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Government of Balochistan (LGRDD)
Government of the Netherlands (DGIS)

BALOCHISTAN RURAL WATER SUPPLY AND SANITATION PROJECT

Community involvement, Hygiene education and gender

DRAFT

Mission report

5800202 28 June - 13 July 1997

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SUMMARY

COMMUNITY INVOLVEMENT

The community involvement approach (full methodology) of BRUWAS has proven to be successful and cost-effective.....

During BRUWAS I the a community involvement approach has proved to be a successful approach for mobilizing village men and women for sustainable water and sanitation facilities. As the 1995 evaluation mission showed, this full methodology approach was as cost-effective as the socalled modified approach, but its results in mobilizing communities were better. The 1995 evaluation mission, therefore, recommended one uniform community involvement approach as close as possible to the full methodology approach.

.....but suffers from 'less attention' in terms of planning, implementation and monitoring due to the project's emphasis on accelerating hardware installation.....

Field observations and monitoring figures show, that the community involvement component of the project is not up to a satisfactory level with regard to 'delivery' and content: a considerable percentage of handpumps have been installed without community involvement (♂♂/♀♀) for reasons of logistics, gender and pressure on physical output.

In view of the available resources it is, however, possible to continue present implementation speed while at the same time to execute a more effective approach.....
For proper community involvement cars and FCO's and MCO's are the crucial factors. If the planned total of 9 field cars will be available for BRUWAS II an output of 900 handpumps per year with proper community involvement is feasible. More FCO's need to be recruited and trained, so that all districts do dispose of female staff. Job performance of both MCO's and FCO's need to be regularly monitored and action need to be taken in case of insufficiencies.

.....but this will require commitment of the section and a shift in attitude.....
As it appears now, logistical problems can be solved. Real problems, however, exist with regard to perception and attitude: Section's emphasis should be shifted from hardware to software again. Community involvement and gender need to be more closely monitored, which may require new indicators. It is recommended, that community involvement and gender are issues put on the agenda of the Section's management meetings and monthly meetings.

....as well as more emphasis on participatory working methods for which staff will require more training.....
Community involvement is successful if implemented through participatory working methods. This implies that the community is invited to plan, execute and evaluate the programme, eg.: the construction of handpumps and latrines and hygiene education. It is recommended, that this participatory approach is strengthened among Section staff.

To make this component sustainable, community involvement should be budgeted for and staff positions need to be shifted to regular budget within the coming 12 months.

Community involvement is now (probably?) budgeted under 'mobilisation allowances' and 'training', which includes both hardware and software delivery. Cost-effectiveness of community involvement can only be assessed through insight in budget and costs. Also for future planning purposes and -if necessary- outsourcing of community involvement activities (private sector), it is recommended that budget for community involvement is known.
Staff (MCO's/FCO's) for community involvement needs to recruited and shifted from development budget to regular budget as soon as possible in order to sustain this component of LGRDD.

HYGIENE EDUCATION

Field hygiene education activities focus mainly on 'pre-sales talk.....
Field observations and WIN-study results showed, that hygiene education has gradually become 'pre-sales' talk: to motivate people to adopt hardware facilities and execute operation and maintenance. Instead, the hygiene component should have a broader focus on behavioural change.

....and has mainly become a women's affair.
Hygiene education in this limited version also mainly includes the maintenance (cleaning) of the facilities. As this is mainly a women's affair, hygiene education is mainly targeting women leaving out community men. The Section needs to redirect its hygiene component targeting both men and women.

Baseline surveys should be done to give insight in present hygiene behaviour.....
At present actual hygiene behaviour of target groups are not known. Estimations have been made (1993) but these have not been verified until now. On the basis of these surveys behavioural targets should be defined.

...and behaviourial targets should be defined and monitored....
Behavioural targets have to be defined in order to enable the Section to monitor progress and support fco's and mco's, as well as communities in achieving behavioural change.

Hygiene education should be an interlinked package of peer group mobilization, interpersonal communication, school education, mass media use and follow up and coordination with other line departments....
Clearly, behavioural change is a lengthy process. Hygiene education is within the mandate of the Section/LGRDD, but its resources are limited. Interpersonal communication and peer group mobilization will be the key-activities of the hygiene education programme. These two are supported by other communication activities and follow up has to be provided by other line departments.

More attractive hygiene messages and materials need to be prepared....
The WIN-study made clear, that Section staff is not using educational materials up to a satisfactorily level as it was expressed that these materials are not attractive enough. A review of these materials have to be carried out by the Section and new, more participatory materials, to be produced during the coming months.

Both field and Quetta staff require refresher courses....
Refresher courses are needed with regard to hygiene education, material use, participatory techniques.

... . and hygiene education need to be advocated by all LGRDD staff and put on the agenda of management meetings.
Hygiene education needs to be revitalized and have extra attention of the whole Section. In meetings progress and output of the hygiene education need to be put on the agenda and discussed and if needed, action need to be taken.

Budget for hygiene education needs to be earmarked and staff to be recruited and shifted to regular budget.

In order to consolidate the hygiene education component of the Section, budget needs to be earmarked for hygiene education. Also, staff for community involvement/hygiene education needs to be recruited and shifted to the regular budget preferably within the coming 12 months.

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ACRONYMS

BAD	=	Bilateral Assistant Deskundige = Junior Professional Officer
BRUWAS	=	Balochistan Rural Water Supply and Sanitation Programme
FCO	=	Female community organizer
GIS	=	Gender Impact Study
GON	=	Government of the Netherlands
GOP	=	Government of Pakistan
HE	=	Hygiene education
HRD	=	Human resources development
ID	=	Institutional development
LGRDD	=	Local Government and Rural Development Department
WID	=	Women in Development
W&S	=	Water Supply and Sanitation
W&S Section	=	Water Supply and Sanitation Section
UC	=	Union Council
UCS	=	Union Council Secretary

1. INTRODUCTION

1.1 GENERAL

This report summarizes the major objectives, activities and results of a technical assistance mission undertaken between the 28th of June and the 13th of July 1997 for the Water & Sanitation Section in Balochistan.

This mission has been a follow up to earlier advisory services (1992, 1993 and 1994) which had focused on the involvement of women in the project activities, hygiene education and mass communication for water and sanitation.

Focal point of the present mission was to review the present approach of the project regarding community involvement, gender issues and hygiene education.

1.2 MISSION OBJECTIVES

The Terms of reference of the present mission were the following:

- (re)direct the project with regard towards the hygiene education component and the community involvement component;
- (re)direct the project's gender approach if necessary;
- raising commitment for community involvement and gender issues within the project;

In addition to these terms of reference the Consultant's input was requested for some key problems the project was currently facing. Specifically:

- assistance to the HRD-unit in analyzing and disseminating the main results of the WIN-study;
- strengthening of the section's HRD-unit through institutional support and skill training;
- assistance and support to BAD regarding her role in the project, the planning and execution of tasks.

1.3 RESULTS

The community involvement of the project has been reviewed and recommendations for project redirection are given in chapter 2. The hygiene education programme has been discussed with several project members and recommendations can be found in chapter 3. Both the community involvement component and the hygiene education component has been reviewed on gender aspects.

A large proportion of the mission's time has been spent on 'getting consensus on the project's policy and approach and to mitigating some internal problems within the project.

The mission facilitated the analysis of the WIN-study which had been carried out by HRD-members during spring 1997. This WIN-study had as objective to review current activities regarding female involvement in project field activities and the W&S Section in order to:

- improve the involvement of women in the programme;
- to make their input and output sustainable taking into account the hand-over of project activities to the Section;

Most recommendations which were formulated on the basis of the WIN-study are incorporated in this report.

An HRD-unit workplan has been made, as well as a workplan for the BAD. The role of the BAD within project setting has been clarified as well. These outputs can be found in the annexes.

2. COMMUNITY INVOLVEMENT COMPONENT

2.1 GENERAL

Policies and strategies
In 1990 a *PC-1* for the BRUWAS project was prepared with the concept to address 'all in one' policy institutional strengthening, safe water supply, environmental sanitation, hygiene education and community management with specific attention to women. The four PC-1 objectives for the BRUWAS project (1990) refer to this integrated concept in which community involvement is the binding element.

The Dutch policy for the sector highlights community involvement as one of the guidelines for w&s: community involvement and responsibility for planning, implementation and operation& maintenance of systems.

During BRUWAS I the so called full methodology had been developed, consisting of 72 steps and activities. This approach consumed much of the project's resources and was not considered a sustainable approach. Furthermore, the physical output of the project had to be speed up because of political reasons. Therefore, a more concise methodology (modified methodology) was formulated which would require less resources. In practice, this resulted in two approaches being used simultaneously, but applied in different districts: the 'real thing' for so called core districts and the modified approach, consisting of 16 activities and taking 3 (?) days for execution for non-core districts. It is not difficult to imagine that these two approaches raised a lot of confusion, so the project merged both strategies into one: the uniform methodology as was recommended by the 1995 evaluation mission.

The evaluation mission (1995) has made a comparison of the full methodology with the modified methodology and the coverage approach. On the basis of their analysis the mission recommended a project methodology **as close as possible to the full methodology**, because of the positive results of this methodology in terms of effectiveness and sustainability.

The cost-effectiveness of the full methodology proved to be about the same as the cost-effectiveness of the modified approach.

Unfortunately, the uniform methodology which is now being used has not (sufficiently) been documented by the project. This can adversely effect the quality of the approach:

- key-activities may be missed;
- information may not be properly disseminated;
- support to communities may not be sufficiently given;

This, indeed seems to be happening as is one of the conclusions of the WIN-study. This study was carried out by the HRD-team during spring 1997. Monitoring data of the Section seem to strengthen the conclusion that community involvement has been partly eroded from the project:

Monitoring data on community involvement
Monitoring data on community involvement for w&s are divided into process and output indicators. Process indicators include number of men and women who attended a meeting, persons (not families!) who signed an agreement, hygiene education given, cost sharing and operation and maintenance system being established. Output indicators include among others: accessibility of the facility, water storage behaviour (hygiene education), care takers and hygiene status.

Unfortunately, these indicators seem to be multi-interpretable in some cases. Moreover, monitoring data appear to be not valid (number of users, hygiene education). And, seen, from a 'progress perspective' it is difficult to assess progress for the software component of the project (community involvement and hygiene education).

However, on the basis of the available data an *increase* in the average number of men attending a meeting can be assessed and a *decrease* of the number of participating women. Moreover, the average involvement of women is low (= one woman): this indicates, that of the 1053 handpumps installed between july 1996 and july 1997 women's involvement was very low indeed and even lower than during BRUWAS I.

Unfortunately, the monitoring data do not provide insight in the percentage of handpumps accompanied with proper community involvement activities (how many handpumps have been installed with proper community involvement both targeting men and women. How many visits were needed per handpump, etc.).

To get more insight in this matter, the mission analyzed some monitoring data per district (sample). These data indicated the following:

District figures (sample) show, that at present the involvement of community members in planning, implementation and monitoring of water supply and sanitation facilities is taking place:

- male involvement in 71% of the installed handpumps;
- female involvement in only 3% of the installed handpumps;

Regarding the installation of latrines monitoring data on community involvement were less accurate. Present data show involvement in only a limited number of the facilities installed:

- in 9% of the cases where pour-flush latrines have been installed women were involved;
- in 10% of the cases community men were involved;

The above shows that monitoring data with regard to community involvement deserves more attention of the Section. Nonetheless, the general picture, -i.e. that community involvement, especially of community women, is low- is supported by the qualitative data derived from the WIN-study.

The uniform methodology which is presently used by the W&S Section is mainly focusing on:

- 'social marketing (pre-sales talk');
- operation and maintenance of systems;

This is, clearly, a rather limited version of community involvement. In contrast to this, real participation and education is a *partnership approach*, which involves sharing of information, consultation, discussion and negotiation.

The community involvement component of the Section needs to add minimumly:

- involvement in planning, execution and monitoring of hygiene education programme (see paragraph below);
- involvement of women in decision making process;
- mobilizing the community to tap old and new resources and strengthen its capacities;
- preferably representatives of all village clans/ families are involved in decision making process;
- preferably representatives of all village clans/families in decision making process.

How much involvement is enough?
Minimum involvement includes design and location of facilities, selection and numeration of caretakers, etc. Maximum choices include choice of technology and local hygiene improvements, level of services, type of administration and financing systems, implementation schedule, etc. Maximum involvement through joint problem analysis and identification of suitable solutions in water, sanitation and hygiene prepares communities for similar problem solving in maintenance, management and financing. Generally, it has also stimulated the initiation of projects in other development fields.

Why community involvement is such an important issue that most donors formulate it as a pre-condition for projectsupport ? Let's list these reasons again:

1. If community members are involved in the planning and installation of the facility, such as handpumps and latrines, these future users are more likely to have a sense of ownership and thus, feel more responsible for maintenance of the facilities;
   They are also more willing to contribute to the installation and maintenance of the facility in terms of manpower and finance;
2. By involving the community, both men and women, the community has to organize itself.
3. Especially for the women in Balochistan it is often one of those rare occasions where their opinion is taking into account. This, in itself, can be seen as an objective and contributing to one's selfawareness and esteem.

In short, proper community involvement/hygiene education is indispensable to help achieve:

- project sustainability;
- user's acceptance;
- effective use;
- affordable solutions;
- improved hygiene practices;
- ongoing development action;

2.2 GENDER PERSPECTIVE

Both the GOB and the GON underline the importance of women's involvement in water and sanitation and hygiene education schemes. The PC-1 refers in its objectives to an improvement of the livelihood of women. The GON uses the DAC/WID criteria of OECD for proposal appraisal (DAC/WID criteria of OECD, see also BRUWAS first report on WID, 1993), which include:

- the needs and interests of women must be included in the project design either through direct consultation or secondary resources;
- women from the target group must be active participants during the implementation of the project;
- constraints to the participation of women in the project must be identified and conditions (including financial) must be created in order to enhance their autonomy;
- W&D expertise must be planned, budgeted ann utilized throughout the project cycle;

The full methodology (BRUWAS I) has shown that involvement of women and increasing their role in decision making is possible in Balochistan. Nonetheless, efforts to make a gender approach successful and sustainable require the wholehearted support of the whole Section (from management to field staff).

Seen from a gender perspective, the currently used uniform approach runs the risk of leaving out women in the planning and monitoring process (as can be derived from the figures presented in paragraph 2.1.). It reduces women's participation to the post-implementation phase, e.g. cleaning of the surroundings of the handpumps and latrines. Sweeping and cleaning are culturally viewed as a low status job.

The uniform methodology, as it is currently applied in the field, results in *a missed chance* or missed opportunity for:

- organizational strengthening of the community, especially women;
- the introduction of democratic planning structures replacing existing feudal structures;
- increased decision making power (community men and women);

Some may question the impact of women's decision making with regard to the installation of w&s facilities: they refer to the fact that handpumps are often installed on existing wells (or a place pointed out by the technician). However, for all the reasons mentioned above (see cadre: sense of ownership, self-esteem, organizational capacity, improved access to information and the facilities itself), women's involvement needs and should be furthered by the Section: women's input and consultation can be asked for add-on facilities, planning of hardware and software (hygiene education).

Others contradict the need for women's direct involvement, referring to women's informal decision making power, thus reducing the need for more formal decision making structures for women. Informal structures, indeed, need to have more attention and informal decision making structures need to be investigated by the project[1]. Notwithstanding, formal decision making power needs to be strengthened, while at the same time non-formal networks need to be used to their full extent.

In brief, the Section's gender approach should lead to:

- improved access to information for community women and men (location of facility, price of facility, tasks regarding the facility (o&m tasks, task division);
- improved access to information to men and women regarding improved hygiene (hygiene behaviour, improved drainage systems and other technalities, etc.);
- improved access to resources (financial, educational, technical, organizational resources);
- improved access to benefits (who is going to benefit of the novelty and who is going to pay/ work for it, equal distribution of benefits).

These should be carefully monitored by the Section and it is recommended that indicators are formulated to monitor the project's gender sensitivity.

[1] See also: Nagy, J.G. et al.: Women's participation in the high elevation rainfed farming systems of Balochistan, Pakistan. The Mart/AZR Project, Quetta, 1989.

2.3 INSTITUTIONAL ASPECTS

Above it has been concluded that:

- community involvement indeed is and should be an integral part of the Section's activities;
- the full methodology has proven to be effective in this respect (keeping in mind the resources needed);
- the project's WID methodology (BRUWAS I) gave promising results;
- however, there is a 'dip' or 'slack' in project activities with regard to community involvement activities, especially the involvement of community women;

However, questions remain such as:

- who should execute community involvement?
- what is needed to let it happen?
- how can we make it sustainable for the future? (long term view on the extent and future role of government involvement in community involvement).

Who should do it?
Is LGRDD the organization to execute community involvement with regard to w&s facilities?

During the first formulation (IRC and PC-1 documents) of the project LGRDD was pointed out as the most appropriate organization for taking the job at hand: not only because water supply and sanitation is in its mandate, but definitely also because of its province wide network of staff down to grass foot level. This would give LGRDD the best cards at hand for involving local communities with regard to water supply and sanitation. In view of future activities of LGRDD such as drainage works and environmental sanitation in general, an investment in LGRDD community organizers at grass root level appears to be even more worthwhile and economically feasible.

Is LGRDD capable and willing to involve communities in low cost water and sanitation?
As indicated above, community involvement is an important part of its mandate. Problems in executing community involvement activities lay with:

- availability of staff;
- motivation;
- status;
- know-how;
- transport;

At present the Section has 13 community organizers (8 ♀ and 4 ♂) and 45 more female organizers are planned for BRUWAS II. At field level the DO has been appointed male community organizer. In practice, however, Union Council staff is executing this task.

As the WIN-study showed job performance and transport appear to be major bottlenecks for proper community involvement and hygiene education: some female staff did not perform satisfactorily and was not going to the field. Increased accountability of staff, as well as proper recruitment of (female) staff would already help to solve this problem.

As the table below shows, transport as a crucial factor for community involvement (♂/♀) may delay hardware installation. This is, however, no excuse to scoop community involvement from the approach.

Options to let it happen
The question is: how many visits are sufficient to have a successful community involvement approach ?

Clearly, the 2-3 visits which are presently executed are not enough to inform villagers, to consult them, to mobilize them to tap resources and plan activities (w&s and hygiene education) and to evaluate output. Clearly enough 10 visits per handpump is beyond project feasibility. It is, therefore, recommended, that a minimum of 5 visits per handpump (including introduction of latrines. Construction is at household level) is needed. The first visit will be used to inform and consult community men and women. The second visit will be used for signing agreements, peer group mobilization and planning of construction facilities and hygiene education activities. A third visit will be used for construction of facilities and intensification of hygiene messages. A fourth and fifth meeting are used for monitoring and support (w&s and hygiene education) and for introducing new hygiene messages. Also follow-up by other departments can be introduced here or coordinated. See also table @.

As can be seen below, community involvement is possible with the available and planned resources for BRUWAS II.

Material resources: cars

Calculation a: present output
Currently, the project disposes of 3 - 4 vehicles for field work. For BRUWAS II six (6) more cars are planned. With a total of 9 cars and a planned output of 900 handpumps per year each car has to cover at least 8.3 handpumps per month (900:9:12). Assuming, that 5 visits are sufficient to execute proper community involvement activities and that 3 visits a day are feasible a total of 41.5 visits per month per car need to be made. This will require 13 working days.

Calculation b: accelerated output
Even accelerated output (or more hygiene education visits per handpump/latrine) is possible, as the following calculation shows:
With 9 field cars available for 26 districts, each car has to cover 3 (2.8) districts. In view of 21 workdays, this implies that per district a car is provided during 7 days a month to a district. A maximum of 3 visits per day is assumed, making 21 visits per month per car per district feasible, which is 63 visits per month per car. For 9 cars the output for a whole year will be: 6804 visits. Assuming again a minimum of 5 visits per handpump, than.1306 handpumps have been installed according to a involvement approach. It will be clear, however, that such over exploitation of drivers and cars will be difficult to maintain.

Human resources: FCO
At present the project installs 75 handpumps per month province wide, which is 900 handpumps per year for the whole of Balochistan. For active involvement of community women, the FCO is a crucial factor. At present, the project has 14 FCO's and there are 40 more FCO's planned to be recruited.

900/14 = 64.8 hp/per fco/year = **5.3. hp/per month/per fco has to be covered if the present physical output is to be maintained.**
Suppose a minimum of 5 visits per handpump is required for the community involvement process. This implies 5.3 x 5 = 26.5 visits in total to accompany the installation of the required handpumps per month per fco. Is this feasible in view of the available resources of the project?

It is assumed that one fco will do field work during 15 days a month. This implies, that with 1.8 visit per day per fco all handpumps will have been accompanied with community involvement activities.

TADA
TADA for fieldwork is Rps /day. Total cost per FCO on TADA is:

Physical output is estimated to be 5 HP/month/district. As can be seen above, the same output rate is feasible with an approach which is more participatory and which targets both men and women.

Methodology	Output	Costs
full methodology	3.6 HP/month/district	extra resources for training and monitoring and mobility
modified methodology	4.2. HP/month/district	less resources needed for training and monitoring
uniform methodology	5 HP/month/district	unknown

Indicators on the institutionalization of project measures, e.g.: replicability (a), sustainability (b), diffusion (c) and organizational learning (d):

Community involvement should become part of regular work (a). Unless community involvement becomes institutionalized, it cannot be said to have fully succeeded, because its achievement may end after the special efforts are withdrawn.

Sustainability (b) is concerned with continued use of a new practice. Three main questions can be raised in relation to sustainability:

- is there enough motivation and interest in the province, so they will continue to use it in their regular work? Is this interest widespread, at all levels?
- are human resources, both in terms of competence and quantity available to continue the new activity?
- can the activity be continued with the available financial resources (cost-effectiveness of an activity).

Regarding motivation and policy commitment the mission has the following observations and recommendations:

- the community involvement is not very explicitly elaborated in the logical frame work of the project;
- commitment for community involvement needs to be strengthened at all Section levels;
- planning of community involvement activities and expected results need to strengthened. Community involvement needs to be regularly monitored and required action need to be taken when needed.

Regarding staff and training: see below

Budget for community involvement has to be earmarked.
On average, when using national staff, around 15% of investment costs of low cost projects need to be reserved for community involvement. Development costs may require another 10% of total costs (CPHE/ p. 17). In BRUWAS II Plan of Operations costs are covered under mobilization and allowances and training. This, however, does not provide insight in real costs for community involvement activities. This, in its turn, makes it difficult to assess cost-effectiveness. Moreover, if 'software' is to be outsourced, the Section needs to know the costs for such outsourcing.

Diffusion concerns (c):

- spread of new approach to other areas;
- learning from experiences of the past: do not have to spend the same amount of resources to develop the basic design.

The community involvement approach, including its gender aspects, needs to be fully disseminated throughout the project area. In the beginning it may eventually slow down production process. However, the project will reach its 1997 outputlevel after some time again.

Organizational learning concerns (d):

- making use of and building on cumulative experiences;

As has been said earlier, BRUWAS I experiences thought that the community involvement approach (full methodology) was cost-effective and more successful than the modified approach and -as the limited available- data show, also more effective than the presently used version of the uniform approach. These lessons should be combined: the uniform approach need to be reformulated (quality of the messages and a more participatory approach). Secondly, the 'delivery system' of this approach needs to be improved (including improved output and job performance monitoring)

Sustainability: staff
The Unit who is actually doing community involvement work is the Human Resources Development Unit. According to BRUWAS-II progress report (july-dec. 1996), the Section has four (4) male community organizers and eight (8) female community organizers. They are positioned in the Human Resources Development Unit of the Section which is headed by Mrs. N. Jabeen. Out of 13 unit staff members six (less than 50%) have a permanent status. The others are employed on project budget. From a point of view of institutional sustainability these positions, which are still pending with the Finance Department, need to be converted into permanent positions as soon as possible.

A 'minor' but very important detail is, that female staff is titled 'female hygiene educator'. Male staff is titled 'community organizer'. This, in fact, reflects the actual situation, where community women are (mainly) addressed with regard to hygiene issues and **not** or much less on most of the above mentioned community involvement issues. The opposite is true for male involvement: community men are mainly addressed with regard to decision making on w&s systems. The hygiene subject is hardly touched upon with this target group (see also paragraph on hygiene education). This situation clearly should be changed and -consequently- all field staff should be titled 'community organizer'.

Another point of attention is the tasks to be executed by the HRD-unit. According to the Plan of Operations BRUWAS II the Unit is responsible for the male as well as the female community organization and hygiene education aspects. According to other project documents (and some projectmembers) the HRD-Unit is responsible for:

- development activities for all staff (field and section staff);
- planning, implementation and evaluation of (different) trainingprogrammes;
- external networking;
- recruitment of new personnel;
- monitoring of staff performance (capacity building).

However, the mandate of this unit and its staffing do not correspond: staff is predominantly field staff and -apart from training- no activities are executed regarding the (other) above mentioned tasks. The line of authority and the tasks the Unit and the Head of the Unit have to fulfil need to be clarified.

Furthermore, both field observations and the staffing list (see progress report) show that
Another point of concern is the position of the female staff.

Women: professional relation ship, should not sit isolated (reduced access to information). Same time: skills strengthening: Quetta and field level: lady days.

Table: integration of hygiene education activities

Visit	Mass communication[2]	Peer group involvement	Interpersonal communication
1: introduce project to community	banners, leaflets	Identify at least one man/ woman per compound as 'educator'.	first month: Introduction of programme/ pre-sales (h.e.) messages/ procedures, etc./ selection of peer group members.
2: obtain village commitment	information through local mass media agents	Define expected output('contract') with peer group members	first month: intensification and/ or addition of hygiene messages (personal hygiene/ storage/ collection)
3: HP construction/ installation	-ditto- -advocacy for hygiene education (involvement of local informal and formal leaders on hygiene education (imam/ politicians/ etc.)	Peer group members have started disseminating first h.e. message. Peer group supports villagers. FCO's/ MCO's support peer group members. MST monitors.	1st-2nd month: intensification of hygiene messages. Monitoring and support to behaviourial change + add new messages
4: post-construction + HHL construction + add on facilities	-ditto- support to 'clean village competition'	Peer group members report to project on behaviourial changes, support needed, etc. New targets defined. New messages and materials disseminated by peer group members	month 2-5: add new (safe latrine) messages. Monitor behaviourial change with respect of messages of visit 2 and 3. Start coordination at field level with local representatives of other departments/ NGO's
5 support (& monitoring)	-ditto-	Monitoring and follow up by peer group members. Introduction of representatives of (follow-up) departments	after 6 months: provide support and monitor present hygiene behaviour/ coordinate follow up by other departments

3. HYGIENE EDUCATION COMPONENT

3.1 GENERAL

Policies and strategies
Hygiene education has been defined as an integral part of all LGRDD activities (see PC-1 for the BRUWAS project (1990) and annex 4.1., evaluation report, 1995). In this same report it has also been defined, that the uniform methodology should include hygiene education.

Lessons learned from similar projects elsewhere[3], indicate that:

- hygiene education should have clearly defined targets for behaviourial change;
- hygiene education, water supply and sanitation needs to be fully integrated to have best results;
- hygiene education, therefore, should be timely planned;
- proper monitoring and, especially, support is required.

[2] See BRUWAS report on mass media campaign (march 1995).

[3] See for the following projects and sector evaluation: Projet d'Hydraulique Villageoise de la Boucle du Mouhoun (1994, 1995, 1996). And: Projet d'Education en Matiere d'Hygiene (1992-1994, Burundi), BMZ, Sector Evaluation, PN 94.2032.94, 1995.

A baseline survey will provide information on actual hygiene behaviour. *Estimations* of hygiene behaviour have already been made for some key-behaviours for the BRUWAS project[4]. Based on the figures of the baseline study, behaviourial change targets for some key-behaviours can be defined. In the table below some results are given of behaviourial changes achieved in two other regions.

Both *community women and community men* need to be targeted for hygiene education, though the messages may differ according to the behaviour, societal role and needs of the target group.

Hygiene education also needs to be a *timely* planned event as sector evaluation studies have shown @@ () . The installation of hardware provides an excellent opportunity to change unhygienic behaviour. If hygiene education takes only place after several months after installation of handpumps and latrines, this momentum has been missed and people are already used to the facilities (and behaviourial change will require more effort). Therefore, hygiene education should start shortly prior to the installation of facilities, intensified during and after installation of hardware. Support for behaviourial change, based on monitored needs, will be the key-activity during post-construction.

Proper monitoring and support are needed, both to the community and to the grass root workers. Regarding the last group (for BRUWAS: FCO's and MCO's) the messages and materials should remain attractive enough to be disseminated.

Monitoring data on hygiene education
Monitoring data regarding hygiene education do only address process indicators. Indicators in terms of changed behaviour are not monitored by the Section.
The mission considers this to be an omission. Process indicators regarding hygiene education for handpumps show the following:

- on average 1 man and 0 women have received hygiene education;
- the monitoring unit cannot generate figures on the percentage of handpumps which have been accompanied with hygiene education.

The above presented monitoring data imply that out of a total of 1053 installed handpumps during BRUWAS II virtually no hygiene education has taken place (or monitoring data are not accurate).

Analysis of (one) sample of district data show a slightly better picture:

- hygiene education to village men takes place in 44% of the cases that a handpump is installed;
- hygiene education to village women takes place in only 16% of the cases that a handpump is installed.

[4] See: BRUWAS, short mission report, Volume 1: General Report, p. 12 (August 1993).

However, these figures do not give insight in the quality of the hygiene education messages itself. The WIN-study (1997) made clear, that hygiene education is mainly given as 'pre-sales' talk, especially with regard to village men (see also report institutional development expert, july 1997).

Regarding latrines no valid hygiene education monitoring data are available (no valid and up to date data available).

A hygiene education programme for BRUWAS has been formulated in 1993, defining key-behaviours for hygiene education, estimating actual hygiene behaviour and providing suggestions for field activities (baseline survey!).

Some of the 1993 recommendations need to be followed up (and are still valid), such as:

- attention should be given to village men with regard to hygiene education. Community men have to be targeted, as they are the main decision makers (and control household finance:[5] e.g. buying a water storage container is a man's affair); Also men are role models for the family and -thus- need to adopt the promoted behaviour as well;
- hygiene education messages should be part of (male) community organizers activities. Special messages for this target group have to be formulated;
- monitoring of behaviourial patterns has to be included in the Section's monitoring programme (indicators);

Nonetheless, a lot has been achieved: messages and materials have been developed, a mass communication strategy has been formulated, activities have been carried out in the field. However, the programme needs to be strengthened and sustained:

Strengths and weaknesses of the present hygiene education programme
In the table below, a limited SWOT analysis is made of BRUWAS' hygiene education programme. This analysis has been made with assistance of BRUWAS project members and completed with results of the WIN-study.

[5] See: Women and Purdah, the position of women involved in low-cost sanitation project in Quetta, Pakistan by A. Schuurmans, 1994. This booklet present interesting information on women's access and control over household expenditures and their role decisionmaking.

Hygiene education programme

SWOT analysis:
strengths:
- hardware (HP, HHL) is available, so community members will indeed be able to change their behaviour (preconditions are met);
- decision making through women involvement is possible in Balochistan context;
- 18 female staff available;
- women's selfesteem is growing;
- messages do lead to behaviourial changes (exact effectiveness unknown);
- attractive materials available;

weaknesses:
- male community organizers do not disseminate hygiene education messages to male members of the community;
- not enough visits due to lack of transportation and coordination among fieldstaff;
- hygiene education is insufficiently addressed in W&S Section monitoring;
- hygiene education lack participatory approach (planning, implementation and evaluation);
- monitoring of hygiene education is weak and insufficiently monitoring behaviourial change;
- no follow up after last output monitoring visit, thus sustainability of behaviourial change is unknown;
- fco staff is too limited and needs expansion;
- no sufficient transportation facilities available for fco staff;
- fco will not be able to stay overnight in remote villages;
- control of non-active district staff and sanctioning is lacking by hierarchy;
- commitment for h.e. programme is low within the project;
- attractive materials not attractive enough for (some) staff;

opportunities:
- involvement of available active village women, like dai, elder women, etc.
- involvement of available professional (active) men and women, like: social workers, national health workers, teachers (agreement between departments, field level already agreed);
- active male organizers available from other departments like PHED village committees;
- NGO's which are willing to participate in hygiene promotion (Taraquee and others);

threats:
- streamlining of hygiene education programme with other agencies is not carried out, thus affecting effectiveness of h.e. programme;
- streamlining of h.e. programme with other departments (PHED);
- sustainability of h.e. programme: donor support dependent;
- hygiene education within LGRDD mainly depends on external support;
- h.e. within LGRDD many dependent on external support.

The above presented strengths, weaknesses, opportunities and threats of the Section's hygiene education programme highlight some of the major problems this component is facing within the project. In short, they concern:

- commitment;
- planning;
- human resources;
- logistics;
- coordination with other's (extern project).

In view of these problems there is at present a tendency within the Section to downsize the hygiene education component to a *user education component*, because the present approach would hamper production speed.

Such a user education component limits 'hygiene messages' to operation and maintenance of handpump and latrine. Behaviourial change targets such as safe water storage, safe water collection and personal hygiene are deleted in this approach. Arguments *against* this limited educational scope of the project are several, including:

- hygiene education is part of the mandate of the Section;
- the momentum the new facility creates by acting as an 'opener' for new behaviour will be missed: people will already have been used to the facility and will be less keen to adopt new behaviour;
- at present it is doubtful whether other organizations (governmental or non-governmental) will implement hygiene education. Pushing off hygiene education responsibilities will, in any case, result in a missed opportunity for a more effective moment for a hygiene campaign.

Clearly, for reasons mentioned above, it is recommended by the mission, that hygiene education covers all key-hygiene behaviours and does not limit itself to user education. In view of available resources within the Section proper hygiene education is possible. However, as will be argued below, emphasis should be on a combined package of activities to make hygiene education successful.

Rec. First, examples on the effectiveness of hygiene education will be briefly discussed.

Effectiveness of hygiene education

What is the effectiveness of hygiene education in terms of behaviourial changes? Some experiences from Burkina Faso and Burundi are given below:

Example of Burkina Faso[6]:		
Storage of water at home		
Location	beginning of h.e. campaign	At the end of campaign
Mouhoun	89%	96%
Kossi	79%	94%
Sourou	55%	87%
Storage container covered		
Location	beginning of h.e. campaign	At the end of campaign
Mouhoun	75%	89%
Kossi	71%	84%
Sourou	61%	79%
Storage cup properly used		
Location	beginning of h.e. campaign	At the end of campaign
Mouhoun	63%	77%
Kossi	65%	77%
Sourou	43%	70%

Increase in behaviourial change has been recorded of on average 15% for at least three hygiene messages with figures ranging between 7%-17% in 3 districts after one hygiene campaign ('un cycle') [7]. Such a cycle or campaign ideally consisted of 2 household visits (accompanied with educational materials) and village meetings. Process results were thee following:

- 94% of households were visited only once;
- 79% of households were twice visited.

Apart from home visits meetings were organized at village level. Another important aspect was the participatory approach used for the planning, implementation and monitoring/evaluation of the hygiene education campaign (page 12, same report).

Similar data could be derived from a hygiene education project in Burundi, were on average an increase of 18% of improved water collection (clean container) and 23% in improved water storage has been assessed)[8].

Though the figures presented above may be biased due to participatory evaluation techniques, the general picture is that the approach indeed resulted in a considerable percentage of behaviourial change. Studies on mortality reduction showed that .....@@@

[6] Data were obtained through participatory evaluation: village educators assessed results. This may have resulted in based results (too positive);

[7] Measuring change in behaviour by M. Dieleman, Royal Tropical Institute, June 1997.

[8] Rapport PHEH evaluation de la campagne EH1, p. 5, Bujumbura, Mai 1993.

If hygiene education can be effective, how than can it be done in the BRUWAS II project?

How can it be done?
Hygiene education need to be a combined effort of the following activities, mutually strengthening each other:

a. interpersonal communication;
b. mass communication;
c. peer group mobilisation;
d. school education
e. follow-up through:
   - involvement of available resources, such as health workers, social workers, teachers;
   - coordination with other NGO's and line departments;

a. interpersonal communication
Target groups may be informed about improved hygienic behaviour through mass communication. However, it needs *two-way communication* to achieve behaviourial change. Therefore, interpersonal communication with target group men and women by FCO's and MCO's will be the *key-activity for achieving behaviourial change* in the communities. Together with c (peer group mobilization) they form the heart of the approach. FCO's and MCO's can spend part of their 'office days' (appr. 15 work days) on:

- coordination activities with other departments and NGO's in the region, as well as mobilizing interested line department staff (e);
- school education (d);
- advocacy with formal and informal leaders in the region (town).

b. mass communication
The activities outlined in the report on mass media campaign need to be operationalized now. Use of locally available media needs to be further assessed and included in the campaign (imams?). The Section (HRD-Unit?) will be initiator of most of these activities. Execution will be left to local television and radio stations, newspapers, etc. The Section's role will concentrate on:

- elaborating the mass media campaign as presented in the 1995 report;
- coordinating and initiating mass media activities;
- train staff if necessary (tv/ radio interviews and other advocacy activities);
- monitor (and readaot if necessary) use of written materials.

c. Peer group mobilisation
Especially in Pakthun areas, some 50 people or more may live in one compound (several households/ kin). Preferably, every compound should select two man and two women who are willing and capable to motivate other members to adopt new hygienic behaviour. These peer group members need to be provided with effective hygiene messages and sufficient materials. These peer group members should *participate* in defining behaviourial change targets and planning of their activities. They make a 'deal' with the FCO/MCO on how much change they try to achieve during the period within the present and the next project visit.

FCO's/MCO need to stimulate some competition between different villages regarding behaviourial change (e.g. the cleanest village will be on television/ radio/ newspaper/ get a baby sheep, etc.) In fact, some motivation (in kind) is necessary to keep peer group members motivated.

Monitoring of behaviourial change will be reported by peer group members and sample wise monitoring will be carried out by FCO's/MCO's and m51's. The main role of project staff is to provide support to peer group members 'to let it happen'. Monitoring activities will explicitly focus on 'support provision' and -secondly- on monitoring behaviourial change. These may include:

- provision of materials;
- helping to plan activities at compound level;
- helping to monitor progress;
- providing participatory techniques to peer group members.

Behaviourial change indicators need to be defined by the project (suggestions are given in one of the annexes of this report).

d. School-education and latrine facility

A school programme will support the hygiene education programme. FCO's and MCO's may provide 'classes' to different age groups as 'guest speakers' (to avoid lengthy bureaucratic procedures). Attractive teaching packages to be developed at Quetta level in consultation with field staff.

Demonstration latrines and handpumps at school sites may be needed: however, a latrine installed at school could be an example case, if only the hygienic use and maintenance is taking care of. So, hygiene education should be included and both boys and girls should be mobilized to clean the latrine on a regular basis.

e. Follow-up: collaboration with other departments and NGO's

A total of 5 visits is probably the maximum the project can afford in view of the available resources. However, other departments such as Health and Social Welfare can 'boost' hygiene messages and behaviourial change in the communities. Coordination with these other departments at field level is, therefore, recommended.

Moreover, the WIN-study made clear that in several districts field staff of these departments are quite willing to contribute to the programme. They would like to dispose of the Section's educational materials and guided on the use of these materials. It have to be assessed to what extent these line department staff members are mobile and can provide follow-up visits to LGRDD's target villages. Field staff of these other departments:

- need to be informed about successes and barriers in the targeted communities with regard to w&s and behaviourial change (h.e.);
- should be provided with (already communicated) messages and materials if necessary;
- intervention of health and social welfare staff is, preferably, planned shortly after the fourth visit of MCO's/FCO's. Project staff could even invite social welfare and health workers to go with them to the communities and introduce them to the community;

Private sector involvement
On a pilot basis is should be tested whether NGO's could take over community involvement activities of the project. Such NGO's could be:

- Taraquee; this organization has developed an effective community involvement approach (low cost sanitation). They have app. 13 staff members (field staff). Their other assets should be further assessed (transport, image, know-how, charism);
- SPO.

However, the mission does not recommend outsourcing of the community involvement and hygiene education component. Risks of outsourcing are:

- loss of control over planning of hardware and software activities;
- inadequate coordination of hardware and software activities;
- image of community involvement within LGRDD ('hardware is the real thing');
- missed opportunity for good timing of hygiene education.

These assumptions should, however, be tested on a pilot base: NGO's provide particular services in a specific region for a set time, paid by the Section (so: not provincewide!).

At Quetta level *assets, legitimacy and charism* of each possible collaborator/ department or NGO need to be assessed (collaboration should be a help and not a burden in terms of finance, time, resources, etc.). The appropriateness of the different agencies for outsourcing of activities need to be defined.

In the table on the next page an example of how the implementation of the above mentioned activities can take place simultaneously, is given.

3.2 GENDER PERSPECTIVE

From a gender perspective, the following observations can be made:

- hygiene education is seen as a women's affair. This is reflected in the title of project staff (*female* hygiene educators and *male* community organizers). In contrast, both should have a similar task to fulfil with regard to community organization ànd hygiene education; Training with emphasis on hygiene education for male organizers and emphasis on community organization and participatory techniques for both male and female organizers is recommended;
- hygiene messages may differ for community men and community women in view of their role and tasks in the community. However, both group of messages need to reinforce each other;
- regarding the township programme: male community organizer are (hardly) giving hygiene education to community men. If only 50% of the population uses the latrine in a safe way one can doubt the health impact of such a facility.
- the introduction of a latrine provides a relief for women, but has also some concomitant negative effects, such as restricted mobility and increased workload for women. A Gender Impact Study at field level may give direction to a more gender sensitive programme. Women users should be consulted how to improve this situation.

- lack of female staff at Quetta level (e.g. team of Babar often has to do without sufficient female staff);

3.3 INSTITUTIONAL ASPECTS

Institutional aspects of the hygiene education component include -at least- the following:

- mandate and commitment;
- organizational capacity;
- transportation;
- budget.

Mandate and commitment
Hygiene education is within the mandate of the Section. However, commitment for hygiene education needs to be strengthened. Special attention should have:

- field level: hygiene education by male community organizers needs to be monitored and supported;
- improvement of hygiene education at programme (multinationals/messagers), more attention;
- hygiene education and progress in h.e. should be a standard issue on the management agenda (management meetings);
- budget earmarked for hygiene education/ community involvement and cost-effectiveness monitored.

Organizational capacity
Calculations on required female staff have already been presented above. It has to be assessed whether the project disposes of sufficient and sufficiently trained male organizers to disseminate the hygiene messages. It could also be investigated, whether FCO's are willing and capable to motivate male community organizers and/or peer group members.

Staff at Quetta and field level expressed the need for refresher courses on hygiene education for male and female staff (results WIN-study). Also newly recruited staff expressed the need to have proper training on hygiene education.

Job performance monitoring and accountability, definitely, needs the attention of the Section/ LGRDD. Proper selection of (female) field staff would already solve this problem to some extent, as was suggested by project team members on the basis of the WIN-study results.

Transportation
See under community involvement.

Budget
Budget for hygiene education/ community involvement needs to be explicitly earmarked in the budget, because:

- insight in the budget helps to assess the cost-effectiveness of hygiene education/community involvement activities;
- if -at any stage and the private sector (NGO's) will take over community involvement/hygiene education activities a clear picture of costs is necessary;
- of reasons of sustainability (financial planning);
- to make the Section and fco's and mco's more accountable.

Approximately 15% of the total budget of a w&s project should be earmarked for hygiene education/ community involvement (software component).[9]

4. HRD-UNIT WITHIN THE W&S SECTION

4.1 GENERAL

The project has grown twice as big as compared to 1994, but project organisation, however, has not changed since. This has resulted in most of the problems to be mentioned below. These findings are based on the WIN-study. During the mission a workshop had been organized where project members discussed these findings. General consensus among project participants (Quetta level) existed regarding the following issues concerning the Section:

- units (HRD-unit) are not clear about administrative control;
- coordination of activities between units need to be improved;
- more efficient information exchange about each others activities is needed;
- more solution oriented approach should be looked after;
- training or refresher courses on gender, hygiene education and technical issues is needed by Section staff;
- isolation (e.g. two buildings) of a large proportion of female staff (HRD-unit) is not favourable for information exchange and planning and coordination;

Once a month a 'general meeting' is held where all section members participate and information is shared. This platform provides the opportunity to exchange information from the field.

However, as it was observed during this meeting: few women are addressed to give their opinion and -sometimes- they feel not taken seriously. It was also recognized by women of the section themselves, that they are not participating satisfactorily in these meetings. Female staff requests for skill training in order to become more vocal. It is above the addressing women (and men) specifically in meetings to give their opinion may stimulate their participation as well.

[9] See: Community participation and hygiene education in water supply and sanitation (CPHE), GTZ, draft 1989.

During this monthly meeting all participants (± 50). This does not allow for effective coordination, planning and problem solving. Therefore, some decentralization is recommended: each unit has its own meetings focusing on exchange of information, solving day-to-day problems, formulating those activities which are of importance to or have to be coordinated and planned with other units of the section during the monthly 'general meeting'. During the general monthly meeting units could also come forward with problems they were not able to solve themselves and for which they would like to have the assistance of other units. Decentralization and strengthening of the units' planning capacity will already solve quite some of the problems mentioned above.

Revitalization of the management meeting will also streamline coordination and information sharing process. It is proposed that this management meeting will take place every two weeks. It is, furthermore, *solution oriented* by approach and provides an easy instrument for monitoring the progress of field activities and section development. Gender, community involvement and hygiene education should be standard items on the agenda of the management meeting.

Coordination is also hampered by the physical separation of some units. One building for all staff would certainly make things easier. As it may take some time before a new building has been found for the section, it is recommended that each building has copying facilities and that 'messengers' (peons) facilitate the communication between staff in the two different buildings. Also, a shift of (some) HRD staff to the main building may dissolve its isolated position and improve communications.

It is also recommended, that female staff do not remain too much isolated in their own offices. Staff members have professional relationships and it's a given fact now, that staff include both sexes. It should, therefore, be investigated how much resistance exist with regard to 'mixed' offices.

4.2 HRD-UNIT TASKS

As has been outlined in paragraph 2.3. the HRD-unit has the following tasks and responsibilities:

- development and execution of training;
- responsible for community involvement and hygiene education activities at field level;
- monitoring of job performance of project staff (capacity building);
- external networking: coordination with other projects which execute water and sanitation activities (community involvement); gender networking;
- establish databank for resource staff (consultants, etc.);
- public relations: stimulate and coordinate publications of the Section in order to promote the project;

In spite of these tasks of the Unit the activities of its staff members include mainly field related activities, such as support to FCO's and MCO's, field visits and training.
Also the Head of the Unit is in the field during 15 days a month.

If all of the above mentioned tasks indeed are part of the Unit's workload, then time should be set aside to execute these tasks. In that case, Unit staff should spend at least one fourth of their time to the above mentioned tasks of the unit.

The HRD-unit as well as other units within the section are not clear about their administrative control: the Head of the HRD-Unit is not sure about the number of people who are answerable to her.

5. CONCLUSIONS AND RECOMMENDATIONS

5.1 COMMUNITY INVOLVEMENT

1. **During BRUWAS I a community involvement methodology has been developed which proved to be successful and cost-effective. Successful elements included among others: decision making power for men and women from the community, operation and maintenance of systems, access of women to information and development issues.**
   All ingredients for proper community involvement are developed and tested by the project.

2. **Due to acceleration of physical output the community involvement component has received less attention than it deserved during the past months. Now that hardware delivery is going relatively smoothly, it is recommended that the Section's attention revitalizes the community involvement component again.** Improvement of the community involvement component can be achieved by:

- improved quality control of actual implementation of the community involvement activities is required;
- a minimum of 5 visits per community (preferably more visits);
- define targets for community involvement within the project (e.g. process indicators: numbers of facilities accompanied with community involvement activities, number of visits, quality of visits, status of facilities (o&m), etc.);
- review the Section's monitoring system with regard to community involvement indicators;

3. **In view of the available and planned resources community involvement can be executed by the Section.** The report calculates different scenario's for implementing community involvement activities in view of the available and planned resources. The planned cars and female staff have to be made available to the Section as planned.

4. **Apart from an increased delivery of software services, also the quality of delivery of services has to be reviewed: more emphasis should be given to participatory techniques.**
   The community involvement component of the Section will be more effective if participatory techniques are used by field staff.

Staff needs to receive refresher courses in this respect (or training for new staff), and participatory materials have to be developed by the Section.

5. **Community involvement/hygiene education is an integrated aspect of w&s and part of the Sections mandate. By outsourcing of software this integration will be difficult to maintain. It is recommended that outsourcing of software will only take place on a limited, pilot base scale.**
   NGO's like SPO and Taraquee are willing and -probably- capable to take over software services of the Section. Legitimacy, assets and charism of these (and other NGO's) have to be assessed. On a pilot base outsourcing can be tested in a particular district by the Section.

6. **It is recommended, that the Section will earmark budget for community involvement activities.**
   Budget for community involvement activities is -presently- not earmarked. Therefore, little insight exists with regard to cost-effectiveness of this component. Also, costs of outsourcing these services are not clear.

7. **Collaboration with other line departments, such as Health, and Education (and Social Welfare) is recommended.**
   The WIN-study has made clear that at grassroot level the staff of the above mentioned departments is keen to use the projects hygiene education materials. Collaboration with other line departments needs to be further analysed: their assets, legitimacy (with respect to the subject) and their charism needs to be clear for effective cooperation. On the basis of this analysis agreements on collaboration needs to be defined.

5.2 GENDER APPROACH

1. **The 'Women in development' concept will be replaced by the gender concept, following the lines of P&DD/IMPLAN.**
   The term 'gender' is now better known in the province than in 1992. It is therefore, proposed that this terminology will used further in the project. A gender approach will be interwoven in project policies and activities, such as community decision making and community involvement, hygiene education and operation and maintenance of facilities.

2. **The gender approach should have the wholehearted support of the whole project, especially W&S Section management;**
   Actions needed:

- gender training to all staff level achieved by october 1997;
- open support of gender approach during meetings, presentations, etc. by all staff members, especially management;
- monitoring of gender progress by the Section;

3. **It is recommended, that the HRD-section is seen and used as a resource/ asset to implement this gender approach which the whole project adheres to.**
   Activities:

- consultation of HRD-unit regarding gender issues of the Section and its activities;
- budgeting specific activities to promote gender (gender training/ lady days/)
- planning and monitoring of activities in this field;

4. **It is recommended, that the Section's gender strategy continues its strategy of improving 'access to' resources and gradually introducing 'control over' resources.**
   In view of the cultural context of Balochistan and in line with PD/IMPLAN the Section's gender strategy will continue its focus on improving women's access to resources, as BRUWAS I showed promising results. However, a gradual shift of attention to 'control over' resources has to be sought.

HYGIENE EDUCATION

1. **The hygiene education component mainly focuses on pre-sales talk for latrines and handpump installation. It is recommended that the project's hygiene education component focuses on behaviourial change again.**
   The report outlines why a limited version of hygiene education is not preferred. A focus on behavioural change, setting targets on the basis of baseline study results, and monitoring of progress will boost the hygiene education programme.

2. **The Section's commitment regarding the Hygiene education component is weak. It is recommended, that hygiene education receives more attention from the Section at all levels (management/ Quetta staff/ field staff). This will be reflected in intensified monitoring, training, and agenda setting.**

3. **The hygiene education component through interpersonal communication is a too isolated activity, which could have more impact if supported by other communication activities. It is recommended, that the hygiene education programme consists of the following components which are mutually reinforcing each other:**

- interpersonal/ small group hygiene communication:
- peer group mobilization
- mass media for quick dissemination of main messages;
- school education;
- use of locally available human resources;
- follow-up by line departments and/or NGO's;

Interpersonal communication and peer group mobilization are the two pillars of the hygiene education component. The other activities are supportive to these two.
See for details below

4. **Revitalization and/or continuation of complete package of hygiene education messages is recommended (handpump operation and maintenance, water collection, water storage, water use, latrine use and operation and maintenance, personal hygiene):**
   The hygiene education programme messages have to be reviewed. Messages need to be given in 'cycles'. This has as an advantage, that a redundancy of messages is avoided. Each cycle will be built on results of the former one.
   Another advantage will be that the programme remains interesting enough for staff to be disseminated. Educational materials need to be reviewed and adapted.

5. **It is recommended, that objectives and indicators for measuring behaviourial change are formulated and progress is monitored.**
   Objectives for behaviourial change have to be defined on the basis of a baseline survey in the communities. Indicators for measuring progress have to be formulated as well. Suggestions for indicators have been given in this report.

6. **The hygiene education component misses a participatory approach. It is recommended, that increased use of participatory techniques for h.e. programme planning, implementation and evaluation will take place.**
   Hygiene education will be more successful if target groups are asked to plan behaviourial change, and implement and evaluate the programme.

7. **Staff at Quetta and field level expressed the need for more hygiene education training or refresher courses. It is recommended, that hygiene education refresher courses will be planned and executed within the coming 6 months.**
   Refresher courses will have to focus on:

- the adapted hygiene programme;
- participatory technique;
- target setting and monitoring techniques;
- peer group mobilization and support to peer group members (solution oriented);

8. **Field staff expressed the need for more attractive hygiene educational materials. Some hygiene educational materials need to be adapted and made more attractive for field staff, such as games, video, flannelboard?, polaroid photography, etc.**
   Hygiene education materials are often not used. Field staff found not all materials attractive enough. At community level the hygiene education programme should be made attractive by introducing a competitive element (winning of bar of soap, baby-sheep, etc.);

9. School-education is needed to strengthen interpersonal communication on hygiene issues:

- development of hygiene education component for primary and secondary schools;
- fco's and male community organizer trained in doing class sessions;
- materials for school age children to be developed;
- 'demonstration' handpump and latrines installed;
- 'schoolcontract' regarding operation and maintenance of these systems;

10. Peers mobilization

It is recommended that, elderly women and men in the village will play a role in disseminating messages to other villagers. These peers are often respected persons.

11. It is recommended that more research will take place on the following issues:

- decision making power at household level: areas where men and women have decision making power;
- access to information of women;
- actual hygiene behaviour;
- customs and believes regarding hygiene;

Some of these topics will be included in the research which is planned to be carried out by 2 Pakistani and 2 Dutch students from august 1997 onwards. Regarding the remaining topics students of the University of Balochistan may be interested to carry out such research activities.

12. It is recommended that collaboration and coordination with other line departments, such as Health, and Education (and Social Welfare) is sought by the Section.

Follow up to the initial hygiene education activities of LGRDD/Section is needed. Continuous health and hygiene education is within the mandate of the Department of Health. Also other Departments such as Education and Social Welfare could contribute to improved hygiene behaviour in Balochistan. The WIN-study has made clear that at grassroots level the staff of the above mentioned departments is keen to use the projects hygiene education materials.

- collaboration with other line departments needs to be further analysed: their assets, legitimacy (with respect to the subject) and their charism needs to be more clear. On the basis of this analysis agreements on collaboration needs to be defined.

5.3 INSTITUTIONAL ASPECTS

1. **It is recommended that commitment of management team for community involvement and gender policy are more outspoken**
   Community involvement and gender issues require the wholehearted support of the Section. The management team has a key-role to fulfil in this process.

2. **It is recommended that the two-weekly management meetings are revitalized.**
   The implementation speed of the project requires proper coordination and information exchange between units. It is therefore, recommended, that the management meetings will take place again. During these meetings unit heads as well as consultants exchange information, coordinate planning of hardware and software, solve ongoing problems, monitor progress on hardware installation, community involvement, gender, hygiene education and section development (institutional issues), development new areas (think tank), etc.

3. **Solution oriented approach of management staff**
   The mission found, that the project suffered from 'problem oriented' attitude, which may have a negative impact on atmosphere, process and output. it is therefore, recommended that a more solution oriented approach is followed by the Section. The management team could start with this approach and advocate it to other levels of the Section.

4. **It is recommended, that Units make verifiable workplans for W&S Section which are easily to be monitored by the management team.**
   Workplans, e.g. workplan of the HRD unit, miss verifiable planning of activities and responsible persons. This impedes proper monitoring of each unit's progress and output (part of management information system). Therefore, it is recommended, that all units provide verifiable workplans. Monitoring of these workplans can take place during management meetings.

5. **Verifiable workplan for HRD consultants formulated**
   A similar omission has been found with workplans for consultants (and BAD): verifiable workplans will smooth advisory services to the Section. It will furthermore streamline handing over of responsibilities during BRUWAS II phase to LGRDD.

6. **It is recommended, that during this consolidation phase (BRUWAS II) consultants emphasize their advisory role and shift (gradually) more responsibilities to W&S Section**
   Consultants still carry out a substantial part of the Section's activities. Gradual shift of these activities (esp. conceptualization and development of project components) is needed to meet sustainability in the future.

5.4 RESEARCH

1. It is recommended that research is carried out with regard to the following topics:

- decisionmaking power at household level: areas where men and women have decisionmaking power;
- access to information of community women;
- actual hygiene behaviour in Balochistan (baseline survey);
- customs and believes with regard to hygiene;

Some of these topics will be included in the research which is planned to be carried out by 2 Pakistani and 2 Dutch students from august 1997 onwards.

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Annex 1

Terms of reference

Annex 2

Itinerary

Annex 3

Workplan HRD section

Annex 4

Workplan BAD, Mrs. L. Homberghen

Annex 5

Suggestions for skill strengthening of the HRD-unit

ITINERARY

Saturday: 28-6-1997
Departure for Karachi, Pakistan

Sunday: 29-6-1997
Arrival at Quetta, Balochistan
Meeting with CTA, Mr. Hans Oosterkamp
Meeting with BAD-WID, Mrs. Lisette Homberghen

Monday: 30-6-1997
Meeting with Mr. Hamayoun, ADF, Head of Section of Water and Sanitation Section
Meeting with Mr. Shakeel Achmed, community involvement consultant
Meeting with Mrs. Tasleem Paracha, hygiene education consultant;
Participating in monthly meeting of W&S section
Review of documents;

Tuesday: 1-7-1997
Review of documents;
Meeting with Mr. Hamayoun, Mr. Vulto, Mr. Aneez regarding institutional aspects of the project (WID-component);
Meeting with Mr. Arjan Bons, community involvement consultant;
Evening: meeting with Mr. Bons, Mr. Vulto and Mrs. Homberghen: redirection of project community involvement component;

Wednesday: 2-7-1997
Meeting with Mrs. Homberghen: review of WID-workplan 1997;
Meeting with Mr. Bons and Mrs. Homberghen: aim and procedures with regard to assistance to BAD;
Review of documents;

Thursday: 3-7-1997
Discussion with Mrs. D. Voorbraak, WID-subject matter specialist of Royal Netherlands Embassy;
Preparation WIN-study of HRD-team with key-staff;
Workshop with HRD-section regarding results of WIN-study;

Friday: 4-7-1997
Continuation of workshop: analysis of WIN-study results and presentation to HRD-staff;
Picknick with female HRD-staff and Township programme;

Saturday: 5-7-1997
Workshop with HRD-secti: Formulation of options for improvement on the basis of the WIN-study analysis;
Trip to Killi Tariq Abad;
Mini-training to Mrs. Nusrath, Head of Unit HRD (skilltraining);

Sunday: 6-7-1997
Return from Killi Tariq Abad;

Discussion with Mr. C. Vulto, institutional development consultant IWACO;
Review of documents
Reporting

Monday; 7-7-1997
Meeting with Mrs. Homberghen regarding present section problems; jobperformance analysis and recommendations prepared.
Reporting

Tuesday: 8-7-1997
Analysis of WIN-study results. Development of workplan HRD-unit. Meeting with A. Bons on community involvement issues.
Meeting with S. Ara on township sanitation programme.

Wednesday: 9-7-1997
Meeting with all consultancy staff: briefing of mission results and redirection of the project;
Meeting with Mr. Shakeel Achmad on gender issues and community involvement.

Thursday: 10-7-1997
Meeting with consultancy staff and counterpart: debrieving of mission results.
SWOT analysis hygiene education.

Friday: 11-7-1997
Meeting with Mrs. Lisette Homberghen: preparation of BAD workplan.
Reporting

Saturday: 12-7-1997
Meeting with Mrs. Homberghen (debrieving friday session);
Meeting with DG. Mr. Hamayun.

Tips and suggestions for strengthening of performance Heads of Units

chairing a meeting
Where the chairman sits:

- can you see everybody?
- can everybody see you?

See to it, that all participants can actively participate if they want to:

- invite people to give their opinion, vote if necessary;
- guide the process: e.g. if 3 people want to say something, point out: you will be first, than you, than you;

- give a summary of the main points of the discussion;
- think about win-win situations. If the outcome of your discussion will only be, that one of the two of you is going to win and the other to loose, you will have a hard time to win,, or may even loose. Example: ugli orange case;
- do not personalize issues (during the meeting), that's maybe for during the coffeebreak if you need to;
- giving all kind of examples is a waste of time, be concise and to the point, stay to the facts;
- when posing questions, do not already give the answers yourself. So not: "Do you think this field activity is effective, or should we have more cars and staff...? In this way you block (maybe) the others' way of thinking and prevent yourself creative solution
- think solution oriented and not problem centred;
- check whether statements can be generalized or is it just an individual affair;
- do not allow teammembers to let escalate the discussion, e.g : Shagufta: 'we are against.....'
- make clear what is the point of discussion and be sure everybody understands the issue. Always finish the discussion with a conclusion gearing towards a decision (e.g: Tasleem has to organize a brainstorming session with LGRDD staff within 2 weeks from no....)

Confidence

- do not speak with your mouth covered with your hand;
- do not tick with your hands on tables, etc. Keep them quite;
- stand up right, heads up;