

PEOPLE-CENTRED APPROACHES TO WATER AND ENVIRONMENTAL SANITATION

A gender and poverty approach to rural water supply, hygiene and sanitation projects

U. Pandey and D. Shahi, Nepal

Water, sanitation, and hygiene projects often inadvertently reinforce existing deep-seated practices of exclusion. Nepal Water for Health (NEWAH) developed, piloted and evaluated a Gender and Poverty approach, which aims to address gender and caste inequity and poverty issues in practice. The evaluation indicates that there is more equitable access to water and sanitation by women, poor and disadvantaged groups due to use of PRA tools, flexible water point policy, greater involvement of women in design and location of water points, and provision of free latrine components to the poorest. The poorest and women took opportunities to earn supplementary income during the project. Access to hygiene education by men and 'out-of-school' children was enhanced and transformations in gender roles identified. The evaluation demonstrated that when commitment is made, gender and poverty issues can be tackled, leading to improvements in domestic and community gender relations, enhanced social status, greater self-confidence and improved well being for women and the poor

Background

Nepal Water for Health's (NEWAH)¹ experience of supporting communities to implement integrated water, sanitation and hygiene projects through a demand driven approach during the 1990s was that the richest and so-called higher caste men dominated all aspects of projects. The demand driven approach did not take into consideration poverty and gender issues and women and poor men were too often excluded from any form of decision-making and training, leading to unequal access to safe drinking water between the better off and poorest socio-economic groups and ultimately to the unsustainability of projects.

Evolution of a gender and poverty approach (GAP)

As a response to these issues NEWAH began developing a GAP strategy in 1998 based on the belief that gender and caste inequity and poverty issues has to be addressed in order to achieve a more equitable and community-centred approach. Early work focussed on reaching a common understanding of gender and poverty issues amongst all staff, internalising these concepts and gaining the commitment of senior management to the approach. A GAP Unit was formed and a GAP approach developed and piloted in 5 projects throughout Nepal in 2000 -2002.

Evaluation of the GAP Approach

In 2003 an assessment of the GAP pilots was made using the NEWAH Participatory Assessment² methodology to evaluate whether and to what extent the GAP approach had

achieved its objectives (NEWAH, 2004). Ten non-GAP projects (or regular NEWAH projects) were also assessed to enable comparisons. The assessments were conducted in June 2003, one year after the pilot projects had completed. The main findings of the assessment are outlined below:

Increased access to water supply and sanitation services by the poor and other socially excluded groups

The assessment found that all households in GAP projects had improved access to water, irrespective of caste or poverty status, whereas, in the non-GAP projects a few households were excluded in each community. While social discrimination was not reported as a major issue in the surveyed villages, GAP or non-GAP, specific efforts were made to include the poor under the GAP approach, including:

Well-being ranking of households

A well-being ranking of households was successfully conducted with all GAP communities to determine the socio-economic status of all households and identify the poorest households for subsidies and paid employment opportunities and to give them greater voice and choice during the process of service delivery.

Flexible water points policy

Where required, water points were provided for a small number of households (as little as three) to ensure that the more distant households, who are often poor and/or socially excluded, are not prohibited from access to water. In some communities with deep-rooted caste divisions separate water points were provided for different caste groups.

Women making decisions over water point location and design to meet practical needs

In general, GAP projects are performing better in terms of allowing people some voice and choice in technical and design issues. Women were involved in decisions over location and orientation of water points at the project planning stage and design modifications have been made to gravity flow tapstands as a result of consulting with women in GAP projects. Design adaptations include consideration of height of faucets and platform walls, pipe railings for women to hang clothes and bathing units to help meet practical needs.

Free latrine components to the poorest households

The terai (plains area) GAP villages had nearly 9 times greater percentage of poor households with latrines than the terai non-GAP villages (see Figure 1). These results are significant considering the low national sanitation coverage particularly in the terai, and can be attributed to the GAP strategy of targeting women, men and children in its hygiene promotion programme and providing free latrine components (up to ground level) for the poorest households.

Priority for project paid jobs and training to women and poor men

Equal division of paid and unpaid labour between men and women from all socio-economic groups was achieved in GAP projects. In contrast, in the majority of the non-GAP projects the paid jobs were monopolised by men, both better off and poor, while the unpaid jobs were given to women. Women undertaking technical paid jobs in GAP projects e.g. maintenance caretakers and masons, reported that their family and community status was enhanced and their self-confidence increased (see Box 1). In all GAP projects women were socially supported by the community in their new roles.

Box 1. Sanitation worker shares her knowledge

Khima Gautam is a sanitation worker in the Simratipokhari GAP project. The community people have been positive towards her work and she is proud that she had the chance to learn new things and contribute to the development of the community. As a sanitation worker, she receives a monthly salary of Rs. 2,300. She visits the poorest households frequently and gives advice on latrine use and maintenance.

Provide 50% unskilled labour contribution to the poorest households

A 50% subsidy was provided for the poorest households, identified through the well-being ranking exercise, for their labour contribution to the project. It was reported that income was generally spent on family, food and domestic needs and was deeply appreciated by the poorest households as they were compensated for vital income lost as daily wage labourers or for time lost working for their subsistence.

Graded rate system of O&M payments according to socio-economic group

In two GAP projects a graded rate payment system benefiting the poor was introduced. The system was found to have led to more regular payments by users, with stronger action against defaulters.

Kitchen garden training

Kitchen gardening was promoted in GAP projects through training and the provision of seed subsidies as a means of providing livelihood opportunities to communities and to ensure they receive the maximum benefit from their water supply systems. The assessment showed that more water is used by GAP project households for kitchen gardens. Many of the users no longer have to buy vegetables from the market and some have even been able to sell their surplus vegetables for a profit. Others have reported that due to other agricultural work they do not have enough time for kitchen gardening.

Increased access to health and hygiene education by men and ‘out-of-school’ girls and boys

Specific intervention was made in the GAP pilot projects to target men and ‘out-of-school’ girls and boys for health and hygiene education. These include:

Health, hygiene and sanitation education to women as well as men

The GAP projects provided access to Health and Sanitation education (HSE) training for men through recruitment of male community health volunteers who provided tole education to men. While resistance to training was encountered by

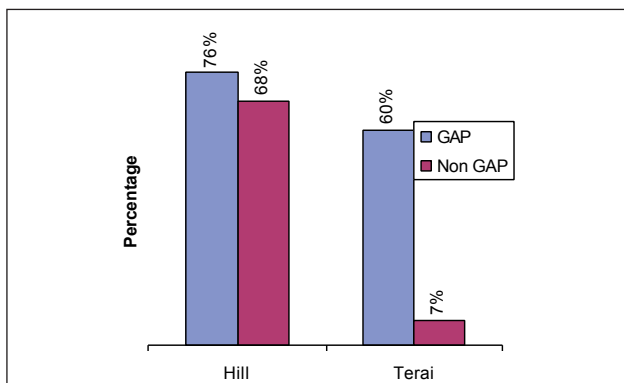


Figure 1. Percentage of poor households with latrines in GAP and non-GAP villages

Source: NEWAH, NPA 2004

some community men and timing of tole education sessions were not always convenient, it was reported that many men benefited from the training.

Health, hygiene and sanitation education to ‘in-school’ and ‘out-of-school’ boys and girls

In the GAP projects HSE training was provided to all boys and girls in the community through gender-balanced Child Health Awareness Committees, classroom curriculum, street theatre, and poster campaigns, thereby increasing access to training and information to ‘out-of-school’ boys and girls as well as ‘in-school’ boys and girls.

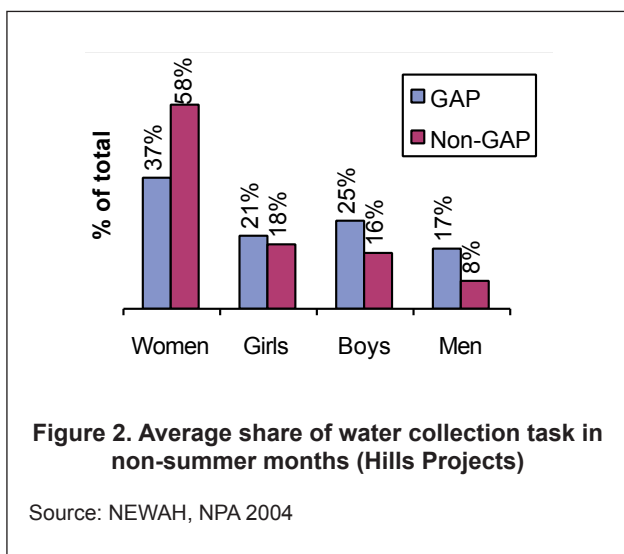
Greater gender equity and increased participation of women, poor and disadvantaged groups

There was an evident change in gender roles in the GAP pilot project communities, as well as increased participation of women, the poor and disadvantaged groups in meetings and as members of the water and sanitation user management committees. This can be attributed to the gender awareness training and support provided to partners and communities by NEWAH.

Gender awareness training to partners and communities

The gender awareness training was well received by men and women in GAP communities. The purpose of the training was to bring about awareness of gender relations, including gender roles, gendered division of labour and how this negatively impacts on household and community development. Outcomes which can be attributed to the training include women in GAP projects spending less time collecting water than women in non-GAP projects (see Figure 2).

This is largely because other members in the household



now contribute more time and effort to this shared household task. A transformation in traditional gender roles was achieved with women being trained and undertaking paid technical jobs, along with men. Communities socially supported women in their new roles and the status and self-confidence of these women increased.

Women as well as men participate in meetings and decision making

Women in GAP communities reported that they were actively participating in community meetings, which shows that there may be relatively fewer social barriers to women participating in future community project meetings, especially if gender-sensitive processes are applied by projects that encourage and enable them to participate.

Gender balanced community water and sanitation users committees (WSUC)

An increased number of women in WSUC key management positions and general members from poor and disadvantaged caste and ethnic groups was achieved in GAP projects. All socio-economic groups had a say in selecting their WSUC in GAP projects, leading to better representation of their interests in subsequent decision-making. Another marked difference between GAP and non-GAP projects is the positive impact on the status of women as a result of undertaking these WSUC positions.

Lessons learnt

Through the evaluation a number of lessons were learnt, valuable for both NEWAH and the wider WSH sector.

Disaggregation of data by socio-economic group and gender is needed: in order to assess whether women and the poor are benefiting from a more gender and poverty sensitive approach with equal opportunities to paid jobs, skilled training and decision making positions.

More support needed to male Community Health Volunteers (CHVs): Male CHVs can be extremely effective in fostering change in men where female CHVs cannot make any headway. But they face problems in trying to gather other men, given men’s time constraints, and to overcome the resistance faced by some men in the community.

Innovative approaches are needed for health and hygiene promotion: GAP activities that have been successful include targeting ‘out-of-school’ children for health and hygiene education, promoting children as change agents in the promotion of good hygiene behaviour, providing refresher health education, and providing bathing units to ensure privacy and promote good hygiene behaviour.

Language: In many of the surveyed communities Nepali was not the mother tongue. Staff working in such communities should be able to speak local languages and IEC materials should be tailored to local languages and literacy levels.

Organisational commitment: is crucial for successful development of a GAP approach. Senior and middle management must be dedicated and ensure that an environment

is fostered in which all staff can adopt new approaches and attitudes in their personal as well as professional lives.

Conclusion

Support is needed to affect changes in social behaviour at all levels, including within NEWAH. The GAP evaluation has demonstrated that when commitment is made, gender and poverty issues can be successfully tackled, leading to improvements in domestic and community gender relations, enhanced social status and greater self-confidence for women and the poor within the community, and improved well being and household income.

References

NEWAH (2004) 'A Summary of Evaluation Findings of NEWAH's GAP Approach Using the NEWAH Participatory Assessment (NPA)', Nepal Water for Health, Kathmandu, March.

Notes

1. Nepal Water for Health (NEWAH) is a non-government, non-political and non-profit organisation dedicated to helping poor people obtain access to safe drinking water, hygiene education and basic sanitation facilities, irrespective of gender, caste, ethnicity or class.
2. The NEWAH Participatory Assessment is derived from

the Methodology for Participatory Assessment and was adapted to suit the Nepal context, give greater emphasis to gender, caste, ethnicity, poverty and hygiene issues and generate qualitative and quantitative information which is then analysed in a specialised database.

Contact address

Umesh Pandey
 Director
 Nepal Water for Health
 P.O. Box 4231, Lohsal, Maharajgunj, Kathmandu, Nepal
 Email:- umeshpandey@newah.org.np

Dipendra Shahi
 Technical Officer
 Nepal Water for Health
 P.O. Box 4231, Lohsal, Maharajgunj, Kathmandu, Nepal
 Email:- dipendra@newah.org.np
