshops and seminars, directed mainly at country staff, began with an interregional seminar in New Delhi in 1976, and dealt with the purpose and techniques of sector studies and with major policy options on institutions, finance, staffing, and, to a lesser degree, technology.

The first CP seminar on project planning and evaluation was held in Portugal and the first national planning conference in Turkey, both in 1978, in cooperation with WHO's Regional Office for Europe. A workshop on Decade planning for Indian officials at the state and federal levels followed soon after in New Delhi.

The Terrania Case Study on the economic and financial aspects of programmes and projects in the sector (see Annex 6, No. 8), prepared during 1979 and issued in English (1980) and in French (1981), led to a further impetus in training of both national and WHO staff involved in preparatory work for the Decade. Seminars were held for the African Region (1980) and the South East Asia and Western Pacific Regions combined (1981), and at CEFIGRE's premises in France for participants from all Regions as part of comprehensive courses on water resources management and national planning (recently extended to include sanitation and health aspects).

The Regional Office for the Eastern Mediterranean had planned a similar seminar on socioeconomic and financial aspects of Decade planning in 1980 for senior national sector personnel from the countries of the region and from Turkey (to convey the Turkish experience in planning, institution building and manpower development). This seminar, after several postponements, was held in March 1984 in Somalia and constitutes the last CP-sponsored country level activity.

Decade promotion and planning support seminars and workshops were initially designed by CP staff, but their funding was usually secured from the WHO cooperative arrangements with GTZ and SIDA or from WHO's regular budget. Most material used was produced by CP staff, from the extensive country material and associated experience accumulated over almost a decade. The main documents used are listed in Annex 6, Nos. 9-15.

Seminars dealing with sector and project planning designed by EDI and organized in cooperation with CEFIGRE have regularly involved CP staff for part of the presentations, particularly those dealing with institutional, economic, financial, and legal matters. CP staff contributed towards curriculum development in macroeconomic planning, sector organization and sociocultural and health-related factors in programme and project development at country level, particularly in seminars at CEFIGRE (1981-82), in Ouagadougou, Tunis, Addis Ababa (1983), and in Dakar (1984).

In follow-up to CP work, EDI and AMRO have collaborated in the preparation of training materials and the organization of five international seminars on water supply and sanitation project planning in Colombia and Costa Rica (1982), Mexico (1983), Peru and Panama (1984). Three such events a year are being programmed until 1987.

About 700 officials from almost every African and South East Asian country, from about half of the Western Pacific, Eastern Mediterranean, Latin American and Caribbean countries, and from all developing countries of the European Region, have participated in the workshops and seminars.

Internal staff training events were held in Geneva (in 1974) and in Washington (usually at the beginning of each year) in the form of sector staff meetings or under the auspices of the Bank's EDI.

#### Country Health Resource Utilization Reviews and related health sector work

Country Health Resource Utilization Reviews (CRUs) were started in 1981 to rationalize and mobilize internal and external resources for national strategies for Health For All by the Year 2000 based on Primary Health Care. They were tested in the field in several developing countries at the suggestion of an International Health Resources Group (HRG), including the World Bank. By July 1984, CRU missions had visited sixteen countries. The Cooperative Programmes for Development (CPD) Unit of WHO serves as the Secretariat for these reviews.

CP staff participated in about half of the WHO country missions undertaken to date, starting with the Yemen Arab Republic and the Yemen People's Republic in 1981 and followed during 1982 and 1983 by missions to Bangladesh, Benin (up-dating an earlier review report), Lesotho, Malawi, and Papua New Guinea, as well as second-phase missions to the Yemen Arab Republic and the Yemen People's Republic. In Burkina Faso, CP staff helped to prepare health sector proposals for a consultation with external agencies in the context of the Action Programme for Least Developed Countries organized by UNDP/UNCTAD.

The guidelines and procedures currently in use for CRUs were discussed in a joint CPD/ETS session, in order to benefit from the CP experience with sector and country level work.

#### National Decade planning support

The activities covered in this section include:

- (a) preparation of and assistance in the conduct of national planning meetings;
- (b) elaboration of guidelines on planning methodology;
- (c) assistance in the drafting of country Decade plans; and
- (d) support of external fund raising by preparing the relevant documentation and participating in consultative meetings with external agencies.

The first national planning conference at the ministerial level was held in Turkey (1978) and was followed by a similar high-level conference in Pakistan (1981).

These were the only conferences initiated by the CP, but there were about 20 more national planning meetings conducted along the same lines and sponsored by the WHO Cooperative programmes with UNDP, GTZ, and SIDA with substantial organizational and technical input from CP staff seconded for these events. Some of the major events took place in Thailand (GTZ-sponsored), Sudan (UNDP), Niger (GTZ), Mali (GTZ), Kenya (SIDA), Indonesia (GTZ), India (UNDP), Egypt (UNDP), Bolivia (GTZ), and Benin (GTZ), all in 1981; these were followed by Burkina Faso (GTZ), Haiti (GTZ) and Burma (GTZ) in 1982, and China (GTZ) in 1983.

Guidance material, referred to earlier when describing the seminars and workshops undertaken with CP staff, was prepared for the above meetings. Broad procedural and substantive material for use of sector officials were combined in a Manual for Planners, and the essential questions to be addressed in the plan preparation process were summarized in a brochure entitled "National Decade Plans: Eight Questions They Answer" (Annex 6, Nos. 12 and 13). CP staff drew up a guide for plan formulation for use by national groups and for the orientation of short-term consultants hired mainly under the other WHO cooperative programmes (Annex 6, No. 16).

CP staff assisted in the drafting of country Decade plans or of sector strategies in multi-year national development plans in Turkey (1978, 1981), Sri Lanka and Algeria (1980), Gambia, Cape Verde and Pakistan (1981), Tanzania and Comoros (1982). Regional level planning support was made available to the countries of the South East Asian Region in 1983. These activities were also reported in professional journals and at international conferences to promote the Decade.

CP staff also designed and prepared consultations with external agencies on behalf of Zaire, Mali (1982) and Morocco (1983).

### CHAPTER III: PROGRAMME MANAGEMENT AND OPERATIONS

The 1971 Memorandum of Understanding was supplemented in 1974 by a World Bank paper (Annex 6, No. 17) which detailed management responsibilities, staffing resources and work planning, communications guidelines, procedures for drawing up terms of reference for country missions, government clearances and reporting requirements. These rules remained roughly in force throughout the life of the CP, although their application was modified as the CP was decentralized.

The output of the CP was to a large extent produced by the CP staff based in Geneva. In general, country missions consisted of teams of one or more sanitary engineer(s) and economist(s)/financial analyst(s), depending on the complexity of the assignment, size of country, and number of operative sector agencies involved. Variations from this general pattern occurred in one of the following forms:

- (a) A staff member of the World Bank's central projects or area divisions joined a CP mission, usually towards the end when findings were being prepared for presentation to government. This arrangement was particularly useful in cases where the Bank was interested in a sizeable follow-up investment or, because of substantial sector exposure, wished to pursue discussions on institutional reforms or management improvements, review of the tariff structure, or specific managerial linkages with programmes/projects in related sectors (e.g., irrigation, rural development or urban sites and services projects).
- (b) A WHO staff member from Headquarters or a Regional Office joined the team to look at specific aspects, like water quality or pollution control mechanisms and standards, manpower development schemes, and the role of ministries of health in sector development.
- (c) Consultants were hired during the first four years of the CP but were replaced by permanent staff thereafter, and their share in total CP expenditure dropped sharply.
- (d) Beginning in 1978/79, CP staff were involved in launching and coordinating additional cooperative arrangements in the context of the Water/Sanitation Decade. Informal arrangements were made with CEFIGRE, France, for training of health and sector planners, managers and public administrators. Formal agreements were concluded with the German Technical Cooperation Agency (GTZ), the Swedish International Development Authority (SIDA), and UNDP to help governments with Decade programmes and projects. In several countries, activities were supported by two or more of these cooperating agencies, especially for preparing and co-financing National Decade Planning Meetings, and also for sector and project identification work, as was the case for a group of countries in the Sahel.

Two principles prevailed from the beginning and were further strengthened as the programme evolved:

First, all country-level work was planned and executed in close collaboration with national institutions and counterpart teams, which were expected to accomplish much of the preparatory work prior to the CP mission's arrival. In instances where preliminary work was inadequate, the country missions worked hand-in-hand with the national team and in most cases quickly established a good rapport.

Second, the WHO Regional Adviser or the local WHO Programme Coordinator generally participated in presentations of the mission's work to governments for determining subsequent action. Usually, at least one mission member would report to the respective WHO Regional Office. Whenever feasible, such back-to-office reporting also included visiting the World Bank in Washington. Where applicable, the Bank's regional representatives were kept informed and their guidance was sought as the mission proceeded.

### Organizational structure

In WHO, the existing Pre-Investment Planning (PIP) Unit in the Environmental Health (EHE) Division in Geneva became responsible for performing the work described in the Memorandum of Understanding and for liaison with the Bank. With the re-organization of the EHE Division in 1978, responsibility for CP work was entrusted to the Environmental Health Technology and Support (ETS) Unit.

In the Bank, the Chief of Water Supply Division I of the Public Utilities Projects Department was assigned responsibility for operational liaison between the Bank and WHO. After the Bank's internal reorganization in October 1972, the liaison work was assigned to the Water Supply Adviser (later renamed Water and Wastes Adviser) of the Public Utilities Department, Central Projects. The Public Utilities Division in each region was responsible for technical work.

Evolution towards decentralization of the CP within WHO (which was already advanced for UNDP-financed projects) was anticipated in the Memorandum of Understanding (Article 2 (d)):

"Unit staff may be outposted to Regional Offices of WHO after consultation between WHO and the Bank. Assignments of unit staff to Regional Offices shall be made only after they have acquired adequate experience, including sufficient familiarity with the objectives and procedures of both WHO and the Bank. When outposted to Regional Offices of WHO, such staff will be under the technical supervision of the unit at the Headquarters of WHO."

### Personnel

The Memorandum of Understanding stipulated that the CP "requires a unit of engineers, economists, financial analysts and other technical specialists of high caliber within the WHO Secretariat which can devote itself continuously to this work and to WHO's responsibilities as executing agency for UNDP preinvestment projects." Between 1 September and the end of 1971, five professional posts were to be filled and augmented to ten in the following calendar year. Full strength, including both established posts and consultant positions in the early years, was reached by 1973. As from 1 July 1974 (i.e., the beginning of World Bank fiscal year 1975), staff years and related expenditures were broken down by categories, showing the respective shares of professionals, consultants and general services, as can be seen in Annex 6.

The accounts considerably understate actual staff inputs, since regular WHO staff within and outside the PIP unit, and at regional and country levels, had to be used on occasion for the CP. Conditions under which such assistance could be rendered (i.e., under the CP or under other arrangements) were decided on an ad hoc basis in line with the Memorandum of Understanding (Article 2 (e)). The peak of such additional staffing was reached in the Rapid Assessment and Decade preparatory assistance phase of the Programme from 1977-80.

Phasing down of staff resources began at the regional level by not filling posts as they became vacant from 1980 onwards. Reductions of headquarters' staff started in 1981 and was accelerated after the World Bank's official notice of terminating the agreement.

As noted earlier, after 1973-74 when the programme was fully established the contribution of consultants soon dropped dramatically from shares of around one third of total programme costs to below 10 per cent by 1975 and much less thereafter (see Table 5).

TABLE 3  
EVOLUTION OF STAFF RESOURCES, CP GENEVA  
- in staff years -

1972-84

Fiscal years (until 30 June of year stated)	Professionals	Consultants	General Service
1972	5.2	3.0	n.a.
1973	6.3	2.0	n.a.
1974	7.1	2.0	n.a.
1975	8.5	2.0	7.0
1976	8.9	0.5	7.8
1977	7.7*	0.8	6.7
1978	7.1*	0.4	7.0
1979	6.6*	0.4	5.8
1980	9.1	0.5	6.5
1981	9.9	0.1	7.2
1982	8.1	0.1	6.2
1983	6.8	-	4.2
1984	3.1	-	1.25

\*Effects of decentralization.

n.a. = not available

Sector analysis was characterized by a shift of emphasis from conventional sanitary engineering to an intersectoral approach, taking account of the macroeconomic, institutional, financial and legal aspects of sector development. This was reflected in an increase in economist/financial analyst positions from one in 1972, two in 1974, to half of the total staff by 1980. Intersectoral work, such as health resource utilization reviews, helped build bridges to other WHO programme areas.

Professional staff were recruited on a fixed-term, renewable basis. Staff relations were good, with a strong sense of common responsibility and mutual support most of the time. Staff participation in programme development was encouraged.

#### Work planning

Requests for services could originate with member countries, WHO (Headquarters or Regional Offices) or the World Bank. All services to be performed under the CP were to be agreed in advance by WHO and the World Bank.

The work plan was usually drafted by the PIP (and later ETS) Manager, and contained a breakdown of activities by country, type of intervention, staff requirements, terms of reference, and timing. It included an estimate of the total staff time required, and travel and other supporting services requirements. It was reviewed during bi-annual meetings in Washington between the WHO/PIP Unit Chief and the Bank's Water and Wastes Adviser joined by Projects staff.

The Water/Sanitation Decade created an avalanche of preparatory work and, subsequently, requests for CP staff guidance. WHO-initiated activities increased as part

of the Decade planning exercise, but it was difficult to obtain timely proposals from Regional Offices that reflected the countries' interests because, inevitably, communications with and within countries tended to be difficult and slow.

The internal procedures of the World Bank in arriving at a firm proposal for CP activities are described in the operational guidelines mentioned earlier (Annex 6, No. 17) and remained broadly in force. These guidelines also called for an equitable distribution of available staff time among Regions, as much as possible. Actual results are shown in Annex 4 and summarized in Table 4 below. Seeming discrepancies between Regions are related to the number and size of countries within each Region, their respective requirements and the institutional capacity of national and supporting institutions.

TABLE 4  
WORLDWIDE DISTRIBUTION OF CP ACTIVITIES  
BY WHO REGIONS  
1971-1984

WHO Regions	Activities	Number of Countries visited
AFRO	81	32
AMRO	34	22
EMRO	31	15
EURO	18	5
SEARO	21	6
WPRO	14	6
Total	199	86

(Extracted from Annex 4)

Information exchange and communication procedures

The 1974 World Bank paper on the CP (Annex 6, No 17) stipulate in Section V that:

"(a) the Bank will provide ... WHO its quarterly list of missions scheduled in each (Bank) Region for water and sewerage, (b) WHO/PIP will provide an annual report which will summarize the work carried out under the Cooperative Programme and present such data as necessary to permit an evaluation of the programme activities carried out during the year."

The joint Memorandum on World Bank/WHO Health Activities (Annex 2) issued in 1976, which extended formal cooperation to policy and project analysis in the health sector, broadened the information exchange role to other areas of health concerns. It assumed practical relevance for various WHO divisions once the World Bank's Department for Population, Health and Nutrition (PHN) began country level work in the early 1980s.

Management-related communications were complicated at times by the fact that decision-making involved various central projects divisions and area departments within the World Bank. In WHO, communication problems arose after the CP was decentralized. The Geneva-based management ensured that outposted staff remained under the technical supervision of the unit at the Headquarters of WHO, as specified in the Memorandum of Understanding (Article 2 (d)).

Channels of communications were designed to keep the Water Supply Adviser fully informed and in control of events. As the CP developed, informal communications by telephone, occasional visits, or intermediaries, simplified the flow of information. On the other hand, as governments or sector agencies wanted to have an early input into country missions - reflected in more complicated clearance procedures - a good deal of the communications related to work planning was provisional. In the later year of the CP, therefore, actual work performed often deviated considerably from workplans. This was criticised in the evaluation of the CP, particularly by the Bank's Projects Divisions.

#### Terms of reference for country missions and clearance procedures

Once the work plan was finalised and staff were assigned to certain activities, the Bank's regional Projects departments dealt directly with WHO Geneva and/or Regional Offices on matters such as terms of reference, country clearance, and reports.

In general, the agency which initiated the request for an activity to be included in the work plan was responsible for preparing draft and final terms of reference for missions, and seeking comments and agreement of the other party concerned. All missions headed by WHO staff were cleared with governments through WHO's normal channels. When the Bank secured government clearance, often on short notice, WHO would simultaneously inform the Regional Office concerned, the WHO Country Coordinator and the UNDP Resident Representative. These procedures were adjusted as the Programme became decentralized and WHO Regional Offices initiated clearances, frequently in direct contact with the World Bank, keeping the CP Geneva unit informed.

Negotiation of terms of reference proved to be cumbersome when government or sector agency requests and preferences led to different interpretations by WHO and the Bank. Such situations were, however, more easily resolved than occasional reinterpretations by government officials of what was expected from the mission once the team had already arrived in the country. These were serious tests of the professional judgment of the staff concerned. It is worth noting that not a single mission failed to reach agreement in the field. As the CP evolved, careful attention was given to obtaining explicit terms of reference in order to avoid misunderstandings.

Country clearance is poorly understood if it is just taken to mean entry visas. Clearance, in terms of being welcome rather than simply tolerated, depends on prior communications with the government institutions of most importance to the mission. Some oversights occurred in the early years, such as failing to involve ministries of planning, economic development, finance or home affairs, although the assignment directly concerned their mandates, in addition to the technical responsibilities of operational sector agencies, such as public works, health, water and sewerage boards or municipalities.

In principle, guidance in these matters should come from the local WHO, World Bank or UNDP Resident Representatives. Debriefing at country and regional levels as well as the internal reporting upon the mission's return in the weekly ETS FOLIES meeting (standing for: first out, last in, exchange session) were instrumental in making everybody involved more sensitive to these requirements.

### Reporting

CP guidelines contained general procedures on report preparation, stipulating that terms of reference should indicate the type of report required and drafting responsibilities. Brief back-to-office reports or, in WHO's words, duty travel reports, highlighting urgent issues, were to be prepared within one week of return of the CP mission and sent to the other organization. While WHO adhered to these guidelines and submitted staff reports to the Bank with one copy to the Water and Wastes Adviser and one copy to the Region concerned, Bank colleagues on CP missions did not send back-to-office reports to WHO/CP as a matter of routine. This uneven exchange sometimes hampered the understanding of major issues.

Preliminary drafts of sector studies, project formulations, etc., were normally prepared for internal CP review and forwarded to the relevant Bank Projects Division for review. The mission leader would either proceed to Washington for discussions and revision of the report or, taking account of the comments, prepare a second draft for review by the Bank. Once the report was ready for distribution outside the Bank's Projects Division, WHO could distribute it internally. Additional comments were incorporated in a revised version, which was formally discussed with the government in the case of sector studies. The final "pink" version of the study incorporated the government's views and was distributed according to a list mutually agreed upon.

In the case of other reports, such as rapid assessments, project proposals, planning conference documents, health resources reviews, or seminar and workshop lectures and papers, procedures had to be more flexible according to circumstances.

On rare occasions, and essentially for internal policy reasons, the World Bank did not wish to be identified with a specific report.

### Financial arrangements

The financial arrangements as set out in Para. 4 of the Memorandum of Understanding governed the execution of the CP with only minor changes: the cost sharing in connection with agreed work, in the proportion of 25% by WHO and 75% by the Bank up to a ceiling figure to be fixed from time to time, remained in force. Total expenditures are shown in Annex 5.

As mentioned earlier, they understate the real contribution by WHO corresponding to short-term assignments by regular WHO staff. On the other hand, the World Bank agreed to bear the costs of documentation, reproduction and translation undertaken by the CP and approved by both parties to the Programme.

As shown in Table 5, after a modest start in fiscal year 1972 (US\$ 145,000), total outlays more than doubled the following year, and rose steadily until 1980-81 when annual expenditures amounted to US\$ 1 million for 10 professional staff years. The average cost of a sector study (taking the 1971-76 phase as representative) amounted to US\$ 72,000 for a total professional input of about 0.75 staff years or 40 staff weeks, with no allowance made for annual leave.

TABLE 5  
CP EXPENDITURES AND PROFESSIONAL STAFF INPUTS  
1972-84

Fiscal Years until 30 June of year stated	Total Expenditure (US\$ 000)	Staff Years	
		Professionals	Consultants
1972 (9 months)	145	5.2	3.0
1973	341	6.3	2.0
1974	580	7.1	2.0
1975	644	8.5	2.0
1976	691	8.9	0.5
1977	691	7.7	0.8
1978	704	7.1	0.4
1979	917	6.6	0.4
1980	1,001	9.1	0.5
1981	1,001	9.9	0.1
1982	977	8.1	0.1
1983	730	6.8	-
1984	(estimate) 372	3.1	-
Total	8,794	94.4	11.8

#### CHAPTER IV: PROGRAMME EVALUATION

The Cooperative Programme is evaluated with respect to the adequacy of management staffing and operations in view of the objectives and with respect to the quality of output/services provided.

##### Design and execution

The working arrangements set out in the Memorandum of Understanding were geared to sector analysis and other preinvestment activities with the objectives of developing the water/sanitation sector and helping governments prepare sound projects. While appropriate, detailed guidelines were issued in 1973, no further amendments to the Memorandum of Understanding were made to reflect the diversification of activities after the mid-1970s, the changes in the nature of cooperation arising from the decentralization of the CP and the new activities generated by preparation for the IDWSSD. While the CP responded well to these challenges, early formal adjustments to these changes with guidelines revised as appropriate might have avoided misalignment of objectives that may have contributed to the termination of the Programme. CP participation in Bank economic missions was only once realized (mission to Lebanon). CP staff participated in WHO health policy and planning missions for the first time in 1981 (missions to the Yemen Arab Republic and the Yemen People's Republic).

The Programme remained within sectoral confines until towards its end, but it received a major innovative impulse from the wave of demands associated with the launch of the IDWSSD, including those from other Primary Health Care programmes.

The traditional sanitary engineering approach, which early in the Programme characterized decisions on country selection, terms of reference and execution of work, was gradually replaced by a more comprehensive sector analysis that gave due consideration to the importance of macroeconomic financial and sociocultural aspects in sector development. Links were also established to other units of WHO, but the tight work planning usually left little time to explore research developments in broader health issues.

The bi-annual work plan meetings ensured consistency and dynamism of the Programme, especially in the earlier years of sector studies. Thereafter, the diversification of the work plan through WHO- and World Bank-initiated activities was often based on tentative proposals to be confirmed by WHO Regional Offices and cleared with governments. This injected an element of uncertainty into short-term projections of staff commitments to country missions. The global nature of the CP compounded this problem, in contrast to other WHO cooperative arrangements, covering defined clusters of countries.

The cost-sharing formula of 75% Bank versus 25% WHO financing (supplemented by unrecorded short-time WHO staff inputs) of the Programme did not significantly affect routine CP management except when, for instance, there was disagreement on the focus of planned country work, on solutions proposed in draft reports, at major crossroads in programme development, or on staffing. Such disagreements however were rare.

##### Quality of output/services

Initially, sector analysis tended to: focus on urban public utility structures, which in some cases served only a small proportion of the country's population; pay limited attention to sanitation aspects other than sewerage systems; consider few technical options at lower cost than those already in existence; and give little consideration to social and behavioural aspects. Discussion on rural water supply and sanitation was often restricted to well-known constraints, such as lack of infrastructure or institutional fragmentation, lack of manpower and financial resources, and limited absorptive capacity, with few suggestions on ways to overcome them.

With experience and evolving development needs, sector studies became more policy-oriented and technically explorative. Sector studies reached maximum quality when the reports offered governments major policy alternatives with optional development programmes by varying critical parameters, such as service levels, unit costs, financial projections, and manpower or institutional factors.

The sector study guidelines (Annex 6, No. 1), while appropriate, did not emphasize social and health aspects. Later Bank publications (Annex 6, Nos. 18 and 19) contained proposals for amending the guidelines by including aspects of institutional development, community activation, available technical options and financing possibilities at the municipal level. The rapid assessments produced by the CP in 1977-80 already covered these aspects, and the international community interested in the sector relied heavily on them. Users included bilateral agencies, consulting firms, and non-governmental voluntary institutions.

By 1975, the CP was regarded as not being sufficiently project-oriented since sector studies did not assure follow-up in the form of viable projects. The two-page study data sheets contained in a sector study were considered inadequate by Bank Projects Divisions. This apparent shortcoming was corrected by including the task of a project formulation, if desired, specifically in the mission's terms of reference. A sector mission should not have been expected to provide more than a thorough sector study.

In fact however, several important UNDP and bilaterally assisted projects were initiated in the early days of the CP as a direct consequence of the two-page study data sheets. The resulting reports and follow-up activities in specific functional areas (pre-investment in rural and urban fringe areas, manpower and training, community participation, health education, and tariff/finance) paved the way for new sector development and support activities.

Seminars and workshops have a built-in evaluation mechanism in the form of questionnaires completed by participants at the end of the course. Proposals for improved course design usually call for more practical casework and exercises in methodology. The Terrania Case Study meets both these demands. If its presentation were simplified and updated it could be re-edited as a training kit with overview, instructor's guide, participant's manual, solutions to exercises, and accompanying audiovisual support, along the lines of recent EDI productions developed in collaboration with CP staff, CEFIGRE and EMRO.

Country Health Resource Utilization Reviews could have benefited from a more systematic involvement of the CP team in developing an analytical approach. The inclusion of CP staff in missions on an ad hoc basis left little time for preparation. Reconnaissance missions and specific terms of reference were rare. Guidelines for CRU missions were discussed in September 1982 at an internal WHO meeting in the light of the country reviews undertaken by CP staff and the experience of others with such broad-based country work. They have since been revised.

National Decade planning support activities initiated by CP staff were well received by the countries concerned and by external sponsoring agencies. They were evaluated in early 1982 as regards the joint operations for Decade promotion with UNDP (Annex 6, No. 20), in 1983-84 as regards the countries receiving support from GTZ (Annex 6, No. 21) and in 1984 as regards the cooperation with SIDA (Annex 6, No. 22). A more detailed comparative assessment across cooperative programmes can be found in the ETS document "Country Decade Programmes, Review and Perspective", of May 1983 (Annex 6, No. 23).

Over 30 Decade planning exercises were conducted with direct CP staff involvement, with the following objectives:

- (1) Obtain consensus on Decade strategy among policy-makers ;
- (2) Set subsectoral targets;

- (3) Outline financing plan for investment and recurrent costs;
- (4) Prepare organizational plan for sectoral and intersectoral agencies;
- (5) Initiate action programme for essential support services (e.g., health education), including identification of viable projects;
- (6) Accelerate the preparation of detailed programme/project proposals for external funding;
- (7) Provide continuous support and replanning by the National Action Committee for the Decade.

The most difficult aspects in the planning sequence were: needs assessment for the sanitation subsector, especially for rural populations; target reformulations, breaking away from conventional technical design patterns, and adapting technologies to local socioeconomic conditions and maintenance capabilities; situating the sector plan in the broader context of public health, anti-pollution, environmental protection actions; using planning indicators that highlight equity aspects in service availability; linking sector investments with control of disease associated with water and waste; and the capital and recurrent costing of technologies.

In a number of countries, among them Ethiopia, Kenya, Somalia, Uganda, and Botswana, the World Bank resident team for project preparation in Nairobi has picked up the threads and vigorously pursues the establishment of national project preparation units to bolster countries' capacities in this regard. Also, WHO regular staff at country, sub-regional, regional levels are committed to working specifically towards the formulation of viable Decade strategies and plans.

#### Scope for future cooperation

In 1981-83, only two Bank water Projects divisions, namely Eastern and Western Africa, showed interest in CP work, and at a much reduced level (2.4 staff years). However, work plans by the World Bank's Population, Health and Nutrition (PHN) Department for 1982-83 listed intended sector and project work in many countries where the CP had been active. Various new arrangements were discussed for the CP to provide health expertise to Bank operations in areas, such as PHN, agriculture, and urban projects, but on an informal, ad hoc and separately financed basis.

WHO expressed its interest in the continuation of the Programme at various meetings between high level officials of both Organizations since the beginning of the 1980s and the last time in April 1983 in Geneva (during the visit of the Bank's Vice-President, Operations). A formal proposal to expand the scope of the CP with a tentative work plan had been submitted to the Bank in March 1982. The essential points were:

- the CP could contribute to promoting, planning and designing investment projects for the Bank and other donors that stress the association of sanitation with water supply and have operational links to other health programmes;
- the CP could help the Bank to evaluate the health impact of development projects through epidemiological background studies;
- the CP could assess institutional weaknesses amongst health agencies in countries where the Bank is interested in lending for the health sector;
- the CP could be active in strengthening national management of senior health and water agency staff;
- the CP could prepare project components for Bank health and water/sanitation projects that develop and utilize community activities and strengthen health education programmes;

- the CP could be linked with national health planning exercises for primary health care leading to viable health projects.

In September 1982, the Bank issued a Sector Support Strategy Paper (Annex 6, No 24) which highlights the needs for more policy analysis than in the past and less emphasis on project identification. Although, so far, there is little evidence of implementation of this approach, there has been a revival of interest in sector work and the importance of linking sector and project work, for instance in the context of the Decade Steering Committee. Moreover, there is a growing interest in intersectoral approaches, which will be the subject of the WHA.39 (1986) Technical Discussions. It may well be that Intersectoral Action for Health with respect to water supply and sanitation and other elements of PHC become a major development theme in the second half of the Decade.

MEMORANDUM OF UNDERSTANDING  
WITH RESPECT TO WORKING ARRANGEMENTS BETWEEN  
THE WORLD HEALTH ORGANIZATION ("WHO")  
AND THE INTERNATIONAL BANK FOR RECONSTRUCTION AND  
DEVELOPMENT ("THE BANK") AND THE INTERNATIONAL  
DEVELOPMENT ASSOCIATION ("THE ASSOCIATION")

WHO and the Bank\* have for several years been cooperating on an ad hoc basis on matters of common concern. The organizations now wish to intensify and systematize this cooperation for preinvestment activities in the fields of water supply, wastes disposal and storm drainage, and it appears desirable to both WHO and the Bank that working arrangements be agreed upon setting forth the principles to govern such cooperation.

These working arrangements, as agreed upon by the Director-General of WHO and the President of the Bank subject to the approvals specified in paragraph 6 hereof, are as follows:

1. The Cooperative Programme

The Cooperative Program in which WHO and the Bank will participate will involve the following activities in the fields of water supply, wastes disposal and storm drainage:

- (a) assisting countries of common membership in the carrying out of sector studies required to formulate sector programmes and policies (other than those sector studies financed by the United Nations Development Programme ("UNDP"));
- (b) assisting countries of common membership in the identification and preparation of investment projects of types which fall within WHO's field of responsibility and which, in the framework of its economic development objectives and general policies, the Bank is willing to consider for financing (other than those activities financed by the UNDP);
- (c) assistance to countries of common membership in identifying and preparing proposals for preinvestment studies and other projects (including those suitable for financing by the UNDP);
- (d) WHO participation in Bank economic, sector, project appraisal and project supervision missions; and
- (e) other related activities as agreed between WHO and the Bank.

2. Personnel

(a) It is agreed that the Cooperative Programme requires a unit of engineers, economists, financial analysts and other technical specialists of high calibre within the WHO Secretariat which can devote itself continuously to this work and to WHO's responsibilities as executing agency for UNDP preinvestment projects. The Director-General of WHO has already established a unit, called the Preinvestment Planning Unit (hereinafter referred to for purposes of this memorandum as the "Unit") as an identifiable group within the WHO Secretariat and an integral part thereof.

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\*All references in this memorandum to the Bank shall be taken to include both the Bank and the Association.

(b) WHO will provide through the Unit for agreed activities in the Cooperative Programme such man-years of professional services per year as shall be agreed from time to time by WHO and the Bank. Accordingly, there shall be established by WHO in the Unit a corresponding number of Cooperative Programme posts in the professional category at such levels and for such periods as shall be agreed from time to time by WHO and the Bank. For the period 1 September 1971 through 31 December 1971 there shall be five such posts, and for the calendar year 1972 there shall be ten such posts. WHO and the Bank will agree from time to time on the types and classifications of positions of the posts to be included within the Unit, and WHO will consult with the Bank on appointing the staff to the additional posts to be established for purposes of the Cooperative Programme.

(c) It is recognized that from time to time it may be necessary and desirable to use WHO staff members outside the Unit for purposes of the Cooperative Programme.

(d) The Unit is located at the headquarters of WHO. Unit staff may be outposted to Regional Offices of WHO after consultation between WHO and the Bank. Assignments of Unit staff to Regional Offices shall be made only after they have acquired adequate experience, including sufficient familiarity with the objectives and procedures of both WHO and the Bank. When outposted to Regional Offices of WHO, such staff will remain under the technical supervision of the Unit at the headquarters of WHO.

### 3. Agreement on Activities

All services to be performed under the Cooperative Programme by staff members of the Unit will be agreed in advance by WHO and the Bank. Such services may be requested by member countries, or proposed by WHO (Headquarters or Regional Offices) or the Bank. Services may be performed under the direction of either WHO or the Bank. Agreement on the services to be performed, the means by which they will be provided and the responsibility for their direction will normally be reached and subsequently reviewed during periodic review meetings of the programme. In reaching agreement the activity will be defined with respect to the country involved, the type of activity, the numbers and types of personnel required, their terms of reference and the timing and schedule of the activity. An estimate of the total man-months (or weeks) required will be made and travel and other supporting services (when necessary) will be indicated.

### 4. Financial Arrangements

- (a) Subject to the qualifications set forth below, the costs of WHO in connection with agreed work under the Cooperative Programme will be shared in the proportion of 25 % by WHO and 75 % by the Bank up to a ceiling figure to be fixed from time to time by agreement between the two organizations. The costs to be shared shall include the following:
- (i) for work performed by members of the Unit or by outside consultants, salary, allowances and other benefits for professional staff, general services support and travel costs; and
  - (ii) for other WHO staff members assigned to such work, salary, allowances and other benefits, general services support and travel costs, except that WHO will bear the salary, allowances and other benefits costs of short-term assignments of such WHO staff members.
- (b) The Bank will bear the costs of documentation, reproduction and translation undertaken by WHO in agreement with the Bank.
- (c) The ceiling figure referred to in paragraph (a) above shall be US\$ 80,000 for the four-month period ending December 31, 1971, and shall be US\$ 500,000 for calendar year 1972.

- (d) WHO will pay for invisible overhead costs (including space) and for identifiable indirect costs (other than the cost of documentation, reproduction and translation) involved in its participation in the Cooperative Programme.
- (e) The Bank and WHO will agree on the procedures for payment of funds from the Bank to WHO, and for accounting to the Bank by WHO, in connection with the Cooperative Programme.

5. Modification and Termination

These working arrangements may be modified or supplemented at any time by mutual agreement between the two organizations. Each organization may, after reasonable notice, terminate the arrangements, provided that, if they are terminated by the Bank, the Bank will reimburse WHO for the financial consequences of cancelling personnel commitments entered into for purposes of the Cooperative Programme.

6. Effectuation of the Arrangements

The working arrangements set out in this Memorandum of Understanding will become effective on 1 September 1971, or when approved by the Boards of Governors of the Bank and the Association and signed by the Director-General of WHO and the President of the Bank and the Association, whichever is later. It is contemplated that the necessary approvals, if not completed on or before September 1, 1971, will authorize payment by the Bank to WHO retroactively to September 1, 1971, of expenses incurred for purposes of the Cooperative Programme which would have been eligible for payment if these working arrangements had been effective on that date.

(signed)

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M.G. Candau  
Director-General  
World Health Organization

Date: 27 September 1971

(signed)

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Robert S. MacNamara  
President, International Bank  
for Reconstruction & Development  
and International Development  
Association

Date: 1 October 1971

JOINT MEMORANDUM ON WORLD BANK/WORLD HEALTH ORGANIZATION  
HEALTH ACTIVITIES

1. This Memorandum is aimed at developing further cooperation between the World Bank ("the Bank") and the World Health Organization ("WHO") in the area of health. Health activities are defined herein to include those activities which substantially affect physical, mental and social well-being.
2. The Memorandum supplements the already existing arrangements between the Bank and WHO for collaboration under the Cooperative Programme in Water Supply and Waste Disposal, the Joint Memorandum on Population Activities, and the Programme for Onchocerciasis Control. This expanded relationship is expected to enhance the effectiveness of both organizations and prevent uneconomic duplication of efforts and staffing.
3. The Bank will assist WHO in the analysis and projection of socio-economic conditions in the assessment of national development plans and, selectively, in the planning, implementation and evaluation of WHO-assisted projects, in the establishment or strengthening of national health or health-related institutions and in the analysis of problems arising from the delivery of health services. WHO, on the other hand, will make its assistance available to the Bank as required in designing, appraising and monitoring schemes for the delivery of health services, the control of communicable diseases, the planning of health manpower education, the monitoring of health conditions, and in relation to research in the bio-medical sciences. These forms of collaboration shall be undertaken with due regard to their likely cost and effect in particular instances, on the basis of jointly agreed plans. In addition, the two parties are expected to assist each other in defining priorities for joint study or action, developing operational guidelines and procedures, and in recruiting temporary and permanent staff.

Methods of Cooperation

4. Bank and WHO staff will, on request, assist field and headquarters operations to the extent consistent with their responsibilities and obligations to their respective organizations and host countries. The two organizations will seek, at the request of the other organization, on a case-by-case basis, to include participants from the other organization in missions to countries. Secondment of WHO staff to the Bank and Bank staff to WHO will also be considered in order to facilitate communication and liaison.
5. The two parties will give serious consideration to selection of one another's staff members as participants in their training programmes as appropriate to this Memorandum. WHO staff will be considered for appropriate courses offered by the Bank's Economic Development Institute and Bank staff for attendance at WHO in-service training programmes at headquarters or in the regions.
6. The Bank will provide WHO with schedules of missions, confidential appraisal reports for projects with health components or consequences, and research proposals, research reports, policy analyses and reports, guidelines and operational manuals related to health. Similarly, WHO will provide the Bank with information on its planned programme, including research, and with research reports, policy analyses and reports, guidelines and operational manuals which are likely to be of interest to the Bank. In addition, both parties will exchange any other materials likely to be of interest and value, and which affect relevant policies and current thinking of the organizations. It is basic to the spirit of this understanding that such documentation and information should be communicated regularly and as early as possible in order to facilitate constructive criticism and review, with a view to enhanced cooperation.

7. Staff of the Bank and WHO will meet at least once a year in Washington or Geneva to discuss policy issues of interest to both organizations, to review operations in countries in which they are carrying out or have planned, projects or other activities in the health sector or with health implications, and to identify methods and procedures which would increase collaboration. At that time they shall also examine the scope and adequacy of the information exchanges provided for in paragraph 6.

Reimbursement for Services

8. The Bank and WHO will make appropriate arrangements for the reimbursement of the cost of services provided by each other under this Memorandum on a case-by-case basis.

Liaison

9. Within the Bank, the Director, International Relations Department, will be responsible for Bank contacts and liaison on matters of inter-institutional cooperation arising in connection with the implementation of this Memorandum; the Bank's Environmental and Health Adviser, Office of Environmental and Health Affairs, will be responsible for contacts and liaison on health policy and technical matters.

10. Within WHO headquarters, the contact point for inter-institutional cooperation with the Bank will be the Director, Division of Coordination.

(signed)

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Robert S. MacNamara  
for The World Bank

Date: 17 May 1976

(signed)

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Halfdan Mahler  
for World Health Organization

Date: 5 May 1976

RECORD OF WORK IN WATER SUPPLY AND SANITATION  
AT COUNTRY AND INTERCOUNTRY LEVEL

1984 (until June)

SENEGAL EDI/CEFIGRE Intercountry Seminar on Identification, Implementation and Financing of Water/Sanitation Projects.

SOMALIA EMRO Interregional Seminar on Socio-Economic and Financial Aspects of Decade Planning.

1983

BANGLADESH Health Resource Utilization Review

CONGO Pointe Noire Project Pre-Appraisal

ETHIOPIA EDI/CEFIGRE Intercountry Seminar on Identification, Implementation and Financing of Water/Sanitation Projects

Informal Consultation on Costing of Primary Health Care

HAITI Port-au-Prince Project Preparation, Institutional Development Review and Financial Appraisal of Sector Agency

IVORY COAST Abidjan Project Pre-Appraisal

LAOS Manpower and Training Study

LESOTHO Health Resource Utilization Review

PAPUA NEW GUINEA Health Resource Utilization Review

SOUTH EAST ASIA REGION Preparation of Regional Decade Review

SIERRA LEONE Rehabilitation and Maintenance Study for Small Urban Systems

TUNISIA (1) Symposium on Rural Water Development;  
(2) Intercountry Seminar on National Decade Strategies  
(3) EDI/CEFIGRE Intercountry Seminar on Identification, Implementation and Financing of Water/Sanitation Projects

UPPER VOLTA (1) Preparation of Health Sector Proposals for Consultation with External Agencies  
(2) EDI/CEFIGRE Intercountry Seminar on Identification, Implementation and Financing of Water/Sanitation Projects

URUGUAY	Urban Operation and Investment Planning
YEMEN ARAB REPUBLIC	Health Resource Utilization Review (Phase II)
YEMEN PEOPLE'S REPUBLIC	Health Resource Utilization Review (Phase II)
<u>1982</u>	
BENIN	Health Resource Utilization Review (Phase II)
BOTSWANA	Community Participation and Health Education Project
COMORES	Manpower Development and Decade Planning
GHANA	Sector Study
GUINEA	Preparation of Projects for 9 Regional Centres
HONDURAS	Sector Review
INDONESIA	Nusa Tenggara-Timor Regional Sector Study
KENYA	Nairobi Project Supervision
KOREA	Jeonju Regional Project Guidance and Pre-Appraisal
LESOTHO	Community Participation/Health Education Project
MADAGASCAR	Rural Sub-Sector Study
MALAWI	Decade Planning Support Health Resource Utilization Review
PAKISTAN	Sector Study Follow-up
RWANDA	Community Participation/Health Education Project
SENEGAL	Rural Water Programme Appraisal
SIERRA LEONE	Sector incl. Management Study
SOMALIA	Financial Review Mogadishu Water Project
SWAZILAND	Community Participation and Health Education Project
SYRIA	Human Resources Development
TANZANIA	Manpower Development and Decade Planning
ZAIRE	Preparation of Consultation with External Agencies
<u>1981</u>	
CAPE VERDE	Sector Planning Support
DJIBOUTI	Sector Review and Project Identification
GAMBIA	Outline Sector Plan, 1981-1986
NEPAL	Training Project Preparation

NIGERIA (BENUE STATE)	Sector Planning Report
PAKISTAN	Sector Study and Decade Conference
PHILIPPINES	Water and Sanitation Sector Study
SENEGAL	Rural Water Programme
SEYCHELLES	Sector Review and Project Formulation
THAILAND	Health Education and Public Information Project
TOGO	Lomé Water Supply Project
TURKEY	Project Preparation Municipal Waste
YEMEN ARAB REPUBLIC	Sector Review, Health Resource Utilization Review (Phase I)
YEMEN PEOPLE'S REPUBLIC	Health Resource Utilization Review (Phase I)
ZAIRE	Sector Planning Report
ZIMBABWE	Rapid Assessment and Rural Project Identification
<u>1980</u>	
AFRICAN REGION	Workshop on Economics and Finance
ALGERIA	National Planning Support
BENIN	Project Formulation
CAMEROON	Project Identification Sanitary Education
COSTA RICA	Tariff Study
FIJI	Organization and Finance Study
GUINEA	Sector Study
INDIA (BIHAR STATE)	Project Identification Sanitary Education
KOREA	Sector Study
MOROCCO	Sector Résumé and Project Identification
NIGERIA (4 STATES, Cross River, Kano, Borno, Oyo)	Sector Planning and Project Formulation for Sanitary Education
PAKISTAN	Preparatory Assistance to Decade Planning
PANAMA	Tariff Study
PAPUA NEW GUINEA	Rural Training Evaluation
SAINT LUCIA	Workshop on Project Preparation and Financing
ST. VINCENT	Tariff Study
SRI LANKA	Preparatory Assistance to Decade Planning

URUQUAY	Tariff Study
ZAMBIA	Manpower Development Programme, Preparatory Phase Health Education and Public Information Project
<u>1979</u>	
ANTIGUA	Rapid Assessment
ARGENTINA	Sector Study
CARIBBEAN (5 COUNTRIES)	Rapid Assessment
COSTA RICA	Sector Study
GRENADA	Sector Study
HONDURAS	Sector Study
INDIA (4 STATES)	Sector Studies
INDONESIA	Rapid Assessment
IRAQ	Rapid Assessment
MOZAMBIQUE	Rapid Assessment
PANAMA	Sector Study
PAPUA NEW GUINEA	Sector Study and Project Formulation
TOGO	Decade Preparatory Assistance; Project Formulation
UGANDA	Project Identification
URUGUAY	Sector Study
WEST AFRICA (8 COUNTRIES)	Manpower and Training Surveys

1978

ALGERIA	Rapid Assessment
BENIN	Sector Study
EAST AFRICA	Workshop on Rapid Assessment in the Countries of the Region
GUINEA	Rapid Assessment
HAITI AND DOMINICAN REPUBLIC	Rapid Assessment
INDIA	Workshop on Decade Planning
JORDAN	Rapid Assessment
MALTA	Rapid Assessment
MALAYSIA	Rapid Assessment

MAURITIUS	Tariff and Legal Review
MOROCCO	Project Formulation
NIGERIA	Rapid Assessment; Sector Study (2 States)
OMAN	Sewerage Project Formulation
PHILIPPINES	Rapid Assessment
PORTUGAL	Seminar on Project Preparation and Evaluation
RWANDA	Tariff Study
SYRIA	Rapid Assessment
TURKEY	National Sector Planning Conference and Rapid Assessment
WEST AFRICA	Workshop on Rapid Assessment in the countries of the Region
ZAIRE	Tariff Study
<u>1977</u>	
AFGHANISTAN	Sector Study
CONGO	Sector Study
KENYA	Sector Study
MALAWI	Sector Study
MOROCCO	Rapid Assessment and Sector Study
PORTUGAL	Sector Study
SRI LANKA	Sector Study
SUDAN	Rapid Assessment and Sector Study
TURKEY	Project Formulation (Institution Building Iller Bank)
YUGOSLAVIA	Project Formulation
<u>1976</u>	
MALAYSIA	Urban Sewerage Study
SEARO	Interregional Seminar on Sector Development
<u>Sector Studies:</u>	
EGYPT	SOMALIA
PHILIPPINES	TANZANIA
PORTUGAL	THAILAND

1975 (Sector Studies)

ALGERIA	NEPAL
ARGENTINA	PAKISTAN
BERMUDA	SENEGAL
INDONESIA	ZAMBIA
MADHYA PRADESH (STATE IN INDIA)	

1974 (Sector Studies)

CAMEROON	KOREA (REPUBLIC OF)
CHILE	MEXICO
COSTA RICA	NICARAGUA
EL SALVADOR	OMAN
HONDURAS	SUDAN
IRAN	TURKEY

1973 (Sector Studies)

BANGLADESH	UPPER VOLTA
BOLIVIA	UTTAR PRADESH (STATE IN INDIA)
ETHIOPIA	ZAIRE

1972 (Sector Studies)

BRAZIL	
YEMEN ARAB REPUBLIC	YEMEN PEOPLE'S REPUBLIC

1971

Sector Study:	TANZANIA
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ANNEX 4

WORLDWIDE DISTRIBUTION OF CP ACTIVITIES  
(by WHO Regions)

<u>AFRICA</u> - 81	<u>AMERICA</u> - 34	<u>EASTERN MEDITERRANEAN</u> - 31
Intercountry 5	Antigua 1	Intercountry 1
Benin 4	Argentina 2	Afghanistan 1
Botswana 1	Bermuda 1	Djibouti 1
Cameroon 3	Bolivia 1	Egypt 1
Cap Verde 1	Brazil 1	Iran 1
Comores 1	Chile 1	Iraq 1
Congo 2	Colombia 1	Jordan 1
Ethiopia 3	Costa Rica 3	Oman 2
Gambia 2	Dominican Republic 2	Pakistan 5
Ghana 2	El Salvador 1	Somalia 2
Guinea 3	Grenada 1	Sudan 3
Ivory Coast 1	Haiti 4	Syria 2
Kenya 2	Honduras 2	Tunisia 3
Lesotho 2	Jamaica 1	Yemen Arab Republic 4
Madagascar 1	Mexico 1	Yemen People's Republic 3
Malawi 2	Nicaragua 1	
Mali 2	Panama 2	<u>EUROPE</u> 18
Mauritius 1	Saint Lucia 1	Algeria 3
Mozambique 1	Saint Vincent 1	Malta 1
Niger 1	Surinam 1	Morocco 5
Nigeria 8	Trinidad & Tobago 1	Portugal 3
Rwanda 2	Uruquay 3	Turkey 5
Senegal 5		Yugoslavia 1
Seychelles 2	<u>SOUTH-EAST ASIA</u> - 21	
Sierra Leone 2	Intercountry 2	<u>WESTERN PACIFIC</u> 14
Swaziland 1	Bangladesh 2	Fiji 1
Togo 2	India 8	Laos 1
Uganda 2	Indonesia 3	Malaysia 2
Tanzania 4	Nepal 2	Papua New Guinea 3
Upper Volta 4	Sri Lanka 2	Philippines 4
Zaire 4	Thailand 2	Republic of Korea 3
Zambia 3		
Zimbabwe 2		

TOTAL: 199

COOPERATIVE PROGRAMME  
TOTAL EXPENDITURE  
(US\$ 000)

Fiscal years (until 30 June of years stated)	Professional Salaries, etc.	CP staff General Services Salaries	Staff Travel	Consultants' Fees/ Contractual Services (incl. Travel)	Misc.	Total
1972	75(a)	(a)	15	55	-	145
1973	199(a)	(a)	29	113	-	341
1974	370(a)	(a)	69	141	-	580
1975	418	66	71	89	-	644
1976	455	144	61	30	1	691
1977	449	142	57	41	2	691
1978	439	175	62	25	3	704
1979	598	176	93	49	1	917
1980	703	201	83	12	2	1 001
1981	684	217	94	5	1	1 001
1982	647	213	97	17	3	977
1983	552	114	57	5	2	730
1984(b)	285(b)	37	15	24	11(c)	372
<b>Total</b>	<b>5 874</b>	<b>1 485</b>	<b>803</b>	<b>606</b>	<b>26</b>	<b>8 794</b>
<b>%</b>	<b>67</b>	<b>17</b>	<b>9</b>	<b>7</b>	<b>min.</b>	<b>100</b>

Notes:

- (a) General Service staff costs not separately recorded, included in professional staff costs.
- (b) Preliminary estimate, including expenditures until August 1984.
- (c) Includes estimate of maximum US\$ 10 500 for translation and printing of present report as booklet.

ANNEX 6

LIST OF DOCUMENTS REFERRED TO IN THE TEXT

1. Guidelines for Sector Work in the Water Supply and Waste Disposal Sector WHO/World Bank, 1973.
2. International Training Seminar on Community Water Supply in Developing Countries; Amsterdam, WHO/IRC, 1976.
3. World Health Magazine - Water Decade 1981-1990 Geneva, Aug.-Sept.1980
4. International Drinking Water Supply and Sanitation Decade Directory, 2nd Edition (with 136 Country Sector Digests), World Water/WHO London Geneva, 1981.
5. Investments in Water Supply and Sanitation - The Cost Pattern with Policy Choices, 13th International Water Supply Congress, Paris, 1980.
6. Human Resources Development Handbook for Water Supply and Sanitation Agencies (draft), WHO/ETS Geneva, 1983.
7. Tariff Structures in Water Supply, WHO/ETS Geneva, 1982.
8. Republic of Terrania: A case study on the economic and financial aspects of programmes and projects in the drinking water supply and sanitation sector, WHO/World Bank, 1980.
9. Pragmatic Water Planning, K. Ringskog, WHO/PAHO Washington, 1979.
10. Drinking Water and Sanitation 1981-90 - A Way to Health, WHO Geneva, 1981
11. Planning and Evaluation for Community Water Supply and Sanitation - A Literature Review and a Selected and Annotated Bibliography, IRC/CWS The Hague, 1982.
12. National Decade Plans: 8 Questions They Answer, WHO Geneva, 1982.
13. IDWSSD Manual for Planners, WHO/ETS Geneva, 1982.
14. Maximizing Benefits to Health, WHO/ETS Geneva, 1983
15. Minimum Evaluation Procedure (MEP) for Water Supply and Sanitation Projects, WHO/ETS Geneva, 1983.
16. Drinking Water Supply and Sanitation: The International Decade in the Americas - Environmental Series No. 3, WHO/PAHO Washington, 1983.
17. The WHO/World Bank Cooperative Programme (GAS 1) on Water Supply and Wastes, World Bank, 1974.
18. Social and Behavioral Aspects of Project Work in Water Supply and Waste Disposal, World Bank (PUN 52-T), 1980.

19. Appraisal Checklist Rural Water and Sanitation (TWT Report No. GAS), World Bank 1980.
20. Progress Report, WHO/UNDP Programme on Development of Drinking Water and Sanitation (INT/78/010), WHO/ETS Geneva, 1982.
21. WHO/GTZ Interregional Cooperation Programme, WHO/ETS 83.6 and 84.3, Geneva.
22. WHO/SIDA Cooperation in Africa, WHO/CWS/ETS 84.1, Geneva.
23. Country Decade Programmes, Review and Perspective, WHO/ETS 83.5, Geneva.
24. Sector Support Strategy Paper, World Bank 1982.