



Partnership in integrated environmental health

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MOST DEVELOPMENT ACTIVITIES involve a partnership of some kind. These partnerships may include almost any combination of the following:

- an international funding and/or facilitating agency (multilateral, bilateral or non-governmental);
- a national or local government department;
- a national or local non-governmental organisation (NGO);
- a local community-based organisation (CBO);
- and, most importantly of all, the individual beneficiaries themselves.

In trying to achieve the greatest impact from the work that they support, international agencies often work in partnership with ministries or departments of the developing country government. In this way governmental institutions are strengthened, and individual staff capacities are built, by involvement in the development process. These institutional and individual lessons may be in technical, social, economic or managerial fields. As government departments around the world withdraw from direct implementation of development activities, and take a more strategic role in the sectors for which they are responsible, through setting policy, managing funding allocations and overseeing equitable distribution of services, the importance of building their capacity in these new roles is very significant. This can be assisted by active participation in planning, monitoring and evaluation of development programmes.

The aim of environmental health engineering interventions is to bring about improvements in community health. In order to achieve the maximum impact in this field, it is now widely recognised, and proven, for example by Esrey (1990), Kolsky (1993) and others, that a three-in-one approach is needed. It is necessary to first study needs and opportunities, and then to plan and implement activities in three areas: improved water supplies, sanitation and hygiene promotion.

Combining these two important aspects of our work is often difficult. Finding partner ministries or departments - be they primarily concerned with engineering, with health, with education or with other social and developmental issues - which are appropriately resourced, motivated and managed, is not easy. Building the necessary collaboration between ministries or departments with differing interests and responsibilities, in order to ensure

that all three aspects of environmental health work are both adequately covered and integrated, is complex, time-consuming and can be frustrating. This paper will briefly discuss some of the issues involved in developing appropriate triangular partnerships between funders, government departments and local communities.

The focus in this relationship is the choice of appropriate governmental partners. Within the environmental health sector we may be concerned, amongst others, with the Ministries of Health, Water Resources, Construction, Agriculture, the Environment, Education and, increasingly, Rural Development, as well as with their counterpart departments at local and regional levels. However, there is no country which I know of which has yet established a Ministry of Environmental Health Engineering, with both the specific responsibility and the necessary range of skills for both the improvement of water supplies, and the promotion of sanitation and hygiene. In order to achieve integration of these components we often have to consider working with more than one ministry or department.

The following examples, from my own experience of reviewing programmes in Cambodia and Tibet, will illustrate some of the issues.

Cambodia: Oxfam UK's Rural Water Programme, 1982-95 (Oxfam, 1995)

Throughout the 1980s in Cambodia, Oxfam worked, successively, with three different ministries in its attempts to improve rural water supplies - firstly with the Ministry of Health, then with the Ministry of Transport and Communications (Department of Roads and Bridges) and finally with the Ministry of Agriculture (Department of Hydrology). The initial partnership, with the Ministry of Health, was based on a clear desire to bring about improvements in community health for which the Ministry was responsible, but this proved very difficult. Subsequent changes in the partnership were motivated by attempts to find more effective implementing partners. Throughout this time, work was complicated by the fact that provincial departments, bearing the same name as their "parent" central department were responsible to the local Governor, and were dependent on the Provincial People's Committee for working funds. Local staff received a little professional support from the centre, but there were few other links.

In the early 1990s, central political controls were slackened, participatory development became feasible, and Oxfam began to develop a community organisation and hygiene education programme alongside its water supply construction activities. An expatriate Adviser was stationed in the central Department of Hydrology and others worked with the provincial Offices of Hydrology in four provinces. The partnership with Hydrology was proving satisfactory and, in 1994, Oxfam helped to establish a local project management structure in the Office of Hydrology in each of the four provinces. Provincial Community Organising and Education (CO/E) teams were set up and trained, to work alongside the engineering teams. These teams comprised staff from both the provincial Offices of Hydrology and Health. Their role was two-fold: to promote community involvement in planning, implementation and management of water supplies, through establishing and supporting Village Water Committees and Water User Groups, and to provide water-use education to villagers. The collaboration between staff from two offices was quite effective, under the new project management structure.

One problem, which is common to attempts to integrate engineering with social development activities and which was identified by the Evaluation Team in 1995, concerned the scheduling of the different components of the programme. The water supply activities had their own timetable, based on the rate at which the construction teams could work. The CO/E teams took some time to develop their own skills and processes and then required considerable preparatory time, working within each community, before construction could be started. If effective, participatory work was to be done, the pace of integrated environmental health activities had to be dictated by the speed of the CO/E work. This frustrated the construction teams, even though they and their bosses in the provincial Offices of Hydrology were beginning to appreciate the value both of the involvement of the community in local planning and of the health education.

As Oxfam's involvement in this programme drew to a close in 1995, a new ministerial player came onto the scene: the Ministry of Rural Development (MRD). The Government gave it a mandate for rural drinking water supplies. UNICEF, with the largest programme in this sector in Cambodia, quickly transferred its longstanding partnership from the Ministry of Health to the MRD. Since then most agencies working in this sector have transferred their programme partnerships from the Department of Hydrology to the MRD. Sanitation remains a low priority for most donors and hygiene promotion is added on to some projects which are primarily concerned with water supply improvements, through various mechanisms. However, the ministry with the principal interest in this work, the Ministry of Health, may no longer have a significant input.

Tibet: Save the Children (UK)'s Water and Sanitation Programme, 1991-94 (Fawcett, 1994)

After an assessment of the health situation in Tibet in 1989, Save the Children (SCF) established an imaginative programme of integrated environmental health work in four rural counties around the capital, Lhasa. Their partner was the Lhasa Health Bureau (LHB), which has responsibility for health in the city and its surrounding counties. The LHB had been identified as an appropriate partner at the appraisal stage. The programme aimed to improve access to safe water, to increase the number of household and school latrines and to improve hygiene awareness. Written objectives gave strong emphasis to capacity-building within the programme's partner organisations, and to influencing working practices in the sector in Tibet.

Much useful work was achieved in the first three years of the programme. This was carried out through the County Health Bureaux (CHBs), from which staff were selected to supervise local activities; they were trained and supported by SCF staff. Appropriate water supplies were built for 170 villages, over 5,500 household latrines were built or improved, and over 50 village schools had new latrines. At the same time, a programme of hygiene education was set up, managed by a skilled worker in the LHB. One Health Educator was recruited in each county, to work in the CHB, and they were given intensive training both in basic hygiene and environmental health, and in education techniques. The hygiene education team then developed methodologies and materials for their work and started a programme to train local teachers and leaders as educators, with the aim that hygiene messages would then be spread to the village people.

The partnership with the LHB was relatively ineffective in achieving the programme's capacity-building and influencing objectives. Five factors affected this outcome:

- The LHB has no mandate and no independent budget for work in water supply and sanitation, hence it could not continue this work after SCF's support ended.
- Tragically, the LHB hygiene education worker died in an accident in late 1992; thereafter, the county Health Educators received little support.
- The Director of the LHB, who had been a great supporter of the work with SCF, was promoted out of reach of the programme. The subsequent Director was less able to bring useful influence to bear on this part of her many responsibilities.
- Collaboration with the Lhasa Water Resources Bureau, who had been designated to provide technical support, was never effective. The Bureau's chief responsibilities are for construction of irrigation works and hydroelectric schemes; village water supplies are outside their normal mandate and not of great interest.

- The second SCF Adviser, who worked on the programme in 1992-3, gave greater emphasis to the achievement of construction targets than to community capacity-building, hygiene education and, particularly, the wider sectoral influencing role of the programme.

Together, these factors led to a decision to review the programme's effectiveness and sustainability, and, in particular, the viability of continuing the partnership with the LHB. After some internal analysis and a consultancy review, it was agreed that SCF should change their partnership from the LHB to the Regional Water Resources Bureau (RWRB). The RWRB has responsibility for water throughout Tibet, and has a budget, albeit limited, for water supply construction. It does not, however, have experience in sanitation and hygiene education, but their staff did express interest in this work. I judged that, if a satisfactory collaboration could be established with the Regional Health Bureau, who have a health education section and should be represented on the Programme Management Committee, it would be worthwhile attempting to move the programme to work with the RWRB as lead partner. This has since proved to be difficult and unproductive, for various reasons, and the programme has recently returned to its old partner, the LHB.

Conclusions

These two examples of partnerships between international agencies and local government, in the struggle for environmental health, suggest a number of conclusions:

- There is no "blueprint" for a process or structure of partnership that can guarantee success.
- It is probably necessary to develop a primary partnership with a single government department, but there are no rigid criteria for selection of this department which will guarantee success. Then we should try to build collaboration with other departments with complementary skills, interests, resources and responsibilities in and for the vital three components of environ-

mental health engineering. However, this inter-departmental collaboration is often difficult and requires considerable political sensitivity.

- It may be easier to develop effective partnerships at local level, where local staff are more directly accountable to project beneficiaries, rather than at the centre, where political influences are more significant. However, successful central-level partnerships will have more long-term and more widespread impact in the sector.
- Successful partnership may be very dependent on the skills, interests and commitment of individuals, which new post-holders cannot, necessarily, be expected to share.
- Scheduling of work needs to be carefully planned and agreed with all involved parties, especially between those responsible for engineering work and those undertaking social mobilisation and educational components of the programme.

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