



**Regional
Meeting on the
AFRICA 2000
Initiative for
Water Supply
and Sanitation**

Report of the Meeting

**Harare
28 Sept. - 2 Oct. 1998**

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Executive Summary

The second Regional Meeting on the AFRICA 2000 Initiative for Water Supply and Sanitation was held in Harare, Zimbabwe, from 28 September to 2 October 1998. It was attended by some 90 participants representing 42 countries of the World Health Organization African Region, WHO offices, and interested agencies.

The AFRICA 2000 Initiative was launched in 1993 by the WHO Africa Regional Committee, consisting of Ministers of Health from all countries of the African Region, as an international cooperative effort to expand water supply and sanitation services throughout the countries of the Region. The first Regional Consultation took place in Brazzaville, Congo, in June 1996. At this meeting, the participants, and in particular the representatives of 46 African governments, endorsed the Brazzaville Declaration which set out four complementary approaches to enable the people of Africa to have access to safe water supply and sanitary excreta disposal facilities.

The meeting in Harare was conceived as a planning meeting. Its objectives were: to review progress in implementing the Initiative in countries; to identify major achievements, constraints and solutions; to formulate a plan of action; and to make recommendations to WHO and governments for continued action.

The first day was taken up with a field trip to a village where great improvements had been brought about through the provision of water supply, sanitation and hygiene education services that were implemented with community involvement. On Tuesday 29 September 1998, the meeting was officially opened by Dr T.J. Stamps, Minister of Health and Child Welfare of Zimbabwe, in the presence of Dr E.M. Samba, Regional Director of the WHO African Region. This was followed by the presentation of a number of technical papers as background to the meeting, and discussion of them in plenary session.

The participants were divided into four working groups to discuss selected topics considered to be critical to the development of water supply and sanitation programmes. The groups were given the task of listing all issues related to their topics, and identifying a priority list for presentation in plenary session. The working groups were asked to further prioritize their lists and to select up to five issues each for which activities would be identified which could form the basis of a plan of action. After further plenary discussion, the third working group session was devoted to the preparation of recommendations from the meeting to both WHO and governments for continued action to support the AFRICA 2000 Initiative.

The outcomes of the meeting were a Framework for Action, based on the activities identified to address the priority issues selected, and a series of recommendations for future directions of the Initiative. These recommendations were presented at the official closing session, attended by the Regional Director of the WHO African Region and senior members of his staff. In his closing address, Dr Samba thanked the Government of Zimbabwe for its support and the participants for their fruitful discussions. He promised to give attention to the recommendations addressed to WHO, and in particular to convene a meeting each year to review progress in the implementation of the AFRICA 2000 Initiative.

1. Background

The meeting held in Harare, Zimbabwe, from 28 September to 2 October 1998 was the second regional meeting organized by the WHO Regional Office for Africa in support of the AFRICA 2000 Initiative for Water Supply and Sanitation. The AFRICA 2000 programme was launched in September 1993 by the WHO Regional Committee composed of Ministers of Health from 46 sub-Saharan African countries. The Initiative is an international cooperative effort aimed at expanding water supply and sanitation services in Africa by raising awareness of the problem and by working towards a consensus among African governments and donor agencies for joint actions to meet water and sanitation needs.

The first Regional Consultation, held in Brazzaville, Congo, from 25 to 27 June 1996, brought together over 140 participants, including senior government officials from almost all the countries of Africa and representatives of United Nations organizations, development agencies and nongovernmental organizations (NGOs), to review progress and to create a common vision for the future. The primary outcome of the consultation was the endorsement of the Brazzaville Declaration by the participants and, in particular, by the representatives of 46 African governments. The Declaration sets out four complementary approaches designed to enable all Africans to have access to the basic human rights of safe water supply and sanitary means of excreta disposal. These four approaches are:

- priorities to be based on the expressed desires of the people;
- development to be founded on local skills and resources aimed at producing appropriate solutions;
- partnerships to be formed among communities, local governments, NGOs, the private sector and development agencies;
- external support to be based on national plans and programmes, and not on donor-driven priorities.

In addition, the Brazzaville Consultation made a number of recommendations to WHO and to governments. Notable among these were:

- the call to establish an AFRICA 2000 secretariat;
- the appointment of AFRICA 2000 focal points in all African countries;
- linking AFRICA 2000 with other initiatives, particularly the United Nations System-wide Special Initiative on Africa;
- an AFRICA 2000 meeting to be held each year.

The second regional meeting in Harare was conceived as a planning meeting. Its objectives were to review progress in implementing the Initiative in countries; to identify major achievements, constraints and solutions; to formulate a plan of action; and to make recommendations to WHO and governments for continued action, and to the African Consultative Forum.

Invitations were sent to countries proposing that senior African officials in policy-making and technical positions in the water supply and sanitation sector should participate in the meeting. Invitations also went to multilateral and bilateral agencies, NGOs, private enterprises and support agencies operating in the sector.

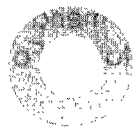
2. Field trip to Bodo village

The first day of the meeting was spent on a field trip to Bodo village which had benefited from development provided by the AFRICA 2000 Initiative in Zimbabwe. Bodo village has a population of 450 persons in 70 households. Most of the people are literate but many of the younger and more educated people have left the village in search of employment opportunities in nearby towns or on farms. The community did not have safe water supplies and sanitary facilities before the launch of the AFRICA 2000 Initiative programme, but relied on the local river for their washing and drinking water and on the surrounding bush for disposal of excreta. This left the entire population exposed to the risk of contracting diseases such as diarrhoea, dysentery, scabies and schistosomiasis, as well as eye infections. The situation today has greatly changed. Each household has a VIP latrine and has access to water from a protected borehole. Infections related to water and sanitation have declined and the villagers are proud of what they have achieved by involving the entire community in the implementation of the water supply and sanitation improvement programme.

The participants in the meeting were able to meet the villagers and discuss with them the ways in which they have been part of the AFRICA 2000 Initiative in their village. The villagers described how they started the project and the effect it has had on their standard of living and quality of life. Participants met with clinic staff who discussed disease patterns, and with extension staff to find out their reaction to the AFRICA 2000 Initiative programme. Participants also visited the water and sanitation facilities that had been developed in Bodo village.

The general conclusion drawn from this visit was that Zimbabwe has been able to encourage community empowerment and community-based management in some localities where conditions have been favourable. This has been successful where extension workers have been able to give communities guidance to help them set their own priorities for development, and to develop project proposals and action plans. The expansion of the Initiative to cover all parts of the country is necessarily slow, but villages such as Bodo provide a clear example of what can be achieved with only a little external financial subsidy.

3. Official opening



On Tuesday 29 September 1998, Mr S. Musingarambwi of Zimbabwe, who had chaired the Brazzaville Consultation in 1996, introduced Dr T.J. Stamps, Zimbabwe's Minister of Health and Child Welfare, and asked him to open the meeting.

In his opening remarks, the minister stated that he considered it a privilege to be present to share some experiences and ideas on the implementation of the AFRICA 2000 Initiative. He reminded participants that the Initiative had been started by Africans to benefit Africans in the African Region. He recalled the origins of the Initiative, the Consultative Meeting in Brazzaville in 1996, and the Brazzaville Declaration with its four guiding principles.

Dr Stamps expressed the hope that the regional meeting would develop effective action plans that would accelerate implementation of the AFRICA 2000 Initiative at country level. He looked to the newly established division of environmental health at the WHO Regional Office for Africa to spearhead the promotion of environmental health activities in the African Region. Major health problems were closely linked to environmental health issues, and this was a critical area that must be concentrated on. While Zimbabwe had done reasonably well in its implementation of the AFRICA 2000 Initiative so far, as was witnessed in Bodo village, a lot more still had to be done.

The minister declared the regional meeting officially opened and wished participants fruitful deliberations.

The Regional Director thanked the Minister of Health and Child Welfare for his opening remarks and thanked the Government of Zimbabwe for agreeing to help in the organization and conduct of the meeting and for the arrangements for the field visit to Bodo village. He welcomed the participants to the meeting and stated that he looked forward to receiving the plans of action that they would develop and the recommendations that the meeting would produce.

4. Objectives of the meeting

Dr A. Badarou, consultant facilitator, presented the objectives of the meeting as follows:

- ◆ To review progress in implementing the Initiative in countries. This would involve the review and discussion of the documents presented to the meeting, particularly the progress report, the Consolidated Report on Operation and Maintenance in Africa, and the Report on Participatory Hygiene and Sanitation Transformation (PHAST).
- ◆ To identify major achievements, constraints and solutions. On the basis of reported country experiences and in the light of the four complementary approaches identified in the Brazzaville Declaration, the meeting would identify priority issues for the AFRICA 2000 Initiative.

- ◆ To formulate a plan of action. When the issues had been identified, the meeting would relate them to activities, forming an immediate plan of action. This would need to take account of human and community concerns, gender issues, financial constraints, the institutional and legal framework, information, education and communication (IEC), and other cross-cutting issues. The plan of action should also address the processes for implementation and monitoring.
- ◆ To make recommendations to WHO and governments on continued action, and to the African Consultative Forum. Recommendations should be directly relevant to the meeting and the proposed plan of action. In addition, the meeting should agree on a methodology for conducting a half-day session pertaining to the AFRICA 2000 Initiative at the November 1998 African Consultative Forum on Water Supply and Sanitation to be held in Abidjan, Côte d'Ivoire, and should make appropriate recommendations.

5. Election of officers

The following persons were elected to serve as officers to the meeting:

Chairman: Dr Ouahdi Mohamed (Algeria)

First Vice-Chairman: Mr Miguel Magalhaes (Mozambique)

Second Vice-Chairman: Mr S. T. Chisanga (Zambia)

6. Presentations

6.1 AFRICA 2000 - Background and philosophy

Dr José Hueb of WHO, Geneva, gave a presentation outlining the history and goals of the AFRICA 2000 Initiative and showing statistics of the numbers of urban and rural dwellers as yet without safe water and adequate sanitation services. He drew attention to problems and constraints in the sector, particularly:

- Financial difficulties:
 - insufficient cost recovery;
 - excessive dependence on external support agencies and governments;
 - unrealistic tariffs.
- Institutional problems:
 - inappropriate or outdated organizational structures;
 - insufficient and inadequate legislative and regulatory frameworks.

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- Staff shortages:
 - insufficient trained staff at all levels;
 - lack of financial resources to employ people;
 - low salaries;
 - rapid turnover of personnel.

- Lack of coordination:
 - complex hierarchy of responsibility;
 - gaps and overlap;
 - lack of coordinating mechanisms;
 - competition among external support agencies.

- Lack of political commitment:
 - lack of priority for the water supply and sanitation sector;
 - competition between different sectors;
 - lack of political visibility of water supply and sanitation.

- Insufficient community participation:
 - poor management;
 - insufficient revenue collection;
 - lack of maintenance;
 - unsustainable services.

- Inadequate operation and maintenance:
 - inadequate community management;
 - failure to decentralize technical services;
 - poor training of operators;
 - lack of standardization;
 - poor quality equipment and materials;
 - lack of spare parts;
 - insufficient back-up from suppliers.

- Lack of hygiene education:
 - difficulty in providing hygiene education;
 - lack of interest and low priority;
 - lack of educational materials;
 - lack of financial and human resources.

- Poor water quality:
 - lack of updated standards;
 - inadequate laboratory facilities;
 - deficient water and wastewater treatment;
 - low priority.

- Insufficient information and communication:
 - lack of effective and reliable monitoring systems;
 - inadequate communication and exchange of information mechanisms.

Policies and programmes within the AFRICA 2000 Initiative would need to address a combination of these constraints, guided by the four complementary approaches of the Brazzaville Declaration. In the promotion of the AFRICA 2000 Initiative, a number of mechanisms had been established to support countries in the implementation of their programmes. These included: the AFRICA 2000 Secretariat based at the WHO Regional Office for Africa, national focal points identified in most countries, links with other initiatives such as those of the United Nations system, and AFRICA 2000 forums that were proposed as annual events.

6.2 Progress report and synthesis of country reports

Dr R. Tshabalala, Director, Division of Health Protection and Promotion, of the WHO Regional Office for Africa, presented the Progress Report, subtitled *Brazzaville Declaration - two years after*. This document had been distributed to all participants as a background paper for the meeting. It contained as an annex a synthesis of each of the country progress reports that had been submitted to WHO in time to be included. A total of 32 countries had sent in reports which had been summarized. The reports that had been received after the deadline or that would be received in the next few days would be processed and would appear in a revised edition of the Progress Report or as an Addendum. Countries that had not yet been able to produce the report were encouraged to do so as soon as possible. In addition, countries were invited to draw attention to any inaccuracies that might have appeared in the country summaries.

There was growing evidence that, in the period since the Brazzaville Declaration in June 1996, countries had made significant efforts to find solutions to their critical water supply and sanitation problems in line with the approaches set out in the Declaration. National committees had been established and most countries had designated focal points to spearhead programmes and projects to serve people in peri-urban areas and rural villages where these basic services were still lacking. Through activities within the AFRICA 2000 Initiative, local people were being recognized as partners with their own resources to address water and environmental sanitation problems. In particular, women had become more and more involved in activities at all levels of the sector, in many cases adopting roles such as caretaker, hygiene education promoter, or the person responsible for operation, maintenance and improvement of community water supply and sanitation services.

The Progress Report provided information on the current status of the water supply and sanitation sector in the African Region. While basic coverage statistics had been difficult to collect, the incomplete data assembled were enough to conclude that a tremendous amount of work remained to be done at all levels by external support agencies, NGOs, governments and the communities themselves. The need to generate reliable standardized data reflecting the actual status of the water supply and sanitation sector had become apparent. Countries had drawn attention to continued problems related to institutional arrangements, national policy and legal mechanisms, operation and maintenance, manpower needs, health and hygiene education, training materials, and mobilization of financial resources. Examples had been provided of ways in which various countries had been implementing the Brazzaville Declaration, detailing achievements and constraints. Several countries had also made recommendations for addressing the main concerns.

Dr Tshabalala emphasized that the AFRICA 2000 Initiative was an African-driven response to the continent's extreme water supply and sanitation needs. The Initiative was no longer just a vision, she said. It had become a tool and a framework made up of concepts that would operate in well defined ways. It was also a step into the future because the Initiative would have to carry on well beyond the year 2000 if the goal of universal coverage of access to safe water supply and adequate sanitation services was to be achieved. She stressed that WHO had promised to be a strong and loyal partner to the countries of Africa, and that the Organization would advocate the cause to other external support agencies, serve as promoter and coordinator of the Initiative, and provide technical support. WHO had kept and would keep this promise.

6.3 Operation and maintenance activities in Africa

Mr Michael Acheson, consultant, presented the Consolidated Report on Operation and Maintenance Activities in Africa, which was provided as a background paper to the meeting. He drew attention to the activities of the Operation and Maintenance Working Group (OMWG) which had been in operation since 1988 and was supported by the Water Supply and Sanitation Collaborative Council. The OMWG was coordinated from WHO Geneva and was made up of members from international and bilateral external support agencies, technical and academic institutions, and developing country agencies and ministries. Its activities had included the preparation of a number of tools for use in the training of staff in operation and maintenance procedures and management.

The report attempted to analyse the status of operation and maintenance activities in Africa on the basis of the 12 workshops on the subject which had been held in subregional centres or in countries. The workshops had produced reports that incorporated case studies, the findings of working groups, plans of action, and recommendations. An attempt was made to analyse the priority issues most commonly cited by countries for both urban and rural areas. Although a wide variety of issues had been identified, there was considerable agreement on certain of them. Notably, there was general agreement in both urban and rural areas about the success recorded in increased coverage, and about the obstacle of political interference.

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Many of the workshop reports included plans of action and recommendations for future development. The most frequently identified issues covered by the plans of action were:

- capacity-building through human resources development;
- promotion of staff development;
- broader community involvement;
- improvement of collaboration and coordination;
- improvement of evaluation and monitoring services;
- harmonization of the legal framework;
- improvement or establishment of community-based management;
- improvement and wider use of appropriate technology;
- mobilization of resources, especially for operation and maintenance.

It was concluded that the work of the OMWG in promoting, coordinating and facilitating the workshops on operation and maintenance had been carried out with the approaches of the Brazzaville Declaration foremost in mind. Representatives of the Core Group had played a secondary role to country participants in the facilitation of these workshops. The purpose of continuing this type of workshop in other countries was not so much to discover unrecognized constraints but to spread awareness of common issues and of the fact that others were trying to solve the same problems, and to share information and establish partnerships through which progress could be made.

The overriding conclusion, however, was that there were two particular foci of undeniable importance to which attention had to be paid in any move to improve the operation and maintenance of water supply and sanitation systems. These were, firstly, human resources development in all its forms and at all levels and, secondly, community participation, including community-based management and the involvement of community members, especially women, at all stages of project planning, implementation and operation.

6.4 Participatory hygiene and sanitation transformation (PHAST)

Ms Rose Lidonde, community development specialist of the UNDP/World Bank Water and Sanitation Programme, gave the presentation on Progress in the Development of the Participatory Hygiene and Sanitation Transformation (PHAST) Initiative in Africa, on which a background document was provided to participants. She described the approach as presenting a critical challenge, particularly with respect to attitude and behaviour change, use and management of facilities, and integration in water and sanitation programmes.

The PHAST Initiative was jointly developed by the UNDP/World Bank Programme and WHO, and had been piloted in six eastern and southern African countries. All participating countries had compiled evidence on the impact of the projects on the community and extension agents, citing the number of districts involved, the training of trainers carried out, and the number of persons trained in the application of PHAST (over 25 000). Benefits that had arisen from the village health committees that had been established included increased awareness and knowledge of hygiene and health, increased latrine construction, community plans for operation and maintenance, and the creation of community monitoring and evaluation systems.

The pilot phase showed that there was a need for:

- policy commitment to adopt participatory strategies;
- supportive institutional structure;
- adequate resources and back-up support for trainers;
- monitoring and evaluation in place.

The outcome of the pilot phase was the dissemination of the methodology and the setting of the stage for further development.

It had been proposed that a regional advocacy workshop be held at which country and project assessments would be used to develop a framework for future implementation. Technical support requirements in terms of training and materials development would be identified, together with needs for documentation dissemination and networking. The workshop would:

- share the outcome from the prospective review and map the way forward;
- identify mechanisms for supporting future activities;
- identify strategies for partnership among collaborative agencies (Regional Water and Sanitation Group - East and South Africa, WHO, UNICEF)
- define linkages with the AFRICA 2000 Initiative.

The workshop output would include a critique of the regional prospective review, the definition of operational strategies and guidelines at country and regional levels with areas and means of support identified, identification of areas and levels of collaboration, and definition of links with the AFRICA 2000 Initiative.

6.5 Community involvement in water and sanitation, Zimbabwe

Mr S. Musingarambwi, Director, Environmental Health Service, Zimbabwe, made a presentation on how communities had been empowered in several parts of the country to manage water and sanitation programmes. A short paper on the subject was later distributed to participants.

Mr Musingarambwi described how the formation of a National Action Committee (NAC), and subsequent interministerial committees at provincial and district levels, had helped to coordinate water supply and sanitation development throughout the country. With the guidance of extension workers, motivated villages had been selected where communities had been able to arrive at a consensus in identifying the priority issues affecting them and their environment. Meetings with villagers had been held to explore their felt needs and, in particular, to explain health and hygiene problems and possible solutions. These discussions had led to the formation of village committees of elected persons able to assume leadership roles within the community. Such committees had been empowered to guide project implementation and mobilize financial resources.

Where communities had recognized that an improvement in their access to safe water and sanitary excreta disposal was a priority, project formulation by the villagers with support from extension workers had been undertaken. This had involved the selection of appropriate technologies that the community could afford, and the choosing and training of latrine builders and pump caretakers, with attention being paid to gender issues, the siting of latrines and water points, and health and hygiene education inputs. The communities had been expected to provide bricks and sand, dig the pit, and give assistance to the builder during construction. Individual households had been required to pay a fee for the building of the toilet and a minimum charge had been levied on each household to cover maintenance of water points for which trained village pump minders were responsible.

Many communities had been able to draw up a legal framework of guiding principles within which villagers were expected to work under the supervision of the village committee. This framework had also established mechanisms for monitoring, including inspections, control of usage and upkeep, and records of health impact.

Mr Musingarambwi concluded that Zimbabwe's experience had shown that people at village level were able to accept responsibility within an enabling environment. Community empowerment and management in water supply and sanitation programmes had provided a basis for sustainability. Communities had demonstrated innovation, self-reliance, commitment to the objectives of their projects, and a sense of ownership and pride. The projects remained community-driven. The health, safety and livelihood of the communities would depend on the ability of the authorities to continue to empower them to take charge of their own health and sanitation programmes at local level.

6.6 Discussion of presentations

After the presentation of the technical documents referred to above, participants at the meeting were invited to discuss the various topics and pose questions to the presenters. This resulted in a broad range of issues being raised.

With reference to the Progress Report, some people remarked on the way in which statistics had been collected and their accuracy, the country reports that had not been included, and various corrections that should be made. Another subject which attracted several questions was the field visit to Bodo village. Here people asked about project initiation, cost-sharing, health status before and after the project, criteria for choice of villages, and sustainability. Other speakers queried WHO's role in supporting country operation and maintenance workshops, coordination with UNICEF, and the terms of reference of the AFRICA 2000 Secretariat. A question was also asked about the introduction of the PHAST approach in francophone countries.

In reply to some of the queries, Mr Hueb admitted that there were some mistakes in the background documents and he appealed to participants to provide corrections. The OMWG had initially concentrated on producing tools but had moved on from there to the promotion of these tools by supporting national workshops in consultation with countries. Funds had

been made available by WHO, in several cases in partnership with bilateral external support agencies and NGOs. The software for monitoring systems which had been developed with UNICEF was being updated to create a more flexible methodology. He was aware that some of the data in the Progress Report were not accurate and that some figures of coverage might be inflated if facilities were not operational, but WHO had been obliged to make use of the figures supplied by countries. It was proposed that a new global assessment of the coverage of water supply and sanitation services should be undertaken in the year 2000.

Dr Tshabalala pointed out that the questionnaire relating to country reports had been sent out in March with a deadline, and several reminders had also been sent. She apologised that some late arrivals had not been included but stated that they would be taken into account in revised versions. Information systems in countries posed a problem which needed to be examined and standardized, she said. The terms of reference for the AFRICA 2000 Secretariat would be updated and sent again to all countries. She felt that the PHAST approach would be used successfully in francophone and Portuguese-speaking countries as well as in English-speaking ones.

Ms Lidonde noted that many countries had not yet had the opportunity to benefit from the PHAST approach. She hoped to discuss how to proceed at this meeting, and in more detail at a meeting scheduled to be held in Harare in November 1998. Her team was working closely with Centre Régional pour l'Eau et l'Assainissement (CREPA) as well as with WHO.

Responding to comments and questions relating to Bodo village, Mr Musingarambwi observed that this was one of 10 villages in Zimbabwe that had benefited from the AFRICA 2000 Initiative programme so far. The reason for its selection for the field visit was purely geographical. No budget had been provided from the AFRICA 2000 Initiative, but local mobilization of funds had covered 70% of the costs, with a government subsidy covering the cost of cement and reinforcing wire. There were many outside visitors during the field visit which may have confused participants, but the village was a thriving one, supported by extension workers who were not only concerned with the water supply and sanitation programme but also with other health factors, such as nutrition. While time was needed to be able to measure behavioural change, there was no doubt that the reduction of time spent in collecting and carrying water, and the abundant supply, had already brought about a big change in the lives of the villagers, especially the women.

The chairman closed the discussion, observing that it was important to listen to and profit from the experiences of all.

7. Working group discussions

7.1 Working group Session I

The participants were divided into four working groups, each with chairman, facilitator and rapporteurs. In briefing for the first working group session, they were asked to bear in mind the four complementary approaches set out by the Brazzaville Declaration, and to consider the progress, achievements and constraints presented in the working documents. Each working group was asked to identify the major issues affecting the development of water supply and sanitation in both rural and urban communities with regard to a particular topic area, namely:

- Working group 1:** Community empowerment and management
- Working group 2:** Involvement of the private sector in water supply and sanitation
- Working group 3:** Country-level collaboration and coordination
- Working group 4:** Sanitation and hygiene education for health improvement.

The working groups were asked to list and discuss all issues that appeared relevant to their assigned topics and to agree on a list of not more than 10 priority issues. These were presented by representatives of each working group to the plenary meeting, and the presentation was followed by general discussion.

7.2 Working group Session II

On the basis of the priority issues identified by the working groups in Session I and the discussions of the group reports in the plenary meeting, the working groups were asked in Session II to select from their lists of priority issues a maximum of five of particular relevance to their topic. The groups were asked to develop these five issues into planned activities which could be developed into a plan of action at a later stage.

The priority issues selected by the four working groups were described in terms of objectives, justification, activities, and means of implementation, and with responsible institutions listed for each issue. They were then presented and discussed in plenary sessions.

7.3 Working group Session III

For Session III, different tasks were assigned to the working groups. Each group was requested to prepare recommendations on a particular topic. The recommendations were expected to be feasible, practical, affordable and directed to the appropriate level for action.

Working group 1 was asked to elaborate recommendations on the proposed activities identified in the previous session. This involved reviewing all the materials produced by the four working groups, especially the priority issues, and identifying topics for which corresponding recommendations could be formulated.

Working group 2 was assigned the task of elaborating recommendations on mechanisms for follow-up and monitoring of the AFRICA 2000 Initiative.

Working group 3 was asked to formulate recommendations on how to develop cooperation and information exchange between the AFRICA 2000 Initiative and other ongoing initiatives in the sector, including the African Consultative Forum of the Water Supply and Sanitation Collaborative Council.

Working Group 4 was asked to make proposals for the methodology that should be adopted for the conduct of the half-day session which had been allocated to the AFRICA 2000 Initiative at the November 1998 African Consultative Forum on Water Supply and Sanitation to be held in Abidjan, Côte d'Ivoire.

At the end of the working group session, group representatives presented their findings to the plenary meeting, where they were discussed.

8. Framework for action

The discussions of the working groups produced proposals for issues and activities that could be developed into a Framework for Action. The priority issues were combined into 14 points, and for each one objectives, justification, activities, means of implementation and responsible institutions were identified.

Based on the deliberations of the working groups, a Framework for Action has been elaborated, and is reproduced in full in Annex 3. The objectives of the Framework are:

- to assist countries in the formulation, implementation and monitoring of policies and strategies for programmes of water supply and sanitation under the AFRICA 2000 Initiative;
- to promote cooperation and coordination at all levels among governments, international organizations, external support agencies, NGOs and the private sector, in support of the AFRICA 2000 Initiative for Water Supply and Sanitation.

9. Recommendations

The following recommendations resulted from the discussions of the working groups.

General recommendations on priority issues

Recommendations to the World Health Organization

1. WHO should prepare guidelines for and examples of an appropriate framework for the implementation of the AFRICA 2000 Initiative at country level, including the development of clear terms of reference for focal points within Member States.
2. WHO is requested to further promote the AFRICA 2000 Initiative in countries which are still lagging behind in the implementation of the Initiative.
3. WHO should strengthen its advocacy functions to promote the Initiative to the other United Nations agencies and other external support institutions in order to improve collaboration among them to strengthen their support to Member States in the implementation of the AFRICA 2000 Initiative.
4. WHO should continue to assist Member States in resource mobilization for the implementation of the AFRICA 2000 Initiative.
5. WHO should provide regular forums for intercountry exchange of information and experience, and support the development of network systems.
6. WHO and related agencies are requested to intensify the development and provision of training tools for human resources development and capacity-building.
7. WHO should strengthen the capacity of country teams to play a more effective supporting role to the water supply and sanitation sector.
8. WHO should strengthen the communication linkages between their country teams, the focal points for the AFRICA 2000 Initiative and other sector players.
9. WHO should encourage governments to create a legal framework to monitor, regulate, manage and control the utilization of water resources and to protect the environment on an integrated basis to ensure sustainability.

Recommendations to governments

10. Governments which have not launched the AFRICA 2000 Initiative should do so as soon as possible.

11. Countries are encouraged to intensify efforts towards community management approaches and to promote cost-sharing initiatives.

12. Governments should include allocations for the AFRICA 2000 Initiative in their budgetary estimates.

13. Member States are encouraged to ensure that water and sanitation policies are appropriate to the goals of the AFRICA 2000 Initiative.

14. Governments should promote intersectoral coordination, collaboration and co-operation among stakeholders, including national and local agencies, multilateral and bilateral organizations, NGOs, the private sector and users.

15. Governments are requested to create the regulatory framework to ensure that private sector participation in the AFRICA 2000 Initiative is conducive to sustainable development of the sector.

16. Member States should create an environment conducive to the consideration of gender aspects and in particular to the active participation of women in the implementation of the AFRICA 2000 Initiative.

17. Governments should demonstrate, at the highest possible level, political commitment towards the ideals of the AFRICA 2000 Initiative not only through statements and expressions of support, but mainly through policies and actions towards sector development.

18. Governments should develop guidelines and inventories of affordable and appropriate technology options.

19. Member States should make available the necessary financial and technical assistance to enhance hygiene education and sanitation promotion for the adoption of appropriate participatory methodologies (e.g. PHAST).

20. Member States should establish data banks on the activities of the AFRICA 2000 Initiative in order to facilitate information exchange.

21. To encourage continuity, Member States should ensure that competent designated AFRICA 2000 focal points are appointed and retained.

Recommendations on mechanisms for follow-up and monitoring of the AFRICA 2000 Initiative

Recommendations to the World Health Organization

1. WHO should organize regional meetings regularly for the exchange of experiences and assessment of progress of the AFRICA 2000 Initiative.
2. The Secretariat of the AFRICA 2000 Initiative should prepare and apply criteria for the evaluation of progress in the implementation of the Initiative, including resource mobilization.
3. WHO should consider the creation of an information bulletin on the AFRICA 2000 Initiative.
4. WHO should strengthen its advocacy role with regard to funding agencies with a view to intensifying the mobilization of financial resources for the Initiative.

Recommendations to governments

5. Member States should prepare annual country activity reports according to guidelines prepared by the AFRICA 2000 Secretariat.
6. Governments should create/strengthen a National Coordinating Committee under the responsibility of a high-level policy-maker; the focal point should be a prominent member, and possibly the chairperson, of this committee.
7. Governments should evaluate the impact of implementation of the AFRICA 2000 Initiative by monitoring water- and food-related diseases.

Recommendations on cooperation and information exchange

Recommendations to the World Health Organization

1. WHO and other international organizations should disseminate information widely on meetings and conferences through the use of appropriate information mechanisms such as the Internet.
2. WHO should strengthen the AFRICA 2000 Secretariat as a centre for information gathering, analysis and exchange; the network of WHO collaborating centres for Africa should be expanded.

3. WHO, in consultation with Member States, should review the terms of reference of the AFRICA 2000 Secretariat to ensure that it can effectively exert its role of facilitating the Initiative at country level; the Secretariat should be enabled to be represented in other sector forums where the AFRICA 2000 Initiative can be promoted.

4. WHO should aim to harmonize existing and emerging initiatives in water supply and sanitation; the United Nations agencies should coordinate, cooperate and synergize their efforts more effectively.

5. WHO should define the roles and responsibilities of the AFRICA 2000 focal points with particular reference to their relationship with WHO country offices, government agencies, multilateral and bilateral agencies, NGOs, etc.

Recommendations to governments

6. Member States should strengthen the capacity of the office of the country focal points of the AFRICA 2000 Initiative for a more effective dissemination of information.

7. Governments should develop effective information management systems.

10. Proposals for inputs to the Africa Consultative Forum

Objectives

- To inform the African Consultative Forum, Abidjan, 13-17 November 1998, of the objectives and aims of the AFRICA 2000 Initiative.
- To sensitize governments and external support agencies about the AFRICA 2000 Initiative.
- To identify and promote partnerships for the implementation of the AFRICA 2000 Initiative at country level.
- To receive the inputs of the Africa Consultative Forum on how to improve the AFRICA 2000 Initiative as a mechanism for country-level collaboration and cooperation.
- To collaborate in the definition of the terms of reference of the Water and Sanitation Africa Initiative to ensure that this body will serve as a facilitator and catalyst of other regional initiatives.

Presentation of the AFRICA 2000 Initiative

Presentation of the findings of the Regional Meeting for the AFRICA 2000 Initiative on Water Supply and Sanitation, Harare, Zimbabwe, 28 September to 2 October 1998.

Expected outputs

- Clear understanding of the respective roles of the AFRICA 2000 Initiative and the Water and Sanitation Africa Initiative (WASAI).
- Identification of areas of collaboration and cooperation between AFRICA 2000 and WASAI.

Exhibition

- Documents, films, prospectuses, posters, etc.
- Exhibition of videos on the implementation of the AFRICA 2000 Initiative (e.g. Bodo village).
- A map showing epidemiological data for Africa.
- Press desk.

11. Official closing

In the presence of the Regional Director of the WHO African Region and directors of various Regional Office divisions, the representatives of the four working groups presented their recommendations for actions to be undertaken by WHO and by governments to address the priority issues which were identified during the meeting.

The chairman, Dr Ouahdi Mohamed, welcomed the Regional Director and his staff. He drew attention to several fundamental needs arising from this regional meeting, including:

- ▶ the improvement in water quality and the environmental situation, in addition to increased service coverage;
- ▶ the stability of staff resources for the continuity and follow-up of activities under the AFRICA 2000 Initiative;
- ▶ the promotion of community initiatives to generate funds for cost recovery and self-financing;
- ▶ private sector involvement as an indispensable element;
- ▶ catalytic responsibility of Ministries of Health;
- ▶ exchange of experiences, legal framework, epidemiological information and IEC tools;
- ▶ avoidance of making drinking water supply a higher priority than sanitation as the two are inseparable;
- ▶ development and incorporation of appropriate technology in the African context;
- ▶ strict adaptation and application of laws protecting the environment.

Finally, Dr Ouahdi Mohamed thanked the Regional Director for attending the closing session. He also thanked the Government of Zimbabwe for having hosted and supported the regional meeting.

Mr Hueb stated that he was both honoured and pleased to have been able to attend this important meeting. It was most valuable for WHO headquarters to participate and learn about the progress of the AFRICA 2000 Initiative and the priority areas to which resources might be directed. Resources were also a great concern of Member States but, while external funding was also required, the most important assets of countries were their political will and ability to make facilities available. Participants were thanked for attending and congratulated on their crucial inputs. The effectiveness of their efforts would eventually be reflected in an improvement in the sector in terms of planning, coordination and management.

Dr Tshabalala, noted that 32 countries had contributed their progress reports earlier and some had brought them to the meeting. It was clear that political commitment had been strong in some cases, but less strong in others. There was a need for leadership in Ministries of Health to mobilize and motivate other ministries. The quantity and skills of staff needed to be developed. The linkage between water and sanitation and disease was not sufficiently recognized in some areas, and this should be remedied. In this last assignment of hers with the environmental health programme, she thanked the Member States for their directness, cooperation and support. The AFRICA 2000 Initiative had been a cherished programme, but she knew that her successor, Dr Anikpo, would also have the support of countries. She believed the exchange of views had been fruitful, and she thanked the Ministry of Health and the WHO country officers for contributing to the meeting's success.

Dr E. M. Samba observed that it had obviously been a good meeting. He expressed his thanks to the authorities of Zimbabwe for hosting the meeting and sharing in the activities. He also thanked the participants for their contributions and hard work, and the media for the coverage they had given to the meeting in the press and on television. The Minister of Health, in his opening address, had stressed the importance of communities being involved, informed and included. While most of those present were from urban Africa and might tend to take water for granted, the population drift from rural to urban areas had resulted in peri-urban build-up, unplanned resettlements and high-density suburbs. This gave rise to problems in the delivery of water supply and sanitation services. Still, the majority of the population lived in rural areas and it was important that the media should continue to promote awareness of the work being carried out to address all existing problems. The principal need in many cases was not so much for doctors and hospitals as for potable water and adequate sanitation facilities.

Dr Samba went on to advise the meeting that Dr R. Tshabalala was henceforth transferring her responsibility for the Regional Office's programme on community water supply and sanitation to a new unit which would deal entirely with environmental health, of which water supply and sanitation would be the principal components. This unit would be directed by Dr N. E. Anikpo.

Dr Samba said he had carefully listened to the recommendations the meeting had made, and particularly those addressed to the World Health Organization. He pledged that the Regional Office for Africa would convene a meeting annually and the first item on each occasion would be a review of what had been achieved with regard to the Recommendations. For example, the first recommendation called on WHO to prepare guidelines for the implementation of the AFRICA 2000 Initiative at country level, including terms of reference for focal points in Member States. This would be done. WHO would prepare the guidelines; it was up to the countries to implement them.

The Regional Director stated that he was prepared to send a summary of the meeting report to the Secretary General of the Organization for African Unity and he would request him to forward it to the heads of Member States to involve them in and inform them of the recommendations made on the AFRICA 2000 Initiative. He would also send the report to the Secretary General of the United Nations so that the agencies of the United Nations system might be informed.

He drew attention to various points covered in the recommendations that had been presented. The development of community management was largely a responsibility of the individual countries, and even in the same country there were different levels of acceptance of change. Governments would probably have to increase their budgetary provisions for the sector; certainly WHO would increase its provision. Some Member States had started reviewing their legislative framework in the sector; if requested, WHO would provide experts to assist in this work. WHO would also increase its efforts in advocacy of funding and resource mobilization. Both WHO and its Member States were concerned with promoting private sector involvement and efforts would be made jointly in this matter. The terms of reference for focal points would be developed, and WHO would explore how country

teams could be further supported and improved. Linkages with other agencies would be strengthened, and efforts would be made to promote the recommendations with regard to country programmes and to support their translation into actions and realities. WHO would support the organization of national meetings, or of meetings of clusters of similar countries or on specific subjects (e.g. on urban, peri-urban or rural area problems), and would also organize regional meetings such as the present one. Although it had already been recognized that the meeting had been useful, its success would be judged only next year when a review would be made of what had been done to respond to the recommendations. In the meantime, WHO would support Member States as far as possible in implementation of the recommendations.

The Regional Director then declared the meeting closed.

Annex 1

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Report of the Meeting

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Report of the Meeting

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Annex 2

PRIORITY ISSUES IDENTIFIED BY WORKING GROUPS - SESSION I

Working Group 1 : Community empowerment and management

- 1.** Political commitment
- 2.** Capacity-building and human resources development
- 3.** Collaboration
- 4.** Resource mobilization
- 5.** Policy development and implementation
- 6.** Decentralization
- 7.** Community financing
- 8.** Community approaches
- 9.** Institutional framework
- 10.** Community partnership and ownership

Working Group 2 : Involvement of the private sector in water supply and sanitation

- 1.** Strengthening the capacity of operators in the private sector
- 2.** Choice of appropriate technology
- 3.** Creation of a promotional fund by private enterprises working in the sector
- 4.** Identification and mobilization of funds
- 5.** Revision of the legal framework
- 6.** Promotion of methods and support for information, education and communication (IEC)
- 7.** Strengthening of local initiative

Working Group 3 : Country-level collaboration and coordination

- 1.** Weaknesses of institutional framework
- 2.** Low priority to hygiene and sanitation
- 3.** Financial limitation in countries
- 4.** Inadequate information management
- 5.** Inadequate human resources in the sector
- 6.** Lack of policy and legislation
- 7.** Poor community management
- 8.** Lack of follow-up
- 9.** Donor dependence, interference and rivalry

Working Group 4 : Sanitation and hygiene education for health improvement

- 1.** Promote partnership
- 2.** Promote appropriate technology
- 3.** Promote the PHAST approach in the African Region
- 4.** Improve the sanitary environment
- 5.** Lack of programmes of IEC
- 6.** Strengthen advocacy
- 7.** Develop the gender issue approach
- 8.** Improve the diffusion of educational messages
- 9.** Strengthen national capability
- 10.** Adapt the legal and regulatory framework for the promotion of IEC

Annex 3

FRAMEWORK FOR ACTION

1. Introduction

The AFRICA 2000 Initiative has been a priority programme in countries of the WHO African Region since the political commitment to support it was made at the meeting of the WHO Regional Committee in 1993. The Brazzaville Declaration in 1996 established the way in which countries should develop their programmes towards the goal of providing access to safe water and sanitation facilities by the end of the century. Individual countries have pursued individual courses to achieve this outcome, but there remains a vast disparity in the progress which countries have been able to achieve.

This draft Framework for Action builds on the findings of working group discussions during the regional planning meeting in Harare, Zimbabwe, in September-October 1998. It provides suggestions to countries for developing their own national plans of action.

2. Objectives

The objectives of the Framework are:

- to assist countries in the formulation, implementation and monitoring of policies and strategies for programmes of water supply and sanitation under the AFRICA 2000 Initiative;
- to promote cooperation and coordination at all levels among governments and international organizations, external support agencies, NGOs, and the private sector, in support of the AFRICA 2000 Initiative for water supply and sanitation.

3. Major concerns

3.1 Community empowerment and management

The involvement of the community in the management of their own water supply and sanitation facilities has been shown to have distinct advantages. These relate to the sense of ownership and responsibility, the feeling of independence from government restrictions, the ability to raise local funding to cover costs of operation and maintenance, and the right to establish priorities based on local decisions. Governments have been able to devolve responsibility for community-based management where a village committee with an established regulatory framework has been established. Where this has not been the case, it is important to develop community involvement and eventual community responsibility.

3.2 Involvement of the private sector in water supply and sanitation

Since the term "private sector" can be construed to include the participants in the water supply and sanitation sector who are not linked to government offices, the need to involve nongovernmental operators was considered to be of great importance. The complementary role that the private sector can play, whether in terms of artisan involvement at village development level or in consultant expertise at planning level, is a valuable component which should be taken into account.

3.3 Country-level collaboration and coordination

Problems in the implementation of projects in the water supply and sanitation sector have often been related to a lack of coordination and collaboration between agencies, departments and ministries. This may have been a result of a weakness in the institutional framework, resulting in imprecise definition of responsibility, or the regulatory procedures may have been out of date. The need for close coordination, collaboration and cooperation between all Government departments and agencies, as well as external international and bilateral partners, is apparent if the best results are to be achieved in project implementation.

3.4 Sanitation and hygiene education for health improvement

Within the framework of community-based management, the delivery of a strong programme of health and hygiene education at village level is essential. The involvement of women of the community as pump caretakers, village committee members, or family leaders, makes them obvious candidates for the role of focal points for the dissemination of health and hygiene education in rural communities. Much more needs to be done to promote techniques for health and hygiene education, but the establishment of a network for the distribution of knowledge is very important.

4. Actions on priority issues

At the planning meeting of the AFRICA 2000 Initiative for Water Supply and Sanitation, held in Harare, Zimbabwe, from 28 September to 2 October 1998, the major concerns outlined in Section 3 were discussed in four working groups. Priority issues of relevance to the African Region were identified during these discussions, and for each issue consideration was given to the objectives of activities to be undertaken, and their justification, as well as to defining the activities themselves. Where possible, the means of implementation of the activities, and the institutions responsible for carrying them out, were also identified.

The issues which are set out below, and the activities to address them, are not comprehensive and do not cover all concerns of countries with respect to the development of their water supply and sanitation programmes. Rather, they are a set of priority issues arising from the perception of existing policies, strategies, situations and constraints in communities and at different levels of national infrastructure. The issues have been put together in an attempt to create an integrated framework that can assist countries to develop individual plans and

programmes. It is not suggested that all issues are applicable to all countries of the African Region, nor indeed to any particular country. The issues and activities are, however, interlinked and in some ways overlapping, which is a result of the fact that separate working groups reached similar conclusions although they started from different basic concerns. Thus, activities implemented to address one issue could impinge beneficially on other issues. For example, steps taken to improve the institutional framework, or to strengthen capacity-building and human resources development, are likely to have a widespread effect on several other priority issues.

The priority issues and the proposed activities are outlined in the following pages.

Issue 1: Political commitment

Objective:

To create an enabling environment for the implementation of the AFRICA 2000 Initiative.

Justification:

Need to assign responsibility and enforce support to the sector; need to raise the profile of the AFRICA 2000 Initiative.

Activities:

- Affirm political commitment and will through policy formulation.
- Advocate support for the implementation of the Initiative.
- Improve budgetary allocation to the sector.

Means of implementation:

Identification of committed, well-recognized, top-level government functionary; lobbying and mobilization of public awareness and a campaign aimed at stakeholders; allocation of appropriate funding to the sector.

Responsible institutions:

Sector ministries, WHO, other involved United Nations agencies and external support agencies.

Issue 2: Intersectoral coordination, collaboration and cooperation

Objective:

To reach consensus on, implement strategies for, and pool resources to achieve the goals of the AFRICA 2000 Initiative.

Justification:

Need to maximize and mobilize all possible resources for accelerating progress towards the goals of the AFRICA 2000 Initiative, and to avoid rivalry; need to prevent the duplication of efforts in the implementation of activities and programmes of the Initiative.

Activities:

- Organize meetings and workshops among involved agencies and stakeholders.
- Provide regular forums for consultation between implementing agencies and stakeholders.
- Identify the coordinating (lead) agency among the implementing agencies.

Means of implementation:

Enhancement of the facilitating responsibility of the focal point for the AFRICA 2000 Initiative; provision of adequate support and resources for the facilitation of consultative forums; review of the activities and programmes of all participating agencies with a view to identifying their areas of special capability and interest.

Responsible institutions:

National focal points, lead ministries, WHO.

Issue 3: Inadequate institutional framework

Objective:

To address institutional weaknesses; to establish and strengthen the institutional, legal and regulatory framework for promotion and coordination of water supply and sanitation programmes.

Justification:

Poor implementation of programmes due to lack of or weak institutional framework; lack of integrated planning, leading to duplication of efforts, ineffective utilization of resources, conflict of responsibilities and inadequate information exchange.

Activities:

- Study the existing institutional framework and make proposals for updating and strengthening it, or establishing a new framework, minimizing overlaps in institutional arrangements.
- Prepare and ensure the adoption of legislation and regulations relating to water supply, sanitation and hygiene.
- Identify the stakeholders involved in the water supply and sanitation sector and define their roles and responsibilities.
- Establish an intersectoral body to be responsible for promotion of water supply and sanitation interventions, and develop its terms of reference.
- Establish/strengthen a technical advisory committee to guide water supply and sanitation interventions.

Means of implementation:

Provision of guidelines and examples of workable institutional frameworks; use of consultants (national and international); organization of advocacy meetings for stakeholders; official constitution of the intersectoral body and preparation of terms of reference.

Responsible institutions:

Sector ministries, environmental health departments, WHO, other United Nations agencies, focal point officers.

Issue 4: Support to local initiative and community approaches

Objective:

To ensure the self-improvement of communities and to promote community management.

Justification:

Need to ensure sustainability.

Activities:

- Promote community ownership through training and organization of communities in order to strengthen their infrastructure.
- Mobilize local skills and resources and develop groups of operators in the sector.
- Ensure more active participation of women.
- Decentralize functions and accountability to appropriate levels.
- Secure funds from appropriate sources.

Means of implementation:

Provision of guidance for decentralization; improvement of partnership between communities and other stakeholders; taking inventories of local skills and resources; response to gender sensitivities; mobilization of funds from appropriate agencies.

Responsible institutions:

Communities, development committees, sector ministries, NGOs, private sector, external support agencies.

Issue 5: Capacity-building and human resources development

Objective:

To strengthen capacity-building and human resources development, and to facilitate access to appropriate technologies.

Justification:

Inadequate skills and human resources, inappropriate infrastructure, and high cost of conventional technology

Activities:

- Provide appropriate training and human resources development at community level.
- Sensitize the beneficiaries to the choice of appropriate technology.
- Provide adequate resources.
- Ensure adequate supervision, monitoring and evaluation.

Means of implementation:

Development of training tools, guidelines and manuals for human resources development and for selection of appropriate technology options; conduct of training programmes; provision of adequate logistical and financial support.

Responsible institutions:

Sector ministries, NGOs, private sector, communities, external support agencies.

Issue 6: Elaborate/update the legal framework for private sector involvement

Objective:

To establish a legal framework favouring involvement of the private sector in water supply and sanitation programme development.

Justification:

Legislation non-existent or outdated.

Activities:

- Make an inventory of and revise existing legislation.
- Prepare, adopt and publicize legislation.
- Put the legislation into practice.

Means of implementation:

Examination of available archives; use of available technical and multidisciplinary expertise; provision of adequate financial resources.

Responsible institutions:

Government administration, communities, private sector, other relevant partners.

Issue 7: Create a promotional fund in the private sector

Objective:

To ensure availability of financial resources.

Justification:

Difficulty of obtaining funds.

Activities:

- Make an inventory of dutiable goods in order to generate taxes to sustain the fund.
- Advocate with national and international decision-makers regarding the need to establish the fund.
- Establish measures for fund-raising to sustain the fund.
- Allocate a proportion of existing taxes to the fund.

Means of implementation:

Development of a Water Act and its application.

Responsible institutions:

Government administration, communities.

Issue 8: Strengthen the capacity of those working in the private sector

Objective:

To improve the provision of services from the private sector.

Justification:

Inadequacy in management of projects and in the quality of service provided.

Activities:

- Identify the weaknesses in the sector.
- Train/retrain personnel.

Means of implementation:

Making available the required logistic, financial and human resources.

Responsible institutions:

Government, development partners, private sector.

Issue 9: Low priority of hygiene and sanitation

Objective:

To promote mechanisms that enable government structures to perceive sanitation as a national priority.

Justification:

The International Drinking Water Supply and Sanitation Decade failed to put hygiene and sanitation high on the development agenda.

Activities:

- Integrate hygiene education in all water supply and sanitation projects with adequate budget allocations.
- Develop specific sanitation policies and guidelines.
- Organize advocacy campaigns targeting policy-makers and decision-makers.
- Launch and follow up the AFRICA 2000 Initiative with WHO support.

Means of implementation:

Memoranda of understanding among key stakeholders; workshops to reach consensus; establishment of a task force to develop policy and guidelines; incorporation of issues of water supply and sanitation and hygiene education in national events; information campaigns and media coverage; submission to WHO (country office and Regional Office for Africa) and relevant authorities, of proposals for AFRICA 2000 launch, follow-up and support.

Responsible institutions:

Ministry of Health, environmental health department, lead agencies, focal points.

Issue 10: Inadequate information management

Objective:

To improve information management of water supply and sanitation programmes within and between countries.

Justification:

Lack of an environment that supports the exchange of information and experience within and between countries.

Activities:

- Establish or strengthen an autonomous information management unit for the water supply and sanitation sector.
- Identify and train personnel in information management, including the operation of a data bank.
- Develop a sustainable resourcing system (finance, logistics, materials etc.) for information management.

Means of implementation:

Forum for stakeholders; assessment of curricula; development and presentation of proposals for information management training, and for support.

Responsible institutions:

Lead agency, environmental health department, focal points.

Issue 11: Popularization of the PHAST approach

Objective:

To popularize the Participatory Hygiene and Sanitation Transformation (PHAST) approach in the African Region, taking account of the special situations in each country.

Justification:

Inadequacy of the approaches used to date for greater participation and empowerment of people in most countries of the Region; need for greater involvement of countries not yet aware of the approach.

Activities:

- Carry out a sensitization campaign on the PHAST approach.
- Carry out a study of the needs for training in the PHAST approach in the African Region.
- Organize a meeting of experts to review and harmonize the approach.
- Organize regional workshops to train trainers.
- Organize national workshops to train leaders and extension workers.
- Organize meetings to review the progress of implementation.
- Establish demonstration microprojects in some countries, using the PHAST approach.
- Supervise, follow up, document and publicize experience of implementation of the approach in countries.

Means of implementation:

Use of consultants and experts from research and development institutions (e.g. CREPA, IWSD, NETWAS, TREND); conduct of workshops and meetings to promote awareness of the approach.

Responsible institutions:

Ministries of Health, sector ministries, international agencies (WHO, UNICEF, UNDP), NGOs, external support agencies, national trainers.

Issue 12: Involvement of women in water supply and sanitation activities

Objective:

To strengthen the involvement of women in water supply and sanitation activities, especially at community level.

Justification:

The essential role of women in society.

Activities:

- Identify the existing women's movements and groupings at all levels.
- Create or incorporate associated women's groups in the framework of water supply and sanitation programme activities, particularly at community level.

Means of implementation:

Development of local initiatives; identification of women leaders in communities; training and follow-up; mobilization of funds.

Responsible institutions:

Ministry of Health, communities.

Issue 13: Insufficient national sector capacity to promote information, education and communication

Objective:

To strengthen national capacity on information, education and communication (IEC) for hygiene and sanitation.

Justification:

Insufficient national and local expertise for the promotion of hygiene education.

Activities:

- Carry out an evaluation of needs for human resources development in the sector.
- Prepare training modules and programmes on different aspects of IEC related to hygiene and sanitation.
- Identify resources and partners (local and external) for strengthening capacity in each country.
- Support institutions and schools by strengthening their capacity in IEC.
- Organize training workshops in IEC for extension workers.
- Organize exchange visits for community extension workers to twinned towns.

Means of implementation:

Use of consultants; development of training materials; provision of financial and logistic resources.

Responsible institutions:

Ministry of Health and other sector partners.

Issue 14: Insanitary condition of the environment at community level

Objective:

To improve the sanitary condition of the environment in communities.

Justification:

High prevalence of morbidity and mortality linked to insanitary conditions.

Activities:

- Inform communities of the health risks linked to an insanitary environment.
- Sensitize local representatives regarding the application of laws in force on environmental matters.
- Create or strengthen appropriate legal frameworks to ensure careful application of local legislation.
- Institute programmes to clean up and sanitize the environment in communities.

Means of implementation:

Insistence on application of the "polluter pays" principle; promotion of community responsibility; eventual taxation and legal proceedings.

Responsible institutions:

Ministry of Health, other concerned ministries and partners, communities, WHO.

5. Conclusions

This Framework for Action has served as background for the development of recommendations by the Harare regional meeting for the AFRICA 2000 Initiative on Water Supply and Sanitation. Although the order of the issues and activities outlined in the Framework does not correspond to the order of the general recommendations in section 9 of the meeting report, both have been developed from the same working group discussions and findings. There is an obvious connection and in practical terms the recommendations cover the actions proposed.

No time frame has been set for the activities, but clearly some require early attention while others may be part of a long-term programme of development in the sector. Likewise, the baseline from which some countries will start will be more advanced than it is in others. The rate of progress will also vary in the light of available human, material and financial resources, and the external support which may become available.

It is proposed that regional meetings on the AFRICA 2000 Initiative should provide a regular annual opportunity to review progress in the implementation of activities. It will thus be important to review and update the Framework with regard to its continued relevance to the priority issues of the sector.

