

**ARAB REPUBLIC OF EGYPT
BENI SUEF GOVERNORATE**

**REPUBLIC OF FINLAND
FINNIDA**

**REGIONAL WATER SUPPLY AND SANITATION PROJECT
IN BENI SUEF GOVERNORATE**

MEMORANDUM
INTERNATIONAL DEVELOPMENT COOPERATION
FOR COMMUNITY WATER SUPPLY AND
SANITATION (IWC)

DRAFT

**COMMUNITY PARTICIPATION IN WATER SUPPLY & SANITATION PROJECTS IN
EGYPT**

**A preliminary assessment of the Community Participation Component in five Water Supply
and Sanitation Projects in Egypt**

**Prepared by
NSCE
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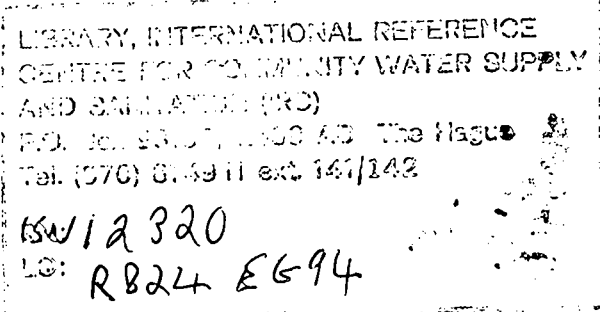
The research team consisted of Zohra Merabet, director of NSCE, Angeline Eichhorst, human resources development coordinator NSCE, and Wafa'a Bahgat, community involvement WID and health education expert Regional Water Supply and Sanitation Project in Beni Suef.

Many people have contributed to the mission, and assisted with information and comments.

We extend our sincere gratitude to all representatives of the donor institutions involved in Water Supply and Sanitation Projects relatively similar to the Regional Water Supply and Sanitation Project in Beni Suef, the implementing institutions and agencies, and their international and local field staff who accompanied the team during their visits.

To all we wish continued progress in the implementation of their projects in general, and in the mobilization and strengthening of the Egyptian community in particular.

Cairo, March 1994



EXECUTIVE SUMMARY

This assessment was initiated by the Regional Water Supply and Sanitation Project in Beni Suef governorate to learn from the experience of ongoing projects and appraise and design RWSSP activities in this field.

The following project implementors and donors agreed to participate in the assessment of the level of Community Participation in WSS programmes:

- Dangroup, consultant for Danish Development Agency (DANIDA), in Aswan governorate
- IWACO, consultant for Dutch Directorate General for International Cooperation (DGIS), in Fayoum governorate
- KESCON, consultant for NOPWASD in the Kafr al Sheikh WSS project funded by the German Kreditanstalt für Wiederaufbau (KfW), in Kafr al-Sheikh governorate
- UNICEF, in Assiut, Suhag, Qena and Aswan governorates
- Plancenter Ltd, consultant for Finnish International Development Agency (FINNIDA) in Beni Suef governorate

Although the projects have different objectives, methodologies and technologies, and are being implemented in various geographical areas, with distinctive populations and administrative settings, they all intend to improve the development of water supply and sanitation services in rural Egypt. The consultant is aware of the presence of other donors/implementing agencies in this field in Egypt. As this is a first preliminary assessment with the intention to initiate and structure future cooperation and exchange of information, the extend of the research is limited to above mentioned projects and may, if found necessary, expand to further research, learning from the experience from other projects in future time.

1. Community Participation as integral component in WSS projects

All project-administrators and implementors interviewed agree that sustainability, self-financing, self-support and the involvement of women in environmental sanitation interventions, are currently leading policy concerns for the government of Egypt, non-governmental organizations, bilateral and multilateral agencies.

UNICEF, Dangroup and Plancenter Ltd. allocated either a separate budget, or financial means as part of the overall project-budget, for community participation, women's development and health education. To their projects a "Community participation and health education advisor" has been assigned.

The German Development Bank did not allocate a budget for a CP component in the Kafr el Sheikh project, neither did initially the Dutch DGIS, although funds have been made available for Phase II (1994-1996) of the WSS project in Fayoum.

2. Contribution by the community in cash, kind, labour

The concept that the community has to contribute in either cash, kind or labour has become increasingly acceptable for its members. All projects included base-line studies with the assessment of the communities' willingness and ability to pay and to contribute in kind or labour. Apart from the project in Kafr el Sheikh, all projects contain financial contribution by the community as a prerequisite for implementation.

No project has developed a clear strategy on the establishment of formal users committees, with joined and defined lines of legal authority and responsibilities. UNICEF initiated an informal users committee in Suhag. IWACO intends to initiate informal committees in Fayoum rural area. Dangroup has expressed its intention to formalize committees in Edfu district. KESCON did not plan for the set up of users committees in Kafr el Sheikh governorate. Plancenter Ltd. is in the process of establishing district committees for the project, consisting of heads or representatives of the relevant departments, with in addition one or two persons delegated by the community, representing the users. The committees will have an advisory role and no legal or decision-making authority. A long term objective of the RWSSP however is to form legal users group with defined lines of authority and decision-making capabilities.

3. Cost recovery system

The only project implementor who has defined a cost recovery strategy is IWACO. The implementor planned to improve the existing cost recovery system in Fayoum governorate, by increasing the volume of water sold, as percentage of total production, and by increasing the tariffs. The increased volume of water sold can be achieved by the reduction of technical losses, by a reduction of free public tap water and by an increase of the revenue collection efficiency. It is proposed to introduce public tap tariffs and a low basic tariff for house connections.

Plancenter Ltd, KESCON, Dangroup and UNICEF are still in the process of strategy-development on this issue.

4. Hygiene and Health Education

UNICEF initiated a large scale combined intervention/research programme on health education in Assiut in 1990. The consultant was responsible for data collection and processing while UNICEF was in charge of implementing the hard ware and educational aspects of the intervention. The impact assessed in 1992 was found to be rather low. Few villagers practiced the techniques learned. In order to develop continued reinforcement of health messages, UNICEF assigned a Health Education Advisor and two more consultants in Suhag and Qena. The Save the Children/USA approach in addressing mainly school-children in Qena seems to have more impact.

KESCON had a study on the feasibility of health education, however the advice was not to start with health education before the project would have shown some results to the community.

IWACO made its first proposal on the Community Hygiene Component for Phase II. In Phase I a pilot project for hygiene education mainly focussing on environmental health aspects was carried out for different target groups in two villages. Assistance with follow-up activities seemed to be indispensable, while building an institutional framework for the replication of the activities was recommended as well.

Dangroup's approach on Health education is currently in the stage of planning and definition. Cooperation is foreseen with DANIDA's Primary Health Care Project, to be initiated in Edfu within the coming two years. The public health education for the RWSSP in Beni Suef will be disseminated through two main frameworks, the structures used by the Beni Suef PHC Project and the structures for pilot scheme implementation developed by the RWSSP project, with a special focus on children's education through existing schools and teachers.

5. Cooperation with the governorates and governmental institutions

There is a clear sense that in general, at all levels, managers and policy-makers in Egypt adhere to bureaucratic procedures that appear tedious and unnecessary to outside observers. Attempts to avoid bureaucratic procedures in dealing with the implementors directly and assuming the feasibility of a low level involvement of the governorate staff, have on the long term, proved to be unsuccessful.

The project-administrators and implementors expressed different lines of cooperation and understanding toward and with the GOE and (semi-) governmental institutions.

Dangroup and IWACO work close with both the governorate and NOPWASD, although Dangroup said to have no regular personal contact with the governor or General Secretary in Aswan.

In Beni Suef the General Secretary is assigned the responsibility of National Director of the project.

For the project in Kafr el Sheikh, the main governmental counterpart is NOPWASD. KESCON would have preferred to have a more decentralized set up but this proved to be difficult to establish.

UNICEF works closely with governorate-representatives from the Ministries and departments of Health, Irrigation and Public Works, Local Administration (ORDEV) and Housing (NOPWASD). The organization found difficulty in clearly defining roles with respect to operation, maintenance, training, measuring water quality etc.

Cooperation on the village level

Although nearly all decisions at the village level need to be referred to the district and the governorate, there is usually more direct interaction and communication between the officials of the respective departments at the district level and the executive and popular councils than

between the governorate and the lower levels of the hierarchy. Most officials at the governorate level view their role as that of policy makers for the entire governorate, while the staff at the district and village level have a more executive role.

In general, the Egyptian local administration oversees the provision and the maintenance of local amenities, including those related to health and the environment. Villages and hamlets have no separate annual budget and are for all governmental and administrative operations dependent on the local council, *al-maglis al-mahaly*, and its administrative staff in the mother village.

The local council, residing in the local unit, *al-wahda al-mahaliyya*, consists of an appointed executive council, *maglis tanfidhi*, and an elected popular council, *maglis sha'abi*. The executive council members are salaried civil servants, who need not be residents of the village areas in which they work. According to legislation, the executive council is responsible for the maintenance of local services such as water and sanitation as well as overseeing agriculture, health, and the supply of subsidized commodities; it has a budget to pay staff and a small discretionary fund to pay for special needs related to the upkeep of the village public services.

The elected popular council which consists of village residents, acts as a channel for requests for services from villagers. Villagers seeking for the development of facilities, or for maintenance and repair, must direct their requests through the popular council to the executive council. Theoretically the popular council has the authority to contribute to the planning process of services and follow up the implementation.

Project-staff voiced constraints in dealing equally with village officials but concur with the importance of involving members of both councils in the project implementation.

6. Conclusion

The project-administrators and implementors interviewed concur that the success of any project strongly depends on clear and transparent communication, steady information-flow, institutional memory, and sometimes strong personal relationships. In short, the project needs to build in sufficient, although not necessarily excessive, time for two-way communication.

The concept that sustainable water and sanitary systems in rural Egypt depends on a central government and local unit partnership is essential as well. On the long run consumer bodies need to determine user needs; local units need the authority to manage the revenue and expenditure accounts; and the central government should be able to concentrate on setting policies and guidelines, and on assisting with the establishment of major infra-structural investment works .

INTRODUCTION

Plancenter Ltd. as FINNIDA's principal consultant requested a preliminary assessment of the level of Community Participation in projects similar to the Regional Water Supply and Sanitation Project (RWSSP) in Beni Suef governorate. This in order to learn from ongoing experiences and appraise and design RWSSP activities in this field.

This draft report is the result of a rapid fact finding mission carried out by a North South Consultants Exchange (NSCE), subcontractor for the planning and coordination of the Human Resources Development, Community Participation, Women's involvement and Health Education Components in the RWSSP.

NSCE contacted the following foreign donors who are involved in projects comparable to RWSSP:

- Danish Development Agency (DANIDA), in Aswan governorate
- Dutch Directorate General for International Cooperation (DGIS), in Fayoum governorate
- German Kreditanstalt für Wiederaufbau (KfW), in Kafr al-Sheikh governorate
- Swedish Aid, in Munufiya governorate
- UNICEF, in Assiut, Suhag, Qena and Aswan governorates

During the month of February 1994, NSCE held several separate meetings with the donor-representatives, their counterparts and some of their implementing agencies. Accompanied by international and local project staff and consultants, field visits were undertaken to Edfu, Qena and Fayoum. In addition, the following list of focus-questions was distributed to all donor-representatives and/or implementing agencies:

- a. How were the governmental and non-governmental institutions involved in the planning, design and implementation of the project,
 - a.1. What are their present and respective roles in the project implementation and/or operation,
 - a.2. Is there any formal committee with governmental, non- governmental members to coordinate project activities and, if yes, how often do they meet,
 - a.3. How are the governmental and non-governmental institutions involved in decision making concerning the site selection and the technology to be used,
 - a.4. What is their participation in training and training needs assessments,
 - a.5. What are the governmental/non-governmental institutions contribution in cash and in kind,

- b. How are the community members, women in particular, involved in the planning, design and implementation of the project,
 - b.1. Is there any kind of information system about the project plans and activities made available to the community members and to the users,
 - b.2. Are hygiene or health education activities part of the project and, if so, with and by whom are they carried out; do you have specific target groups,
 - b.3. Have you established or planned to set up users groups or associations. If so, what is the legal context, what type of activities do they undertake, i.e. information, advocacy, education, maintenance,
 - b.4. What are the users' expected contributions in cash and in kind; if any, who is in charge of making them available to the project?
- c. Have you carried out any evaluation of the community participation component of the project? If so, what were the main findings and recommendations?

All identified donors/implementors, except for the Egyptian consultant for the Swedish funded project in Munufiya, Techno Trade Center, forwarded their answers to above questions to the team's coordinator, either verbally or in writing.

The findings, as presented herein, are therefore based on verbal interviews, written replies, project documents released by the Royal Netherlands Embassy, IWACO & ECG, UNICEF, the KFW Consultant KESCON, and the team's observations during the field visits.

During the workshop, set for 16 April 1994, the donors/implementors/governmental representatives are invited to mutually share their views with the Plancenter team on the role of the community, Government of Egypt, governmental agencies and, if time allows, on their plans for sustainability and replicability in terms of cost-recovery.

The outcome of the workshop will be presented in a final report to all participants. It is hoped that recommendations for the formalization of a cooperation framework in the field of WSS and Community Participation will be issued by the members of the workshop.

1. Edfu Water Supply and Sanitary Drainage Project

Name Project:	Edfu WSSDP
Design phase:	1990-1992
Implementation phase:	July 1993 -
Location:	Edfu city and district, Aswan governorate
Implementor:	Dangroup, in association with Misr Consulting Engineers (MCE)
Contractor:	Kruger International
Future project-owner:	currently undecided, but likely to be an independent water company

In 1989, the government of Denmark agreed to a long-term development assistance programme with the government of Egypt, with a concentration in the governorates of Qena and Aswan. As the result of a series of feasibility studies and project identification missions, it was decided to implement a pilot water supply and sanitary drainage project in Edfu city and selected villages. Dangroup, in association with Misr Consulting Engineers (MCE) carried out the design phase of the project. Kruger International has been contracted to build and install the physical inputs; Dangroup and MCE are contracted to supervise the implementation and to implement a health education and community participation component to the project. A related activity is to be the institutionalization of an independent water company to manage the new technical systems when they are completed; Chemonics Egypt has been contracted to provide a report and a proposal for this activity.

The Health Education and Community Participation component was designed in 1991-1992. Although it is an integral part of the overall WSSD Project, it has a separate budget and line of authority and responsibility. The HECP Advisor arrived in Edfu on 1 December 1993 to begin work; her counterpart is the Edfu District Head of the Department of Health. The rest of the HECP team consists of two senior Egyptian sociologists, an Egyptian female doctor, and an Egyptian senior sanitarian. The sociologists are assigned from the Department of Regional Planning in Aswan, and the health staff are assigned from the Department of Health in Edfu. The HECP team and the engineering components work closely together.

a. The Egyptian government's technical representatives in the project are from NOPWASD, which functions primarily in a supervisory capacity. The engineering component also works closely with certain officers from the Edfu Department of Housing and Utilities. Dangroup has dealt with the Edfu Executive Council, headed by the mayor. The mayor is the representative of the Aswan governor in the area and therefore has the responsibility of facilitating project activities. The HECP component works with both the Executive Council and the Popular Council, thus bringing about greater popular understanding of the project if not actual involvement in its implementation.

a.1. Two technicians from NOPWASD are assigned as the Egyptian government's representatives and overseers for the project. They work with the Dangroup/MCE staff to review the progress of the technical inputs, to oversee any changes that are requested by the contractor, and to help resolve any problems as they arise.

a.2. Once a month, a formal meeting is held to review the progress of the activities and to discuss any problems and their solutions. This Local Committee meeting is attended by representatives of the Executive Council, the Chief Resident Engineer, and the HECF Advisor.

A Steering Committee currently meets about once a year or on request of the Mayor of Edfu and the Governor of Aswan. It is composed of representatives from the appropriate Ministries in Cairo and Aswan, of members of the Executive Council, the Chief Resident Engineer and the HECF Advisor. It functions to review the project and to resolve any problems that require higher levels of authority.

Although a district coordination committee has been proposed for the HECF component, its intended members are almost identical with the Local Committee. The proposed committee differs only in that it also includes a member of the Popular Council. Therefore the project hopes to suggest the participation of a member of the Popular Council at Local Committee meetings and thereby merge the current committee with the proposed committee.

a.3. Local implementor and contractors were not involved in the decision-making on the technology to be used. The local committee worked closely with the technicians on site-selection.

a.4. Both the Local and Steering Committee are more concerned with the technical inputs and have been less interested in a training needs assessment and the planning for training sessions. As the HECF component begins its work, more attention will be given to this activity.

a.5. Neither the Executive Council nor the Popular Council will contribute to the project directly in terms of cash, kind or labour. Instead, they contribute by assistance in problem-solving for the technical inputs and by assistance in the community outreach activities. The technical inputs of the pumping stations, treatment plants, main sewer and water lines, secondary line, and manholes and inspection chambers are entirely entitled to DANIDA.

Local residents will have to pay for final connections from within their houses to the system in the streets; that is, they will have to pay for any technical work that will occur inside their house or compound doors. As part of the community participation activities, the HECF team will work with local authorities to develop a scheme for allowing the residents to finance the cost of this connection.

b. The Executive Council assisted during the surveys implemented in 1991 and 1992. Women were not involved directly at all in the planning and design of the project.

b.1. HECF is currently designing its own survey to provide baseline information about the project area. Although its immediate mandate is to focus on the area where the project works, it may in time be able to work with the rest of the district.

b.2. DANIDA has proposed a primary health care project to operate within Edfu district, targeting male and female community members, schools and teachers, and of course the health staff for the district. It is hoped that this project will be able to start within two years.

b.3. The HECP component hopes to create a sense of awareness of health needs and an accompanying sense of self-reliance for meeting those needs on the part of community members. As part of addressing these questions with the communities, the HECP team will meet with members of local organizations and assess their effectiveness and needs: where appropriate, the HECP team will work with residents to help them form new associations.

b.4. The community's first contribution is their time and energy and interest, in meetings to discuss the new sewage and water systems. As the community members will have to pay for their final connections, it is expected that finding ways to finance these connections will be a concern for people, and the HECP team will help them find ways to arrange this. In the future, after the people of the city of Edfu take advantage of their new services, the HECP team may begin work with other villages in the district; the project has no funds to help any proposed activities with them, so it will focus on assisting village councils in preparing proposals and finding funds for their proposed activities.

c. No formal evaluation of the community participation activities is currently planned: however the HECP team will expect to carry out its own internal evaluation and review at the end of the first six months, and on a regular basis thereafter. DANIDA of course may schedule a formal review at any time.

2. Fayoum Drinking Water and Sanitation Project

Name Project:	FaDWS
Masterplan phase:	August 1990 - August 1993
Implementation phase:	1994-1996
Location:	Fayoum governorate, rural area
Funded by:	DGIS, Dutch International Cooperation, Ministry of Foreign Affairs
Implementor:	IWACO Consultants for Water and Environment (sub-contractors DHV Consultants, The Netherlands, and Engineering Consultants Group, Egypt)
Counterpart:	El-Azab Water Company
Future project-owner:	El-Azab Water Company

In October 1993 the project-staff finalized the project's Masterplan enhancing a summary of short and medium term programmes for:

- Water supply and waste water infrastructure development (investment programmes) and
- Institutional capacity building programmes (cost recovery, organization development, human resources development), in Fayoum governorate

Number one priority of the FaDWS is the change of the present status of the governmental El Azab water company. It is estimated that El Azab will need at least 5 years for its organizational restructuring process. Another priority is the establishment of a Sanitation Department in the Governorate, which can gradually take over responsibilities from NOPWASD.

a. The project was planned and designed in cooperation with El Azab staff and the governorate. NOPWASD, as being the technical advisor to the governorate, is partly supervising El Azab water company. Both the governorate, El Azab and as well NOPWASD contributed to the Masterplan. No non-governmental institutions were involved in the planning/design phase.

a.1. El Azab water company is the main counterpart to the project and responsible for implementation and operation.

a.2. Representatives of El Azab, NOPWASD, the Governorate and the Project staff are members of a Steering or Advisory Committee, which meets on a regular, more than monthly, basis. The Committee is chaired by the General Secretary from the Governorate.

Representatives of El Azab and IWACO's contracted consultants are members of the Technical Committee which meets as well on a regular basis.

a.3. The Governor makes the final decision on site-selection and technology being used, advised by the project-staff and El Azab water company.

a.4. IWACO and its consultants (ECG) are responsible for the training of El Azab staff. Language and computer courses took place in Egypt. Some staff members attended technical training in The Netherlands. The Project Manager cooperates closely with El Azab General Manager on training needs.

a.5. The funding of the project is jointly managed by the Governments of The Netherlands and Egypt. Although not officially earmarked, GOE is to contribute more than 50 percent to the project.

b. Initially the community members were not involved in the planning, design and implementation of the project. In December 1992, a survey in five villages and attached hamlets in Fayoum governorate, the "Socio-economic aspects of drinking water and sanitation in Fayoum rural communities" was implemented. The inter alia objective of the survey was to use the results for the integration of socio-economic aspects in water supply and waste water master planning, to improve billing and revenue program, and to encourage hygiene education. The survey revealed that there were two main priorities for community related activities in the field of water supply and sanitation. The first was education i.e. hygiene education (through health centers) and school sanitation programs. The second were small improvement activities. Possibilities for community involvement in the big infra-structural programs did not seem to be likely, but there was sufficient scope for small scale activities at the village level for addressing local needs, and for which the community or its representatives could take the initiative. Some examples are:

- contribution to the extension of a service water pipeline, in order to reach a certain community
- participation in public tap upgrading and maintenance
- solving a local waste water problem
- upgrading of toilet facilities in public buildings (especially schools and health centers)
- organize solid waste collection and disposal
- cleaning a clogged drain
- covering a drain inside a village
- construction of washing steps in a canal

It was advised that the guiding principles in the implementation of small projects should be:

- flexibility in implementation
- a tailor-made approach
- a supervisory and monitoring role for consultants
- commitment of the Local Unit to the implementation
- consultation with the users and then active involvement

b.1. Presently customer and user information is non-existing but it will be a basic requirement for the future company. IWACO project-staff assists in the set up of a consumer data base.

b.2. As part of the FaDWS program, a pilot hygiene education program was conducted in 1993 in two of the FaDWS pilot villages, which were selected because their health centers had already some health education experience. The project showed that villagers can be made responsive and that their awareness can be increased through such programmes. It was recommended that assistance with follow-up activities is indispensable, while building an institutional framework for the replication of the activities is required as well.

A draft proposal for phase II states that: "Hygiene education follows the technical and institutional progress of the FaDWS not because it is less important but because the impact of interventions in the field of hygiene education will be greater this way."

A Dutch consultant is currently in the process of finalizing the proposal.

Although health and hygiene education is not considered a responsibility of el Azab, it is recommended that El Azab liaises with the Health Department for this purpose. ORDEV has been contacted on future cooperation in the field of Hygiene Education as well as the non-Egyptian non-governmental organization CARE.

b.3. Plans are being made to set up a local users committee. All localities on district level have been involved in the preliminary meetings. The users committee will be informal with no legal authority.

b.4. Community members are expected to contribute in cash and kind for water supply. In fact, 90% of current consumers have meters installed and pay on a rather irregular basis. The project intends to institutionalize El Azab such as to be able to collect revenues in an efficient manner.

c. As the Community Development component has not been an integral part of the project, and neither been implemented, no internal or external evaluation has been carried out so far.

3. Kafr el Sheikh Water Supply Project

Name Project:	Kafr el Sheikh Water Supply Project
Design phase:	1986 - 1990
Implementation phase:	November 1990 - 1995
Location:	Kafr el-Sheikh Governorate
Funded by:	BMZ (Ministry for Cooperation) through KFW, Kreditanstalt für Wiederaufbau (German Development Bank)
Implementor:	NOPWASD (consulted KESCON)
Future project-owner:	KWSC, established in 1985

The Kafr El Sheikh Water Supply Project is a governorate-wide project being carried out for the Governorate of Kafr el Sheikh with financial and technical support from the Federal Republic of Germany through the German Development Bank (KFW). NOPWASD is the principal implementor of the project, responsible for the development of major capital schemes and involved in the institutional development of the local Kafr el Sheikh Water Supply and Sewerage Company (KWSC), headed by the governor. In 1985, first KWC and later on (1990) called KWSC, was established to, by the end of 1995, take over responsibility for operation and maintenance of both water supply and sewerage services within the governorate. In July 1993, KWSC started officially to operate as a semi-private water and sewerage company.

The consultancy firm KESCON (Kafr el Sheikh Consultants), the principal consultant for NOPWASD is responsible for both supervision of construction works and project management.

The major components of the program include rehabilitation of the existing potable water supply system, extension of the system to unserved communities and the institutional development of the water company to manage the system. The company is not only to be operationally reliable and financially able to maintain the buildings, plant and equipment provided under the project, but as well self-financing in respect of recovery of operating and maintenance costs from charges.

Health education was defined as an important component of the project from the outset. In light of the need to ensure the villagers derive maximum benefits from the improved water supply system.

a. Initially the project staff did not establish direct contact with the Kafr el Sheikh governorate-staff. The governmental agency NOPWASD was involved in the planning, design and implementation of the project. Both local firms (Econto, Etco, Canal Harbour, Arab Contractors) and contractors from abroad (Westkember Engineers, Castagnetti, Thyssen Babkok) were assigned for the implementation of the technical network.

a.1. Currently NOPWASD is still the only agency held responsible for the implementation, hereby assisted by KESCON. The Water and Sewerage Company KWSC is being held responsible for operation and maintenance.

a.2. NOPWASD's Project Implementation Unit and KESCON staff are both represented in a formal committee. Meetings are being held on a regular basis. The intention is to involve KWSC more in the committee's meetings.

a.3. KESCON, supervised by NOPWASD, advice on site-selection and the technology to be used. The final decision remains with NOPWASD.

a.4. KESCON staff advises on the training needs for mainly KWSC engineering staff (who are originally from the area and all transferred from the municipality). The courses provided cover task analysis, maintenance, water quality and treatment processes, pumping, electrical systems and instrumentation. Other courses, designed to cater all levels of staff, are top management training, training of trainers, distribution operation and leakage control for engineers and supervisors, and water treatment for plant operators. Further training is still required on the use of tools and equipment.

a.5. NOPWASD assists, from their annual budget for all governorates, through the Ministry of Finance, in cash and kind to the project. The overall financing is attributable to the German Development Bank.

b. Community members were not involved in the planning, design and implementation of the project. KESCON found difficulty in cooperating with the governorate. In a five years period three different governors took charge and the chairmen of NOPWASD changed regularly as well. However, KESCON staff realizes the importance of cooperation with the governorate staff in order to facilitate the involvement, contribution and participation of the community.

b.1. As the community involvement has had relatively low scale attention, no information system has been set up so far. More efforts will be made in the future to inform the community on the project, set up awareness campaigns and target school teachers and pupils on hygiene related matters.

b.2. Health education was defined as an important component of the project. However, in 1989, a consultant contracted by KESCON concluded that: "no program of health education focussed on water would be of much use to the residents of most of the villages of Kafr al Sheikh unless and until some solutions to the problem of sanitary drainage has been reached. The provision of an abundant supply of potable water is certain to increase both drainage problems and their health implications unless such solutions are rapidly identified. No health education program would be credible to residents, given the lack of alternatives for toilet waste disposal and the extensive problems of mud in the streets during the winter months in particular."

When a pilot sewerage project was planned for the village of al-Hamra, it was expected that successful implementation of this pilot project would lead to expanded implementation of village sewerage systems under the sister sewerage project. A qualitative, observation-based study of water and sanitation-related practices in the village was made to enable the planning of a health education program. The pilot program of health education would be developed and implemented in close cooperation with the villagers and local administration.

However, the conclusion of the survey was that under the circumstances obtaining in al-Hamra there was no possibility of identifying ongoing water and sewage handling practices for targeting during a health education program, nor of engaging villagers in the overall planning process. "While the inclusion of a health education program in an infrastructure project is strongly indicated, particularly where infrastructure has been lacking or severely constrained during the years in which residents have acquired their domestic water and sewage handling habits, there is simply no comparison between the benefits to be brought by such education and those to be brought by enabling that education to occur. If proper water and sewer systems are not provided, there is no point whatsoever in discussing health education."

The survey underlined the preparedness of villages for installation of sewage connections. They were however "not in the frame of mind to discuss health care practices, until water and sanitation services were improved".

b.3. No users groups or associations have been set up so far within the community. Neither does the project intend to do so.

b.4. A solid cost recovery system still has to be planned for. The beneficiaries do not contribute financially nor in labour to the project. Financial contribution by the community was never foreseen in the project in the first place. Implementors paid in return for a plot of land made available by the community members. During one of the project's assessments it showed that villagers were able to contribute financially to water and sewage networks, however not willing until they would first see some results.

c. So far no evaluation of the community participation component has been carried out. No such evaluation has been planned for in the project plan.

3. UNICEF Water Supply and Environmental Sanitation Program

Name Project:	UNICEF WES
Initiated in:	August 1982
Location:	Assiut, Suhag, Qena and Aswan governorates
Funded by:	Government of Italy USAID UNICEF general resources
Implementor:	ORDEV / Ministry/government officials

UNICEF initiated the WES programme in four governorates in Upper Egypt in 1982. Small scale water systems, promotion, hand pump installation, family dry pit latrine production, training and hygiene/health education were set to be the main components of the UNICEF WES programme. In the geographical areas which lack a reliable source of drinking water, the components of water/sanitation/health education were planned to be implemented simultaneously. In areas where drinking water is already installed, focus would be given to sanitation and hygiene education.

In 1991/1992 an external evaluation of the WES programme was carried out to provide a general overview of project activities and results, and, inter alia, ascertain the problems encountered within the "building skills and local capacities" component. The evaluation team found that villagers had no significant role in defining their needs nor were they directly asked whether water was their priority. The role of the community was restricted to agreeing on the location of the water points. In those villages where increased water supply was a priority, residents showed willingness to pay for the maintenance and repair of pumps, or for the extension of water lines to other areas of the village. It was recommended that by taking advantage of the villager's willingness to contribute labor and cash to implement SASS projects, UNICEF may reduce some of its costs by making the community's contribution (not necessary in cash) a requirement or condition before implementing SSS (piped water supply) as well as hand pump projects. The team also agreed that there was no budget allocated for interacting the villagers with the program. Besides, little commitments of time was allocated to village contacts.

UNICEF initiated a large scale combined intervention/research programme on health education in Assiut in 1990. The consultant was responsible for data collection and processing while UNICEF was in charge of implementing the hard ware and educational aspects of the intervention.

In March 1993, UNICEF appointed an assistant to the WES project, responsible for hygiene education, environmental awareness and community participation. The assigned officer plans and coordinates activities related to health education and community mobilization in Assiut,

Suhag and Qena. Health courses are being conducted in Assiut by a local NGO, as in Suhag by a consultant assigned by UNICEF. In Assiut funds were allocated to a project for handicapped children and an out-reach program on environment added.

In Qena governorate the community development and health education component has been undertaken by SCF/USA since March 1993. After six months, UNICEF's fund for the project was concluded, and SCF/USA continued with alternative funds.

Their current Water, Sanitation and Health Education Programme has had its first results: a total of 125 sand filters inside the houses (courtyard) and 200 septic tanks (three different models) have been installed in two districts in Qena (Qus -Hegaza mother village- and Armand), and many more have been requested. The costs of a sand filter are estimated at LE 155, of which approximately LE 30 is being paid by the households, including the sand and gravel. On the job training was provided to villagers on the maintenance of sand filters and septic tanks.

In the two districts, health education was organized through Koranschools, private schools, house visits by SCF staff, existing associations (al-Saied association) and workshops. SCF staff encouraged school children to draft and design their own "health-guides" to be used as guidelines for family members inside and outside the houses.

SCF/USA works directly with the Ministry of Local Administration in Cairo who authorized the governor of Qena to endorse all cooperation through the mayor in the area. No particular constraints in cooperation have been noticed, except for the inconsistent cooperation between the local popular council and the executive council.

On the national level UNICEF has the Ministry of Local Administration as its main counterpart, with NOPWASD and ORDEV as the implementing agencies. On the sub-national level, UNICEF cooperates with the governorate, the district, and local NGOs or consultants. UNICEF choose not to mobilize "new" community members but built on existing community mobilizers, whose capacities were identified and enhanced. In Suhag an informal users committee (with still undefined responsibilities) was established. No plans to institutionalize the committee have been set so far.

By 1992 UNICEF had conducted about twenty-seven courses for training local officials and community members on repairing the deep well hand pumps. UNICEF had been planning to organize training courses on the maintenance of submersible pumps but difficulties were found in identifying capable training facilities and trainers.

The 1991/1992 evaluation recommended clarification on the principal stakeholder of the project, whether it was UNICEF or ORDEV. Since more than two years now the organization has been showing itself more flexible and transparent toward the counterparts and the community then before. At the time a construction of piped water supply proved it would only serve ten members of the community, the organization decided to remove the system and implement it elsewhere. in order to show the community that they were not present to please the local government, but to serve the community. The transparency served the implementors in improving the results and sustainability of the project.

Currently more than 70 percent of the costs have been repaid by the community. In the three districts Manfalout (Assiut), Tema and Saqulta (Suhag), the cost recovery rate is said to be 85 percent.

5. Regional Water Supply and Sanitation Project in Beni Suef Governorate

Name Project:	RWSSP in Beni Suef
Design phase:	1991 - 1993
Implementation phase I:	August 1993 - 1995
Location:	Beni Suef Governorate
Implementor:	Plancenter Ltd. as principal consultant for FINNIDA in association with the Governorate (contracted Chemonics Egypt and NSCE as consultants)
Counterpart:	Beni Suef Governorate
Future project-owner:	Beni Suef Governorate

The immediate objectives of the Regional Water Supply and Sanitation Project in order to attain the overall development objectives are

- to implement applied pilot schemes in the critical areas of water and sanitation,
- to develop a long term Sector Development Plan with alternative investment strategies,
- management and institution building through various support activities,
- to develop human resources by supply of training and technical assistance.

Geographically the project covers the entire Beni Suef Governorate. The pilot schemes and the development of the operation and maintenance activities are being concentrated in three districts, Sumusta, Beba, and el-Fashen. The development of management and planning practices and overall institutional development of the WSS sector will cover the entire governorate. The sector development plans will be prepared more detailed in Sumusta, el-Fashen and Beba districts and on the more general level in the entire governorate.

a. The Governorate of Beni Suef, together with MHPU, NOPWASD and EEAA were involved in the planning and design of the project through a series of participatory workshops and discussions at all levels to identify and analyze needs, problems, objectives and developmental priorities of the local population and authorities. NOPWASD, as the technical consultant to the Governorate and the programme, is involved within the framework of its sectoral responsibilities.

Other bodies involved comprise WSS & public health agencies in the districts and local, formal and informal groups, and key influential individuals in selected towns and villages.

a.1. Both MHPU and NOPWASD are currently technical advisors to the project. The governorate is the main counterpart and eventual project-owner. The General Secretary of the governorate has been assigned as National Director of the project.

a.2. A Steering Committee with representatives from Beni Suef governorate, MHPU, NOPWASD, EEAA and FINNIDA is in charge of the project policy and approval of the general planning, and meets on a yearly basis.

A Coordination Committee at governorate level with representatives from the governorate, sub-consultants, heads of districts and project staff is there for the project implementation and meets on a monthly basis.

a.3. The governorate of Beni Suef, in cooperation with the project staff, decides on both side selection and technology to be used.

a.4. The Human Resources Component of the project entails extensive training of local personnel involved in the WSS sector. Training needs are being assessed and sessions planned for by the project staff in coordination with the Governorate.

a.5. Both the Governments of Finland and Egypt contribute financially to the project, with the Government of Egypt being mainly responsible for the payments of salaries and allowances to national experts, professional staff, unskilled and semi-skilled labour, fuel and office facilities and a percentage of the value of materials attached to the project.

b. The Community Involvement and Women's Development Component enhances the mobilization of the contribution of the community to the needs assessment and planning of the schemes, to the cost of the construction of the schemes and to their participation in the maintenance of the WSS systems. Strengthening the environmental awareness of women as managers of the household water and sanitation facilities, as primary users of the facilities and main agents of transmission of behavioral changes, is another function of this component. A group of 60 women, 20 out of each district, have been made familiar with the project and selected to be trained as local Water and Sanitation Coordinators. Their tasks will include, but are not limited to, the improvement of the awareness of people on interrelated issues like water/sanitation/environment/health/hygiene, to promote group formation, mobilize the community and users groups, and improve the linkage between the community/local groups and governorate's WSS line agencies/project implementors.

Not only the outcome of extensive baseline-studies guides, partially, the technical implementation of the project and, fully, the development of training and awareness packages, but the community has also been involved on advice for the technology to be used (like to project's proposal to construct public laundry facilities).

b.1. Local -women- representatives from the community, heads of districts and villages, and personnel locally involved in WSS project did attend orientation sessions with an introduction of the project. An information system will be used by the local contact to inform all community members on the project's activities.

b.2. The main objective of the public health education of the project is to improve the awareness on the impact of proper behavioral habits in water use and household/environmental hygiene on the health. Other objectives are to activate communities to initiate the improvements in their water and sanitation related living conditions, and to improve the relations and communications between the communities and water supply and sanitation agencies. The public health education will be disseminated through two main frameworks, the structures used by the Beni Suef PHC Project and the structures for pilot scheme implementation developed by the RWSSP project, with a special focus on children's education through existing schools and teachers.

b.3. Members of the Coordination Committee were of the view district committees of local WSS personnel with one or two community-members representing the users, should be set up. The committee would have no legal decision making authority and would serve as a advisory body to the governorate/project. On the long run, it is intended to form legal users groups who continue with involving the community after the project faces out.

b.4. Beneficiaries are expected to contribute in cash and kind. Following the outcome of a baseline study on the willingness and ability to pay, the pilot projects will start in those areas where the expected contribution rate is highest.

c. So far no evaluation of the CD Component has been carried out, but it is planned to evaluate the Component intern at the end of Phase I (August 1995).

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