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INTER-AGENCY ROUND TABLE ON
WATER SUPPLY AND SANITATION, EASTERN AND
SOUTHERN AFRICA, Harare, 28 -30 November 1988

Report of a Meeting of Representatives of
External Support Agencies

INTERNATIONAL DRINKING WATER SUPPLY AND SANITATION DECADE



WORLD HEALTH ORGANIZATION, GENEVA, 1989

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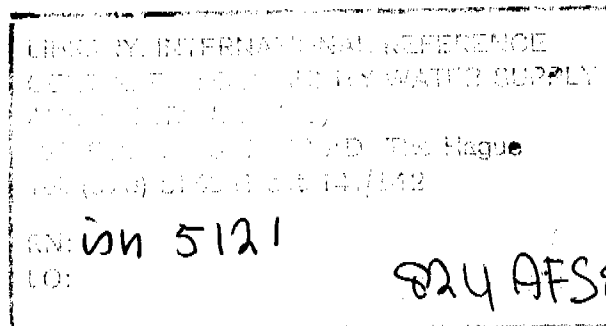
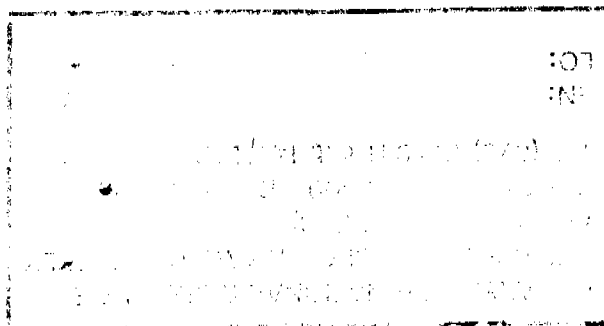
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GENEVA

February 1989



List of Abbreviations and Acronyms

ADF	African Development Fund
AFDB	African Development Bank
AFRO	WHO Africa Regional Office
AFRICARE	United States Non-government Organisation
APO	Associate Professional Officer
CCCE	Caisse Centrale pour la Cooperation Economique (France)
CEC	Commission of European Communities
CESI	Country External Support Information
CIDA	Canadian International Development Agency
DANIDA	Danish International Development Agency
DCM	Decade Consultative Meeting
EIB	European Investment Bank
ESA	External Support Agency
FINNIDA	Finnish International Development Agency
GTZ	German Technical Cooperation Agency
HRD	Human Resources Development
IDA	International Development Association (World Bank)
IRC	International Reference Centre, The Hague, Netherlands
ITN	UNDP/World Bank International Training Network
JICA	Japanese International Cooperation Agency
KfW	German Bank for Reconstruction and Development
NAC	National Action Committee
NGO	Non-government Organisation
OPEC	OPEC Fund for International Development
O and M	Operation and Maintenance
OXFAM	British Non-government Organisation
PROWESS	Promotion of the Role of Women in Water and Environmental Sanitation Services
RBA/UNDP	UNDP Regional Bureau for Africa
REDD BARNA	Norwegian Non-government Organisation (Save The Children Fund)
Saudi Fund	Saudi Fund for Development
SDC	Swiss Development Cooperation
SIDA	Swedish International Development Authority
SRAP	Sector Review and Action Plan
SSAP	Sector Strategy and Action Plan
TA	Technical Assistance
UNDP	United Nations Development Programme
UNDP RR	UNDP Resident Representative
UN DTCO	United Nations Department of Technical Cooperation for Development
UNICEF	United Nations Children Fund
USAID	United States Agency for International Development
WASH	Water and Sanitation for Health of USAID
WHO	World Health Organisation
WHO EMRO	WHO Eastern Mediterranean Regional Office
WHO HQ	WHO Headquarters
WHO-SRHDO	WHO AFRO Subregional Health Development Office
WS	Water Supply
WSS	Water Supply and Sanitation
WSSA	Water Supply and Sanitation Agency (Ethiopia)

INTERAGENCY ROUND TABLE ON WATER SUPPLY AND SANITATION
EASTERN AND SOUTHERN AFRICA

HARARE, 28-30 NOVEMBER 1988

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INTER-AGENCY ROUND TABLE ON WATER SUPPLY AND SANITATION
EASTERN AND SOUTHERN AFRICA

HARARE, 28-30 NOVEMBER 1988

I INTRODUCTION

1.1 The Inter-Agency Round Table was co-hosted by WHO AFRO and HQ. It took place at the WHO sub-regional Health Development Office (SRHDO) in Harare, Zimbabwe, from 28-30 November 1988. The opening session was chaired by Professor Dr Umaru Shehu, Director WHO/SRHDO III (Opening Address - Annex I). Other distinguished panel members included Dr D. Mzuwa, Secretary, Ministry of Local Government, Rural and Urban Development; Dr Z.M. Dlamini, WHO Representative for Zimbabwe; Mr Church, UNDP Deputy Resident Representative, standing in for Mr Dusan Dragic, UNDP Resident Representative; Dr Joseph Christmas, Senior Programme Officer, UNICEF New York, standing in for Mr Baboucar N'Jie, UNICEF Representative, Zimbabwe; and Mr L. Rasmusson, Chief Regional Water Supply and Sanitation Group UNDP/World Bank, Nairobi. The meeting was chaired by Mr A. Rotival, UNDP/WHO Coordinator for the International Drinking Water Supply and Sanitation Decade.

1.2 The meeting was called primarily to address the issue of better coordinating water supply and sanitation (WSS) sector activities at country level (Agenda of the meeting - Annex 2). The conference was attended by about 40 representatives of external support agencies (ESA), including country-based WHO sanitary engineers (list of participants - Annex 3).

1.3 While the focus of discussions was on identifying mechanisms to improve WSS sector coordination among ESAs, as well as between sector agencies, it was clearly recognized that the initiative and responsibility for coordination rested with the respective governments themselves. ESAs could only act as catalysts and in a role of technical cooperation.

1.4 The meeting addressed coordination aspects in 22 countries:

Angola	Botswana
Burundi	Comoros
Ethiopia	Kenya
Lesotho	Madagascar
Malawi	Mauritius
Mozambique	Namibia
Rwanda	Sao Tome and Principe
Seychelles	Somalia
Sudan	Swaziland
Tanzania	Uganda
Zambia	Zimbabwe

1.5 The conference also dealt with aspects of coordination in a general sense and briefly discussed such similarly generic issues as human resources development (HRD); integrated sector approaches, including WSS, waste management and other environmental aspects; and private sector involvement.

1.6 In the course of discussions, ten countries emerged for which specific suggested actions were identified (see section IV, Conclusions and Actions). These countries are:

Ethiopia	Kenya
Malawi	Rwanda
Somalia	Sudan
Tanzania	Uganda
Zambia	Zimbabwe

II COORDINATION AND SECTOR ISSUES

Coordination

2.1 The main purpose of the meeting was to identify approaches and methods to improve ESA coordination at the country level, as well as to seek ways and means to improve the exchange of information among ESAs in a general sense and to streamline their activities so as to derive more benefits for developing countries from available resources. It was generally understood that improved coordination could be achieved through joint preparation of programmes and projects within a government sector framework, concerted approaches in sector development strategies, focusing on research and application of appropriate technologies, as well as common efforts to emphasize project sustainability through well-conceived rehabilitation, operation and maintenance programmes and realistic overall sector planning.

2.2 Though it was well understood that sector coordination was the responsibility of the developing country governments, it was also clear that ESAs could play an important role in facilitating and assisting the coordination process.

2.3 Some of the major problems identified, whereby coordination was hampered, included:

- lack of opportunity among ESAs to meet regularly and exchange views on project experience and plans;
- introduction of varied technologies which are a hindrance for operation and maintenance, thus acting against sustainability of WSS installations;
- ill-defined sector development policies and strategies of ESAs;
- different formats for project preparation, formulation and presentation as well as different criteria to derive project objectives;
- not fully sector conversant ESA programme officers at the country level;
- ESA internal coordination difficulties between WSS activities and projects in related fields, i.e. health, agriculture, housing;
- better ESA coordination at the country level may in the short term result in an overall reduction of their resources allocation;
- the attribution of responsibilities among different government sector agencies is often not clearly defined;
- insufficient capacity in developing country governments to coordinate sector activities;

- senior government officials of developing countries might fear that better coordinated ESA inputs could result in reduced resource allocations.

2.4 In terms of improving coordination, some specific suggestions were made:

- ESAs should assist governments to develop comprehensive sector development strategies and investment plans which would be discussed among sector government officials and interested ESAs;
- ESAs should assist governments in building up a sector coordination mechanism;
- ESAs are urged to clearly define the benefits of improved sector coordination to the authorities of developing countries concerned;
- ESAs are encouraged to elaborate and agree upon a uniform system/format of project preparation and presentation;
- the organization of country-level consultative meetings with ESAs should be facilitated, taking advantage of WHO's experience in this field.

2.5 By and large, the coordinating role of the UNDP Resident Representative (RR) as Focal point for the Decade was recognized by all participants. In certain cases, it is necessary to reinforce UNDP by a sector-experienced officer, whose task it would be specifically to support the RR in carrying out his or her sector coordination function. If UNDP could not carry out that function, shifting the task to another UN agency, i.e. UNICEF or WHO, might be considered. In any case, the coordinator's function would be primarily in support of the government agency or unit responsible for sector coordination.

Other Sector Issues

2.6 A general discussion on sector issues expressed particular concern with regard to Human Resources Development (HRD) integrated sector approaches, including aspects of environmental pollution, and private sector involvement. Though not conclusive, the major points of the discussions are summarized below.

2.7 On HRD, the participants felt that in many countries the situation was unsatisfactory with regard to available skilled manpower for the sector, as well as to HRD planning and training. Though ESAs kept talking about more systematic HRD approaches, in fact each ESA had its own training scheme as it saw fit in respect of its projects in a particular country. The creation of an HRD working group in the institutional development context, consisting of representatives of ESAs and developing countries, was specifically recommended with the aim of harmonizing ESA programmes.

2.8 The role of the UNDP/World Bank's International Training Network (ITN) centres was questioned particularly in respect of their training relevance and regional significance. Special reference was made to the ITN centre to be established in Harare, Zimbabwe. This centre should in the long run become a regional training institution that would cater to the needs, not only of its host country, but also of its neighbours.

2.9 With regard to integrated sector approaches, many ESA representatives voiced their concern that not enough attention was paid to integrate WSS projects with related aspects of environmental protection, such as solid waste management, other elements impacting on public health, and integrated housing

development. This issue was of increasing importance, as urban expansion in many parts of the world was two or three times that of average population growth. Large urban centres are expanding rapidly without the necessary infrastructure to absorb the population influx.

2.10 Private sector involvement in WSS was raised as an issue, particularly in view of enhancing the sector on several fronts. Local manufacturing of handpumps or other sector equipment would facilitate the standardization of equipment, dissemination of spare parts and, thus, increase the potential for appropriate maintenance and improved sustainability of the installations. ESAs were encouraged to minimize tied aid to the extent possible and instead, assist developing country governments in building up local manufacturing capacities. Furthermore, wherever feasible, local consultants should be used for project preparation and execution.

2.11 Concern was also expressed with reference to government macro-economic policy as a potential hindrance for local production, especially in respect of tariff and tax structures.

III COUNTRY DISCUSSIONS

3.1 In countries where RWSG is active, RWSG initiated the discussion by outlining the status of their sector development support activities. In the remaining countries, the most active ESA took the lead. Following this introduction, the discussion concentrated on coordination and sector development issues as seen by the ESAs active in the country in question. Below follows a brief summary of the discussions that took place. Conclusions and actions suggested for key countries are summarized in Chapter IV of the report.

i) ANGOLA

An evaluation of the sector situation had been carried out by UNICEF in April 1988. WHO had also collaborated with UNICEF over a considerable period of time and had a sanitary engineer in Luanda. Representatives from Angola had attended the DCM in Lisbon for lusophone countries in April 1988 and had presented potential projects for which funds were sought. In view of the improving climate for external inputs, it was noted that ESAs should be attentive to the possibilities for follow-up.

ii) BOTSWANA

The World Bank is involved in the sector with studies and a low cost sanitation project. It also participated in a UNICEF sector evaluation. UNICEF at present works only in sanitation and disease prevention, but is moving into an integrated project. There has been considerable progress in the sanitation field, hygiene awareness and acceptance of VIP latrines. Other major ESAs active in the sector are SIDA, WHO, KfW, USAID/WASH, ODA. There was a perceived need for a sector management study as sector coordination is of concern to the ESAs.

iii) BURUNDI

In addition to UNICEF, WHO, UNDP, GTZ, KfW, EIB, CCCE, AFDB, and a number of NGOs are active in the sector. UNICEF is leading in rural WSS and GTZ and KfW are predominant donors for urban WSS. The key issues are weak government sector institutions, especially for rural water supply, and an almost total absence of ESA coordination. Government internal coordination among the various sector institutions is also weak. In view of this unsatisfactory situation of sector coordination, it was proposed that the UNDP

Resident Representatives be advised to approach the government authorities with the objective of carrying out a national workshop or round table for ESAs.

iv) COMOROS

UN-DTCD has a well drilling programme. A key problem for groundwater supply on the islands is salt water intrusion. WHO reports a difficult sanitation situation. UNICEF executes a rainwater catchment project. No new joint actions are planned at this point.

v) ETHIOPIA

The World Bank is the executing agency for a UNDP financed project composed of two technical assistants assigned to the Ethiopian Water Supply and Sanitation Agency (WSSA) and funds for consultant services for an organization and management study of WSSA and training. The Project started in 1987 and has a three year duration. A Sanitation Sector Strategy Paper has been prepared and approved. An integrated rural water supply and sanitation demonstration project has been prepared and its funding will be included in the next phase of the CIDA supported programme in the south. An urban sanitation demonstration project is under preparation for inclusion in an IDA funded urban infrastructure project.

FINNIDA is initiating a regional development project in the northwest along the lines recommended in the Sector Strategy Paper. UNICEF has supported water supply development on a large scale over a long period in Ethiopia. There have been many disruptions due to emergencies. After a recent policy decision the programme has been broadened to an integrated water supply, sanitation and health education programme. SIDA has supported rural water supply development in the Hararghe Region over a ten year period. The support is now also extended to WSSA to ensure improved operation and maintenance and the Ministry of Health for an integrated approach. Other ESAs supporting the sector include GTZ and SDC.

There is no formal mechanism for ESA coordination and consultation among ESAs is weak.

See Chapter IV for Conclusions and Actions.

vi) KENYA

UNICEF has taken the lead in hosting informal ESA coordination meetings with representatives from some of the key government agencies invited to the meetings. Mapping of ESA involvement in the sector has been initiated by UNICEF and RWSG, using CESI data as an entry point. Among the many ESAs supporting the sector can be mentioned, CIDA, GTZ, KfW, FINNIDA, JICA, NORAD, SIDA, SDC, World Bank, AfDB, ADF, Saudi Fund, OPEC Fund, CEC, WHO, UNDP, UNICEF and a large number of NGOs.

Environmental health activities, as an entry point for Primary Health Care, have been accelerated by the Ministry of Health since the policy of District Focus was adopted by the Government. The Ministry of Water is implementing some integrated projects at the district level with considerable success, although the decentralization within the Ministry is a slow process.

There is no formalized sector framework in Kenya to facilitate a coordinated support from ESAs to accelerate sector development through the

various ministries involved in the sector. There is a tendency among ESAs to bypass the Ministry of Water Development, which further complicates the development of the sector. The benefits of developing a sector framework are not recognized and attempts to provide support in this direction have so far not been productive.

See Chapter IV for Conclusions and Actions.

vii) LESOTHO

The coordination among ESAs, as well as within government sector agencies, was perceived to be good. Major ESAs involved are SDC, USAID (phasing out), GTZ, CIDA, WHO, UNICEF (only sanitation). KfW is expected to become engaged in the sector soon. More support was needed to train nationals and to increase the absorptive capacity. Coordination among ESAs was reported as working well, therefore no extra joint action was needed at this time.

viii) MADAGASCAR

UNICEF has an integrated WSS project in rural areas and SDC carries out a water supply project through an NGO. Few ESAs are involved in the WSS sector. The economic situation in Madagascar is so precarious that WSS has a low priority. No joint action required at this time.

ix) MALAWI

RWSG has been involved in Malawi since 1982, with an engineer stationed there for monitoring of handpump testing and the promotion of local manufacturing of handpumps. A sanitation adviser, now within the Ministry of Local Government, has been there since 1985. A draft Sector Position Paper, prepared about six months ago, will be reviewed with the Government in January, 1989.

The Malawi programme for gravity piped supplies, which started in the sixties, has been a model for many countries. The earlier developed schemes are now in need for rehabilitation, for which cost recovery is an issue. A large number of boreholes equipped with handpumps are also in need of rehabilitation. USAID is planning to support a cost recovery study in cooperation with RWSG. DANIDA supported a workshop two years ago on policies for rehabilitation of boreholes and equipping of new ones.

USAID has been supporting the development of gravity supplies on a large scale and will continue to support the programme. The recent influx of refugees who receive water supply services without contribution, tends to undermine the excellent record of community participation in Malawi.

IRC has supported research on how to reach population in fringe areas through communal water point services. The findings are now being replicated on a large scale. Information exchange between the rural and urban subsector is being promoted by IRC.

In conjunction with informal ESA cooperation it should be noted that the DANIDA representative in Harare also covers Malawi.

See Chapter IV for Conclusions and Actions.

x) MAURITIUS

ESAs were little involved since water supply and sanitation coverage was high and operated by a large, efficient water agency. There was however, a problem of water pollution developing in connection with agriculture. Reference was made to the recent technical seminar organized with relation to the report of the Commission on Environment and Development (Brundtland). There was a need for WHO HQ to follow up on conclusions and recommendations related to water supply, sanitation and waste management.

i) MOZAMBIQUE

UNICEF had played a lead role in supporting the sector with funds from CIDA and other bilaterals. NGOs (e.g. AFRICARE, REDD BARNA) were active and SDC had aided small towns water supplies and provided a rural sanitation component to water supply projects since 1979. DANIDA was reviewing a request for assistance to local manufacturing of handpumps and had two projects under preparation, one together with Italian aid. DTCD was executing a US\$ 1.9 million project on water resources management funded by UNDP. WHO had an APO assigned to the Ministry of Physical Planning assisting in sanitation projects. It was clear that difficulties of coordination existed and there was a need for ESAs to be prepared to take advantage of any improvements in conditions that could develop and that would allow better coordination of the sector.

xii) NAMIBIA

The UN agencies, particularly UNICEF and UNDP, are currently assessing the sector needs, including manpower requirements, so that projects are ready for implementation when the political situation permits .

xiii) RWANDA

RWSG Nairobi activities are directed mainly towards rural sanitation, but it has also prepared a Sanitation Master Plan for Kigali. RWSG is planning to hold a workshop on low-cost sanitation with the participation of WHO in February or March 1989. GTZ advisers to the Ministry of Public Works will assist in the workshop. UNICEF is broadly involved in rural water supply and since one year ago also included rural sanitation in its programme. USAID, through CARE and the involvement of PROWESS, is carrying out a rural WS project. ESAs meet from time to time informally, to discuss issues on water supply.

See Chapter IV for Conclusions and Actions.

xiv) SAO TOME & PRINCIPE

A Decade consultation was held in 1986 with support from UNICEF and UNDP. Cooperation from Caisse Centrale had been provided for major towns. Government representatives had attended the DCM for lusophone countries in Lisbon in April 1988. A needs assessment mission in 1989 was being considered by UNDP's Regional Bureau for Africa (RBA/UNDP) with WB/UNDP, UNICEF and WHO, concerning the lusophone African countries. It was hoped that this would lead to proposals for technical cooperation. Consideration might be given to a joint mission in 1989 and to national issue-related seminars.

xv) SEYCHELLES

No ESA activity was reported with the exception of assistance provided

by WHO in the field of occupational health. Studies in cost recovery for water supply had also been carried out.

xvi) SOMALIA

RWSG had carried out an appraisal mission in late 1987 but had had no further reactions from Government since. GTZ and DTCD had experienced difficulties in project execution and favoured a joint mission to review the situation. WHO/EMRO had presented a number of projects to ESAs, but funding had not yet been negotiated. There is a clear need for institutional and human resources development in the sector. UNICEF had been active through OXFAM and also in respect of projects for control of diarrhoeal disease. USAID's water supply and sanitation project had been completed.

See Chapter IV for Conclusions and Actions.

xviii) SUDAN

RWSG has been assisting the Government in the preparation of a Sector Review and Action Plan (SRAP) and of a UNDP project document, "Strengthening of the Water and Sanitation Sector in Sudan". Government approval of SRAP is expected in early 1989, after which the UNDP project document will be finalized. RWSG is also providing support for the local manufacturing of India Mark II handpumps.

CIDA provides major bilateral support to Sudan with emphasis on the rehabilitation of water yards. DANIDA is also planning to support the rehabilitation of about 500 water yards. UNICEF has one of its largest programmes in Africa in Sudan. It is an integrated project based on handpump technology. UN-DTCD has an ongoing project for water resources assessment. USAID and CARE are supporting water/sanitation and integrated primary health care projects.

Funds for water supply and sanitation in the context of the Emergency Relief Programme related to the recent flood disaster are required.

Guinea worm disease is endemic in Sudan; its eradication would be an excellent indicator of progress in the provision of water supply.

See Chapter IV for Conclusions and Actions.

xvii) SWAZILAND

The Government of Swaziland, with support from WHO, has developed a two-year Sector Action Plan (1987-89), including a manpower assessment plan. Projects identified in the plan still require funding. CIDA, DGIS and USAID are involved in rural water supply and sanitation. USAID/WASH has assisted the Government of Swaziland in a variety of sector planning and assessment activities.

Since the UNDP RR has not been active in respect of Decade coordination, it was suggested that the focal point be shifted within the UN system. At present, USAID/WASH is taking the informal lead of donor coordination.

xix) TANZANIA

The World Bank is the executing agency for a UNDP funded project for a Decade Adviser. A Sector Strategy and Action Plan (SSAP) was prepared by RWSG about two years ago and has gone through several revisions following

consultations with the Government and ESAs active in Tanzania. Recommendations for the rural subsector, prepared at a consultation with ESAs in Arusha in 1986, initiated by NORAD, have been incorporated in the SSAP. The SSAP was endorsed by the Government at a recent meeting in Dar es Salaam. A UNDP project has been prepared, based on the SSAP, and discussions have been initiated with UNDP, FINNIDA and GTZ for financing the TA project.

Many ESAs are supporting regional rural water supply and sanitation projects in Tanzania, e.g. NORAD in Rukwa and Kigoma regions, FINNIDA in Mtwara and Lindi regions, SIDA in the Lake regions and DANIDA in Iringa, Mbeya and Ruvuma regions. UNICEF has recently carried out an evaluation of the water and sanitation project they are supporting in Warangombe. The regional programmes need more uniformity; recommendations to that effect are made in the SSAP. The DANIDA agreement is expiring at the end of 1988. A Government decision on the SSAP is awaited before a new agreement can be entered into. The World Bank, CIDA and KfW are providing support to the urban subsector. WHO is active in HRD with support from bilateral agencies.

See Chapter IV for Conclusions and Actions.

xx) UGANDA

Sector authorities have a good working relationship with the ESAs active in the country. RWSG had prepared a sector strategy paper that puts emphasis on rehabilitation of the sector. Other major donors involved are UNICEF with a broad integrated programme and DANIDA with a large project it is planning to implement. Uganda will also become a priority country for USAID. ESA presence in Uganda is at present still limited, but is likely to expand rapidly.

ESA coordination at this stage is not an issue, in view of the limited number of ESAs presently active at the country level. However, its importance should be highlighted now, since it is anticipated that there will be a large increase in the number of ESAs, so that the government may take the necessary steps with sufficient anticipation.

See Chapter IV for Conclusions and Actions.

xxi) ZAMBIA

Following a Decade conference in November 1986, which served as a forum for discussion of strategies between Government and ESAs, a plan for the reorganization of the sector was prepared with support from GTZ and RWSG. This report still awaits Cabinet approval, which is expected shortly, after delays due to elections in 1988. This reorganization provides scope for improved ESA coordination. NORAD is preparing a new project but requires more time for the review process which is dependent on the Zambian Government viewing the project in the new sector framework. WHO had been associated with UNDP in the past and was now involved with the PROWESS Project. UNICEF favoured an approach to Government together with the ESAs, particularly GTZ and NORAD, through the Zambian Decade Adviser. Other bilateral ESAs supporting the sector included ODA/UK and FINNIDA.

See Chapter IV for Conclusions and Actions.

xxii) ZIMBABWE

Zimbabwe completed a National Water Supply and Sanitation Plan late 1985, but it is yet to be endorsed by the Government. Even though the Government's approval has not yet been obtained, the present rural sector development follows the recommendations outlined in the Plan which aims at full coverage by year 2005. The Plan, however, is restricted to the rural areas, excluding the urban and commercial farming areas which comprise more than 40 percent of the population, and thus cannot be seen as portraying a comprehensive programme.

A complementary Health for All Action Plan is currently in force which has similar provisions for the Ministry of Health's support for low-cost water and sanitation facilities.

The Water Master Plan has not yet been complemented fully with comprehensive planning and development strategies in respect of investment, operation and maintenance, human resources development and cost recovery aspects. The latter is, however, presently being addressed through a Willingness-to-Pay Study, which was commissioned by the World Bank in October 1987 and is expected to be completed with a first draft report in December 1988. Furthermore, a Training Network Centre for low-cost water supply and sanitation development is expected to be operational as from April/May 1989 with support from the UNDP/WB Decade Programme. The objective of the Centre is eventually to also serve other countries in the region.

Three important features were noted in the rural sector development in Zimbabwe:

- 1) that a National Action Committee has been formed, assisted by a Coordination Unit and various subcommittees to coordinate inter-ministerial sector responsibilities;
- 2) that decentralized planning and implementation is a prime objective;
- 3) that an early post-independence focus on conventional systems has given way to an extensive use of low-cost technologies.

It was a general impression by the Meeting that the policies and strategies being established in Zimbabwe could have a positive impact on other countries in the region.

See Chapter IV for Conclusions and Actions.

3.2 Overall, the country discussions were productive, in as much as they highlighted country-specific sector issues that need to be addressed jointly by the ESAs at the country level. From the discussions have emerged ten countries that will require special concerted ESA efforts. An action programme for these countries is provided in the following section.

IV. CONCLUSIONS AND ACTIONS

4.1 The meeting concluded that there is scope for improved coordination among the ESAs and with the government sector agencies supported by them. It was recognized that in countries where there is an active National Action Committee or an equivalent arrangement, the coordination is more effective, with mutual benefit to government agencies and ESAs concerned. Where no such coordinating mechanism exists or functions, the governments should be encouraged and supported by ESAs to establish one.

4.2 The coordination among the ESAs could be considerably improved by more exchange of information and informal contacts.

4.3 In some cases, the UNDP Resident Representative could better fulfil his coordinating function, which is recognized by all, if his office was strengthened with knowledgeable sector support staff. This is particularly important for the countries identified below where more concerted efforts are needed.

4.4 In the discussions of country specific issues, a number of countries emerged with potential for further harmonizing the work of the governments with the support provided by ESAs. The conclusions for further action are summarized below by country. The responsibility for coordinated actions rests with the governments of the developing countries concerned. The ESAs can only act in a catalytic role, and the suggestions made should be seen in that light.

i) ETHIOPIA

* The UNDP Resident Representative should use his discretion to explore the possibilities of bringing the ESAs closer together in an informal way and to encourage exchange of sector information. The benefits of improved coordination among the ESAs might encourage the Government to strengthen ESA coordination at its own initiative.

ii) KENYA

* UNICEF, undertaking an integrated programme, is well placed to increase the coordination of efforts by ESAs in supporting the Government. The informal approach taken by UNICEF is endorsed. The value of the informal consultations could be further increased by inviting representatives of NGOs and key ministries other than Water and Health, i.e. Culture and Social Services and Local Government, to participate in the exchange of information.

* The concerns expressed by the representatives of ESAs, namely that the lack of a sector strategy slows down sector development, should be brought to the attention of the Government jointly by the UNDP and UNICEF representatives.

iii) MALAWI

* RWSG should initiate in early 1989 through the Government, a workshop in Lilongwe with Government agencies and ESAs concerned to review the Sector Position Paper and Action Plan and Sanitation Sector Strategy Paper prepared by RWSG.

* The UNDP Resident Representative should explore with the Government the possibility of holding a Decade Consultative Meeting in 1990 with support from WHO.

* The UNDP Resident Representative should be asked by RWSG to organize periodic, informal coordination meetings with ESAs.

iv) RWANDA

* RWSG will assist the Government in the organization of a seminar on low-cost sanitation with input from WHO and participation of ESAs concerned in February/March 1989. Follow-up actions in terms of ESA coordination are to be agreed upon during the seminar.

v) SOMALIA

* RWSG should, through the UNDP Resident Representative, investigate the potential for a joint ESA assessment of the sector in Somalia. An exploratory mission, possibly in April 1989, should precede the assessment. Contacts should be made with local representatives of ESAs involved in the sector during the exploratory mission, e.g. Federal Republic of Germany (GTZ and KfW), UNICEF, WHO, USAID. The potential of involving Arab Funds and NGOs in supporting the sector in Somalia should also be explored before the joint assessment is undertaken.

vi) SUDAN

* RWSG should, during a forthcoming mission in January, 1989, explore, with the UNDP Resident Representative, the possibility of holding a workshop in Khartoum in March/April, 1989 with Government agencies and ESAs concerned. The purpose of the workshop would be to discuss the implications of the UNDP project formulated by RWSG. The project aims at providing support to the Government in the implementation of the Sector Strategy and Action Plan.

* The UNDP Resident Representative should, through consultations with the ESAs active in the sector, initiate wider collaboration of ESAs and improved information exchange.

vii) TANZANIA

* RWSG should take the initiative to encourage the Government to call a meeting of Government agencies and ESAs concerned (UNDP, DANIDA, FINNIDA, NORAD, GTZ and possibly others) to finalize the details of the UNDP Project that will support the Government in the implementation of the Sector Action Plan that has been endorsed by the Government.

viii) UGANDA

* Although ESA coordination is at present not a problem, the UNDP Resident Representative should take the initiative of establishing a mechanism for ESA coordination, in expectation of increased ESA sector interest.

* RWSG should initiate, through the Government, in early 1989 a workshop with Government agencies and ESAs concerned, to review particularly those activities proposed to be undertaken in the Sector Action Plan, under the DANIDA project proposal and the ongoing UNICEF

programme. This would provide the framework for coordination of overall sector development.

ix) ZAMBIA

* The UNDP Resident Representative, together with the Decade Coordinator in Zambia, should brief Cabinet Ministers concerned about the proposed reorganization of the sector and encourage them to make an early decision regarding the reorganization.

* Following a Cabinet decision on the Sector reorganization, GTZ is prepared to sponsor a workshop in Lusaka with Government agencies and ESAs concerned, to review and finalize a UNDP Project Document which will be supporting the Government in its implementation of organizational changes. The workshop could possibly take place in February/March 1989.

x) ZIMBABWE

* ESAs, in dialogue with the government, either directly or through UNDP, should recommend to the government the need to impress on the commercial farmers their duty to provide their workers with safe drinking water and sanitary installations.

* An effort should be made to extend the master plan to also include populations in peri-urban areas, presently not covered by the plan.

* GTZ should pursue the preparation of a workshop sometime in February/March, 1989 to address issues such as division of responsibilities in the sector. Interested ESAs should be invited to participate in the workshop.

* In view of Zimbabwe's recent efforts to structure the sector responsibilities, with centralized coordination and a decentralized planning and implementation approach, the ESAs should provide all their future support through the structure adopted by the Government.

* The Government might wish, at an appropriate time, to call a Decade Consultative Meeting. WHO should at that time indicate to the Government, through the UNDP Resident Representative, what support they can provide for the preparation and conduct of a DCM.

4.5 Participants expressed their satisfaction with the outcome of the meeting and recommended that similar subregional meetings should be repeated in other parts of the world as a preamble to country level coordination meetings which would be initiated by developing country governments.

4.6 Follow-up at the country level will indicate to what extent the suggestions made at this meeting will be useful to the governments concerned and to country level representatives of ESAs.

4.7 The number of countries to be covered in similar meetings should be reduced to allow more in depth discussions and, in any case, representatives of the governments concerned should be invited to the meetings.

4.8 It was recommended that one or possibly two subregional meetings should be organized in West Africa during 1989. It was suggested that the African Development Bank which plays an important role in the sector should be asked by the UNDP/WHO Decade Coordinator to possibly host such a meeting in Abidjan in late 1989.

ADDRESS BY PROFESSOR UMARU SHEHU, DIRECTOR, SRHDO
AT THE OPENING OF THE INTER-AGENCY ROUND TABLE ON
WATER SUPPLY AND SANITATION IN EASTERN AND SOUTHERN AFRICA
HELD IN HARARE, 28-30 NOVEMBER 1988

Dear Colleagues, Ladies and Gentlemen,

My role this morning is a pleasant one in that it is principally to welcome you to this WHO Subregional Health Development Office. The aim of the gathering as you all know, is to participate in the Inter-Agency Round Table on Water Supply and Sanitation for Eastern and Southern African countries. I do not intend to say very much on that, because I have a very competent colleague who I believe will play that role better. After all, he has succeeded in organising this meeting almost single-handedly.

At this stage, I would like particularly to mention the Heads of the UN Agencies in Zimbabwe who are here with us: Mr Richard Church who is representing the UNDP Resident Representative and Coordinator of the UN System, Mr Dusan Dragic; Mr Baboucar N'jie, the UNICEF Area Representative and Dr Michael Dlamini, the WHO Representative. We have always worked very closely with them. Also attending this meeting are representatives of Canada/CIDA, ODA, GTZ, NORAD, Sweden/SIDA, DANIDA, FINNIDA, KFW, SDC, EEC, USAID and IRC as well as some NGOs i.e. REDD BARNA, Lutheran World Federation, KADEK. To all of you I extend a warm welcome.

The objectives of this meeting have been clearly articulated in the document which was circulated to all participants. Principally, it will aim at assessing the effectiveness of the working mechanisms which were set up by the external support agencies represented here today. It is a follow up of the first Inter-Agency Round Table which was held in Brazzaville, People's Republic of the Congo in December, 1987. The success of that earlier meeting reflects the renewed determination of the UNDP, UNICEF, WHO, WB, Bilateral Agencies and NGOs to strengthen the International Drinking Water Supply and Sanitation Decade partnership and to map out a framework for further collaboration well beyond the Decade itself.

I now have the pleasure of inviting the Representatives of the four Sister UN Agencies i.e. WHO, UNDP, UNICEF and WB and the Secretary for Ministry of Local Government, Rural and Urban Development to make brief statements at this Opening Ceremony.

ANNOTATED AGENDA

Monday 28 November 1988

0830 - 0900 Registration of Participants

0900 - 0930 Opening addresses:

Professor Umaru Shehu, Director, SRHDO III
Dr Nzuwah, Permanent Secretary, Gov of Zimbabwe
Mr Baboucar E N'Jie, Area Rep., UNICEF
Mr R. Church, Deputy Resident Rep., UNDP
Dr Michael Dlamini, WHO Rep.

Announcements and appointment of officers

0930 - 1000 COFFEE/TEA BREAK

1000 - 1100 Background for this Meeting and anticipated outcome as a follow-up to the recent meeting in The Hague Acheson

1100 - 1230 Sector Position in the sub-Region (policy, strategy, constraints and scope for country-level inter ESA collaboration, both formal and informal) Discussion RWSG/WB
UNICEF
UN/DTCD
WHO

1230 - 1330 LUNCH BREAK

1330 - 1530 Sector Position in the Sub-Region (policy, strategy, constraints and scope for inter ESA collaboration, both formal and informal) GTZ
NORAD
SIDA
DANIDA
FINNIDA
USAID/WASH
CIDA
SDC
IRC
Redd Barna/Norway
(Save the Children)
World Vision

1530 - 1600 COFFEE BREAK

1600 - 1700 Global Discussion on Issues, Problems on Inter-agency coordination and cooperation, Tools for Coordination.

Guidelines for Country Level Discussions

Tuesday 29 November 1988

0830 - 1030 Consideration of country Specific Issues (RWSG
to take the lead in the discussions, except for
countries where they are not active)

Group I: Somalia
Sudan

Group II: Ethiopia
Kenya
Uganda

1030 - 1100 COFFEE/TEA BREAK

1100 - 1230 Consideration of Country Specific Issues (Cont.)

Group III: Burundi
Rwanda

Group IV: Angola
Sao Tome and Principe
Mozambique

1230 - 1330 LUNCH

1330 - 1500 Consideration of Country Specific Issues (Cont.)

Group V: Botswana
Lesotho
Swaziland
Namibia

Group VI: Comoros
Madagascar
Mauritius
Seychelles

1500 - 1530 COFFEE/TEA BREAK

1530 - 1700 Consideration of Country Specific Issues (Cont.)

Group VII: Malawi
Tanzania
Zambia
Zimbabwe

Evening Working Group to plan for Drafting Sessions on Key Countries

Wednesday 30 November 1988

0800 - 1030 Discussion on approaches and sector issues in
key countries, for subsequent decision and
action at the country level

1030 - 1100 COFFEE BREAK

1100 - 1230 Discussion (Cont.)

1230 - 1330 LUNCH

1330 - 1500 General Discussion on Sector Issues

1500 Closure of the Meeting

INTERAGENCY ROUND TABLE MEETING ON WATER SUPPLY
AND SANITATION - EASTERN AND SOUTHERN AFRICA
WHO-SRHDO III HARARE, ZIMBABWE
28 - 30 NOVEMBER 1988

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