

# Water, health AND nutrition .....

SECTOR-SPECIFIC APPROACHES



In many areas in which IFAD operates, chronic disease and malnutrition severely constrain the productivity and income-earning potential of the poor and prevent them from taking advantage of development opportunities. This is particularly true for women who are responsible for the care of sick family members. When needs assessments are conducted among women, it is generally found that water and health-related concerns are ranked as a high priority. Health, sanitation and nutrition components figure in 20% of the ongoing projects.

Evaluations of projects implemented under the IFAD-Belgian Survival Fund Joint Programme show that health-related activities provide a powerful entry-point for reaching women. They create the opportunity to organize informal interest groups, which later evolve into multifunctional groups that undertake economic activities as well.

Provision of a safe water supply is frequently included in the infrastructure or community development fund components. It is seen as the principal means not only to enhance health, but also to ease the daily burden of water collection by women and children. Investments in water supply have proved to be one of the most effective ways of involving women (especially in sub-Saharan Africa, North Africa and the Near East).

In Uganda, the Hoima-Kibale *Integrated Community Development Project*, funded by the Belgian Survival Fund in the context of the joint programme with IFAD, was implemented to bring the traumatized population up to a level at which it could participate in and benefit from development opportunities. The project was focused intensively on women, particularly those components addressing community-based healthcare, income generation and savings and credit. By the end of the project (1998), the following results had been achieved:

- over 600 women's groups and 27 development associations were in operation;
- women's savings and credit groups had a 90% repayment rate (short-term credit had a recovery rate of almost 100%);
- eight healthcare centres had been constructed; and
- over half the population in Hoima and 26% in Kibale had access to safe water (compared to only 6% before the project).

A majority of the population in the two districts remains cash-poor. However, by improving health conditions and strengthening their organizational capacity, the project has established conditions for the rural poor to be integrated into the broader economic growth that Uganda has been enjoying.

**CHALLENGE** Meeting health and social needs is essential in enabling the poor, and in particular women, to improve their productivity and income levels. Coordination with other donors is often a critical factor in ensuring a holistic approach to rural development.