

Draft

CONCEPT FRAMEWORK
COMMUNITY WATER SUPPLY UNIT

COMMUNITY PARTICIPATION, WOMEN'S PARTICIPATION
and HYGIENE EDUCATION

1. Introduction

This paper sets out to propose a framework for incorporating community participation, the role of women and hygiene education as an integral part of the activities of the water and sanitation programmes with which the WHO system is involved. The aim, responding to a growing demand upon WHO, is to devise ways to give operational reality to the many policy statements, theoretical approaches and field findings which declare and have demonstrated the importance of these social aspects.

Participation, women and hygiene are here considered as facets of a common core. There is clearly a need to take steps to ensure that the presently existing male-oriented societies do not continue to ignore women's special needs and full potential. However, the premise here is that there can be no effective community participation or sustainability, certainly in the health sector, unless women are regarded as vital and active partners in all aspects of programmes and projects. The view here is also that it is dysfunctional to approach hygiene education in isolation from overall community-based plans and activities aimed at meeting a demonstrable community commitment and expressed demand for upgrading its health and general development situation.

Common concerns and working partnerships

As in many other development areas, the common core for sustained progress in water and sanitation lies in the capacity of the members of a community to effectively work together. This means that they put aside their diverse interests in order to address common concerns and, having identified and agreed on priorities for action, apply a capacity to plan methodically for the best utilisation of their own resources, at the same time considering how best to attract and successfully channel what it is necessary and maybe from outside sources. In short, productive working partnerships and genuine mutual respect and understanding between local and external organisations are essential for on-going and sustainable development.

There is a parallel here for the outside sources also. A number of United Nations agencies, despite their diverse mandates and interests, have a common concern with the problems of water and sanitation, and there are many other organisations and agencies, government and non-government, which are equally involved at some level in the development field. This paper addresses ways in which what each has to offer might be brought together and channeled to the best effect in pursuing mutual objectives.

Community participation and development agencies

The experience of these organisations has led to an ever-increasing acknowledgement that their efforts have fallen short of intent and of sustainability, very often owing to the lack of

the necessary grassroots community involvement in the processes of planning and implementation. How to build a satisfactory partnership within communities, between communities and the organisations and agencies and between the organisations and agencies, themselves is the subject of this document.

2. Justification

The need for a determined approach to community participation and all that it implies has been widely expressed and documented.

IDWSSD lessons and

WHO goals in the 1990s

The Director General of the World Health Organisation in his final evaluation report of the International Drinking Water Supply and Sanitation Decade to the World Health Assembly, drew attention to the growing realisation of the importance of the social aspects of planning and the full involvement of the community in water and sanitation activities. He also reflected upon the limited achievements arising from this realisation:

"The Decade demonstrated that the full participation of the community is a critical element in providing safe drinking water and sanitation to rural and slum areas on a sustainable basis.....It became increasingly clear that project success, particularly in rural and peri-urban areas, is highly dependent upon the degree of community participation and with it a sense of ownership. This requires that the system users have a major decision-making role in project development, including systems planning, financing, responsibility for continued operation, maintenance and management....."

"However, for the most part, the concepts of community partnership and how to achieve it have not been institutionalised by government agencies. Largely, planning remains "top-down", as the "bottom-up" approaches that community participation implies are the antithesis of the ways many government or international agencies and donors work. Poor appreciation of the concepts, methods and skills is the obstacle to implementing this philosophy of development".

He concluded:

"Much remains to be done to make community participation a reality in most countries. Determined and enduring efforts to institutionalise and operationalise the concepts in water and sanitation programmes are essential."¹

World Bank and

UNDP involvement

Endorsement of this WHO assessment is abundant in WSS sector policy statements.

David Grey, who headed the UNDP-World Bank Water and Sanitation Programme, reports a key consensus:

"..that governments should turn from being a provider of services to a promoter and facilitator, building the capacity at the village or district level to deliver and sustain services."²

Significantly, following the Decade, WHO goals for the 1990s include a stated determination to address the community participation requirement. Specifically related to this proposal are two of the four principles arrived at by the Global Consultation³ in the New Delhi Statement:

" Institutional reforms promoting an integrated approach and including changes in procedures, attitudes and

¹ Final evaluation of the international drinking water supply and sanitation decade (IDWSSD)1981-1991. Report by the Director-General WHO.

² Source, UNDP June 1991.

behaviour, and the full participation of women at all levels in sector institutions;

" Community management of services, backed by measures to strengthen local institutions in implementing and sustaining water and sanitation programmes;"

The need for community participation
as a foundation for development.

It should be well noted that such appraisal of deficiencies, in effectively involving those for whom development is most imperative, is common not only throughout the Health sector but in the very widest range of development programmes and projects. This need for community participation in development projects across the board can be forcefully illustrated.

Wm. H. Draper, Administrator of UNDP, has entitled the UNDP 1990 Annual Report Putting People First (which has a familiar ring for CWS). The theme of the report is:

"Grassroots participation,..... is at the core of people-centered development....The message is twofold. One, that people themselves be given the means by which they can take charge of their own economic and political futures. Two, that governments must create a new framework that actively promotes participatory development."

In the "Starting at the grassroots" chapter, UNDP proclaims:
"If there is a lesson to be drawn from the experience of the past, it is that development, to last, must grow from the desires and aspirations of people themselves. This implies a new role for governments as facilitators of change. It means new responsibilities for international organisations, which will need to decentralise their decision-making and integrate new participatory methods into their operations, if they are to respond purposefully to local needs."

UNDP will be targeting much of its assistance to what the Governing Council has endorsed as "The human development imperative" and will:

"..concentrate on building national capacity in six specific areas: poverty eradication through grassroots participation in development, environmental protection, management development, technical co-operation among developing countries, technology transfer, and the promotion of women in development."

Each of these six areas is of significance to the WSS sector and they feature in this framework, which is at one with UNDP in aiming to help "...countries build strong and effective public institutions needed to create enabling environments for people's participation"

Therefore, in supporting community development processes specifically for water and sanitation, which is the focus of this proposal, CWS will be contributing at the same time to a vital element of main-stream development activity.

The present requests

and future response of CWS

CWS receives a flow of requests for support couched in general or compartmentalised terms. These tend to be diverse and vary according to the idea of the requester of what past experience has shown might be available. The nature of these requests encourages opportunistic attempts to try to provide something for all comers, from limited CWS resources. The present proposal intends to demonstrate that the needs can be more specifically identified and met if built upon a solid community-planning foundation. The forging of genuine participation with the community will thus become the on-going process for systematically, cumulatively and, above all, sustainably introducing a whole range of tailor-made and timely inputs. Such an approach will allow CWS to develop and offer a well-planned package of support which is more comprehensive, far-reaching and fundamental than in the past but at the same time will, in its proper place, encompass the initial request.

The activities described here should enrich the medium-term programme of CWS and well fit its overall strategy.

3. Historical Development within WHO

Although it is now realised that inadequate attention has been directed to community-oriented approaches throughout the Decade, it must be acknowledged that considerable work has in fact been done in this field.

Strengthening of health services

WHO has recently examined the critical issues of community involvement in the broad perspective of health development⁴ and a WHO study group was convened in 1989; in its report,⁵ Dr. Hu Ching-Li, WHO Assistant Director-General concluded that the current situation "could be characterized as one of transition from talk to action."

CWS/Regions and community participation

Examples of work specifically in relation to water and sanitation which show pioneering attention directed to working with communities, can be found in WHO's Guidelines for planning community participation activities in water and sanitation projects,⁶ and PAHO's Case studies (1984)⁷. SEARO's Achieving success in community water supply and

⁴ Peter Oakley, Community involvement in health development, WHO 1989.

⁵ Community involvement in health development: challenging health services, WHO Technical Report Series 809, 1991.

⁶ Anne Whyte, WHO Offset Publication No.96 1986.

⁷ references please

sanitation projects⁸ starts from the premise that field results in water and sanitation have been poor and it tackles the subject of relationships with the community with a commendably light touch. It, too, speaks of the broad consensus that the problems which need urgent attention are not in the main technological but social and organisational.

1) There is a yawning conceptual gap between people and planners.

2) Planning has emphasised coverage and sustained functioning and utilisation of facilities has been of minor consideration.

3) There is a lack of effective backup support to communities, particularly after the completion of projects.

.....further account of WHO's contribution..EMRO???...

Women, community,

and WSS

PROWESS, with which CWS has been associated, has made parallel contributions (supported by UNDP (now World Bank?).

PROWESS "focuses on women in the context of their communities, because they are the main collectors/users of water and guardians of household hygiene and family health."

It has demonstrated "how women can be involved, the benefits this will bring to women and their communities, and how this experience can be replicated."⁹

It is interesting to note that although specifically created for women and water/sanitation/hygiene during the Decade, PROWESS

⁸ exact reference

⁹ Lyra Srinivasan, Tools for community participation, PROWESS/UNDP Technical Series, 1990.

has operationally worked with women as an integral part of their communities and with health in the context of overall community development. Thus PROWESS has demonstrated in practice the indivisible nature of the task even while advancing from, and concentrating on, a particular perspective. This commendable pragmatism is much in line with the concept of the present framework.

However, despite all these and many other efforts, the rich experience gained from community-based work and its documentation are mainly to be found in a fragmented condition on the shelves of field offices and various agencies and in the skills of a few persistent practitioners. The results of all this work are rarely appreciated and, even less, systematically utilised.¹⁰ Its implications for planning and sustained field practice continue to remain divorced from water and sanitation projects as well as from the mainstream of development.¹¹

The need to institutionalise community participation

What is required is the institutionalising of participation firmly within the planning and implementation procedures for water and sanitation systems. In the process, such intergration might in addition provide a demonstration of how this approach might become widely applied to a whole range of other community-based development activities.

¹⁰ See Community participation: now you see it , now you don't, UNICEF NEWS 124/1986.

¹¹ A list here of useful UN materials?

Addressing this situation, CWS's 1987 contribution, People First, Water and Sanitation Later,¹² introduces what could be the basis for a CWS programme to assist the WHO Regions and the member governments and their agencies in incorporating the essential missing community link into an institutionalised and integral process, in order to move beyond the recurring problems to sustainability.

4. People First: a new CWS programme

People First
a synopsis

The People First approach is primarily based upon the CWS People First document (and should be reviewed in conjunction with this paper). It is briefly described below.

Overall, what is proposed is the setting-up of a CWS programme for action/implementation-research and development which will provide WHO with the opportunity to offer the water and sanitation field the means for adopting community-oriented planning methods. People First responds to the fact that water and sanitation for health cannot be satisfactorily planned without taking into account what is often the community's prior claim on water, such as for animals and irrigation, which in turn affects people's nutrition and their traditional economics of survival. People First, although focused on water and sanitation, cannot ignore the community's priorities and those working with this kind of planning may well have to assist in orchestrating technical co-operation beyond their sector mandate. The People

¹² David Drucker. People First, Water and Sanitation Later (WHO/CWS/87.3) 1987

First approach therefore operates within the context of integrated planning and perceived from the community's point of view. This is a plus because the methods and skills, intended to be promoted and then practiced by the community in planning for water and sanitation, are fundamental and can be regarded as providing social capital available for all kinds of subsequent projects and objectives. In this sense, effective community participation is both a tool and a goal in that it establishes on-going organisation for further purposes.

The approach aims to:

- 1) Establish the political and administrative determination to bridge the conceptual gap between people and planners, in order that a planning partnership can be properly established between all concerned parties;

- 2) Put under increasing scrutiny the quality and nature of the relationship between officials, professionals, politicians technicians and ordinary citizens, and realistically assesses what each has to contribute;

- 3) Puts to the test whether plans are to be truly indigenously appropriate or continue to be derived from alien concepts;

- 4) Yield local information, data, opinion and wisdom not readily available or affordable by the usual professional means, which characteristically mystify and privatise knowledge away from those to whom it belongs locally and who could use it most

productively;¹³

5) Provide an effective prognostic tool. The degree to which a community demonstrates its genuine involvement in planning, along with the opportunity this gives for studying their particular qualities and capacities, is a firm indicator for deciding whether external investment of hardware and resources is soundly based;

6) Provide a detailed local monitoring and management framework constructed by the community itself;

7) Provide an open (participatory) budgeting and bookkeeping system constructed and thereby understood by the community itself;

8) Induce a sense of ownership and responsibility for plans and public resources and services;

9) Provide the material and a system for community-conducted evaluation;¹⁴

10) Identify the needs and build the response to a whole range of training based on an on-going participatory mode;

11) Provide a working basis for bringing together

¹³ ..it is better to have less perfect but more usable data. It is also better to have less evaluation data which can be more easily shared than a massive amount which becomes the private (and often confidential) possession of a few. Participants are enabled to analyse systematically their own reality and to increase self-reliance and self-determination. Evaluation is a circular process with the findings and conclusions linked closely with plans for future action. Fuerstein.

¹⁴ Conventional evaluation approaches have been based largely on a narrow set of western and elite-dominated conceptual frameworks. For this reason such approaches have given scant recognition to the validity of a wider range of frameworks including those found at community level. Or, to put it another way, are the powerless and the poor to continue to be judged by others using sets of assumptions and value judgements constructed very largely without their participation? Fuerstein.

international and government agencies, donors and NGOs concerned with water, health, women, community development, training and organisational capacity strengthening;

12) Identify and mobilise the fragmented and dispersed available appropriate skills, manpower, and materials in order for them to become an on-going source for community-based planning methods and development;

13) Develop cadres of trainers at Regional and country level;

14) Place responsibility on the trainers within line management for on-going supervision of field staff whom they have trained;

15) Establish a fieldwork force to introduce and develop community-based planning;

16) Develop a whole range of communication materials, research findings, case studies and publications for a variety of purposes, - for training in participatory methods, as tools in implementing community-based planning, as a contribution to a programme of 'social marketing', for professional papers, etc.;

17) Develop sets of indigenous hygiene education materials as an action-oriented curriculum for schools.

(The very nature of the community-planning process can be expected to stimulate a recognised need for hygiene education. The especially vulnerable members of the community, such as women and children, should then come to play an essential part in demanding such education, and should be assisted in contributing to the setting-up of appropriate arrangements for their community and subsequently advancing the changes in behaviour required to

apply it.

(The word "play" here has a further meaning. It is possible in the process of institutionalising community-based planning to invent indigenous action games. These might well be developed as a curriculum package for schools which will involve children (and through them, adults) in looking about their own environs, collecting and ordering information (research), making connections between cause and effects (theory), understanding what might be done (technical learning) and choosing from realisable options (decision-making) of what must be done by whom (planning).

This kind of look, see and tell, of what is happening in their own community, both play and learning, should breath life into what is already implicitly required in school curricula - at present commonly taught didactically, abstractly and stultifyingly. Such play/learning can lead youngsters and the community into action-oriented habits of planning, implementation and positive changes in health- related behaviour.¹⁵

The word "demand" also is emphasised to reflect a growing understanding that without it arising from the community itself, little investment of resources can be justified in terms of acceptance, effective utilisation and sustainability.)

It will be clearly seen that involving the communities in a planning partnership must be taken seriously; it is not just

¹⁵ See the CHILD-to-CHILD work of David Morley and the Institute of Child Health in London.

a simple addition to familiar planning methods but implies a radical alteration in planning perspective. Therefore People First also aims to:

17) Contribute to meeting the need for and demonstrating a change in the nature of much of the present planning practices.

CWS and PROWESS:

an operational partnership

PROWESS has undertaken materials development, training and advisory services to help implement community participation , health education, and women's involvement.

The contribution of PROWESS, in about twenty country projects in Africa, the Arab States and Latin America, has done much to bring participatory method to the grassroots level and to initiate the required participatory style for "master trainers". This is very valuable contribution along with its body of codified knowledge.

The People First approach aims to assist in the processes of working at the grassroots level and creating a cadre of both Region-based as well as country-based trainers. Therefore there will be a need to draw upon and extend the PROWESS experience and methods which have already demonstrated field level pay-off. The People First programme envisions a joint endeavour to anchor the PROWESS women/community methods and materials, along with its own, in an institutionalised structure of overall planning, implementation, back-up and follow-through.

The urban and

peri-urban situation

The People First approach outlined in this paper derives very much from rural experience and situations. There is a growing concern for meeting the conditions in urban, and particularly fast-growing peri-urban, squatter and slum situations. Experience to date in this area of concern is limited and confusing; It should become the subject for a range of action-research explorations, assisted by the kind of trainer/supervisors sketched below, to begin to put together an urban-oriented People First approach for a CWS response to urban-based requests.

5. Achievements (expected)

Primarily, the establishment of a comprehensive CWS programme of action/implementation-research for integrated (community participation, women and hygiene education), water and sanitation planning.

Community participation

in planning

The establishment of methods for community participation in planning.

At the community level this will yield:

- A wider source of information from the community, crucial for effective project planning;
- A detailed monitoring and management framework;
- A community-oriented ('friendly') participatory budgeting and

bookkeeping system;

- A community sense of ownership and responsibility for plans and facilities;
- An increased involvement and benefits for women;
- A system for community conducted evaluation;

At the agency decision-making level this will yield:

- A method for making a prognosis of possible project outcome, and more effective targeting. (The performance and commitment of a given community in the planning process should influence judgements regarding investment and distribution of resources and in perceiving goals of coverage in terms of sustainability).

It can be expected from such an outcome that projects will become socially institutionalised, technology find its most effective place, and facilities be productively utilised and sustained. In addition it should lead to fuller understanding and increased mutual trust between decision makers, technicians and communities and in so doing, enhance a sense of fairness and social justice.

A sounder framework for agency cooperation

- A much improved working basis for bringing together the many parties, international, national, NGOs etc., related to the wide range of technical and social, water and sanitation concerns;
- A contribution to widening and strengthening the CSW CESI system by feeding in the resources and personnel available for community-based planning activities;

- The attraction of increased and more effectively utilised donor resources arising from the opportunity for integrated and sounder reporting and evaluation;

A broader frame of reference for
measurement of achievement (evaluation)

- Measurement of achievement arising from community self-evaluation will include utilisation, sustainment and community satisfaction. In turn the People First programme itself might be evaluated from these indicators, compared against projects where community participatory planning had not taken place. Other factors would be related to whether a community had taken its new skills into planning for other development activities and perhaps too, the degree to which neighbouring communities had shown interest in emulating such activities.

These are not too easily measured but here is to be seen how the approach begins to introduce elements of qualitative evaluation and also introduces consumer-, as well as the more usual provider evaluation.

Training and trainers

- The establishment of a permanent cadre of trainers in participatory methods and community based planning;

at the Regional level:

the WHO sanitary engineers oriented and appropriately trained to promote and support the People First approach at country level:

supplemented by:

a select group of trainer/community participatory

planners developed as a pool of consultants to be called upon as appropriate and required; and at the country level:

WHO country engineers and agency trainer/supervisors (as an integral component of agency staff development and supervision) trained to create, and give on-going support to, a team of skilled field staff to operate the participatory community planning processes;

(Although these trainer/supervisors can certainly be supplemented from resources outside the responsible water agency, in principle the trainers must fulfil field-related rather than subject-related responsibilities. Without a firm commitment for line-based trainer cum field supervisors as an integral part of water programmes, training programmes would be sterile and wasteful of scarce resources).

- Trainer/supervisors (from their position of super? vision) contributing to improved management, programme and policy development derived from identifying gaps and inconsistencies in the course of their contact with front-line experience;
- The establishment of a cadre of effective community-based fieldworkers initiating, training and supporting participatory planning of water and sanitation-related projects at the community level. (Attention will have to be given to the need to provide a satisfactory career structure for such workers. Fieldworkers are often perceived as being at the bottom of the manpower ladder. Promotion then often results in the loss of the most skilled at community work being lost to administrative

activities);

- The production of a range of materials (a toolshed or cafeteria resource of materials) for participatory training and implementing community-based planning;
- Documentation of research and the production of case studies, professional papers etc;
- Assisting in the production of indigenous hygiene education action-oriented curricula for schools;
- A preliminary proposal for urban community participation water/sanitation/hygiene projects;
- The creation of an increasing demand from the sector for a broad-based approach of community participation, the role of women and hygiene education arising from a convincing demonstration of the effectiveness of People First.

LINKAGES

CWS/EHE

The People First approach provides a focus for collaboration between the sections of CWS and EHE. For example, community-based planning and the training programmes will require expertise from Operation and Maintenance, Research and Development, Finance and cost-recovery, ??? CESI will be involved as outlined above.

CWS/WHO divisions

Within the sections of WHO in Geneva there are already personnel who recognise the need for community-based planning in their particular field of interest and probably find themselves in some isolation struggling with concepts and the problems of devising coherent programmes. People First is directly relevant to the whole area of primary health care and the role of community health workers in public health, and the prevention, identification, control and treatment of a wide range of diseases. It is clear that such workers are equally in need of participatory planning methods and the type of training envisioned for water and sanitation personnel. Health Education, Maternal and Child Health???? also have similar interests. (Some of the staff here at Headquarters will have, or know of others, with relevant skills and experience of value and will undoubtedly show interest and contribute to the CWS initiative).

CWS/WHO and
other organisations

There is within the United Nation system itself a rich but largely unharnessed source of experience and resources which should be tapped and focussed around the field oriented activities envisioned in this CWS programme. To indicate just a few:

UNICEF has been particularly involved in community work and closely working with WHO interests in water supply/sanitation

etc. (Joint Policy??...). At one time UNICEF had a very active and creative Communications Support Programme which might still have much to contribute in-country and around specific projects and activities.

Community-based skills and resources have also been promoted by such as ILO and FAO (both of these have community participation resources at their headquarters). UNHCR and its many contracted NGOs have a wealth of relevant experience and skilled personnel

UNV (UNDP) has a specialised community-focussed programme, the Domestic Development Service (DDS). This provides experienced community development volunteers from neighbouring countries ("Foreign but not too foreign") within the Regions themselves to work at the village level. These might become an excellent collaborative resource for providing grassroots fieldworkers to demonstrate and implement community-level planning, giving support and guidance to co-workers in selected countries and projects for significant lengths of time and at modest cost.

UNRISD has a network of correspondents (700?) related to community-participation research which might provide a valuable resource in some countries.

NGOs internationally and nationally have in many respects been the standard bearers of community participation. Although frequently they operate on a limited project-by-project basis, there are ample resources of experience and talents to be identified in most countries.

Steps to programme development

1) Distribution of this People First concept framework draft paper to all within the EHE/CWS and the provision of an opportunity for full discussion with the aim of building into the programme appropriate aspects of each of the Division's responsibilities.

2) An exploratory WHO headquarters in-house meeting to discuss the CWS initiative and linkages and perhaps to consider the possibilities of establishing a consultative group to mutually support efforts towards a community participation approach throughout WHO.

3) An approach made to the Regional offices advising them of CWS's initiative in drafting a programme and inviting them to hold discussions at the Regions with the water and sanitation engineers, health educators, primary health care personnel, HQ staff, and with all interested parties. The aim of these discussions would be to clarify concepts and to initiate a joint Regional/HQ/Country plan of activities.

For this purpose a brochure might be developed for distribution to the Regional Offices ¹. and copies of People First, Water and Sanitation Later be distributed as one of the documents to focus discussion.

4) Orientation and training workshops for the sanitary engineers in the regions along with the potential Regional consultants.

(Each Region will need to have available to it a core cadre of

well-qualified and experienced community development trainer/managers to assist in creating and developing trainer/supervisors in the selected countries within the water/sanitation/hygiene/primary health care agencies and organisations. Such a Regional core cadre will need to be brought together to ensure a harmony of approach and methods and to build a thorough understanding of the particular needs of the sector. It is envisaged that this cadre will be available to be contracted and swiftly assigned as demand and opportunity require.

5) As agreement and plans of action are reached with the Regions and the WRs, prospective countries and agencies with appropriate proposed or on-going projects should be identified and explored for the possibility of introducing the CWS People First initiative.

6) The operational agencies will need to be supported in planning for the line integration of such trainer/supervisors as a permanent field-oriented team responsible for all field workers involved in community-based planning and operations. Agencies must be prepared to devise procedures so that the strictly 'hardware' or specialised technical staff can be effectively orchestrated with the fieldworkers in accordance with agreed community workplans.

The team must be on-going and permanently provided for in line staffing and financial support. Their role is to work with the field staff and the communities in meeting the peoples' self-realised unique and specific needs and resources and effectively dovetailing these plans with the available affordable

and appropriate technology, within sensitive administration and government policy.

7) Such trainer/supervisors with management roles are not readily to be found at present and will need to be created and established by the Regional cadre drawing upon the available resources in each country and each situation. The training role of the proposed trainer/supervisors is one which must be devised specifically in terms of what field staff are to be trained to do. As this kind of doing is not one for which there are likely to be existing models within the agency, the trainers will need to experience and practice the community planning role in order to be able to devise ways for developing the understanding and skills for trainee field workers.

8) Field experience must be set up for the would-be trainer/supervisors, as the approach requires the trainers to first practice themselves the tasks to be undertaken. In the process they will then be expected to formulate realistic job descriptions from their own experience, making sure that the organisational capacity and support for field workers actually exist and can be provided. Their experience will provide them with the indigenous case material and the basis for a task analysis to formulate both content and timing in curriculum building. In this way the trainer is a practitioner, researcher¹⁶ and learner as well as a teacher. This is a participatory (rather than the familiar quasi-academic didactic

¹⁶..the task of the researcher becomes not to produce knowledge but to facilitate the construction of knowledge by the community itself. Fuerstein. The community begins to know what it knows in more effectively useful ways. Drucker.

mode) where the shared experience of trainer and trainee can then become the model for trainee/fieldworker sharing with the community.

9) In the course of developing the WHO/CWS programme, working relationships should be established with the available personnel related to this community approach in the organisations in-country.

(There exists in most countries a source of community workers who need to be identified and appropriately drawn into contributing to the CWS community-based planning projects. These may be found within government structures or very often in NGOs who have a track record in community work.

WASH, IRC, and the PEACE CORPS, have been much involved in this area of concern. Universities, donor agencies and NGOs are also valuable sources for locating appropriate personnel and resources. A range of other important sources is also mentioned in Linkages above.

The point here is that the specific project situation should be approached in terms of drawing upon all the locally available talents and resources and built into a coherent workplan focussed on developing community-planning methods and skills of value to all the collaborating partners.

9) The experience of the programme and the projects should be carefully documented and provide the material for a wide range of publications.