Water, sanitation and hygiene is a connector, not a divider: An inclusive WASH case study



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Background – A snapshot of access barriers in Nepal

Residents of Nepal's remote hill areas face a number of difficulties in accessing water, sanitation and hygiene (WASH) services.

Socially excluded and ultra-poor community members in particular face some formidable barriers. Nepal Water for Health (NEWAH), the leading WASH non-governmental agency working in rural areas of Nepal, has worked closely with beneficiary communities since 1992. A snapshot of a few of the many social exclusion cases in which NEWAH have been intimately involved is provided in three case studies.

Case Study 2: Jhalak, Ram and children

Jhalak and her husband Ram both suffer from HIV and struggle to make ends meet to support their three young children.

They are both frequently ill and unable to work as effectively as they used to, only producing enough food from their land to feed themselves for six months of the year.

The physical effort required to haul water from distant water points is an exhausting and time consuming chore, limiting time available for other productive work and causing considerable hardship for the family. Local support is unavailable as community members avoid the family for fear of contracting the disease.

Location

» Rural Nepal

Case Study 3: Babisera and her carer

Twelve-year-old Babisera suffers from severe physical and mental disabilities. She is unable to move without assistance from a family member and spends the majority of her time confined to bed. Unable to communicate with family members and without the capacity to walk, Barbisera cannot independently visit the nearby fields to practice open defecation as other community members do. She is forced to defecate where she lies in bed. Consequently her mother spends hours each day bathing her and cleaning her bedding. This situation is a source of significant distress for Babisera and her family.

Each of the above cases faces a combination of individual, environmental, social and institutional barriers to accessing water, sanitation and hygiene. These are summarised in Table 1.

Case Study 1: Biswa

Biswa, an older person living in Koiralachula, lost her eyesight in both eyes 21 years ago. Life is difficult for Biswa because water is not easily accessible in her community and she does not have a toilet at home. When she needs to collect water, she must visit the river with the support of others. When support is not available, she is often injured when trying to visit the river alone.



Table 1 Barriers to WASH Access for Three Case Studies

Type of Barrier	Case Study 1 Biswa	Case Study 2 Jhalak, Ram and children	Case Study 3 Babisera	
Individual	Frailty (old age) Limited mobility as a result of blindness	Prone to infection Limited strength / stamina	Inability to communicate Severely limited mobility and/or control	
Environmental	Lack of infrastructure (no roads, only rough pathways; water and sanitation points are distant)	Lack of infrastructure (water points are distant)	Lack of infrastructure (no toilet available, unable to squat to defecate)	
	Rough terrain (steep hill slopes, pathways obstructed by rocks, boulders and vegetation, clay soil slippery when wet)			
	Wild animal attacks common along route to river (particularly jackals)			
Social	Lack of community support (perception that disability support is a family responsibility and that independence is unnecessary)	Stigma (community avoid the family due to fear of contracting HIV) No support forthcoming from community because of stigma of HIV	Lack of community support (perception that disability support is a family responsibility and that independence is unnecessary)	
	Lack of understanding / empathy for physical and psychosocial support needs			
Institutional	Limited visibility – no institutional support to ensure that specific challenges and needs are taken into account in community decision making processes			

Approach taken to improving institutional support: Gender and Social Inclusion (GSI) Policy

Through growing project experience, NEWAH recognised a lack of institutional support for inclusive WASH as not only a key barrier to WASH access, but also as a significant opportunity to improve the fair and equitable delivery of their WASH projects in Nepal. To act on this opportunity, NEWAH have drafted a Gender and Social Inclusion Policy (GSI) to guide their project work.¹

Formally drafted in 2004 following piloting as the Gender and Poverty (GAP) approach, the specific objectives of NEWAH's GSI policy are to:

- » Ensure that NEWAH's planning, program, budgeting, monitoring and organisational/ management arrangements are gender and socially inclusive; and to
- » Support NEWAH and its partners to become more sensitive to the WASH related needs and aspirations of women, the poor and the excluded, and ensure their inclusion in all project interventions.

NEWAH's execution of the GSI Policy at the community level is focused **through inclusive decision-making processes**. A core principle of all NEWAH work is that projects must be implemented in a community-led manner, and the GSI policy is put into practice by the way in which community decisions on WASH infrastructure and services are facilitated by NEWAH staff.

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¹ An English-language version of NEWAH's GSI policy is available as a supporting resource on the Inclusive WASH CD or at www.inclusivewash.org.au/case-studies

The way this is achieved throughout planning and implementation phases of the project is described below. As the project processes and tools are explained, this document returns to each of the above case studies to illustrate their application.

Project process and key tools

Stage 1: Baseline survey (project planning) phase

NEWAH projects commence with a baseline survey process. This involves collecting information to describe the socio-economic distribution of community members and supporting the community to make key decisions on project planning.

In accordance with NEWAH's GSI policy, the intervention point targeted during this phase of the project is the low social standing of socially excluded groups and their subsequent lack of power to affect decision making processes. This is achieved through the following project activities:

» Detailed household survey: Door-to-door collection of social information. Survey components are outlined in Table 2. The results of the survey allow NEWAH staff to identify disadvantaged community members and thereby target efforts at inclusive decision making during project planning.

- » Well-being ranking: NEWAH staff meet with a focus group in the community that includes, key social informants such as religious leaders, tailors and teachers. These people are chosen because they typically have a deeper insight into the socio-economic situation of each household, gained through their day-to-day function as core service providers within the community. This group is supported to delineate a set of criteria to define the socio-economic situation of community members into three brackets, which are ultra-poor, poor, or medium. This is referred to as the well-being ranking. This focus group then allocates a ranking to each household. The well-being ranking affects the contribution required from community members during project implementation (see implementation phase). The ranking results are ultimately discussed and confirmed by all community members during a mass meeting.
- » Mass meeting: Each household is required to send one male and one female member to a mass meeting to discuss planning of the WASH project. During this meeting, the Water and Sanitation Users Committee (WSUC), the community body that will govern ongoing management of the project and infrastructure, is established through group consensus. The GSI strategy targets

Table 2 Household Survey Components

Demographic details (sex, age) (<5y, 6-18y, 19-60y, >61y)	Elderly Household Only (no family support)	Single Woman Head of Household	Education status (illiterate, literate, school level, higher education)
Socio-Economic Status	Language Spoken	Religion	Caste and Ethnicity
Disability (type, and whether conflict related)	Long-Term Chronic Conditions (incl. HIV)	Current Water Source (public or private, dry and wet seasons)	Possession of latrine (type, and whether is it hygienic)
Specific Support Requirements			

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 $^{^2}$ An English-language version of the baseline survey is available as a supporting resource on the Inclusive WASH CD or at www.inclusivewash.org.au/case-studies

50 per cent representation of women in the WSUC, including 50 per cent of key positions being held by women, and representation of poor and excluded groups on a pro-rata basis. NEWAH facilitates the process and brings the community to the understanding that equitable representation is important for project sustainability. The community themselves then decide how to satisfy requirements of the GSI policy with regard to gender participation, caste participation and representation of all ages and socioeconomic groups.

Also decided during this meeting are the locations of water supply tap stands and additional support for latrine construction throughout the community.³ Facilitation tools employed by NEWAH to guide this process include focus group discussions to consider the needs of all genders, castes and ages. In particular, gender discussions include household responsibility mapping to raise awareness of the women's workloads in the community, and how these prevent them from participation in decision-making processes.

If the household surveys have identified any households suffering from chronic illness, disability or any other specific disadvantage, NEWAH staff also facilitate discussion on the particular challenges faced by these community members, and the opportunities available to support them when considering tap stand placement and latrine construction support. Households ultimately break down into cluster groups, according to the distribution of households throughout the village, negotiating equitable placement of a new tap stand within each cluster.

Allocation of financial support (ODF free reward money)⁴ for latrine construction also prioritises ultra-poor households.

At the conclusion of the meeting, all household members sign a register confirming that they understand and support all decisions made during this process.

In action... Biswa, older person with sight disability

Biswa's case was highlighted when the results of the baseline household surveys were collated by NEWAH field staff. Her situation was brought forward for discussion during the mass meeting for project decision making. Biswa was supported by NEWAH facilitators to voice to the community the difficulties faced in her daily water collection and sanitation practices as a result of her disability.

Once the community became aware of Biswa's circumstances, they were encouraged by NEWAH facilitators to consider her needs in the discussion of tap stand locations and latrine construction support. Reaching consensus, they proposed an accessible toilet and tap stand for construction close to Biswa's home.

With NEWAH's support, the community were enabled to identify and address the environmental barriers Biswa faced in accessing water and sanitation and to provide appropriate infrastructure support.

Since construction of the facilities, Biswa has been able to find her way to the tap stand and toilet by holding on to a bamboo hand rail attached from her house.

She says, 'to be able to do these things, which I could not do in the past, gives me immense pleasure.'

³ A key foundation of the CLTS approach is that communities should motivate themselves to declare community-wide sanitation coverage and an open-defecation free state. Latrines are then constructed by the community themselves without external incentives (such as funding). NEWAH motivate the community to consider how they can support those households who would otherwise struggle to construct a latrine.

⁴ After declaring themselves open defecation free (ODF), communities receive 'award money', the funding for which is contributed by NEWAH and/or the local Village WASH coordination committee (V-WASH-CC) (varies from case to case). This bulk sum is paid into the WSUC fund, and is intended to be used in a way which supports the entire community, at the discretion of the WSUC.

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Stage 2: Implementation phase

Following the baseline survey process, NEWAH staff use the technical and social data collected to design the WASH project to be delivered to the community. Technical design is conducted by NEWAH, governed by the community's agreed tap stand locations and NEWAH design standards. Health and social education programs are also tailored to target the community situation (considering caste, health, age and disability) based on the collected social data.

The project is then implemented by a team of community members selected by the WSUC to fill a number of strategic roles such as system caretakers, sanitation masons, community health and sanitation volunteers, and project promoters. This team conduct awareness and education activities, and coordinate and supervise the required community labour contributions during construction (supported by NEWAH technical and social staff).

Practical execution of the GSI policy during the implementation phase is achieved through project activities as follows:

» Selection of project staff and paid project roles – Community level project staff are selected by the Village WASH Coordination Committee (V-WASH-CC)⁵ and WSUC, who have been made aware that selection should support socially excluded groups. For example, the WSUC will prioritise training and work opportunities (including paid project roles) for interested members of the community who are of ultra-poor status or socially excluded ethnicities, and ensure that women are provided with equal opportunities to participate. NEWAH's strategy calls for a minimum of 40 per cent of paid project jobs created, such as sanitation masons and caretakers, to be secured for women (Figure 1).

- » GSI training is delivered to the WSUC and all community level project staff. All members of the project team are encouraged to act as motivators on gender and social inclusion in the broader community.
- » The GSI policy mandates graded contribution requirements. Ultra-poor members of the community are supported with a half-day of wages for each day of unskilled labour input required of them. Ultra-poor members are not exempt from labour contributions as it is considered important that they participate to increase their social inclusion and a sense of

Figure 1
Tika (left) and Dhanseri
(right), female water supply
caretakers, Lamidamar.
Tika is employed by her
community fund at NPR500
(US\$5.50) per month

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Case Study 02

⁵ The V-WASH-CC is a local coordination body, endorsed by the Village Development Committee (VDC), comprising representatives from political parties, local government services (e.g. health post), and local community based organisations. Under the national Sanitation and Hygiene Master Plan the V-WASH-CC is responsible for over-all planning, implementation, monitoring and supervision of sanitation and hygiene promotional activities at the Village Development Committee level (Government of Nepal 2011).

ownership of the project. The policy also promotes a graded rate system of operation and maintenance (O&M) payments according to the well-being ranking.

- » Throughout the project, NEWAH staff and community level project staff support the implementation process with education workshops on a number subjects, including caste, gender, chronic health issues and HIV, disability and hygiene, sanitation and health issues. This education seeks to identify, break down and analyse social constructs and stigmas, their causes, and their impact on disadvantaged members of the community. It enables the community to consider actions they can take to provide support for marginalised community members and strive for a more inclusive community.
- » Disability affected households are consulted on how to best adapt structures for their use.

Through the GSI policy, the intervention point targeted during the implementation phase is the misinformation and lack of understanding that leads to low social status and exclusion. By providing focused training and education to remove misconceptions and prejudices, NEWAH aim to raise social standing through increased understanding and acceptance. Affirmative action in selection of project staff also provides employment opportunities, increasing inclusion and participation, and raising respect and social standing in the eyes of the community.

In action... Jhalak and Ram, an HIVpositive couple with three children

Results of the baseline household survey allowed NEWAH to identify Jhalak, Ram and their children as a household disadvantaged by HIV. When this was discussed during decisions on tap stand locations, households in their cluster would not accept a shared tap stand out of fear of transmission. However, the community proposed to commit resources to provide a private tap stand and latrine in the family's yard, recognising that current travel to distant water points and latrines was a

significant cause of distress due to their weakened state of health. The committee also decided to exempt the family from the standard labour contribution requirement for the project.

Having identified the family's situation, NEWAH were able to focus educational efforts around HIV issues. Through education, the community gained a better understanding of the social and emotional support required by the family, and had their fears allayed through greater understanding of HIV. They resolved to modify their behaviour and to support the family and include them in community life.

Institutional support provided through the GSI policy, in the form of awareness and education activities, allowed the community to recognise individual, social and environmental barriers facing the family and to resolve to support them through appropriate infrastructure and social inclusion.

As a result of the project, the life of the family is now much easier, and they are increasingly accepted by the community.

Broader impacts in the Nepal WASH sector

Through strong stakeholder relationships and advocacy, NEWAH's work on gender and social inclusion has had impacts at the national level. During the development of the Nepal National Rural Water Supply and Sanitation Policy (NRWSS) by the Government of Nepal in 2004, NEWAH contributed their learning as a key member of the WASH sector. Based on recommendations from a NEWAH-conducted community assessment of gender and poverty, a number of NEWAH's GSI provisions were included in the NRWSS policy for implementation at the national level.

NEWAH's recommendations were also incorporated into the government's Sanitation and Hygiene Master Plan of Nepal. More specifically, introduced into the plan are policy mechanisms regarding GSI issues (children, gender, disability, remote location, poverty and caste), authority for community-led decisions and community-led total sanitation (CLTS). Furthermore,

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Figure 2
Accessible toilet constructed for Babisera and family

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support mechanisms for ultra-poor households, persons with disabilities and single female-headed households have been included to reduce the burden of those least able to afford the contribution. For example, one support mechanism is reduced financial contributions for ultra-poor households. NEWAH has also contributed to the preparation of the Gender Equity and Social Inclusion policy of Nepal's Ministry of Physical Planning and Works, particularly in addressing child rights.

Anecdotal feedback on the sustainability of inclusion efforts has been positive. Community contact and support visits are maintained for two years following the conclusion of each project, and these visits have confirmed that in the case of HIV and disability, changes have been sustained, both in terms of reduced stigma and improved quality of life due to better access.6 Results of gender inclusion efforts have been very positive, and female membership of WSUCs exceeded approximately 45 per cent at the time of writing (approaching the policy target of 50 per cent). Caste issues are more persistent and have yielded mixed results; NEWAH continues to work towards increased understanding in this area.

Analysis of successes and challenges

A key factor for success is NEWAH's close relationship with WASH stakeholders at all levels, from the national level to community level. NEWAH are very active in engaging with stakeholders, and in communicating and advocating for change in the sector. As a recognised leader in the WASH industry in Nepal, coupled with a heavy focus on community relationships and participatory approaches, NEWAH are well placed to ensure that the voices of their remote community beneficiaries are heard and that practical and proven community-led approaches are recognised and integrated into regional and national policy.

NEWAH's consistent focus on community-led processes as a core principle of their work has also contributed to the success of GSI efforts. Given control of planning processes, the community are able to direct discussions towards the core issues underpinning barriers to WASH access, and ultimately own all decisions made on the project. Understanding and ownership of decisions made, particularly of those to support disadvantaged households, ensures acceptance and sustainability of changes.

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⁶ NEWAH's work with people living with HIV (PLHIV) commenced in 2010. Only one year of post-project monitoring information is available in such cases, but to date information confirms that changes have been sustained.

Figure 3 Babisera, aged 12 Amanda Binks, Engineers Without Borders Australia



Some challenges still exist. At a practical level, there are often difficulties in identifying HIV positive households, as they are hesitant to identify themselves for fear of social exclusion. NEWAH have however had some success in addressing this by collecting nonspecific data from district health agencies such as the District AIDS Coordination Committee. An example of non-specific data available is the number of households affected by HIV. Caste barriers also prove persistent in many cases, as communities struggle to reconcile entrenched cultural attitudes. NEWAH continue to endeavour to overcome these issues through promotional activities and shared infrastructure.

In action... Babisera, person with disability

Babisera's case was highlighted following discussion of the results of the baseline survey. During the mass-gathering to decide on locations of tap-stands and support for latrine construction, the community discussed the challenges she faces and proposed to support Babisera's family to construct a disability friendly latrine.

Following NEWAH's support in removing institutional barriers during project planning and implementation, the community recognised and supported Babisera to overcome individual and environmental barriers to WASH services by providing appropriate infrastructure support. In the same building as the family's traditional ground-level squat latrine, the community assisted in the construction of a disability friendly latrine featuring a wheelchair-level seat with arm rests to overcome Babisera's balance challenges (Figure 2).

The specialised latrine has made a world of difference to Babisera and her family. Her mother no longer spends hours a day cleaning bedding, and states that Babisera has even begun to communicate with family members, indicating when she needs assistance to use the latrine. Before, Babisera would lie listless in bed with limited interaction. Her increased communication has brought much joy to all family members and hope for a happier, more dignified future (Figure 3).

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References

- » Government of Nepal (2011) Nepal
 Sanitation and Hygiene Master Plan
 2011, Steering Committee for National
 Sanitation Act
- » Government of Nepal (2004) Rural Water Supply and Sanitation National Policy 2004, Ministry of Physical Planning and Works

Supporting Resources

- » Nepal Water for Health (NEWAH) (2007) Gender and Social Inclusion Strategy (GSI), May 2007
- » Also included are a series of tools from NEWAH's baseline survey.

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