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# ASIA WORKSHOP

## GOVERNANCE FOR RURAL SANITATION AND HYGIENE



Surkhet, Nepal  
September 13 – 17,  
2011



Workshop report



Australian Government  
AusAID





*“This [positive] change happened mainly because of strong government leadership at all levels, with strong support extended to our initiatives by our development partners.”*

Mr. Chaudhary in his opening speech stresses that leadership at all levels was crucial for positive change in the sanitation and hygiene situation in the Mid-Western region of Nepal.

Photographs cover: House and household members in Lekhparsa, Nepal (picture on the right); woman and elderly couple in Chinchu, Nepal (SNV Nepal/Hom Nath Acharya).

This workshop report and additional information on the Sustainable Sanitation and Hygiene for All Programme can be found on the SSH4A programme pages at: <http://www.irc.nl/page/57188>

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## *Acknowledgements*

*During this workshop WASH professionals from Laos, Cambodia, Vietnam and Bhutan, as well as partners from Kathmandu came to Surkhet. These guests not only met with district level professionals, but also visited four different VDCs, schools and communities. This is an enormous logistic challenge, which would not have been possible without the excellent encouragement and support provided by the Government of Nepal and particularly the Regional Monitoring and Supervision Office of DWSS for Mid-Western region, as well as partners from The Beautiful Nepal Association (BNA), other development partners, VDC and community leaders and of course the SNV office in Surkhet and Kathmandu. We would like to express our high appreciation and thanks to all. We think that the greatest recognition of their efforts is the fact that all participants went home impressed and inspired by the progress and the level of collaboration that they observed in the Mid-West.*

## INTRODUCTION

This report shares the main points and insights of the Governance for Rural Sanitation and Hygiene workshop held in Surkhet, Nepal, from 13<sup>th</sup>-17<sup>th</sup> of September. The workshop was part of the third learning activity (on the same topic) of the Sustainable Sanitation and Hygiene for All” Programme. The earlier two learning activities addressed issues of Behavioural Change Communication, Performance Monitoring and Rural Sanitation Supply Chains and Finance. Each learning activities consists of a preparatory mail discussion, a face-to-face workshop and in-country follow-up.

The “Sustainable Sanitation and Hygiene for All” (SSH4A) programme is implemented in Nepal, Bhutan, Laos, Cambodia and Vietnam with funding from AusAID and DGIS<sup>1</sup>. The programme aims to improve access to sanitation and hygiene for rural populations in Nepal, Bhutan, Laos, Cambodia and Vietnam. These four components are the implementing components of the programme:

1. Sanitation demand triggering and follow-up.
2. Strengthening sanitation supply chain development.
3. Developing behavioural change communication for hygiene and sanitation marketing.
4. Improving WASH governance and multi-stakeholder sector development.



FIGURE 1: FOUR IMPLEMENTING COMPONENTS OF THE SSH4A PROGRAMME

In addition to the above, there is a fifth component on analysis, disseminating, and learning.

The learning activities, including the one described in this report, aim to discuss best practices in rural sanitation and hygiene in general, not confined to the programme.

### OBJECTIVES AND PARTICIPANTS

The objective of this workshop was to exchange ideas, learn about best practices and deepen our understanding ‘governance’ in practice. We worked in particular on the following topics:

- Multi-stakeholder sector development.  
What is the role, contribution of multi-stakeholder platforms in rural sanitation and hygiene? What are the limitations? When does it work and what is needed to make it work?

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<sup>1</sup> Funding from the Civil Society WASH Fund of AusAid and from DGIS, the Ministry of Foreign Affairs of The Netherlands.

- Equity, gender and social inclusion.  
What are the main gender and social inclusion issues to address? A strengths-based approach to gender; mainstreaming gender and social inclusion in national policies and plans
- Leadership.  
Why and when do we need leadership? How to enhance leadership for rural sanitation and hygiene at all levels?
- Accountability and use of public funding to enhance sanitation progress.  
How to address accountability and transparency in rural sanitation and hygiene programmes? (this part builds on the reflection and learning on pro-poor support mechanisms in the second workshop held during the second learning activity)

A total of 30 participants participated in the workshop; representing partners from local government, non-government organisations as well as local development partners from Bhutan, Cambodia, Laos, Nepal and Vietnam. The list with participants can be found in the annexes.

#### PREPARATION OF THE WORKSHOP

In preparation for the workshop, an email discussion (using D-group<sup>2</sup>) was held from 9<sup>th</sup> of August till the 8<sup>th</sup> of September 2011. The three sub-topics are:

1. The main governance issues in rural sanitation and hygiene in Asia;
2. How to ensure equity (gender and social inclusion) in rural sanitation and hygiene;
3. Leadership and accountability for rural sanitation and hygiene.

Participants of the workshop were expected to participate actively in the D-group discussion. It also provided those who were not able to join the workshop, the opportunity to participate.

The Dgroup involved a total of 124 people from 23 countries participated (52% local partners and regional partners, 48% SNV and IRC).

Discussion on each topic ran for ten days, on the basis of which a summary paper was developed, which served as an input for the workshop. References to the discussions and outcomes of each topic are included in the corresponding topics of this report. A complete summary on all three topics of the D group discussion can be found in the annexes.

#### FLOW AND WORK FORMS OF THE WORKSHOP

The workshop alternated sessions in mixed groups around assigned tasks, with inputs through presentations, and country group reflections. One of the assigned tasks was to participate in a field trip and to find out the drivers of change for improved sanitation and hygiene in Surkhet district.

Content wise the workshop consisted of four main parts:

1. Drivers for change in rural sanitation and hygiene
2. Disparities and finance for all
3. Gender issues in rural sanitation and hygiene
4. Integrating ideas on rural sanitation and hygiene (and leadership for sanitation)

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<sup>2</sup> The D-group discussion is an electronic email discussion hosted by SNV to exchange and share ideas and learning from cross country and multi professional's experiences in water, sanitation and hygiene sector in Asia. SNV promotes involvement of local partners from government and NGO to have direct exchange of ideas with invited resource people from IRC and other international organisations.



The remainder of this report focuses on the content of each part. The aim is that readers get insight in the issues around governance, equity and leadership, rather than being informed on the exact flow of the workshop.

## PART 1: DRIVERS FOR CHANGE IN RURAL SANITATION AND HYGIENE

### INTRODUCTION – THE RIGHT TO SANITATION

On 30th September 2010 the UN Human Rights Council, responsible for mainstreaming human rights within the UN system, adopted a resolution affirming that water and sanitation are human rights<sup>3</sup> under the **International Covenant on Economic, Social and Cultural Rights**. Among the main points, the Council stated that:

- The right to safe and clean drinking water and sanitation is essential for the full enjoyment of life and all human rights;
- Affirms that the human right to safe drinking water and sanitation is derived from the right to an adequate standard of living and inextricably related to the right to the highest attainable standard of physical and mental health, as well as the right to life and human dignity;
- Reaffirms that States have the primary responsibility to ensure the full realization of all human rights, and that the delegation of the delivery of safe drinking water and/or sanitation services to a third party does not exempt the State from its human rights obligations;

The International Covenant on Economic, Social and Cultural Rights (ICESCR) has been ratified by 158 countries and many states have also reiterated their commitment to sanitation in political declarations (a few have recognized the right to sanitation in their constitution or legislation. Cambodia, Laos, Nepal and Vietnam are signatories of the ICESCR. The right to sanitation and hygiene implies not only access to sanitation for all (equity), but it also implies obligations, in particular for government partners, who are duty bearers of the right.

Participants discussed statements prepared by GTZ and COHRE regarding the right, in order to understand the implications of it in practice (see tables below). This gives a better insight in what the role of the government is in rural sanitation and hygiene.

TABLE 1: COMMON MISUNDERSTANDINGS ON THE RIGHT TO SANITATION DECLARATION.

<b>Statement: The right to sanitation implies that sanitation services should be provided for free.</b>
<p><i>Comments from the group:</i></p> <p>One group said: "What are sanitation services? What type of sanitation are we considering? If it concludes the construction part, then it is not possible, and not sustainable. If it is about software, awareness raising, reaching the unreached, then we agree."</p> <p>While another group said: "We disagree. It does not mean that it should be provided for free. Regarding materials, it will not be sustainable. It should be affordable, not free."</p> <p><i>Comments by GTZ &amp; COHRE:</i></p> <p>For sanitation, States are not obliged to provide facilities free of charge. People who are in a position to pay for</p>

<sup>3</sup> <http://www.righttowater.info/the-legal-basis-to-the-right-to-sanitation/>

sanitation facilities can be expected to contribute financially or in kind. Households should build their own toilets.

***Statement: A State violates the right to sanitation if not everybody within its territory has access to sufficient and affordable services of acceptable quality.***

*Comments from the group:*

Although everyone complained about the difficult formulation, 50% agrees with this statement. If sanitation is a human right, and if the government is not providing the enabling environment, then the government is violating the right. It should be awareness creating policies.

The other half question if the state violates the right to sanitation if not everyone has access. However, they also said that the State has a moral obligation.

Other remarks were about:

- Services: what is meant by services? The group defined it as goods and services: software, knowledge how to build etc.
- Context: are we only looking from our country point of view? Are there differences between the countries?
- Demand creation: the government is already giving favourable conditions, but sometimes beneficiaries don't want to do it.

*Comments by GTZ & COHRE:*

A State compromises the right if the government does not undertake targeted steps within its available resources to move as expeditiously and effectively as possible towards fully realising the right. At the same time, it is necessary that the State continues to improve access to and the quality of other basic services, like education or health.

***Statement: The right requires that water and sanitation services be provided through public, i.e. state-owned institutions.***

*Comments from the group:* Most of the participants disagree: "because there are different roles and also the private sector can provide the service."

More remarks about the responsibility of the state were: make sure that it happens and serves all equitably, though not necessarily provided by the state. Equity is also an obligation of the government: similar service levels and payment.

*Comments by GTZ & COHRE:*

Each country can choose a legal form of service provision - be it public or private, through NGOs or community-based organisations. Governments have to exercise effective control and are ultimately responsible for the availability, accessibility, affordability and quality of the services. They must ensure that services are delivered in accordance with existing national standards and human right obligations.

***Statement: The right to sanitation requires States to construct household toilets and to provide access to sewer systems.***

*Comments from the group:*

Mixed reactions here. Most of the participants disagree that the State needs to construct household toilets because it would not be realistic: "they don't have the resource, it's a private facility, and households should do it."

However, others agree and emphasize that the State needs to construct sewer systems and provide access to it, if it's State property.

They also said: "If the states provide sewer systems, household still need to pay."

*Comments by GTZ & COHRE:*

Governments are not obliged to build household toilets. The legal responsibility lies with the landlords or households themselves. However, governments have to provide support by creating an enabling environment, i.e. framework conditions which are conducive to progressively realising basic sanitation for all. The human right to sanitation does not dictate a certain technology.

***Statement: The practical approach to implementing the right is offered by informal service providers since they offer services to those currently unserved.***

*Comments by GTZ & COHRE (not discussed in the small groups)*

States must ensure that service provision complies with the human rights standards. As long as service provision remains informal and thus unregulated, States do not comply with the human rights requirement to protect consumers effectively from refusal of physical access, from unsafe quality or from unaffordable prices, a very common problem of informal service provision.

***Statement: The principle of non-discrimination and equity of the right to sanitation, means that all groups in society should be treated the same, for example receive the same level of financial support if that is given.***

*Comments from the group:*

The groups disagree: "different groups will have different needs and requirements."

*Comments by GTZ & COHRE:*

Non-discrimination means that there is no distinction, exclusion, restriction or preference on any ground (race, colour, sex, language, religion, political, status etc.). However, it is more than just the avoidance of active discrimination. It also demands proactive measures to ensure that government policies and programmes do not exclude particular groups and address particular needs of vulnerable groups.

***Statement: The obligation to protect the right to sanitation means that the State should protect people from third parties who continue to practice open defecation.***

*Comments from the group:*

Mixed opinion here. Some agree as bad sanitation of a few can impact onto the larger group. However, there should be a carrot and stick approach; there should be an enabling environment not just enforcement.

A Village Development Committee is part of the state and can enforce and sanction open defecation. This will be the base for discussion with the community. However, also public support is needed, not just enforcement.

For good results sometimes you should have a dictatorship approach, said one participant. Others emphasized the need for proper awareness.

*Comments by GTZ & COHRE:*

The obligation *to protect* requires the State to prevent third parties from interfering in any way with the enjoyment of the right. Third parties include individuals, groups, businesses and other (governmental) entities. The state's obligation includes effective legislation and enforcement mechanisms to restrain third parties, for example from charging unaffordable prices for drinking water or polluting water resources. To prevent this, the State must establish an effective regulatory system.

***Statement: The criteria of affordability means that the State has to provide subsidies for toilet construction.***

*Comments from the group*

Conditional agreement: "only for those who live in extreme poverty: these can be disabled persons, single women."

It was felt that a percentage of the income spent on sanitation may not be reliable. It is not necessarily linked to the buying power that you have with that income.

*Comments by GTZ & COHRE:*

Affordability is crucial for accessibility, but it means that the costs of sanitation should not exceed 5% of the monthly household income. The State should explore all possible options to reduce costs of sanitation hardware and services through ensuring a broad range of options and the potential for progressive upgrading. Also financial facilities, such as flexible payment terms, low connection fees, etc., should be developed, this may include direct household subsidies.

In summary, the right to sanitation does not mean that states should provide free toilets to all, but it does mean that they should ensure all citizens have access to affordable, appropriate options, outreach and information. The right also does not mean that this can be realized immediately, but states need to make progress as fast, efficiently and effectively as they can. Thus they should be prioritizing and including sanitation and hygiene in their planning, programmes, and also they should monitor whether all citizens are

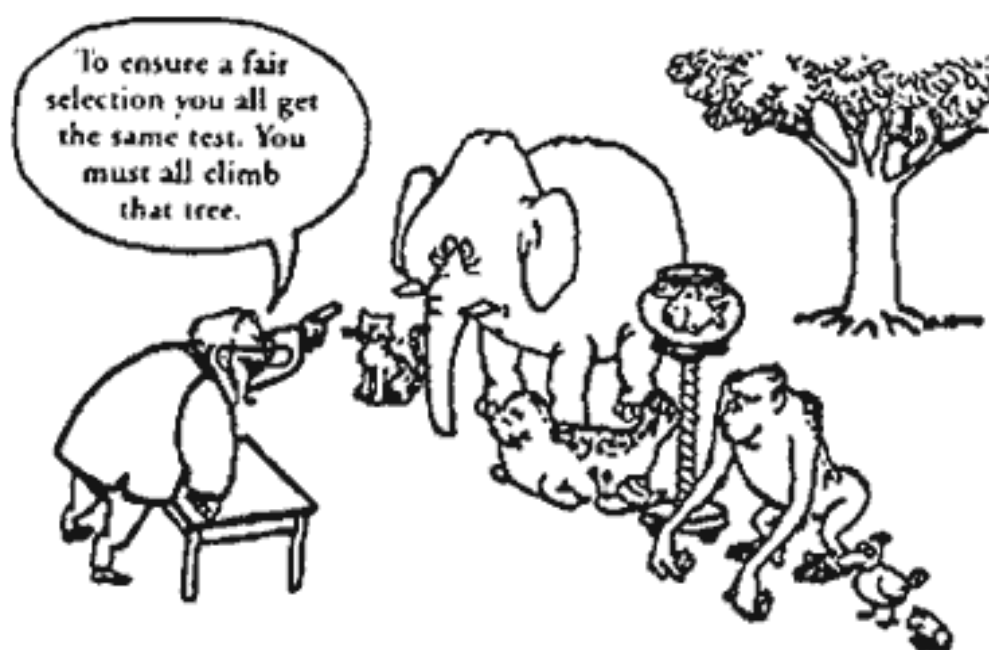


FIGURE 2: EQUITY IN PRACTICE

society have different needs. (see picture)

able to have access.

Effectively this is creating the obligation of the state to discuss targeted support mechanisms if certain groups are lagging behind. The discussion about the right to sanitation also reiterated the point that

different groups in

## THE RURAL SANITATION MOVEMENT EMERGING IN THE MID-WESTERN REGION OF NEPAL

As host country for the workshop, Mr. Ram Niwas Chaudhary, Regional Director of the Regional Monitoring and Supervision Office in Mid-Western Region, gave the welcome speech for the workshop. In his warm welcome, he shared the remarkable progress made in sanitation in the Mid-Western region where sanitation coverage has increased by 17% over the past year through the combined effort of all stakeholders, but without major subsidy or hardware investment. He also gave the example of Kalikot district which increased its coverage from 3% in 2007, to 9% in 2008, 21% in 2009, 36% in 2010 and 52% in May 2011. This was particularly encouraging for some of the representatives from the other countries that are also facing these extremely low coverage figures.

To further understand how the Mid-Western Region had been able to accelerate its progress in this way, Mr. A.K. Mishra, former Regional Director of the Regional Monitoring and Supervision Office in Mid-Western

Region (currently Director in the Western Region) gave a presentation on the work done in the Mid-Western Region of Nepal over the past years. His presentation was titled: “Aligning for action to make diarrheal epidemics a history - an initiative of the Mid-Western Region on WASH”.

In the Mid-Western Region there are 15 districts<sup>4</sup>, and Surkhet (where the workshop is held) is the regional centre. Sanitation coverage has always been among the lowest of the country. According to the Nepal Monitoring Information of the WSS Department (NMIP) coverage figures at district level range from 16.37% to 44%.

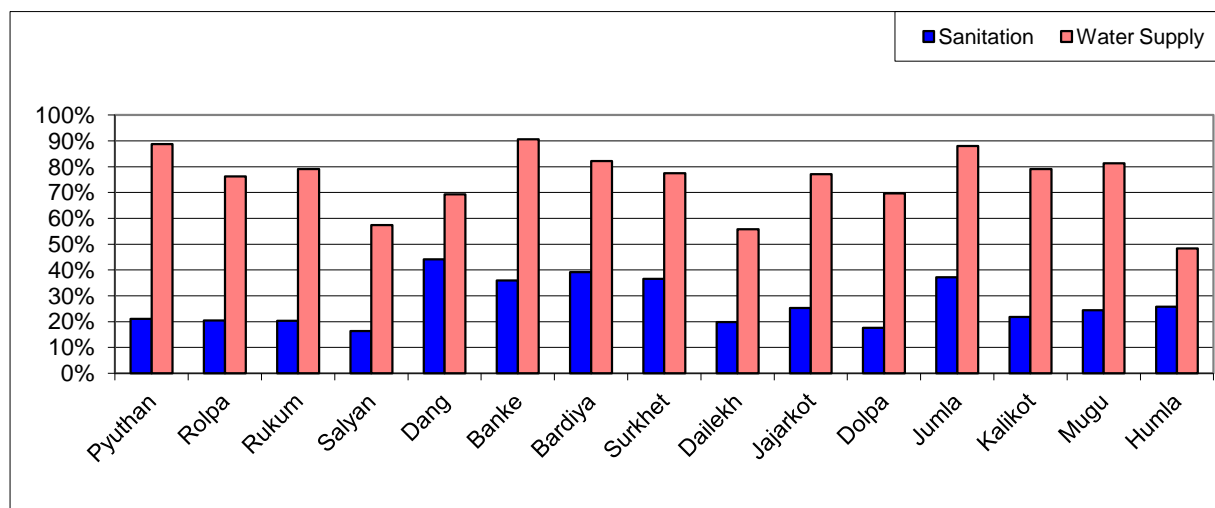


FIGURE 3: SANITATION COVERAGE AT DISTRICT LEVEL IN THE MID-WESTERN REGION IN NEPAL IN 2010

Mr. Mishra shared how different government and development partners worked together to achieve progress in the Mid-Western region over the last three years. These experiences and lessons from the region also contributed to refinement of the national policy

#### FORMULATING A COMMON FRAMEWORK FOR ACTION

The collaboration started with recognition of the situation in the Mid-Western region by all stakeholders. Not only was the sanitation coverage among the lowest in the country, there also was a high frequency of diarrheal epidemics. For example in 2009, diarrheal epidemics cost 371 human lives in the Mid-Western and Far Western Region.

Other aspects of the situation that were identified by stakeholders, was the low priority given to sanitation overall, the lack of coordination (both horizontally and vertically) among stakeholders and the absence of local government bodies and local community based organizations involved in sanitation programmes.

Issues that were considered to be contributing to this weak and fragmented effort for sanitation were the different working modalities and subsidy policies, the project approach due to which service stops when the project stops, and the general lack of monitoring and follow-up. Only a few qualified trainers and facilitators were available.

Stakeholders concluded that a change of behaviour as well as of the mindset of all stakeholders was needed, and a strong political commitment. A common framework and principles for action were formulated, and a joint commitment was made under leadership of the government. The commitments were captured in two

<sup>4</sup> The Sustainable Sanitation and Hygiene for All programme is directly engaged in 6 of the 15 districts, these are Surkhet, Dailekh, Jumla, Kalikot, Mugu and Dolpa. In addition to that, support is given to the regional office.

declarations: in the “Surkhet Declaration” and “Nepalgunj Declaration” respectively, to the towns were the agreements were made. Main conditions for successful joint action mentioned in these declarations are:

- Government leadership and coordinated partner support
- Working through the existing institution set up and holding everybody accountable
- Systematic work through the “multiples” : multi-sectoral, multi-level Region-wide, District-wide and VDC<sup>5</sup> -wide approach (not driven by projects)
- Maximum use of local resources for sanitation
- Unifying support policy
- A good enabling environment with minimum facilitation support to communities and school children through multiple channels

More than 90 senior officials from different sectors and stakeholder groups have committed to work under this common vision and coordinated initiative.

#### PUTTING THE COMMON FRAMEWORK INTO PRACTICE

As a result of the Surkhet and Nepalgunj declarations, many activities were developed at many different levels in the region, and it is difficult to capture all of them. Though there was overall steering from the regional level, as well as training and guidance, the situation in each district and VDC is slightly different. Therefore local organizations and governments developed their own ways to promote and support the sanitation movement. The eight key activities below capture the most common activities.

Eight key activities to scale up the sector approach:

1. Activating WASH Coordination Committees at each level to form platforms for joint exercise on planning, implementation and monitoring;
2. Triggering and building consensus among all sectors by different levels of participation and leadership: creating a WASH movement;
3. Building capacity of district level facilitators, community resource people and Village Development Community leaders
4. Organising review and interaction workshops with stakeholders at all levels
5. Developing strategies, action plans and budgets to support the sanitation movement
6. Facilitating “ignition or triggering” of neighbourhoods and school catchment areas
7. Facilitating a community- led (or community-body-led) process
8. Encouraging action monitoring, review and ODF declarations; and encouraging community self-evaluation in which a community evaluates another community facilitated by a community resource person.

A more detailed list of activities for each level was provided by Mishra in his presentation. The table below is listing these.

**TABLE 2: ACTIVITIES AT NATIONAL LEVEL AND IN THE MID-WESTERN REGION OF NEPAL TO ENHANCE PROGRESS IN SANITATION**

<b>National Level</b>
National WASH CC meeting
Preparation of National Master plan
National level stakeholders' coordination
Annual, midterm and final review
BCC material development and dissemination

<sup>5</sup> VDC is a village development committee, the lowest level of local government in Nepal.

<p>Strategic guidance to RWASHCC and DWASHCC</p> <p>Monitoring and feedback</p> <p>Research and study</p> <p>Capacity building for district and regional stakeholders</p> <p>Policy review, revision and reformation</p> <p>Resource exploration and management</p> <p>Master plan launching</p>
<p><b>Regional Level</b></p>
<p>Regional WASH Coordination Committee (RWASHCC) formation and regular meetings</p> <p>Regional WASH strategic plan formulation</p> <p>Annual review and planning workshop</p> <p>Capacity Development at all level (MTOT at district level and WASH facilitator at VDC level)</p> <p>Regional WASH resource centre establishment</p> <p>Monitoring plan formulation and practiced joint monitoring visit</p> <p>WASH newsletter publication</p> <p>IEC material development and dissemination</p> <p>Reward and recognition</p>
<p><b>District Level</b></p>
<p>District stakeholder's consensus building workshop</p> <p>D-WASHCC formation, regularise meeting and system institutionalization</p> <p>VDC secretaries' orientation workshop on VDC level, WASH planning and execution</p> <p>Capacity Development at V-WASHCC level (Strategy formulation, Orientation and training)</p> <p>Information collection, compilation/ update</p> <p>D-WASHCC sanitation fund establishment</p> <p>Advocacy and sector triggering</p> <p>Merchant awareness for WASH material market promotion</p> <p>District WASH strategic plan development and execution</p> <p>Annual and quarterly WASH review and planning workshop</p> <p>WASH related day celebration</p> <p>Reward and recognition</p>
<p><b>VDC/ Municipality Level</b></p>
<p>VDC/Municipality level stakeholders' consensus building workshop</p> <p>V-WASH /MWASH CC formation and system institutionalization</p> <p>Baseline information collection and compilation/update</p> <p>Sector wise stakeholders' orientation and mobilization</p> <p>V-WASH/ MWASH strategy plan development and execution</p> <p>Sanitation fund establishment</p> <p>Campaign activities planning and execution</p> <p>Monitoring plan development and execution</p> <p>Learning and observation visit</p> <p>WASH related day celebration</p> <p>Local activist and mason training</p> <p>Information desk establishment and public through various means such as installation of information board</p> <p>Open defecation free zone declaration</p>

#### INITIAL OUTCOMES AND REMAINING CHALLENGES

All districts in the Mid-Western region have prepared their District sanitation plans, and the combined efforts have increased sanitation awareness among the general public. Not only triggering events have been done, but also political party leaders and other sectors have been talking about sanitation in their own meetings. About 50% of the 575 VDC's in the Mid-Western region have now formed their VDC level WASH committee (V-

WASH CC) and have allocated budget for sanitation. Sanitation coverage has reached about 47% from earlier 30.7% last year and earlier 24.5%.

At the regional level, Regional-WASH-Coordination Committee drafted a regional WASH plan and formed a core team of five members to back up district level WASH CCs. This team will also further develop the Monitoring and Evaluation framework for the movement.

There is an awareness that the sanitation movement has to go beyond ODF declarations, towards sustainable and improved sanitation for all as well as commitment for improving hygienic use of toilet, and hand-washing with soap. Therefore a first behavioural change communication workshop was held in Kalikot district. The challenge is now to keep this going. Creating awareness does not come within a month or even a year. This takes time and there needs to be more attention to post Open Defecation Free activities.

Although coordination among stakeholders has increased tremendously, there is still a lack of coordination at central level among ministries and lack of information sharing with region and districts. A few stakeholders still have their own project-led approach instead of the sector approach and there is still a lack of quality human resources such as trainers and facilitators.



FIGURE 4: COMMUNITY IN SURKHET DISTRICT VISITED DURING THE WORKSHOP. (SNV LAOS/ROBERT DEUTSCH)

## DRIVERS FOR CHANGE

Everybody agrees that accelerated progress in rural sanitation and hygiene is needed, and that this progress should be of quality and for all. However, it is less clear what are the drivers that can make this change happen. As was seen from the presentations described above, one of the drivers for change in the Mid-Western region of Nepal was clearly the coordination and joint commitment by all stakeholders, and this was



not possible without strong leadership. Fortunately for the Mid-Western region, stakeholders were able to keep this momentum going even with changes in leadership, not in the least due to the fact that the incoming leadership took up the challenge.

Interestingly, methodologies of demand creation or social marketing only played a minor role in the discussion about drivers for change. Also within the Dgroup discussion it was concluded that a crucial factor for accelerated progress is governance and how the country or region organises itself to ensure access to sanitation (and hygiene) for all (coordination, collaboration, pooling of resources, joint planning, clear roles and responsibilities). During the field visit the different teams further looked into the drivers for change in rural sanitation and hygiene in Surkhet Districts. Four different VDCs and their communities were visited, as well as district level stakeholders, such as women's group to journalist associations. Many had positive examples of change in sanitation practices and policies.

Community-based organisations and journalist associations mentioned the clear priority and commitment from the government as driver for change. They also mentioned radio programmes on sanitation and good exposure to the outside world as important drivers. Disasters, such as a large outbreak of diarrhoea in a neighbouring village were mentioned as initial drivers and one VDC talked about the media attention given to cholera outbreak in Haiti. All these were seen as examples of the role of the public media and communications in promoting awareness.

Under the local self-governance act, VDCs are autonomous and can make their own decisions. They have an average annual budget of about 100,000 USD per VDC besides conditional grants. Most of this is spent on roads. The autonomy of VDCs means that each VDC has found their way to improve sanitation in their area. While demand creation (triggering) and follow-up monitoring is done in all VDCs, leadership roles vary as do promotion, support and enforcement measures.

Typically a VDC WASH committee can consist of more than 40 members of all different organizations in the VDC. These organizations again promote sanitation among their members in their own ways. Though from an external point of view, this number of committee members may look inefficient or unworkable, all committees considered it strength because they said:

- They have their eyes and ears in all corners of the VDCs
- Social mobilization and household visits take a lot of time, this way more people are involved
- With more members they are less vulnerable when one member leaves or becomes less active.

Different local organizations (women's organization, community forest groups, youth groups, schools and so on), all searched for their own ways to support households that are unable to build toilets. Some provided money, while others labour. VDCs also used a variety of ways, for example by linking the sanitation activities to the rural employment generation scheme.

VDC level WASH committees also proposed and implemented their own ways of regulation and enforcement of sanitation behaviour. A common example found was a VDC level citizen/ household card on which it is indicated whether the household has sanitation. VDC administration then threatens to give priority to only those households with sanitation, though the implementation of this threat in practice is less common it seems. Other examples are fines for people caught to do open defecation, but again discourse seemed to be stronger than practice. Some VDCs also linked sanitation promotion (posters) to religious values by presenting open defecation as a Hindu sin.

At the district level public hearings to inform and to receive feedback from the community are held. One of the motivations that was mentioned was the increased direct access from local government to district government and vice versa and the establishment of a monitoring committee. VDC awards and community level awards are

given in some instances, but (perhaps) more importantly the progress of different VDCs in the district is closely followed and visible to all.

Some of the drivers and constraints at the village level based on findings from the visit to the some Village WASH Coordination Committees and households during the field visits are summarized in the table below.

TABLE 3: DRIVERS FOR CHANGE AT VILLAGE LEVEL (SUMMARY OF FINDINGS FROM THE FIELD VISIT IN/AROUND SURKHET, NEPAL).

Drivers for change at village level	Constraints / challenges at village level
Outbreak of diarrhoea (in neighbouring village)	Lack of water
Many members (more than 50) in VWASHCC (all groups are represented)	(threat for staying ODF)
Training from Regional Monitoring and Supervision Office (RMSO)	Many members (more than 50) in VWASHCC (coming to agreement may be difficult in large group)
Community regulation	Sustainability
Regular monitoring	Scaling-up
Coordination among community-based organisations	Alignment
Multiple actors mobilise ("sani movement")	Development and involvement of small medium enterprises
Harmonisation	Resource mobilisation
Rewards for good behaviour and fines for not complying	Suitable designs for handicapped persons and ways to include this vulnerable group

The use of enforcement measures at VDC level sparked a debate about the appropriateness of such for promoting sanitation. Concerns are on the one hand the legality and social desirability of inflicting fines or withholding services, and on the other hand the sustainability of it. The participants concluded that enforcement definitely has a role to play, but the debate emphasized the delicate balance that should be found between "stick" and "carrot" in sanitation. This balance is locally specific, and, in the case of Nepal, VDC's are entitled to define this for their area. However, the role of other levels of government as well as external agencies is to promote reflection and good monitoring so that a balance can be found and excesses can be prevented.

In relation to this it is important to remark that in several VDC's there is a difference between the discourse of enforcement and the actual practice (less happens in practice). The discourse aims to show that the VDC and the VWASH CC are serious about their commitments to sanitation. However, this is a potential problem: while it may influence people's behaviour in the short term, in the long term people will be notice that enforcement does not exist in practice and it becomes ineffective.

#### DISCUSSION ABOUT DRIVERS IN THE DIFFERENT COUNTRIES

All five countries face the challenge to increase sanitation coverage; to make sanitation accessible for all; and to speed up progress with quality. All drivers are important, but leadership (at every level) was seen as a prime condition to overcome sanitation challenges.

Obviously the drivers for sanitation are very country specific and cannot be discussed without understanding roles and responsibilities in rural sanitation and hygiene. Each country team discussed sanitation drivers specific for their context and below a summary is given of the organization of roles and responsibilities as well as the reflection on drivers for the countries. This is not intended to provide any in-depth insight or recommendations for these countries. It is obvious that more analysis is needed for that. The intention is to show that accelerating progress requires an understanding of a whole system and a reflection of what can be drivers for change within the context of that system.

## BHUTAN

In Bhutan the Ministry of Health, the Ministry of Education and the Ministry of Works and Human Settlement are main players for WASH at the national level. Under these ministries the following departments are involved: Department of Public Health, Department of Medical Services; Department of Youth, Culture and Sports, and the Department of Urban Development and Engineering Services.

For sanitation and hygiene, the Ministry of Health is the main player, with the Public Health Engineering Division at sub-national level coordinating the Rural Sanitation Programme and the Institutional Sanitation Programme. Bhutan is divided into districts (Dzongkhag), and districts into blocks (Gewog). Non government players are community-based organisations, private sector, national NGOs, international NGOs, e.g. SNV and

multilaterals such as UNICEF and WHO.

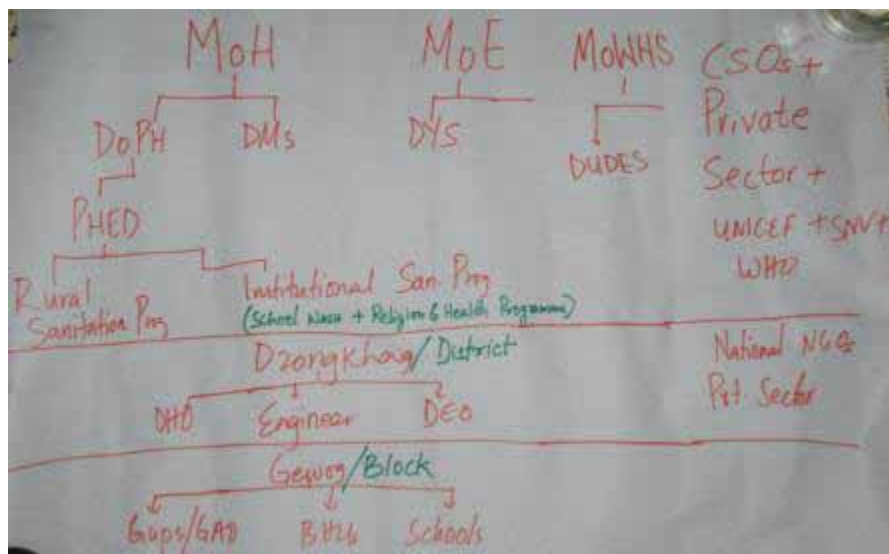


FIGURE 5: INSTITUTIONAL SET-UP IN BHUTAN (IRC/INGEBORG KRUKKERT)

Implementation has now been decentralized to Dzongkhag and Geog level, and in some of the Dzongkhag leadership for change in sanitation is now found. There is strong commitment at the district and local levels and a clear vision and action plan are in place. The Bhutan team said that

the challenge is to see this leadership grow in many

more Dzongkhags and Gewogs. The way forward is thought to be strengthening of coordination by defining clear roles and responsibilities and raising more awareness.

## CAMBODIA

Cambodia has five administrative levels: national, provincial, district, commune and village level.

The institutional framework for sanitation and hygiene in Cambodia consists of a Technical Working Group, a coordination body of government departments and development partners.

The Ministry of Rural Development is taking care of rural sanitation in Cambodia and has established a Water and Sanitation Sector Group.

The Cambodia team said that key drivers in Cambodia are the coordination of sector stakeholders and the establishment of a national strategy and operational plan. Strengthening capacity on how to implement the strategy is seen as a priority.

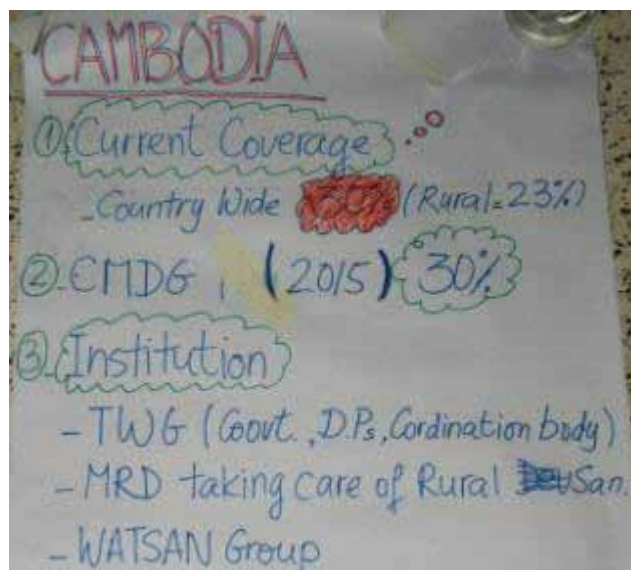


FIGURE 6: INSTITUTIONAL REFLECTIONS CAMBODIA (IRC/INGEBORG)

LAOS

In Laos there are also four governance levels for sanitation and hygiene: national; provincial, district and village level.

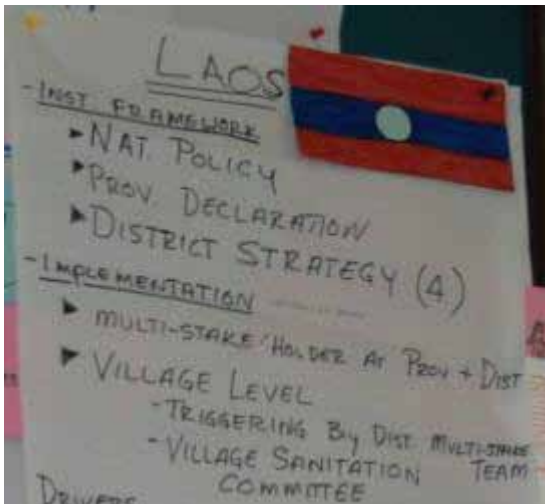


FIGURE 7: INSTITUTIONAL SET-UP LAOS (IRC/ INGEBOG)

The institutional framework for sanitation and hygiene consists of a national policy, a provincial declaration (Laos has sixteen provinces) and a district sanitation strategy in four districts (on a total of 140 districts<sup>6</sup>). The national WASH policy is implemented by multi-stakeholder teams at the provincial and district level. At the village level the community is triggered by these teams and the village sanitation committee is an important player at the community level. There is a level of local government which includes a cluster leader covering several villages. In some cases they are active and influential in others

they are quite weak.

The Lao team considered that drivers for change in Laos are strong leadership at local and district level and giving the title of “model village” to those that do well on sanitation. Pro-actively involving cluster leaders at local government level as well as Community Based Organisations -including the Women’s Union- could be of great value.

NEPAL

Nepal has the following governance levels for sanitation and hygiene: national; regional, district and village level. At the national level there is a steering committee consisting of the Ministry of Physical Planning and Works (MPPW), the Ministry of Health, the Ministry of Local Development (MLD – which has no regional

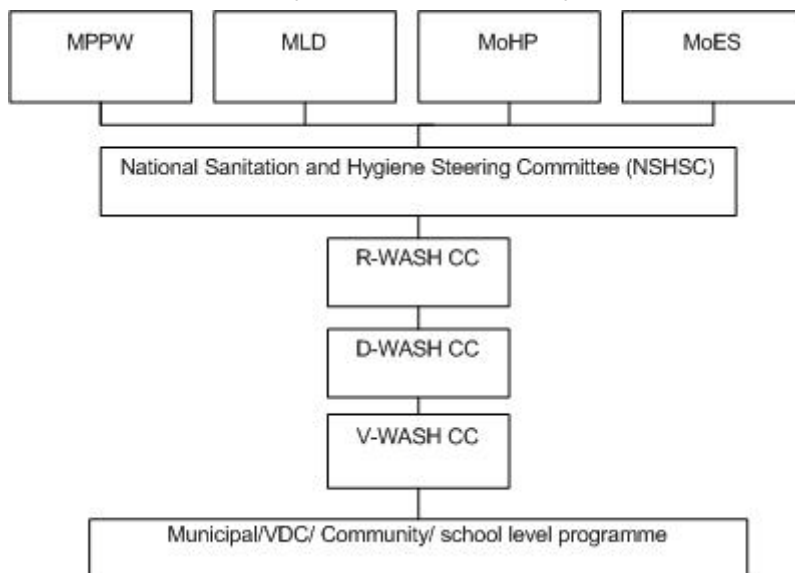


FIGURE 8: ORGANISATIONAL STRUCTURE FOR SANITATION AND HYGIENE IN NEPAL (ROLES AND RESPONSIBILITIES)

structure), the Ministry of Health and Population (MoHP) and the Ministry of Education and Sports (MoES). In addition it has a national sanitation and hygiene coordination committee. These coordination committees are established at all levels: national, regional, district and village level. At the regional level as well as at district level, the Coordination Committees (WASH-CC) have direct links with the national

level.

<sup>6</sup> Source: [http://www.nsc.gov.la/Atlas/links/PDF/1\\_section\\_A.pdf](http://www.nsc.gov.la/Atlas/links/PDF/1_section_A.pdf). The document explains that the map in this document is from 2007 and shows 139 districts. In 2008 a new district was added which was not yet included on the map.

Nepal has also established a water, sanitation and hygiene Task Force. At the municipality level, schools are an important player, and at the village level there are village development committees.

In short, Nepal has a strong structure, strong policies and plans; it is now up to the local level to make it happen. Nepali participants indicated that leadership, coordination and media are most needed now.

## VIETNAM

The sanitation and hygiene sector in Vietnam runs at four levels: central, provincial, district and community level.

### 1. Central level

Main drivers for change at this level are policies, guidelines and coordination.

The Rural Water and Sanitation Supply (partnership) / National Target Programmes (RWSS/NTP) are headed by the Ministry of Agriculture and Rural Development (MARD); the Ministry of Health (MOH); and the National Women's Union (NWU).

### 2. Provincial level

Important drivers for change at this level are coordination and capacity. Main institutions at this level are the Department of Agriculture and

Rural Development (DARD); the Department of Health (DOH); the Province of Women's Union (PWU); and the Department of Education and Training (DOET). PWU and DARD are a strong combination. PWU is good in communication skills but they lack technical skills; DARD has good technical skills but has less communication skills.

### 3. District level

At this level the District People Committee (DPC) is leading. Capacity and regulation are the main drivers and this is taken up by the district departments of the ministries at the higher level.

### 4. Community level

Community awareness and action are key drivers at this level. The community is triggered by community based organisations; health stations; Women's Union groups; schools; and mass organisations.

In Vietnam an important driver is coordination of sanitation and hygiene programmes at the central and provincial level. Establishing WASH coordination committees from central level all the way to communities – as is the case in Nepal- could also work in Vietnam. Awareness at scale is possible thanks to the work of the Women's Union.

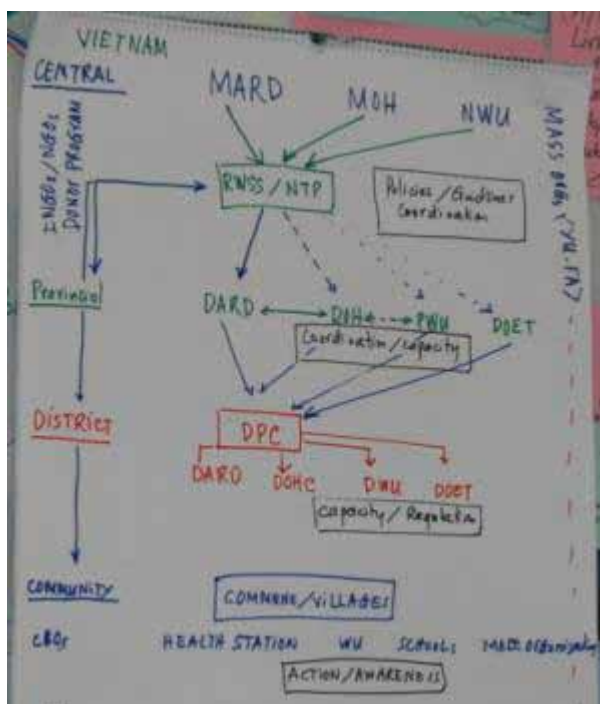


FIGURE 9: INSTITUTIONAL STRUCTURE VIETNAM



FIGURE 10: VIETNAM TEAM DISCUSSING DRIVERS FOR CHANGE IN THEIR COUNTRY (IRC/ INGEBOG KRUKKERT)

Looking at all the drivers and constraints, both from their country experiences as well as what they have found during the field visit, participants came up with a top of drivers for change. Good leadership and community awareness and action are the key drivers for change according to the participants of Bhutan, Cambodia, Laos, Nepal and Vietnam. (see spider diagramme below).

Other drivers can also make change happen. The establishment of coordination mechanisms at each administrative level was seen as very important. Having plans and policies as well as regulation and enforcement in place was another one.

There is still very little evidence or documentation over time on how change in rural sanitation is happening in practice.

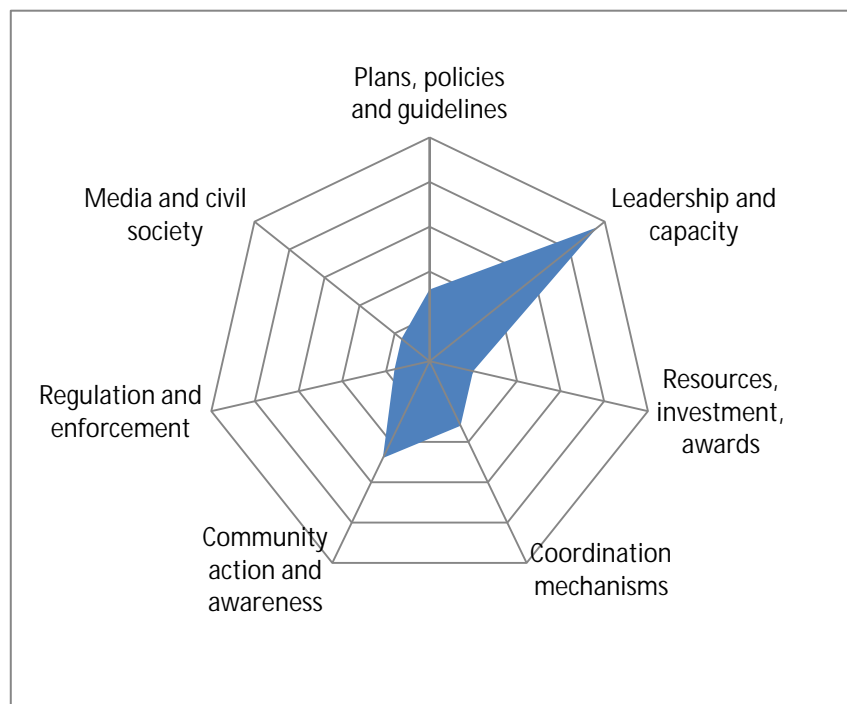


FIGURE 11: SPIDER DIAGRAMME OF DRIVERS FOR RURAL SANITATION



## PART 2: DISPARITIES IN ACCESS TO SANITATION AND FINANCE MECHANISMS TO SUPPORT ACCESS FOR ALL

Examples like the ones from the Mid-Western Region of Nepal, as well as some of the mid-term monitoring results from the Sustainable Sanitation and Hygiene for All programme, are indicating that fast progress is possible. However, we cannot simply assume that accelerated progress results in access to improved sanitation for all. Progress today does not predict progress tomorrow, let alone sustainability. One of the key questions to answer in (rural) sanitation is:

“Who is lagging behind and why?”

Only when understanding this question, we can see whether we are making progress with equity or progress without equity. A related question is whether scarce public resources are used effectively. That is, in such a way that those who are lagging behind are supported, and also that household's own investments are leveraged, assuming that:

- Ø The majority of households can be reached with generic awareness campaigns and strengthening the sanitation supply market (making sanitation more affordable)
- Ø Additional efforts are made for those lagging in the form of tailored awareness campaigns and specific support for access to hardware and services

In this part on disparities and finance we reflect on what we know about disparities, how they can be overcome and in particular what type of support mechanisms can be used. We will also look into practical measures to use scarce public resources more effectively.

### ***Progress with equity***

*“Instead of assuming that progress always by-passes the poor, we should try to understand why some countries like India make “progress without equity”, while others make “progress with equity” (and some others no progress at all).”*

*Jan Willem Rosenboom in the D-group discussion.*

## THE TYPE OF DISPARITIES FOUND IN RURAL SANITATION

In the D-group discussions examples of disparities from the five countries were given, although overall it was concluded that too little is known because most monitoring data are not disaggregated. There is however some country level information available that gives an idea of the order of magnitude of disparities in sanitation and related health indicators.

Nepal and Bhutan mentioned geographical disparities as many of the people who lag behind in sanitation live in remote areas in the mountains that are difficult to access. For example in Western Bhutan 67.6% of households are considered to have access to improved sanitation against 45.7% in Eastern Bhutan. Also in Nepal, coverage in Far and Mid-Western region is 35.6% and 47.5% against a national 59% in Western region. Geographical differences mentioned for Laos (MICS 2006) refer to 27.7% of households having access to improved sanitation in the South, as compared to 44.8% of the overall population. In Vietnam (Living Standards Survey 2010 prelim results), U5 mortality in Northern midlands and mountain areas is 37 per 1000 as compared to 18.4 per 1000 in the Red River Delta.

Furthermore disparities are found between urban and rural populations (78% against 51% in Bhutan, 83.5% against 15.8% rural with no road access in Lao PDR).

More hidden though, are poverty related disparities because they do not appear in mainstream statistics. However, in the Dgroup discussion these disparities were considered to be most important. For example in the

MICS surveys of Bhutan<sup>7</sup> and Nepal<sup>8</sup>, figures are given for disparities in access as well as in infant mortality rates. Below the figures on access to improved sanitation for Nepal, Bhutan and Lao PDR for the richest and poorest income quintiles. Of course these figures should not be compared between the countries because they concern different areas and different years. The main aim is to show that the internal disparities related to poverty are there in all three countries.

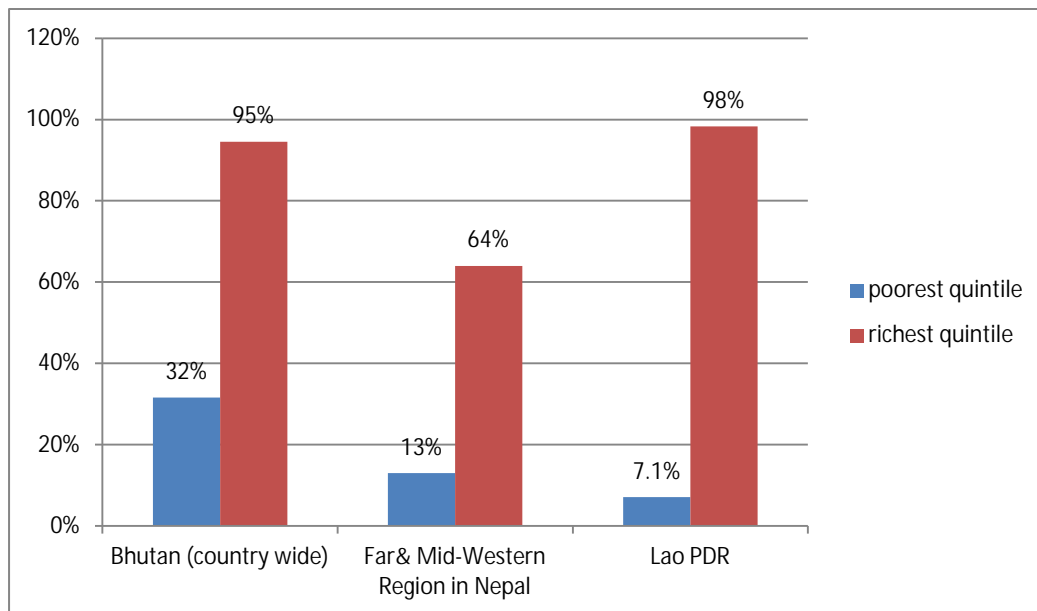


FIGURE 12: ACCESS TO IMPROVED SANITATION IN BHUTAN (FROM BMICS 2010); FAR AND MID-WESTERN REGION IN NEPAL (PRELIM MICS 2010); LAO PDR (MICS 2006)

In many countries, the disparities are not so much visible in coverage figures, but in the type of coverage. See for example the types of toilets per income quintile from the living standard survey in Vietnam (2010).

<sup>7</sup> Bhutan Multiple Indicator Survey, 2010, National Statistics Bureau, Royal Government of Bhutan, UNICEF, UNFPA, May, 2011. Available at <http://aidsdatahub.org/en/whats-new/292-bhutan-/766-bhutan-multiple-indicator-survey-2010-national-statistics-bureau-unicef-and-unfpa-2011>

<sup>8</sup> Findings from the Multiple Indicator Cluster Survey 2010 in the Mid-and Far-Western Regions, Nepal, PRELIMINARY REPORT, August 2011, Government of Nepal, Central Bureau of Statistics/The United Nations Children's Fund (UNICEF).

Available at <http://www.cbs.gov.np/download/NMICS%202010%20Preliminary%20Report.pdf>



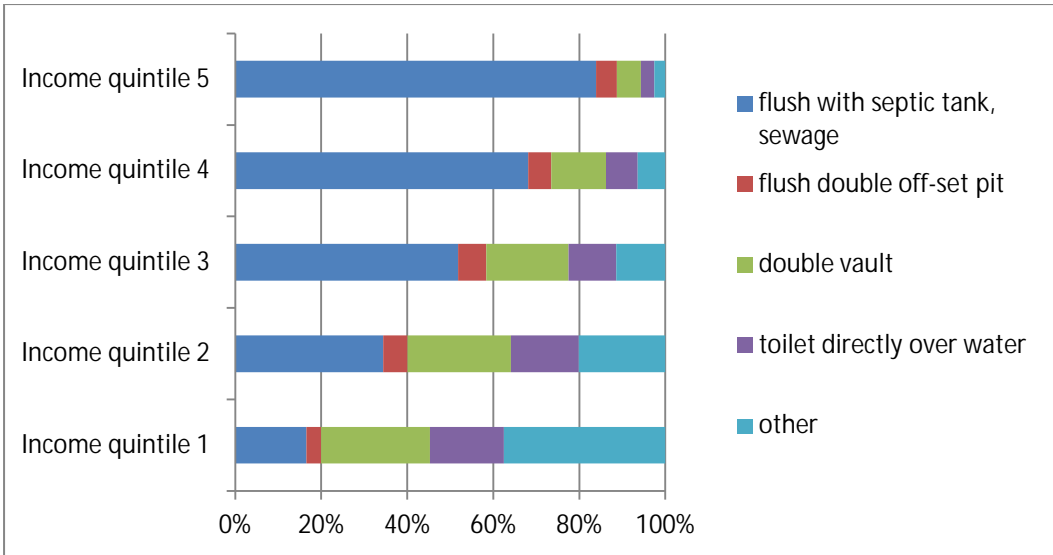


FIGURE 13: PERCENTAGE OF HOUSEHOLDS PER TYPE OF TOILET PER INCOME QUINTILE IN VIETNAM (LIVING STANDARD SURVEY 2010)

Furthermore in the baseline in Vietnam, huge differences in access were found among different ethnic groups:

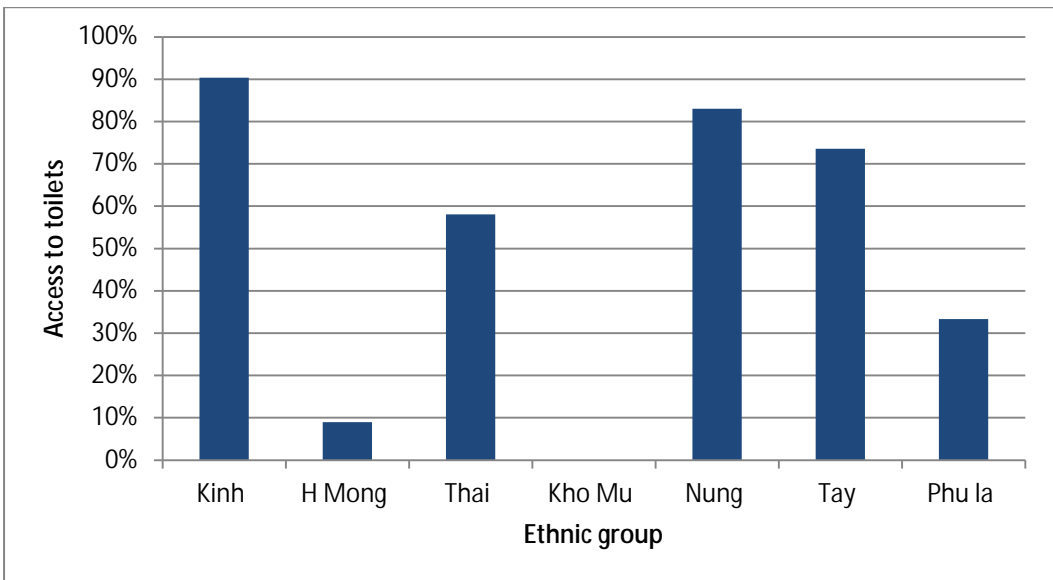


FIGURE 14: NORTH WEST VIETNAM ACCESS TO TOILETS FOR DIFFERENT ETHNIC GROUPS (BASELINE 2010, SNV)

Knowing these kind of differences in progress means that the programmes need to look for ways to (better) reach groups, for example through tailored behavioural change communication and/or better market-segmentation. In all countries, a start has been made to discuss and develop pro-poor support mechanisms with local governments, which is an ongoing discussion.

Raising the issue of disparities is usually not done by households, leaders or private sector themselves, and should be raised by the programme partners. We cannot expect the private sector to serve more remote areas or poorer households if this is not profitable for them. It is the government who is the duty-bearer of the right to sanitation, and thus it is the government who should monitor and look for solutions when certain groups are lagging behind. With 'government' we mean all levels of government in their geographical area.

Several measures and conditions to overcome disparities that were mentioned during the Dgroup discussion (see annex).

## FINANCE AND SUPPORT MECHANISMS

It is not the intention to suggest that disparities can only be addressed through financial support, or that financial support will be sufficient to address the whole issue. Yet, in most of the sanitation and hygiene programmes financial resources are limited, and it is important to ask whether scarce public resources are actually used to address disparities. The presentation done on subsidy schemes in Vietnam during the previous workshop, illustrated the difficulties poor households face to access subsidies (because it is output based and an upfront investment is needed). Also the review of the MRD KAP Survey, 2010 survey data in Cambodia (presented in this workshop) showed that that subsidised latrines go also to higher income groups and not only to the poor (see graph below).

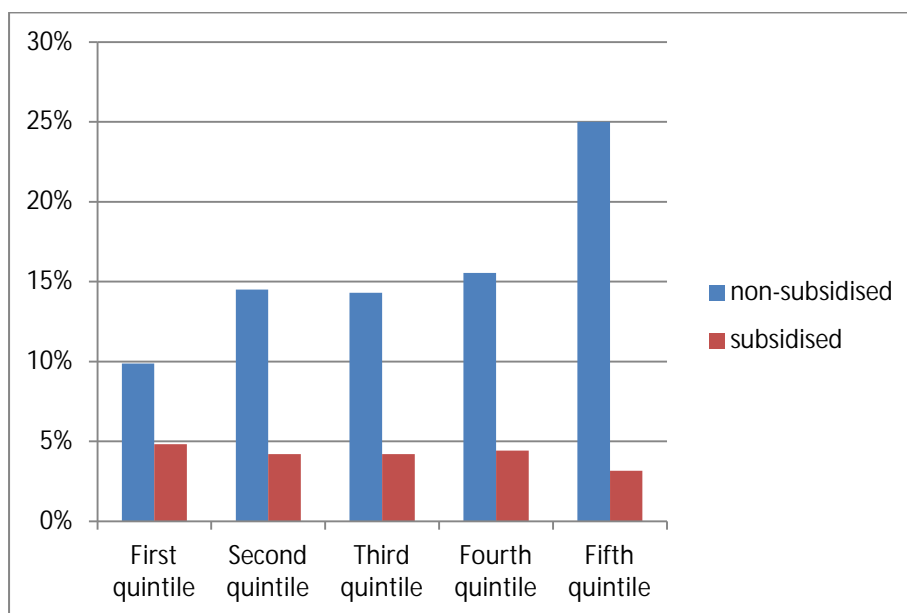


FIGURE 15: PERCENTAGE OF HOUSEHOLDS WITH SUBSIDISED AND NON-SUBSIDISED LATRINES PER INCOME QUINTILE (CAMBODIA KAP SURVEY 2010)

The presentation done by Cambodia on the analysis of the KAP survey data further showed that there was no significant difference in sustained use between subsidised and non-subsidised latrines. Problems of use, maintenance and sustainability seemed more related to the type of technology than to how the construction of the toilet was financed (subsidised or non-subsidised).

In the previous workshop financial support mechanism were discussed more in-depth, looking into four channels of support (see figure).



FIGURE 16: DIFFERENT CHANNELS FOR SUPPORT FOR RURAL SANITATION

Countries have different strategies to support those who need it and this remains area of learning. There were three presentations providing some insight into a particular form of support mechanism. Nepal showed how finance flows in Nepal are set up and how support to local governments is arranged. Bhutan presented an example of community support, a traditional form which could be build upon when setting up support mechanisms. Cambodia presented support channelled through local commune councils.

#### SUPPORT THROUGH LOCAL GOVERNMENTS IN NEPAL

The presentation of Mr. N.B. Khanal on the 'Financing sanitation and hygiene in Nepal' provided an example of funding through the local government. He visualised the flows of funding in the following graph.

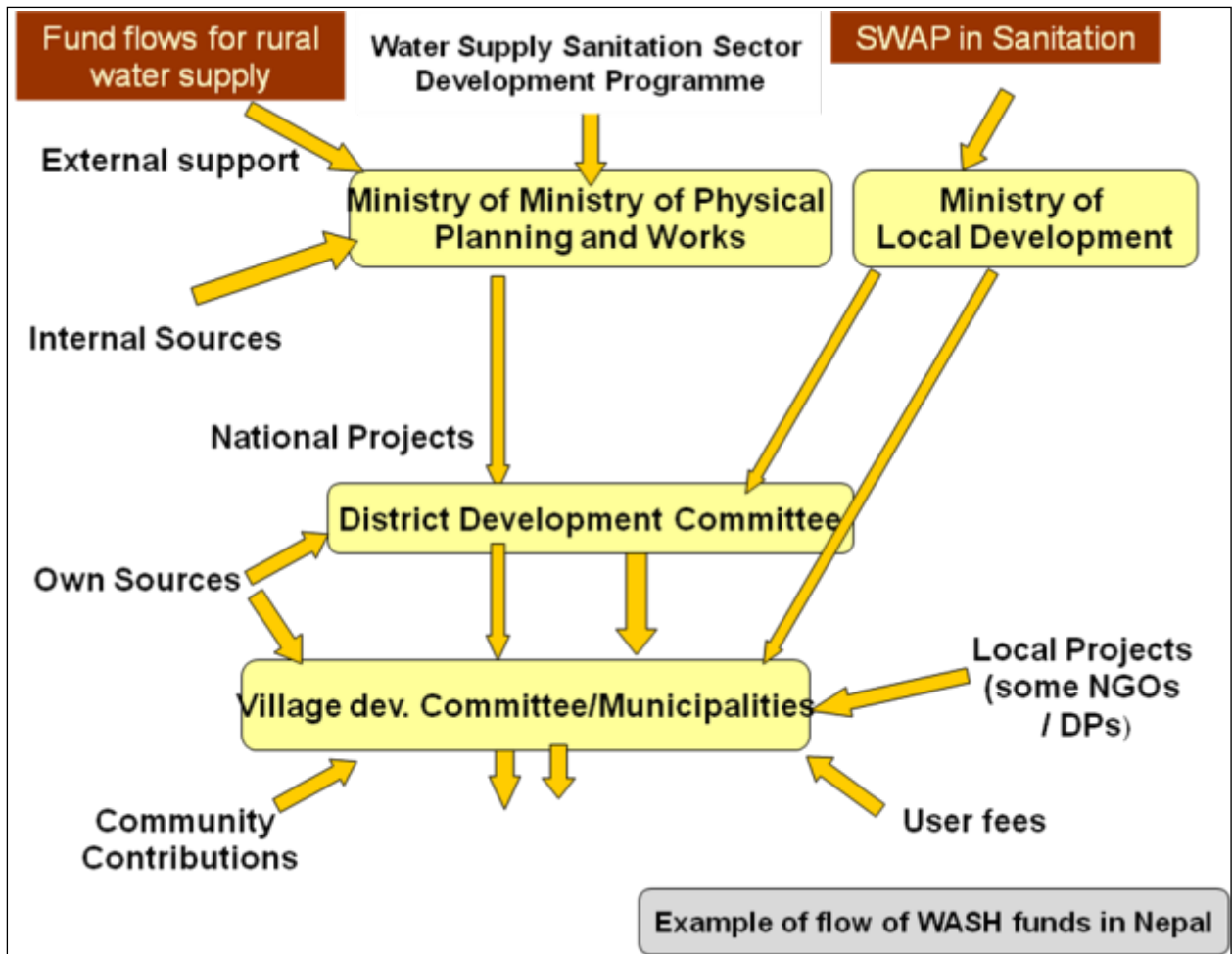


FIGURE 17: SCHEMATIC OVERVIEW OF FUND FLOWS FOR WATER AND SANITATION IN NEPAL

Mr. Khanal divides the finance flows in two flows: one through the Treasury of the Government of Nepal and one 'none-Treasury' flow. The Government of Nepal Treasury finances both water supply and sanitation projects and sanitation stand-alone programmes. It provides block grants to Village Development Committees/Municipalities and District Development Committees. Finally it finances constituency development programmes. This is visualised in the graph below.

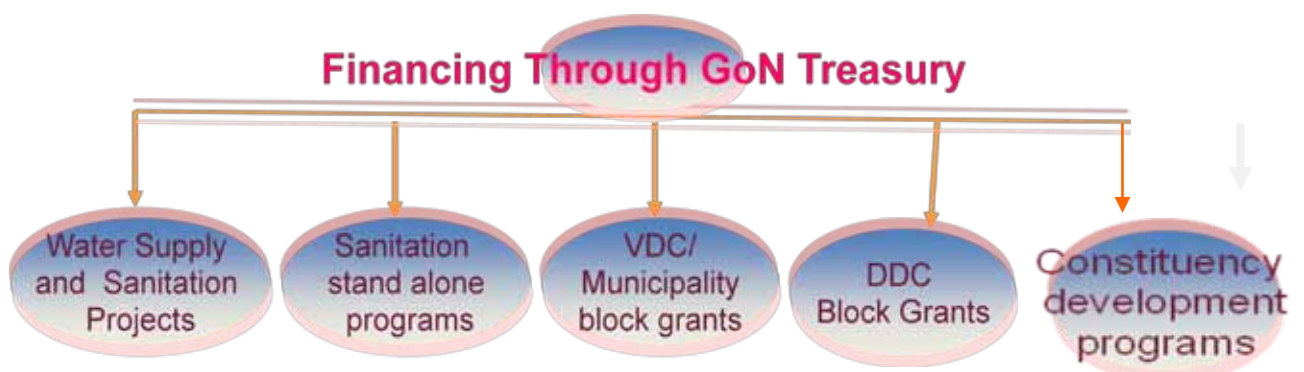


FIGURE 18: FINANCE FLOWS FROM THE TREASURY OF THE GOVERNMENT OF NEPAL

The non-Treasury finance flow comes from water supply and sanitation programmes of International NGOs; internal fund of local bodies; internal sources of the Water and Sanitation User Committees; cross subsidy with the users; and output-based aids for the poor. See the graph below.



FIGURE 19: NON-TREASURY FINANCE FLOWS IN NEPAL

Khanal explains that Nepal is introducing basket funding provided through the local bodies at all levels. The approach to follow is:

1. Mobilization of local sources,
2. Basket funding of available resources and use single approach

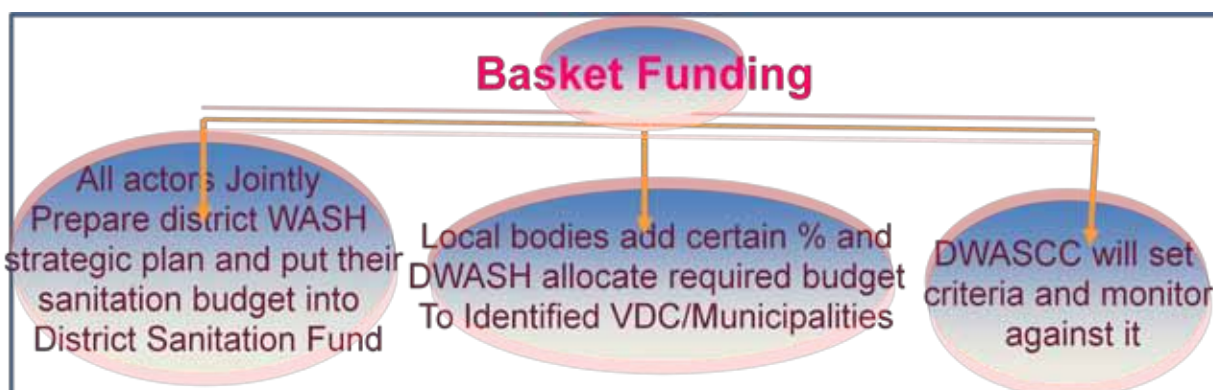


FIGURE 20: BASKET FUNDING IN NEPAL – MOVE TOWARDS A SECTOR-SIDE APPROACH

3. Basket programming

All actors jointly prepare a strategic plan for the district WASH coordination committee and divide the responsibilities. The District WASHC Coordination Committee sets criteria, minimum requirements and the sector actors implement these plans. The District WASH Coordination Committee will monitor against the set criteria and provide feedback. This is visualized in the graph below:

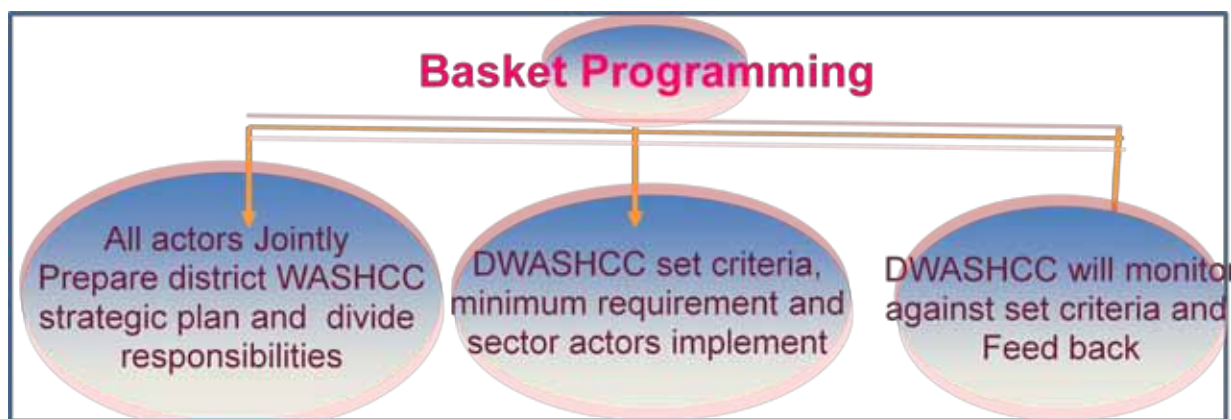


FIGURE 21: BASKET PROGRAMMING IN NEPAL – ROLES AND RESPONSIBILITIES

For basket programming, the following issues could be taken into account:

- Cross subsidy within the community
- Link with other development budgets
- Establish revolving fund,
- Allocate budget from basket fund and invite equivalent from the Village Development Committees
- Gift from well being families,
- Additional development grant for top few Village Development Committees and wards
- Certification and linkage with recommendations of the Village Development Committees
- Finally financial support for really needy families

The presentation clearly showed how Nepal is working on developing a strong structure from up to down and to have basket funding, and use this according to locally defined criteria.

#### QUALITATIVE RESEARCH ON PRO-POOR SUPPORT MECHANISMS FOR SANITATION AND HYGIENE IMPROVEMENT IN LHUENTSE DISTRICT, BHUTAN

The Bhutan team presented the preliminary results of their qualitative research on pro-poor support mechanisms for rural sanitation. The objective of the research was to understand better who are the people that are unable to build a toilet, what are their constraints and what would be appropriate support mechanisms that help them meet their aspirations for improved sanitation and hygiene. The intention was also to see whether and if so, what kind of support is currently provided to these households by communities.

Six villages were selected from three districts in the north of Bhutan: Menbi, Khoma and Gangzur. The selection was done in cooperation with village leaders based on the accessibility and total number of households in the villages.

In Bhutan there is no policy to provide subsidies for household sanitation by the government. Until a few years ago the policy was to promote only pit latrines, and households were expected to finance this by themselves. In fact, following the Royal Decree on this issue in 1992, the coverage of pit latrines is close to 89% in rural

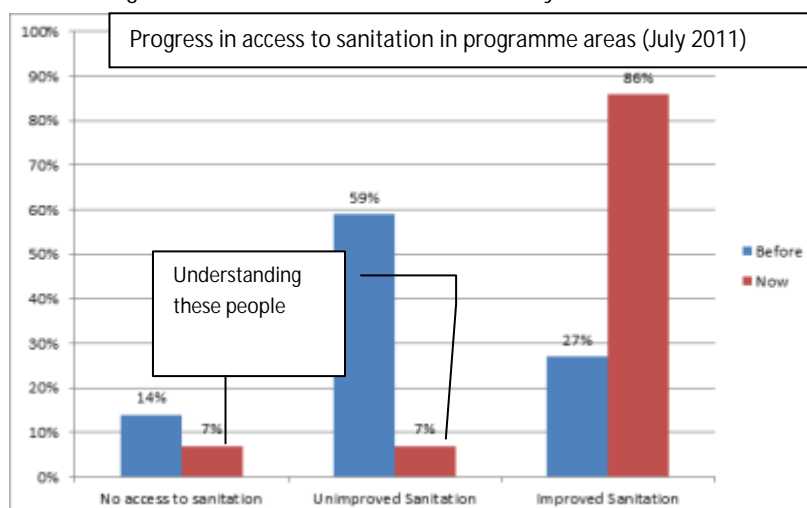


FIGURE 22: UNDERSTANDING WHO DOES NOT HAVE ACCESS



Bhutan. The problem lies in the fact that most of these are poorly constructed and not used.

Under the present rural sanitation programme, a variety of technology options is promoted, but the pour flush latrine with off-set pit is by far the most popular option among rural households. Increase in improved sanitation in the programme areas over the past year has been impressive (see graph above), but the question is which households are lagging behind and why.

The results of the study show that households/individuals who face difficulties to construct a sanitary toilet are characterised by the following constraints (by order of importance):

1. Lack of manpower
  - “those who lack manpower”
  - single female headed households
  - Old people “living alone”, “without relatives staying with them”, “running the house”
2. Financial constraints
3. Kidu recipients (Kidu is special support provided by the King)
4. 2 other criteria: land asset and disability



FIGURE 23: MS THSERING CHODEN FROM BHUTAN PRESENTS COMMUNITY SUPPORT (IRC/ INGBORG KRUKKERT)

Interestingly the lack of manpower was mentioned twice as much as a constraint as any of the other criteria. Additional reasons for not building a toilet were timing (clash with other –mainly agricultural-work); and lack of technical support.

In Bhutan traditional support mechanisms exists within many communities. These are:

- *Lasa* = exchange of labour
- *Kaylen* = food rations
- *Lemen* = labour contribution
- Support in terms of giving cash is non-existent in all *gewogs* (= block) except for Shawa

Values of the traditional support systems are: good interpersonal relationship; request for help from the

needy ones; Sense of competition; sets a good example; listens to the elderly. However, in villages where people are a bit better-off they have become more independent and traditional support mechanisms are almost non-existent in those *Gewogs*.

There is also a formal credit system called BDFCL. This system is set up to offer a group lending scheme with a reduced interest rate. However, formal credit works with interest and a repayment scheme which is not really being considered by the community as an option for the people living in poverty.

The communities in the study suggested ways to provide support for sanitation, for example community support for labour for construction of toilets, strong *Tshogpas* (=village leader, or group of village leaders/committee) that raise funds for sanitation. They also gave some suggestions for *Gewog* level (blocks), for example explore ways to get support from the local authorities: land tax, local tax, mobilise labourers, setting up a system of identification of households of people living in poverty and identifying households of people living in poverty.

However, the Bhutanese team and participants were sceptical of the use of poverty lists. The experience from some of the other countries is that it is difficult to ensure that the right people are on the list. Moreover, in the Bhutanese context it is considered stigmatizing to single out people living in poverty publicly.

## EXPLORING NEW MODALITIES FOR PRO-POOR SUBSIDY IN CAMBODIA

The presentation from the Cambodia team consisted of two parts, one related to the review KAP survey data comparing the performance of subsidized and non-subsidised latrines. The main points of this part of the presentation have already been mentioned above. The second part of the presentation focused on the development of transparent commune level subsidy mechanisms for the poor.



FIGURE 24: TOILET WITH LOW-COST SUPERSTRUCTURE IN CAMBODIA

In Cambodia an official system of poverty identification exists which is called ID poor C1. This poverty list is yearly updated, facilitated by the Ministry of Planning, using strict classified criteria.

In the support scheme under development in Kratie, the Commune Council takes the lead. Its first step is to ensure and clearly communicate to the whole community that the subsidies are only given to ID Poor card holder C1. This communication also includes information on the fact that universal sanitation including the poor is essential to achieve community-wide for health

benefits.

Furthermore, the Commune Council, three village chiefs and facilitators work together to select beneficiaries, using the existing list with additional criteria to ensure willingness and functionality. Overlap with the sanitation subsidy schemes from IMF (via PDRD) and the Cambodian Red Cross is to be avoided. Lists with all names from beneficiaries of IMF and CRC schemes are compared with the ID Poor list.

Target households are consulted by the Commune Council about needs preference and type of latrines and agree on their contribution in term of labour and superstructure. All target households have to sign the agreement list with the Commune Council, and promise to use and regularly maintain the latrines. Households are also clearly informed about the disadvantages of the wet pit latrines in case water is scarce in the household. After this, staff of the Provincial Department Rural Development provides technical support. An agreement is made between the Commune Council and the local Entrepreneur, funding is provided to the local Entrepreneur after satisfactory construction of the toilet (output based).

## OTHER EXAMPLES

Other examples of support mechanisms were mentioned by the Vietnam and Lao teams. In Vietnam the Women's Union assists women to form savings and loan groups and if desired helps them to take a group loan from the Social Development Bank. In Laos the Provincial Rural Development Office is working on the design of a revolving fund for sanitation businesses, but this was still in an initial stage at the time of the workshop.

## SANITATION INTEGRITY QUESTIONNAIRE

Effective use of public finance also involves transparent and proper use of resources. However, very little is known about corruption in rural sanitation programmes, in particular in those that do involve large amounts of external subsidies. A questionnaire exercise called: "Misconduct in rural sanitation programs - types, prevalence, prevention and remedies" was used to introduce the topic and explore the nature of transactions in rural sanitation and hygiene programmes. The tool was based on the training material of the Water Integrity



Network<sup>9</sup> and on the IRC/SEUF case study on integrity in the state rural sanitation programme in Kerala, made for the World Bank Institute in 2007<sup>10</sup>. As these tools so far only exist for water, not for rural sanitation, the goal of the exercise was threefold: 1) to put the subject on the agenda as part of rural sanitation governance, 2) to get insight into what key actors in the rural sanitation sector know about corruption and preventive measures for various levels and actors of rural sanitation programmes, and 3) to learn from the participants what they already know about this. Replies were anonymous.

The WIN questionnaire, and as also the questionnaire that was developed for rural sanitation on the basis of the WIN questionnaire, looks at the occurrence of corruption /misconduct in different interactions and levels. These are:

- In the public sector (among public sector actors);
- between public and private sector actors;
- between the public sector and consumers;
- between the private sector and the consumers,
- between consumers themselves
- In and between NGOs and development partners

Risks of misconduct in the rural sanitation and hygiene sub-sector are relatively less as compared to water programmes or urban sanitation programmes, due to the fact that less money goes around in this subsector and also transactions are fairly simple. In this case, the respondents were a mixed group of higher and mid-level staff of government, NGOs and development partners from different countries. Therefore it's likely that the context from which the respondents looked at the questions was very different.

Only a little over one fourth of the respondents knew about cases of malpractice in rural sanitation, while others mentioned that they did not know cases, there were no cases or that it was not applicable for their practice. About 40% knew of preventive measures.

Again when asked at which levels (in which relationships) misconduct happens, the majority of the respondents said it does not occur, they do not know or it not applicable in their context. Yet, 10%-30% indicated that they knew cases: 28% knew of cases among public officials and 20% between officials and consumers. These cases are mostly related to favouring own communities or groups. Furthermore 21% knew of cases between officials and private sector, while 22% knew of cases between private sector and consumers. These cases are mostly related to giving lower bids or prices to get contracts or orders, or initial agreements between officials and private sector. Issues between private sector and consumers are mostly about overcharging and/or doing substandard work.

Preventive measures that we most known are giving information to consumers on standards for good quality construction, help organize contracts for user groups, increase transparency in allocations. A separate note on the findings can be found in the annex.

### PART 3: GENDER ISSUES IN RURAL SANITATION AND HYGIENE

Household data on disparities only capture social inclusion issues, such as differences in access among ethnic groups, geographical areas, wealth groups and so on. These data do not make gender issues related to rural

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<sup>9</sup> [www.watergovernance.org/documents/WGF/Reports/Trainin\\_Manual/Final\\_training-manual-English.pdf](http://www.watergovernance.org/documents/WGF/Reports/Trainin_Manual/Final_training-manual-English.pdf)

<sup>10</sup> [www.reporting.irc.nl/page/67178](http://www.reporting.irc.nl/page/67178)

sanitation and hygiene visible<sup>11</sup>. Yet is important to understand how rural sanitation and hygiene is gendered. For example the hygiene behaviour formative research done in different countries shows that:

- Men and women have different perspectives on the priority to sanitation. Men say: *"I do not need to spend money on toilets I can just go outside"*
- Traditional roles of men and women give disproportional responsibility to women for keeping toilets clean and supporting child hygiene.
- Often men are the main decision makers, while almost all hygiene promotion efforts are directed to women. *"Males don't care, they do not want to be influenced by their wives and children, they make their own decisions."*

In the D-group discussions participants shared their experiences on practical and strategic gender needs related to sanitation. Practical gender needs mentioned were: specific preferences regarding toilet design: women often want a bathroom; attendance and influence in meetings<sup>12</sup>; menstrual hygiene; and workload for toilet maintenance. Strategic gender needs focuses on the division of labour; decision making power; and cultural taboos.

By far the most commonly used "gender" measure is to prescribe a minimal percentage of female members of WASH committees. However, addressing the above issues is not going to happen through participation quota alone. Experience over the past decades has shown that each situation requires its own analysis and solutions, and whether this actually happens in practice depends very much on the understanding and commitment of the people involved. In the workshop we explored two alternative ways to look at gender in rural sanitation, both of which aim to engage more and different stakeholders in bringing about positive change. These are:

- Strength-based approaches to gender in WASH
- Hygiene promotion for men

## STRENGTH-BASED APPROACH – MAKING THE INVISIBLE VISIBLE

The emphasis of the strength-based approach is on identifying what works well and why, then building on these positive factors to achieve goals and aspirations. Gabrielle Halcrow explained the approach based on research carried out in the Pacific from 2009 – 2010<sup>13</sup>. She showed that a detailed analysis of all the problems and their causes often doesn't achieve positive change, because so much energy and effort is focused on what is wrong. This is disempowering for the stakeholders involved and often results in demands for more training or clear-cut (prescribed) solutions.

Of course such solutions do not exist, instead creativity and motivation from all stakeholders is needed to develop locally

*"We thought that it [strength-based approach] would not work and that we would forget the challenges. It does not mean however that you forget about the problems but it motivates people much more to bring about positive change." Doan Trieu Thanh, SNV Vietnam*

<sup>11</sup> With the exception of access for female single headed households, if this is separately reported.

<sup>12</sup> Of course gender and social inclusion is closely related: which women are participating in the committees and who do they represent?

<sup>13</sup> Making the invisible visible- documenting successes, enablers and measures of engendering water and sanitation initiatives in the Pacific to inform policy and practice. Case studies were developed from Fiji, Vanuatu and later from East Timor. Collaboration between 4 organisations: the Institute for Sustainable Futures, International Women's Development Agency, Live and Learn Environmental Education Fiji and World Vision Vanuatu . Later replicated by WaterAid in East-Timor. Funded by AusAID. More information at:<http://www.genderinpacificwash.info/>

specific solutions. The strengths based approach is based on the belief that there is always something that has worked or is working well in every context and that people move in the direction in which they focus. The motto is: "focus on the positive and you will move in a positive direction."

The approach can be used to get momentum and to take the first step to positive change. Gabrielle showed the following slide comparing the 'appreciative inquiry' approach focusing on strength-based innovation with the 'problem solving' approach which focuses on deficits. With the same objective in mind, there are very different ways to ask questions.

## Problem analysis vs Appreciative Inquiry

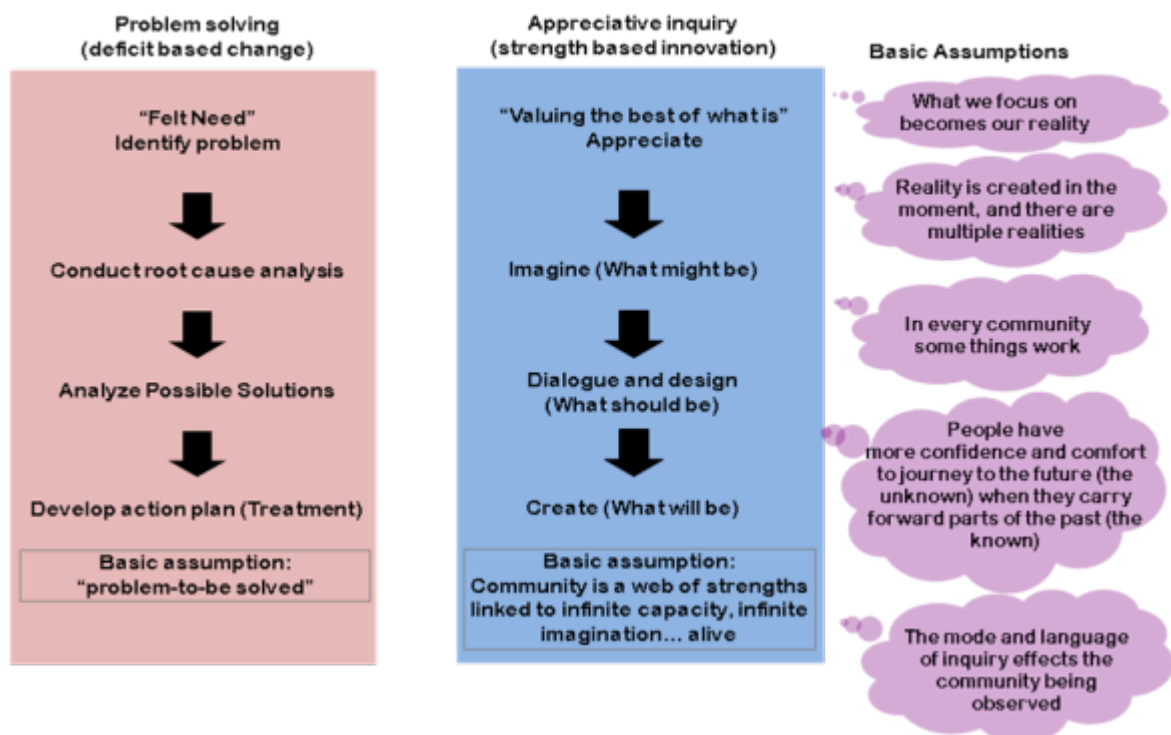


FIGURE 25: PROBLEM ANALYSIS VERSUS APPRECIATIVE ENQUIRY (STRENGTH-BASED)

The 'problem solving' approach often ends with a list of problems to be solved while the strength-based approach is more jointly looking for solutions.

### MEASURING PROGRESS – METHODOLOGY

In the research carried out in the Pacific an extra step was added on measuring progress towards achieving objectives.

Measuring progress is also about valuing the steps that are taken, not only counting or measuring. Therefore quantitative and qualitative approaches were combined, starting with the qualitative: people were asked to tell personal stories about positive change. This way people themselves defined what was important about what had happened.

The next step was to shift it towards a gender focus by using group discussions and by developing a success tree (not a problem tree) with outcomes and enabling factors. It involved the participants in analysing and thinking about their stories, it focused them on gender, it made them think about what had caused changes

The third and fourth step involved ranking and visioning. Ranking the outcomes of the success tree revealed which gender outcomes women and men valued most and it also showed the differences between women's groups and men's groups. Visions showed what is preferred compared with 'what is'.

Final step was quantitative pocket voting. Many stories were collected and for the research it was important to know if stories are relevant for change. Is it an anecdote or significant for a change?

Gabrielle: "We took about 20 questions and did pocket voting about the change that was reported, and if this was a big change or a small change. This approach brought forward changes that were never picked up by the conventional monitoring methods. Making change was made visible to the communities."

The questions were built out of the stories and discussions and allowed comparison of women's and men's views.

### STRENGTH-BASED APPROACH WORKS

The strength-based approach proved to be successful in the Pacific research. Based on the combined experiences of the programme in the Pacific guidance materials for practitioners was developed.

In Vanuatu for example, the approach brought satisfaction of practical gender needs and women were taking on leadership and decision-making roles for the first time. The major improvements were seen in household relationships where there was reduction in violence reported. Some of the effects of the approach in Fiji were: increased respect for women by men; increase in women's voice at the community level; and Increase in men's participation in non-traditional roles (e.g. sanitation, hygiene) in the home.

In the workshop the country teams discussed positive stories from their own practice. For example in Vietnam female mason helpers, who did unskilled work, participate in the mason's training and become skilled female toilet masons. (see annex 5 and also the photo story <http://www.irc.nl/page/66925>) During the workshop, sharing positive stories of change brought another positive example to light from Laos where a young woman from an ethnic group became a strong CLTS trainer, increased her status and felt empowered to convince her husband to build a toilet.

### WHAT DOES THAT MEAN FOR OUR PRACTICE?

We have learned that programs have gendered impacts regardless of whether we program for them or not. From the presentations and discussions in the workshop we can conclude that strengths-based approaches empowered women and men involved. We have also seen that practical examples of success such as the women masons in Vietnam bring theoretical conceptions of gender to life for development practitioners.

What does this mean for WASH practitioners and other development practitioners? Use strengths-based approaches to investigate and/or improve incorporation of gender into programs; Develop examples of what good gender outcomes look like and what it takes to get to them; but first of all: it is important to recognise gender issues and strive to generate more and better gender outcomes.

To recognise gender issues and improve incorporation of gender into programs is also the focus of the last part of this chapter which is about the engagement of men in hygiene promotion.

A small role-play by some of the participants showed the importance of engaging men in hygiene promotion. The story was about a health worker visiting the woman of the house. He motivates her to wash hands with soap and convinces her of the importance of having soap in the house. When the husband comes home from a day of hard work he wants to eat and rest and does not want to be bothered to give money for soap.

Participants said they recognized the story, but more so for bigger expenditures related to sanitation and hygiene.

## HYGIENE PROMOTION FOR MEN

Another way of looking at gender issues, is to reflect on hygiene promotion for men<sup>14</sup>. Most hygiene promotion programmes focus on women only. Often they are the ones preparing the food, cleaning the children after defecation and feeding the children. In addition, it is assumed that if you reach the women you will reach the whole family. This appears to make it less urgent to reach men.

However, the focus on women ignores the fact that men are often very influential in household decision making. Also, they are part of households as well, and their personal hygiene impacts household health and hygiene. The assumption that women and children are able to influence or change male adult hygiene behaviour, is often not plausible. In summary reasons for considering men as a specific target group for hygiene promotion are:

- Men have key roles in decision making within the family and community and often control finances;
- Men have an important role to play in family and community health improvement;
- Men are in a position to help reduce the excessive burden on women;
- Men can be role models to others in the community, in particular boys and young men.



It is clear that to be effective in sanitation and hygiene approaches, all members of the community - men, women and children - should be involved. This is what is meant by *inclusive* sanitation and hygiene. Hygiene promotion for men does not advocate to direct hygiene promotion at men alone, excluding women and children.

Men who are well informed on the benefits of hygiene improvement for their family are more likely to support their wives and children and to change their own behaviour. However, as discussed in the workshop, explicitly targeting men requires a rethink of behavioural change communication channels.

FIGURE 26: POSTER OF SHOWING A MAN ASSISTING A GIRL TO WASH HANDS WITH SOAP, NEPAL (SNV LAOS/ROBERT DEUTSCH)

### STEPS TO ENGAGE MEN IN HYGIENE PROMOTION

To facilitate integration of hygiene promotion for men - or inclusive hygiene promotion in existing approaches and programmes, the following steps could be taken:

1. Include *inclusive* hygiene promotion in the WASH budget; ideally in (local) government budgets, but at least in programme budgets;
2. Explicitly include hygiene promotion for men in new projects and programmes;
3. Hire both male and female hygiene promoters;
4. Provide practical support and guidance and motivate programme staff, especially the hygiene promoters;
5. Include hygiene promotion for men – as well as facilitation skills - in training for staff;
6. Involve community structures such as the Water and Sanitation User Committees in sanitation and hygiene promotion as well as in monitoring progress and outputs;
7. Develop hygiene promotion strategy guidelines and/or adapt these if needed.

<sup>14</sup> For more information: a handout on hygiene promotion for men is included in the annex

For many participants the topic appeared to be an eye-opener. When the participants were asked who they would try to reach with their hygiene promotion activities, knowing what they know now, most answered that they would also engage men in order to become more effective. A small part of the participants said they would still focus on women and children first.

"Gender issues are important; so far we focused on women, but rarely focus on men. We can set up a forum for men in which problems related to hygiene for men can be solved." *Participants from Vietnam*

## PRINCIPLES FOR EFFECTIVE WASH ACTIVITIES

The discussions and presentations on the strength-based approach and the engagement of men in hygiene promotion can be summarized by the following principles.

Four principles<sup>15</sup> can be applied to work effectively with women and men in sanitation and hygiene:

- 1) It is important to focus on ways of working that enable women and men to actively participate;
- 2) Focus on how decisions are made and by whom;
- 3) See, understand and value the different work, skills and concerns of women and men related to sanitation and hygiene;
- 4) Create opportunities to participate and benefit, like the example of the women masons in Vietnam.

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<sup>15</sup> Adapted from the presentation by Gabrielle Halcrow

## PART 4: INTEGRATING IDEAS ON RURAL SANITATION AND HYGIENE

Priority to sanitation and hygiene is low and responsibility for sanitation and hygiene is often fragmented. All the five countries have some form of coordination mechanisms for sanitation, either technical working groups, decision making bodies or simply learning oriented groups.

Political will is needed if discourse is to be put into practice, for example provide access for all, enhance real coordination and alignment, ensure that vulnerable groups are heard, and that resources go to the right locations and households.

“Everybody can work on sanitation, but who is accountable?”  
(Participant in D-group discussion)

### LEADERSHIP FOR SANITATION AT ALL LEVELS

In the Dgroup discussion it was asked whether efforts of governments should concentrate where leadership for sanitation already exists or whether the promotion of leadership is part of a sanitation programme. It is probably a combination of both. Other key questions were whether more leadership for sanitation is needed, at which levels, and how it can be promoted. It is clear that more leaders are needed if sanitation is to achieve scale, but it is not just about more leadership; also well-informed and committed leaders. Leadership is not one person, and it is not on one level only: it is leadership at all levels. Coordination is essential, but leadership is needed to help prioritize issues and maintain focus.

Level	Roles and responsibilities
National	To be visionary and lead a culture of transparency by example Set roles and responsibilities Raise priority for sanitation and equity
Sub-national	Raise priority of sanitation, builds relations and collaboration Pro-actively supports vulnerable groups Supports and recognises lower level leadership
Local level	Engages and mobilises most influential actors at community level Ensures sanitation in local planning processes Discusses and seeks solutions for disadvantaged households Puts issues on the table of sub-national levels
Community level	Leading by example Encourages participation of all, and seeks to increase outreach to the whole community

FIGURE 27: LEADERSHIP ROLES AND RESPONSIBILITIES AT VARIOUS LEVELS

Leadership cannot be created in isolation; we need to use the existing structures and leadership. However, not everyone in a leading position is automatically a good leader. A chair-person of a sanitation committee or a government official responsible for a department that includes sanitation and hygiene may still need to develop leadership. Situations that appeared to have been instrumental in promoting leadership for sanitation in some of the countries are:

- When people shared a sense of urgency: AFTER something BAD has happened
- Inspiration and internal motivation by other leaders
- When an umbrella structure was created with clear roles and responsibilities
- When leaders in all kinds of organizations were approached
- When the awareness of the general public increased
- When progress by certain communities, wards, districts was made visible through media
- When recognition was provided from higher levels

## WHAT KIND OF LEADERSHIP DO WE NEED TO ACCELERATE SANITATION?

Different leadership styles were discussed in the workshop. A large group of participants felt that sanitation needs leadership that looks beyond the process, discussions and methodology, and concentrates on the big lines. The visionary leadership. However, another significant number of participants felt that sanitation requires solid steady leaders, that is: those who are firm, trustworthy and hardworking, and continue to move in the same direction without deviations. They felt that sanitation is a long term effort, which requires a long term consistent commitment.

A small group of participants approached the question from another angle. They emphasized flexibility of leadership to be able to talk to many different stakeholders at different levels, adjusting their arguments to the situation. One person emphasized the need for leaders who are able to make sanitation fun, who always keeps things light with fun and jokes, and does not allow work pressure become too serious. His argument was that only when we can make work in sanitation fun, everybody will give their best. Another person felt that strong no-nonsense leadership is needed for sanitation. Someone who firmly puts the boundaries and prevents anyone of going into any unwanted directions, wasting time.

Preferred leadership styles are of course strongly influenced by culture and values. None of the above styles in itself is better, nor are these leadership styles 100% mutually exclusive. It's also it is important to realize that each style has its strengths as well as pitfalls or down-sides. For example visionary leadership concentrating on big lines, sometimes fails to check whether something is really happening on the ground. Too strong no-nonsense leadership, may limit innovation and initiatives. Too much flexibility in arguments can come across as unreliable. And so on.

A pragmatic way to look at leadership styles is to consider the stage of the process and the nature of activities that are done to enhance progress in sanitation. Based on strengths and weaknesses of ongoing processes in a specific area/ country, it is possible to have a meaningful reflection on leadership styles for that area/country. Unfortunately the limited time during the workshop did not allow for such an in-depth reflection.

At the moment, many of the countries seem to be aiming at creating greater coordination and momentum for sanitation. This naturally demands strong people skills of the leaders involved as well as a high degree of flexibility. While clarity on roles and responsibilities for sanitation is certainly needed, a too narrow interpretation of these, will result in sanitation falling between the cracks.

Building capacity for leadership and promoting good leadership is important. Make progress visible: everyone wants to be in the winning team. This also has to do with what we learned from the strengths-based approach: too much criticism kills action.

What can also be done is to facilitate the coordination and linkages between existing leaders. Leaders can also support vulnerable groups in an active way and make sure they can participate in meetings for example. Influential actors can be mobilised to influence the political agenda.

## LESSONS LEARNED BY THE FIVE COUNTRIES

The crucial role of leadership and strengthening existing leadership for progress in sanitation and hygiene were overall shared lessons. To see that it is possible to have awareness of sanitation at all levels in Nepal was a powerful insight for many participants. They also mentioned pro-poor support as an important lesson. Engaging men in hygiene for successful hygiene promotion – and develop a more gender-balanced behaviour change communication approach was another lesson shared by many participants. The use of a sanitation card (voucher) in order to encourage safe sanitation was mentioned as a valuable practical lesson. A short overview of specific lessons per country is described below.



Bhutan stressed the importance of thinking 'beyond Open Defecation Free'. They mentioned the awareness of the sanitation approach at district level, the functioning of the Village District Committees and the engagement of different stakeholders as examples they could learn from. Collection of success stories as part of a strength-based approach was also mentioned as useful. Other issues they mentioned were: finance mechanisms for small medium enterprises; the experiences of other countries with (or without) subsidy for sanitation; and the influence and role of women.



FIGURE 28: BHUTANESE PARTICIPANTS PRESENTING THEIR 'SHOPPING BAG': THINGS THEY HAVE LEARNED AND THINGS TO TAKE UP BACK HOME. (IRC/ INGEBOG KRUKKERT)

Participants from Cambodia highlighted the strong and active involvement of the student council and school committee in achieving progress in sanitation and hygiene as an important lesson. Multi-stakeholder platforms and coordination at sub-national level was another, mentioning the importance to rethink the role of districts in the country. Finally they learned from the support that was mobilized locally to achieve 100% ODF.

Laos mentioned the active participation of women and to introduce training to focus on women as agents of change. Other lessons learned were the use of local materials for building a toilet. Involvement of the small medium enterprises as well as the involvement of community-based organisations in local sanitation campaigns was seen as a good suggestion. Finally they mentioned the importance to build on the villages that are mobilized (triggered) for improved sanitation and hygiene, and work with clusters around those villages.

Nepal has learned how to better focus on those that are difficult to reach. Nepali participants also learned about the importance of disaggregating sanitation coverage data by improved and unimproved toilets. This was shown by Bhutan in part 2 of this report in the figure: "data on access to sanitation, disaggregated by improved and unimproved sanitation in Bhutan". They stressed the importance to strengthen the supply chain and have stronger involvement of the private sector. Finally, Nepal mentioned the importance of learning and sharing events such as this workshop.

Vietnam mentioned the set up of a coordination committee (group/taskforce) on sanitation and hygiene starting in a new district in Nghe An. Vietnam said it is important to support the local authorities to develop a national strategy like the Nepalese sanitation and hygiene master plan. Capacity building at scale is needed and they plan to take up a new approach called 'horizontal learning', based on what they have learned at the workshop. The best trainers from the districts go to other districts to do training and in addition people go to

visit and learn from experienced districts. Finally, providing ODF declarations as incentives for villages who have stopped open defecation was seen as a valuable practical lesson that could be useful in Vietnam.

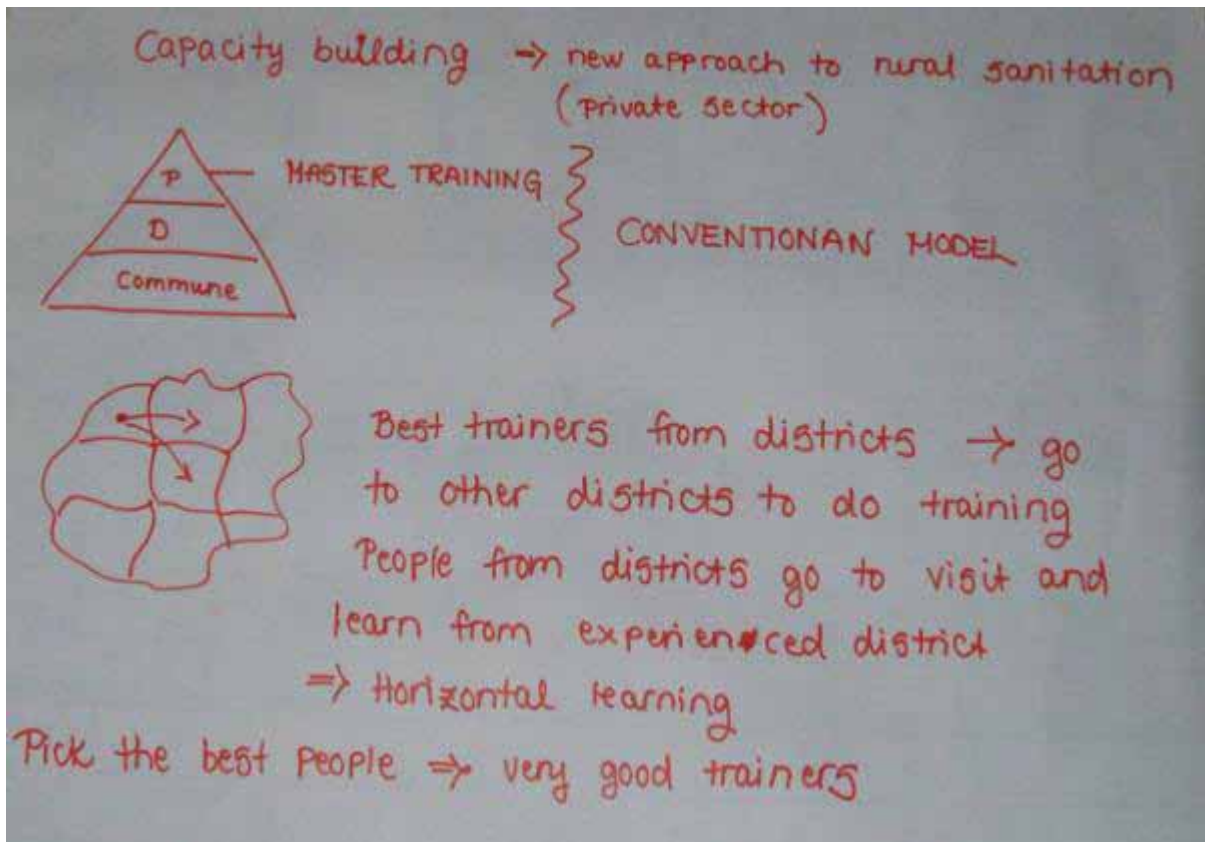













FIGURE 29: HORIZONTAL LEARNING APPROACH IN VIETNAM –BASED ON LESSONS LEARNED IN THE WORKSHOP AND ADAPTED BY VIETNAM AS APPROACH TO TAKE UP IN THEIR COUNTRY. (IRC/INGEBORG KRUKKERT)













## ANNEXES

## ANNEX 1. LIST OF PARTICIPANTS

Workshop on Governance for Rural Sanitation and Hygiene, Surkhet, Nepal, 13-17 September 2011

		
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## ANNEX 2. SUMMARY OF D-GROUP DISCUSSIONS

“Governance for Rural Sanitation and Hygiene”- overall summary of D-group discussion

9<sup>TH</sup> OF AUGUST- 9<sup>TH</sup> OF SEPTEMBER 2011

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## EXECUTIVE SUMMARY

Governance for Sanitation and Hygiene is about how countries, provinces and districts organising themselves to ensure that all people have access to sanitation and hygiene. It starts by thinking at scale: how can we reach all? And also: how can we make sure that what is achieved today will be sustained?

Logically organising ourselves for sanitation includes coordination, collaboration, pooling of resources, joint planning, clear roles and responsibilities. However, at the moment the responsibility for sanitation is fragmented over different agencies, and in most cases the priority given to sanitation is low. Therefore more leadership and political will is needed to make sure that organisational structures function, that plans with good intentions become a reality on the ground and that resources go to right places. While leadership for sanitation is needed at all levels, it's most urgent at sub national level, in districts and provinces, because it's there where the actions take place.

Access for all does not come by itself. We are aware of many disparities in access related to geographical areas, poverty, caste and ethnicity, however, the availability of solid data and information on disparities is limited. When such information is available, support mechanisms can be discussed with marginalised groups themselves, as well as with local governments. With this type of information, there is also an opportunity to learn: why some countries increase access with equity, while others mainly increase access for the higher wealth quintiles. Improving sanitation markets can make sanitation hardware and services more accessible for the majority of households, for those lagging behind other support mechanisms should be sought.

Gender related inequity in sanitation is not very visible in the current reporting of coverage per household. Gender issues are often resulting from unequal distribution of labour, decision making and taboos. For example the unequal decision making power around household investment for sanitation, practical gender needs related to toilet design, female hygiene and cleaning of toilets, as well as limited influence in district and provincial decision making. While there are many practical needs that can be addressed through technology options, special facilities for menstrual hygiene and so on, it is also important to address these underlying issues of inequity. For example by directing hygiene promotion also at men, not just at women.

## INTRODUCTION

This is the summary of an email discussion held on the WASH Asia D-groups platform from the 9<sup>th</sup> of August 2011 till the 9<sup>th</sup> of September 2011. The discussion was moderated by SNV Asia knowledge network and IRC, and involves 120 WASH practitioners from different countries in Asia. The discussion aims to bring together examples and perspectives of practitioners from the field with perspectives from people working at international level. It also aims to reflect together on new ideas and best practices in sanitation and hygiene. It is not intended as a conclusive document on the subject.

This is the third D-group discussion on rural sanitation and hygiene. The first discussed "Performance Monitoring of Sanitation and Hygiene Behaviour Change" and the second discussion was about "Rural Sanitation Supply Chains and Finance". The discussions are linked to the learning component of the Sustainable Sanitation and Hygiene for All programme in Nepal, Bhutan, Laos, Vietnam and Cambodia. This summary will be an input for the regional workshop on "Governance for Rural Sanitation and Hygiene" of the programme.

## WHAT ARE THE MAIN GOVERNANCE ISSUES IN RURAL SANITATION AND HYGIENE?

### WHAT DO WE UNDERSTAND BY GOVERNANCE AND GOOD GOVERNANCE?

Governance goes beyond the roles and responsibilities of government. However, it is difficult to describe precisely and there are many definitions, for example:



Governance is "the process of decision-making and the process by which decisions are implemented (or not implemented)". (UNESCAP, website)

'Governance' is the exercise of power or authority – political, economic, administrative or otherwise – to manage a country's resources and affairs. It comprises the mechanisms, processes and institutions through which citizens and groups articulate their interests, exercise their legal rights, meet their obligations and mediate their differences. (AusAID, 2000)

Governance - the exercise of political, economic and administrative authority in the management of a country's affairs at all levels. Governance is a neutral concept comprising the complex mechanisms, processes, relationships and institutions through which citizens and groups articulate their interests, exercise their rights and obligations and mediate their differences. (UNDP, 1997)

"Governance is the system of values, policies and institutions by which a society manages its economic, political and social affairs through interactions within and among the state, civil society and private sector. It is the way a society organises itself to make and implement decisions— achieving mutual understanding, agreement and action. It comprises the mechanisms and processes for citizens and groups to articulate their interests mediate their differences and exercise their legal rights and obligations. It is the rules, institutions and practices that set limits and provide incentives for individuals, organisations and firms. Governance, including its social, political and economic dimensions, operates at every level of human enterprise, be it the household, village, municipality, nation, region or globe." (UNDP in SNV's White paper on governance 2007)

The definitions of good governance are even more contested than those of governance itself. There are many who say that the concept of good governance is used in an ethnocentric way: to say all societies should follow the example of western societies. There is something to that, but for the purpose of our discussion the simple definition of good governance of UNDP, very similar to the 10 values proposed by **Ingeborg Krukkert** from IRC, might be helpful:

*Good governance - addresses the allocation and management of resources to respond to collective problems; it is characterised by participation, transparency, accountability, rule of law, effectiveness and equity. (UNDP, 1997)*

### SO WHAT DO WE MEAN SPECIFICALLY BY "GOVERNANCE FOR RURAL SANITATION AND HYGIENE"?

As an informal, working definition, we could say that governance for rural sanitation and hygiene is:

*"How society organises itself to address sanitation and hygiene."*

"Good" governance for sanitation and hygiene would then relate to sanitation being a human right, thus:

*"How society organises itself to ensure access to sanitation (and hygiene) for all."*

From the JMP figures it is obvious that there is still some way to go towards "good governance for sanitation and hygiene" ... ;-) In the contributions you have mentioned a number of examples of how countries are organising themselves to achieve sanitation goals. You have also given suggestions. For example:

- **Sengthong** Phothisane, from Laos, suggests that more coordination is needed for sanitation among stakeholders working in different geographical areas.
- **Doan Trieu Thanh** from Vietnam mentions that there is a forum for sanitation and hygiene at national level in Vietnam, but at provincial and village level it's just a tiny topic among other issues. He also points to the need for better coordination among organisations and department, both in planning and implementation.

- **Thsering Choden** from Bhutan also calls for better coordination and pooling of resources, and her concern is that time pressure and conditionality by donors, sometimes makes us forget the need for involvement of all stakeholders, institutionalisation and ownership.
- While **Kinley Penjor**, also from Bhutan asks attention for the special challenge of sustainable sanitation and hygiene at schools, which has more to do with accountability of different stakeholders than with awareness raising among children.
- **Katak Rokaya** and **Padam Bhandari** from Nepal mention that in the area where they work in Nepal there are coordination structures for sanitation (WASH) at all levels: district, village and community level. This is mandated in the recently approved Sanitation Master Plan of Nepal, but still to be implemented in most other districts.
- **Thoin Sean Lay** from Cambodia also talks about these local level coordination structures, but at the same time raises her concern that such coordination might not sustain in future because there are many issues at local level.

Forming coordination structures is thus a common strategy, and from the experiences above it is clear that coordination needs to go beyond just national coordination. Also, one could ask whether coordination structures are sufficient. The UNESCAP in their review of Institutional Changes for Sanitation (2008) among different countries in Asia (including Nepal, Vietnam, Laos and Cambodia) also found that the most common modality to improve sanitation was through the creation of coordination mechanisms and an anchor institution. They gave a list of the most mentioned institutional changes needed for sanitation, which includes among other things strategic documents or policies for sanitation, the integration of sanitation into existing plans, coordination groups or mechanisms, the creation of a special ministry, distribution of budget to local authorities, involvement of the ministry of finance.

It is questionable however, whether all these structural measures are sufficient to achieve good governance for sanitation.

#### “ORGANISATION AND STRUCTURES” FOR ADDRESSING RURAL SANITATION AND HYGIENE OR “POLITICAL WILL”?

In his book on the “Idea of Justice”, Amartya Sen points to the fact that justice cannot be achieved by just having the right structures, rules and organisation in place, but also needs the political will. Probably one cannot work without the other. In this light, **Ratan Budhatoki** from NEWAH in Nepal is very right when he asks: “WHOSE PROBLEM IS IT? Of course governments are the duty-bearers of the right to sanitation, but neither governments or the people see it as a priority. As **Thsering** asks, do people actually see this as their right?

Both the efforts to create demand at community and household level (for example through CLTS), as well as the advocacy efforts directed at national governments (the declarations, SacoSan, EASAN, the International Year for Sanitation etc.) aim to raise the priority of sanitation (and hygiene less so). Yet, these efforts at different levels need to together to strengthen governance for sanitation. What we are seeing is that the efforts directed at national governments results in large numbers of strategies, plans and structures, while demand creation at community level through CLTS just creates awareness. **Heino Guellemann** from Cambodia clearly explains the last point.

In a reaction to the article “Time to acknowledge the dirty truth behind community-led sanitation” about the extremes of coercion are being used to encourage toilet use in rural India, Heino states that CLTS actually triggers the need for regulation but does not channel that energy. CLTS makes a community understand that sanitation is a public problem and public good. If one family defecates in the open, it will affect all. Once communities are convinced, there is understandably a drive to make sure that everybody complies with the

ODF status and continuous to comply. However, they are not the legitimate bodies to enforce proper toilet behaviour and there is no formal regulation regarding toilet behaviour (in Cambodia).

The other side of the story, as many of you point out, is that national plans and regulation might exist, but are not necessarily applied in practice because there is not enough critical mass, awareness and leadership for it. For example, **Thanh** explains that everybody can implement sanitation and hygiene programmes but in fact, none is fully responsible for it. At the moment, sanitation and hygiene is only considered as an additional task of Health department in Vietnam.

**Thsering Choden** mentions the importance of leadership (political will) for success. She even asks whether it would be wise to only work in places where there is already strong leadership, or that the building of leadership skills can be integrated into programmes.

### STRUCTURE AND POLITICAL WILL FOR WHAT?

So if both structures for sanitation (coordination, alignment, anchor institutions, regulation, plans, budget etc.) as well as political will (leadership, critical mass) are needed, what do you see are the main issues? I think that these come back to the usual issues mentioned in governance:

1. Equity
2. Transparency
3. Accountability

- **Katak** mentions the need to continue paying attention to inclusion and active participation of female, Dalit and advantaged people in coordination structures, in particular those above village level.

- **Ratan** asks for special attention to the sanitation and hygiene needs of voice less, poor and excluded people, even if they themselves might not articulate or be fully aware of those needs. Also **Thanh** and **Sengthong** mention the need to develop support mechanisms and special policies for disadvantaged groups, while **Kinley** cautions that hygiene promotion, for example in schools, should be respectful and not affect children's self-esteem.

- **Thsering Choden** mentions that it is very important to ensure that women get sufficient information to influence decision making at home.

- Both **Ingeborg** and **Katak** draw our attention to the need for greater transparency of the greater funds that are now allocated to sanitation in India and Nepal respectively.

- Also **Sengthong** mentions that despite plans and a recently revised WASH strategy, there is no mechanism that makes government and other entities take account of and responsibility for what is not well functioning.

### HOW TO ENSURE EQUITY IN RURAL SANITATION AND HYGIENE?

#### KNOWLEDGE ABOUT DISPARITIES IN ACCESS TO SANITATION IN YOUR COUNTRIES

Though few have given precise figures, you are all aware of the disparities that exist in access to sanitation:

- **Govinda Rokaya** as well as **Hom Nath Acharya** from Nepal started by mentioning the geographical disparities (most people without access live either in mountains or plains, gender and cultural taboos, disparities related to caste and those related to economic status. In Govinda's experience the latter is the most important and makes it very difficult for people living in poverty to adhere to ODF action plans and social norms.

- **Gabrielle Halcrow** from Bhutan, formerly working in Vietnam, adds that in Vietnam the main differences are found between different ethnic groups. The recent progress monitoring in Vietnam has found significant differences in progress in access to sanitation, which was related both to ethnicity and poverty.

- **Thoin Sean Lay** from Cambodia mentions that coverage in some of their programme areas was found to be extremely low in the baseline: only 2.1% of households had latrines. Now the majority of the poorer households (as by the official categories of the government) have pit latrines.
- **Heino Guellemann** from Cambodia puts the latest UNDP MDG report to our attention, in which it is reported that most progress in sanitation is made among the better off, while sanitation coverage for lower wealth groups has increased far less or little at all. His argument is that with the pressure for numbers by the MDGs, obviously the easier response was to support the wealthier groups to gain access.
- **Jan Willem Rosenboom** working with BMGF responds to this that reality is often more complex than that. Instead of assuming that progress always by-passes the poor, we should try to understand why some countries like India make “progress without equity”, while others make “progress with equity” (and some others no progress at all).
- **Laurence Levaque** from Bhutan shared the information about rural/ urban disparities and geographical disparities in Bhutan. She also mentions that while there are no official disaggregated data, from their small research it seems that single female headed-households are lagging behind as compared to households with male and females. She also draws our attention to the disparities in the type of toilets and maintenance budget for sanitation among schools: higher level and middle secondary schools in urban and semi-urban areas are better off.

**Gabrielle** concludes that knowing these differences in progress means that we need to look for further way to better target these groups for example in behavioural change communication. **Lay** adds that the challenge is not only about access to funding for hardware, but she noticed also “software poverty”, saying that key health messages have also reached these groups less than others.

**Christine** from IRC mentions that raising the issue of disparities is usually not done by households, leaders or private sector themselves, and should be raised by programme partners. I would like to add to this that it’s not the role or responsibility of individual households or the private sector to ensure that all people have access to sanitation. The private sector is motivated by profit. It’s the government who is the duty-bearer of the right to sanitation, and thus the government who should monitor and look for solutions if certain groups are lagging behind. That means, all levels of government in their geographical area.

#### MEASURES TO ADDRESS DISPARITIES IN ACCESS TO SANITATION IN YOUR COUNTRIES

**Lay** gives a couple of practical ideas to support access to hardware and health messages for those less reached. For increasing outreach of health messages she mentions how community CLTS committees and focal points in Cambodia share the responsibility to go to houses that did not participate and spread sanitation and hygiene messages. This was also done in Bhutan. It is of course important to ensure that village triggering activities and other meetings are done at adequate times, date and venue.

**Lay** further mentions examples of hardware support for the poorest households, for example through sample toilets build by the commune councils, or through the mobilisation of outside funding by the commune councils for subsidies for the extreme poor. There are only a few cases where the community has helped households with labour to build latrines. Community funds are common, but she mentions that most are not used for sanitation and hygiene, but more for emergencies and funerals.

**Govinda** explains how dedicated sanitation and hygiene programmes (not linked to water investment) in Nepal are now resulting in greater attention and resource allocation for sanitation from government with hopes of leveraging additional funding from other sources. However, the allocation of resources is not based on evidence and though participation quotas are set in the National Sanitation Master Plan, this does not translate (yet) in equal power for decision making. The elite still dominates resource allocation.

Faced with this reality, **Govinda** says there is no single panacea for addressing disparities in rural sanitation and hygiene. He argues that a combination of measures can make a good start, for example:

- Meaningful participation of people
- Allocation of resources on the basis of information about needs
- Applying transparency tools with multiple stakeholder platforms
- Dissemination of key information and of decisions made at national and district level.

**Gabrielle** simply argues for making sure that monitoring tools are sensitive enough to make disparities visible and then actively use this information to adjust approaches and engage partners in the search for solutions.

**Laurence** and **Christine** agree with that and **Christine** further reminds us of the importance of dialogue with disadvantaged groups to learn about their own perspectives and what they think could help. She also gives a number of practical suggestions:

- Raising the question and facilitating dialogue at community level about internal solidarity
- Reducing latrine costs
- Providing advice on gradual investment plans
- Support saving or fund raising activities for toilet construction
- Facilitate contacts between sanitation enterprises and households
- Promote information and knowledge about costs, services and performance of enterprises

#### KNOWLEDGE ABOUT GENDER ISSUES SPECIFIC TO RURAL SANITATION AND HYGIENE

You have mentioned several aspects of gender in relation to sanitation. As **Carmen DaSilva** from IRC said, the common point among all is that sanitation is often more important to women than to men, while men are the main decision makers. This difference in priority between men and women can be subtle, or very strong such as for example in Laos. **Lay** also says that in Cambodia women who attend a CLTS or hygiene meeting, will wait because the investment is a joint decision with the husband.

**Gabrielle** says that the gender issues around sanitation and hygiene in the Vietnam are similar to many other places and related to:

- different practical gender needs, such as toilet designs
  - ensuring equity to participate for men and women and how to monitor their respective influence
- She also points to the fact that most of the professionals working on sanitation in the field are men.

**Manju Tuladhar** from Nepal points out that in Nepal gender issues related to sanitation are not only practical (having no sanitary napkins available) but also related to strong beliefs about impurity. She mentions the practice of seclusion of Hindu girls and women during menstruation, which in remote areas obliges them to live in seclusion shelters. She says that too little is known in Nepal about the sanitation experiences of disabled persons and people living with HIV, it's an area of neglect. **Govinda** also adds the taboos surrounding female participation and the burden of household chores which make it difficult to change.

**Laurence** mentions that gender issues in sanitation will usually not be visible in coverage data, even if they are disaggregated, for the simple reason that it's related to decision making within the household. Only difference between single female-headed households and households headed by couples could be seen in statistics. To address this issue of intra household decision making, she reinforces **Carmen's** suggestion to make more efforts to (also) reach men in sanitation and hygiene promotion.

**Christine** reminds us to be critical as gender and social inclusion are closely related, and participation by women in committees does not automatically result in representation of the interests of all women. It might just be the interest of their own economic or ethnic group.

## MEASURES TO ADDRESS GENDER ISSUES SPECIFIC TO RURAL SANITATION AND HYGIENE

Looking at the above it is highly unlikely that we can make real progress in sanitation without addressing women's empowerment and male attitudes towards sanitation and hygiene. **Carmen** points to the fact that most sanitation and hygiene programmes focus on women as mothers and caretakers, thus ignoring the reality of household decision making in many areas. She gives a few examples of how specific efforts were made to reach and include men in hygiene promotion.

Similarly **Lay** says: *"Much more is needed to get men on board actively as agents of sanitation and hygiene behaviour change."* In the context of Cambodia. **Christine** agrees with the ideas to empower women and change attitudes of men towards sanitation, but she mentions that it's also important to unite women and discuss the relationship between gender influence and sanitation in the community. She gives an example from Indonesia where women jointly attended the local planning meeting and convinced men to put sanitation on the agenda.

**Hom Nath** suggests to strengthen technical capacity of women, also considering the reality of migration by men. He further emphasises how important it is that there is water supply in order to reduce the burden for women to fetch water for the household and for toilets. Other colleagues have suggested similarly. I would like to add to this that it's household connections for water and reliable water supply are obviously desirable goals, but too often our reality is that water is not at the doorstep. In those cases we might also consider to discuss with households about possibilities to share the burden of keeping toilets clean more evenly among men and women.

**Manju** tells about how the Ministry of Physical Planning and Works (MPPW) in Nepal is mainstreaming gender and social inclusion in the whole infrastructure sector. There will be comprehensive guidelines for mainstreaming at all levels, operational manuals and monitoring, reporting and evaluation in three areas: gender, caste and class.

However, she does point out that these formal rules and structures will not work, unless there is a more professional attitude towards gender and social inclusion, in particular from male professionals. In this context she gives a couple of examples of what she calls "HAQs", Hurtfully Asked Questions that are at the same time frequently asked questions. These are the common jokes and reactions towards female staff working on gender equality. She shares her hopes that MPPW, with the mainstreaming of gender and social inclusion, can show some leadership to change and professionalise attitudes in Nepal.

Finally, **Gabrielle** shares a positive example from Vietnam, where sanitation is now taken up- very successfully- by the Women's' Union in collaboration with the Ministry of Health. This has not only increased sanitation coverage but at the same the recognition for women. Though better understanding by their members, the Women's' Union believes that now women can convince their husbands to build latrines. An additional example from Vietnam is how formerly assistant female masons were trained to become skilled masons for building latrines and increased income and status.

## HOW TO ENHANCE LEADERSHIP AND ACCOUNTABILITY FOR RURAL SANITATION AND HYGIENE?

### DO WE NEED MORE LEADERSHIP FOR SANITATION?

Yes, you all agree that more leadership for sanitation is needed to accelerate progress in sanitation, it's the driving force for change.

Sanitation falls either under the Ministry of Infrastructure, Ministry of Health or Ministry of Rural Development. In all cases it often gets low priority, simply because rural sanitation involves less budget than for example water, roads or hospitals.

At local level planning and human resources are often overstretched, and sanitation promotion results to be one of the easier tasks to reduce or drop. In your work in the field, you have seen that more leadership for sanitation can counter this tendency, specifically to:

- **Create leadership and broader participation at different levels** by being a role model for says **Lekh Bikhram Shah** from Nepal. Several of you point to the fact that all organisations have their lower cadres and leaders and that mobilising leadership from organisations of different sectors and nature, will create synergy and result in a movement.
- **Prioritise and mobilise local human resources for sanitation** says **Raj Kumar Bhattra** from Bhutan. For example in the context of decentralisation, where local officials are responsible for all infrastructure, not only WASH.
- **Mobilise local financial resources for sanitation** says **Hari Shova Gurung** from Nepal. This involves awareness of political leaders and consensus building among them. She gives the example of the district where she works, where secretaries and political leaders of all 50 sub-district agreed to allocate 10-20% of budget for improving sanitation.
- **Make sure that scarce resources go to the right places:** Promotion of sanitation and hygiene in the context of scarce resource really needs judicious management and allocation to the most needed segments of society says **Govinda Rokaya** from Nepal.
- **Make sure there is coordination among different sectors and other stakeholders, and a clear common vision** say **Sengthong Phothisane** from Laos and **Bimal Tandukar** from Nepal.
- **Improve the quality of participation especially of socially excluded groups and women**, says **Thoin Lay** from Cambodia. To hear the voices and participation of girls, boys, men and women equally, we need proactive facilitation and effective leadership.

#### WHAT KIND OF LEADERSHIP AT WHICH LEVELS?

You mentioned a number of generic qualities as well as qualities differentiated for different levels. First the generic comments:

- **Raj** warns that more is not always better. The quality of leadership is also important. He calls for **“well informed leadership”**. We often take for granted that leaders are already aware and informed on the different aspects of sanitation and hygiene ( e.g. private sector engagement, subsidy vs. no subsidy), but sometimes reality is completely different. In this respect it’s good to have the following quote from J. Garfield in mind : **“The President is the last person in the world to know what the people really want and think.”** J
- **Henk Veerdig** from Nepal says we need **leadership that has the motivation and determination to make a real difference**. The essence of good leadership lies in the difference between **“leading”** and **“bossing”**. **Sengthong** and **Raj** add to that the idea that leaders should be **inspirational and hold others accountable**.
- **Govinda** says that in his country there is still a mindset of feudalism in the perception and practices of some people. This results in resources being captured and allocated to those creating most pressure on decision makers, as opposed to allocation on the basis of solid information about needs. All stakeholders need to be sensitised and practice more formal resource allocation (on the basis of monitoring information). We need leadership on a **change in mindset**, a culture change.



· Finally **Bimal** points out that **leadership from the government is essential but not sufficient**. We need more leadership from all sector and non-sector agencies, which include media, federated bodies of water and sanitation users committee, forestry groups, youth groups, women groups, students at school, private sector etc. Also **Hari Shova** mentions the need to see different sector and groups engaged. Several of you mention the importance of **female leadership**.

The discussion about the type of leadership needed at different levels is really interesting, because often we only think about national leaders. **Tej Dahal** from Nepal points out that sub-national leadership is even more crucial because most of the real actions take place at this level and below. Yet, most attention in development seems to go to national leadership and community leadership. **Bimal** agrees that leadership for sanitation should exist at both central and local level. We cannot afford to wait one after another.

Other things you've said about leadership at different levels is:

Levels	What kind of leadership?
National leadership for sanitation	<ul style="list-style-type: none"> <li>· Visionary, committed and able to translate commitments into national targets</li> <li>· Mobilises resources from public, private and civil society actors to achieve targets</li> <li>· Sets an example for transparent resource allocation on the basis of information: leads to create a culture of transparency.</li> <li>· Sets mandates, roles and responsibilities</li> </ul>
Sub-national (district/provincial level) leadership for sanitation	<ul style="list-style-type: none"> <li>· Raises priority for sanitation among different institutions and individuals</li> <li>· Builds relations, motivates different stakeholders to coordinate and work together, leading by example</li> <li>· Pro-actively supports participation of representatives of socially excluded groups.</li> <li>· Demands that information on progress and needs is collected, and facilitates transparent decision making</li> <li>· Supports and recognises of lower leadership and informal leadership in communities</li> </ul>
Leadership at local level: sub-district and communes	<ul style="list-style-type: none"> <li>· Engages and mobilises influential actors at community level for sanitation.</li> <li>· Raises awareness for sanitation, so that it is on the agenda when discussing block grants and participatory budgeting</li> <li>· Discusses and seeks to find common solutions for disadvantaged households</li> <li>· Is aware and helps to put issues from the communities on the district and/or provincial agenda</li> </ul>
Community leadership and leadership in wards	<ul style="list-style-type: none"> <li>· Leads by example (more informal leadership seems to work better)</li> <li>· Has basic facilitation skills</li> <li>· Discusses and tries to find solutions for disadvantaged households, and encourages their participation</li> <li>· Seeks to increase outreach and understanding what goes on in remote areas</li> </ul>

In different wording, many of you have mentioned **the importance of leading by example**. Just thinking, leading by example also means good sanitation and hygiene practices by professionals and in offices...

**HOW TO PROMOTE SUCH LEADERSHIP AND GREATER ACCOUNTABILITY FOR SANITATION TARGETS?**



**Hom Nath Acharya** from Nepal points to the fact that sometimes priority is only comes AFTER something bad has happened. After diarrhoea outbreaks and the death of more than 500 people in Mid and Far western region of Nepal in 2009 & 2010, then sanitation started to be perceived as a cross cutting issue. Also **Bimal** says we need both “carrot and stick” approach.

From his experience of working on leadership in Laos, **Sengthong** explains that the type of leadership that is needed, depends very much on the drivers of change that are needed. This is not the same in every country. Only understanding drivers, we can discuss how to promote leadership in a specific situation. **Henk** and **Raj** to the contrary, propose a hands-off approach. If leaders become inspired and convinced, they will take the lead and inspire others.

Practical suggestions that you gave are:

- Create an umbrella structure which engages the different stakeholders and gives the necessary mandate as well as clarity on roles and responsibilities. An example is the National Sanitation Master Plan in Nepal.
- Strengthen the awareness of leaders of all kinds of organisations at national and sub-national level, and the awareness of local authorities in particular. Motivation and internalisation are the main drivers for leadership
- Strengthen public awareness and dissemination to the general public
- Make small progress visible and measurable through joint monitoring and the selection of good indicators (sensitive indicators).
- Ensure appreciation and recognition especially of lower level leadership

## ANNEX 3. MISCONDUCT QUESTIONNAIRE (SANITATION INTEGRITY)

### **Misconduct in Rural Sanitation Programs**

### **Types, Prevalence, Prevention and Remedies**

## **QUESTIONNAIRE**

There are many misconduct risks to the rural sanitation & hygiene sub-sector. Misconduct can occur between many of the actors and stakeholders at various levels: national, intermediate, local and grassroots level involved with the sanitation & hygiene sub-sector. These include between: the public sector; between public and private sector actors; between the public sector and consumers; between the private sector and the consumers, and between consumers themselves and the development community is are not immune and may also be at risk of being involved through knowingly collude with actors involved in misconduct. Knowledge of the existence and nature of misconduct is one of the first steps to addressing and eradicating misconduct and maximising programme benefits for the intended target groups: those with no proper and hygienically used and maintained toilets and hygiene services.

This informal survey is meant to stimulate your interest in identifying the incidence of the types of misconduct that occur to your knowledge in programme(s) you are associated with. It seeks to learn about what remedies you know of, or have tried and what results have been. The questionnaire is grounded in the work of the Water Integrity Network and partners and a sanitation case study of IRC. Replies are anonymous. The data will be analysed and presented tomorrow and serve to inform ourselves (the participants) and to discuss possible action as part of this workshop. Each of you is invited to fill in the questionnaire truthfully and completely and return it tomorrow morning. There is space at the end of each section to note a question or questions that you think are missing.

Please select "Not applicable" if the question or answers do not apply to your case, e.g. when you do not give contracts.

### **General Perceptions**

A	Is there misuse of funds in the sanitation and hygiene sector in your country/ areas?	Yes, I know of cases Don't know No, does not occur to my knowledge Not applicable
B	Is there misconduct in the sanitation and hygiene programme in the areas where you work?	Yes, I know of cases Don't know No, does not occur to my knowledge Not applicable
C	Are there measures taken to mitigate/reduce the incidences and impacts of misconduct?	Yes, I know of cases Don't know No, does not occur to my knowledge Not applicable

### **A. Public-Public**

1.	Are you aware of individuals/groups in public sector actors involved in diverting funds away from the sanitation or hygiene sectors for personal or other uses?	Yes, I know of cases Don't know No, does not occur to my knowledge Not applicable
2.	Do decision makers in public sector actors favour certain areas or communities when allocating projects and or funds?	Yes, I know of cases Don't know No, does not occur to my knowledge Not applicable

3.	Do individuals/groups in public sector actors allocate toilets/subsidies /materials to preferential groups (relatives, friends, clients and/or local leaders)?	Yes, I know of cases Don't know No, does not occur to my knowledge Not applicable
4.	Decision makers in public sector actors and local leaders do not account to anyone or do not report how the allocation of contracts, projects, funds and/or subsidies is done?	Yes, I know cases Don't know No, does not occur to my knowledge Not applicable
5.	Does the public sector lack clear and transparent procedures for promoting or transferring staff or appointing new staff (civil servants)?	Yes, lacks clear procedures Don't know No, HAS clear procedures Not applicable
6.	Procedures exist, but decision makers ignore or bypass the procedure to employ relatives or clients (nepotism) in sanitation and hygiene programs?	Yes, I know of cases Don't know No, to my knowledge does not occur Not applicable
7.	Are employees in public sector/Water and Sanitation Sector actors required to pay bribes to get jobs and/promotions and/or desirable transfers?	Yes, I know of cases Don't know No, to my knowledge does not occur Not applicable
8.	Do decision makers in public sector actors and local leaders own or have ties to businesses and firms providing services or involved in programmes?	Yes, I know of cases Don't know No, to my knowledge does not occur Not applicable
9.	Does the sanitation sector lack clear rules and regulations, e.g. on procurement/tendering, fund allocation or on construction standards & regulations?	Yes, lacks rules and regulations Don't know No, HAS rules and regulations Not applicable
10.	Rules, regulations and standards exist, but are not applied by public actors and stakeholders?	Yes, I know cases Don't know No, to my knowledge does not occur Not applicable
11.	Are sanctions/ penalties for misconduct lacking, or sanctions not applied, or not applied fairly?	Yes, sanctions are lacking or not applied Don't know No, sanctions DO exist and are applied Not applicable
		Yes, I know cases Don't know No, to my knowledge does not occur Not applicable

## B. Public-Private

12.	Do individuals/groups in public sector actors draft Terms of Reference or tenders that favour a specific company or type of company?	Yes, I know cases Don't know No, to my knowledge does not occur Not applicable
13.	Do individuals/groups in public sector actors give contracts to those they favour, without open and fair competition?	Yes, I know cases Don't know No, to my knowledge does not occur Not applicable

14.	Do proper procedures exist, but can officials bend or bypass them?	Yes, I know cases Don't know No, to my knowledge does not occur Not applicable
15.	Do entrepreneurs/ business or individuals offer incentives (bribes) or use their influence to get information which will give them an unfair advantage over others when bidding for a contract/ tender?	Yes, I know cases Don't know No, to my knowledge does not occur Not applicable
16.	Do bidders underbid to win the contract and then cut down on quality or recoup their loss in other ways?	Yes, I know cases Don't know No, to my knowledge does not occur Not applicable
17.	Do bidders inflate bids to have money for paying kickbacks/bribes to officials during implementation	Yes, I know cases Don't know No, to my knowledge does not occur Not applicable
18.	Do bidders collude (cooperate together) to win contracts in turn?	Yes, I know cases Don't know No, to my knowledge does not occur Not applicable
19.	Do entrepreneurs/businesses overcharge or submit invoices for work not done to make extra profits or finance bribes/kickbacks	Yes, I know cases Don't know No, to my knowledge does not occur Not applicable
20.	Do entrepreneurs pay supervisors to keep quiet about substandard work or other misconduct?	Yes, I know cases Don't know No, to my knowledge does not occur Not applicable
		Yes, I know cases Don't know No, to my knowledge does not occur

### C. Public-Consumer

21.	Do local officials with influence allocate toilet materials or toilet subsidies to local leaders or relatives of friends that are not eligible or do not meet the allocation criteria?	Yes, I know cases Don't know No, to my knowledge does not occur Not applicable
22.	Do consumers offer incentives or bribe officials to get on the list for assistance and toilet subsidy?	Yes, I know cases Don't know No, to my knowledge does not occur Not applicable
23.	Do responsible officials seek "solicit" for incentives/rewards or gifts from households to get on the list for assistance and toilet subsidy?	Yes, I know cases Don't know No, to my knowledge does not occur Not applicable
24.	Do officials/local leaders exclude certain groups from information (e.g. families from ethnic minorities and/or castes, single parents households, families of people with disabilities and or with HIV)?	Yes, I know cases Don't know No, to my knowledge does not occur Not applicable
25.	Do officials exclude certain groups from participating in the programme (e.g. families from ethnic minorities and/or castes, single parent's households, families of people with disabilities and or with HIV from information?)	Yes, I know cases Don't know No, to my knowledge does not occur Not applicable

26.	Officials do not account for or publicly report on their allocation or (financial) management at all?	Yes, I know cases Don't know No, to my knowledge does not occur Not applicable
27.	Officials account for their allocation or (financial) management, but only to selected groups in power, e.g. locale elite men?	Yes, I know cases Don't know No, to my knowledge does not occur Not applicable
28.	Are mechanism or channels lacking to report on public misconduct by consumers?	Yes, channels are lacking Don't know No, HAVE channels to report misconduct Not applicable
29.	Consumers have mechanism to report on public misconduct, but don't use them because they know they do not work or because they fear repercussions for themselves/their families?	Yes, I know cases Don't know No, to my knowledge does not occur Not applicable
30.	A sanitation service is planned and budget is allocated, but civil servants do not account for their actions of undelivered rural sanitation service?	Yes, I know cases Don't know No, to my knowledge does not occur Not applicable
		Yes, I know cases Don't know No, to my knowledge does not occur Not applicable

#### **D. Private-Consumer**

31.	Does the local private sector cheat consumers by overcharging?	Yes, I know cases Don't know No, to my knowledge does not occur Not applicable
32.	Does the local private sector cheat consumers by delivering sub-standard materials and/or quality of work?	Yes, I know cases Don't know No, to my knowledge does not occur Not applicable
33.	Does the private sector exclude certain groups from their services, e.g. (e.g. families from ethnic minorities and/or castes, single parents households, families of people with disabilities and or with HIV from information?)?	Yes, I know cases Don't know No, to my knowledge does not occur Not applicable
34.	Does the private sector give special terms to local elites, e.g. discounts in return for special favours?	Yes, I know cases Don't know No, to my knowledge does not occur Not applicable
35.	Does the private sector exploit members from disadvantaged groups, e.g. only employ them as unskilled day labor, not pay them for long periods, give loans at exploitative interest rates, ask sexual or other favours in return for work	Yes, I know cases Don't know No, to my knowledge does not occur Not applicable
36.	Does the private sector give opportunities for improvement such as training, promotion or permanent jobs to women workers and other workers from disadvantaged and socially excluded groups to participate?	Yes, I know cases Don't know No, to my knowledge does not occur Not applicable
		Yes, I know cases Don't know No, to my knowledge does not occur

## E. Consumer-Consumer

37.	Consumer committees, Community Based Organisations (CBOs) or civic groups run a program (e.g. CLTS, savings club), but do not allow women or other disadvantaged and socially excluded groups to participate.	Yes, I know cases Don't know No, to my knowledge does not occur Not applicable
38.	Consumer committees, CBOs or civic groups run a program (e.g. CLTS), but do not allow women or other disadvantaged and socially excluded groups to participate in management positions and/or decision-making.	Yes, I know cases Don't know No, to my knowledge does not occur Not applicable
39.	Consumer committees, CBO or civic group run a program (e.g. CLTS, savings club) and advantages their own groups, e.g. in allocating loans or toilets.	Yes, I know cases Don't know No, to my knowledge does not occur Not applicable
40.	Consumer committees, CBOs or civic groups do not account for allocation of resources and/or financial management	Yes, I know cases Don't know No, to my knowledge does not occur Not applicable
41.	Consumer committee, CBO or civic group does account for allocation of resources and/or financial management, but only to the own social group(s)	Yes, I know cases Don't know No, to my knowledge does not occur Not applicable
		Yes, I know cases Don't know No, to my knowledge does not occur Not applicable

## F. NGOs and Development Partners

<i>NGOs &amp; Development Partners - Public</i>		
42.	Do NGOs /development partners and/or their staff use their supported programmes/ projects to seek advantages with local public authorities?	Yes, I know cases Don't know No, to my knowledge does not occur Not applicable
<i>NGOs &amp; Development Partners - Private</i>		
43.	Do NGOs /development partners and/or their staff use their supported programmes/ projects to seek advantages "kickbacks", commissions/ rewards from the private sector (e.g. suppliers)?	Yes, I know cases Don't know No, to my knowledge does not occur Not applicable
44.	Do NGOs/ development partners and/or their staff knowingly collude with public or private stakeholders and allow misconduct?	Yes, I know cases Don't know No, to my knowledge does not occur Not applicable
<i>NGOs &amp; Development Partners – Consumers</i>		

45.	Do NGOs/ development partners and/or their staff use their supported programmes/ projects to seek advantages with/from local communities?	Yes, I know cases Don't know No, to my knowledge does not occur Not applicable

## Prevention and Remedies

Please mark measures you know of or have used and to which effect in your project(s)/program(s):

	Measures	Know? (Y=Yes, N=No)	Used? (Y=yes, N=No)	Result? (Give brief description)
<b>Consumer - Public</b>				
1.	Citizens have voice in planning and budgeting, but are without measures to ensure effective representation of women, and disadvantaged groups, such as people with disabilities in decision making			
2.	Citizens have voice in planning and budgeting with measures to ensure the representation women, disadvantaged groups, such as people with disabilities in decision making			
3.	Allocations made are transparent			
4.	There is accountability in allocation decisions to women and men from all groups			
5.	Transparent allocation procedures with participation from male and female representatives from all social and ethnic groups			
6.	Account for financial management to women and men from all groups			
7.	Open recruitment processes for staff with qualifications properly specified			
<b>NGOs and Development Partners - Public</b>				
8.	Civic society representing key interest groups in sanitation and hygiene (women and men, disabled people, ethnic and religious minorities) witness tendering and allocations			
9.	Media exposure of cases of misconduct discourage others			
<b>Consumer - Private</b>				
10.	All consumers (also women and minorities) know different toilet types with their general designs, measurements, bills of quantities, rough investment & O&M costs			
11.	The program or consumers blacklists or spread information about suppliers, builders and			

	Measures	Know? (Y=Yes, N=No)	Used? (Y=yes, N=No)	Result? (Give brief description)
	contractors who provide substandard goods and services or cheat customers			
<b>Consumer – Public/NGOs &amp; Development partners</b>				
12.	Citizens can report on misconduct without repercussions (e.g. citizen voice processes, report cards, score cards with influence)			
13.	Project informs couples (male and female heads of household) on toilet standards and how to check quality of construction			
14.	Program helps consumers to form groups and negotiate loans and services with proper (group) contracts			
15.	Independent persons check the quality of toilet construction before constructors get their final payment			
16.	The program gives unskilled female workers and workers from minority groups opportunities to get training and raise incomes			
17.	Government or civic society groups check that unskilled female workers and workers from minority groups get fair payment & working conditions			
18.	Consumers (also women and minorities) are enabled to make informed choices of the types of toilet/bathrooms and ways of construction and financing also when they get a subsidy			
19.	Households are free to choose their providers of materials and masons including which providers gets the subsidy			
20.	Consumers (including women, poor/excluded householders) are informed about the program its processes, the rights and responsibilities of the different parties, and what to do in case of misconduct			
21.				

**Namaste!**



## ANNEX 4: SANITATION INTEGRITY – FINDINGS FROM INFORMAL SURVEY



“Sustainable Sanitation and Hygiene for All” Project (SSH4A)

### Integrity Issues in Rural Sanitation Programs: Report on Methodology and Findings from an Informal Survey<sup>16</sup>

After answering a list of survey questions on various types of corruption, participants gave examples of their experiences of prevention of corruption and enhancement of good governance:

- *“Tender committee involves [representatives] from different stakeholders”.*
- *“It [open recruitment] has been employed, still space for improvement”.*
- *“[Independent] persons rectify the bills and inspect/measure the structure”.*
- *“Guidelines set [stipulate that] at least 60% of households participate in planning. Women present, but not from poor and social excluded groups”.*
- *“They [consumers] express in society [experiences of providers delivering sub-standard materials and work]”.*
- *“The information [on providers delivering sub-standard materials and work] is disseminated”.*
- *“Reporting of misconduct happens”.*
- *“Citizens can put voices in gatherings, public hearings”.*
- *“A few report, but [they] have to be careful”.*
- *“There is no proper mechanism [yet] to report [misconduct] without risks [to self]”*
- *[Giving opportunities to unskilled laborers] “is being practiced in areas”*

#### The context

The SSH4A program is a partnership of local governments (province/region/district), SNV-Asia and IRC in five Asian countries: Bhutan, Cambodia, Lao CDR, Nepal and Vietnam. It is financially supported through the Civil Society WASH Fund of AusAid, DGIS and DFID. The program has four components: creating sanitation demand, strengthening supply, behaviour change communication (BCC) and governance. Overarching is a learning and sharing approach through e.g. exchange of materials, group conferences on internet, the presentation of country papers at the 2011 WASH Conference in Brisbane and program workshops hosted by of the countries. The theme of the latest workshop, governance, inspired holding a survey among participants about their experiences with the opposite: various types of malpractices among and between different types of actors in rural sanitation (Table 1). Answer options for each question were: *Yes, I know cases; Don't Know; No, not to my knowledge; and Not applicable*).

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<sup>16</sup> Prepared by Christine Sijbesma and Ingeborg Krukkert

TABLE 4 LOCATIONS AND NATURE OF CORRUPTION INVESTIGATED

Relationships	Integrity issues
Public - Public	Fund allocation, accountability, staff promotion, having/applying regulations
Public-Private	Favoritism, illegal payments, under/overbidding, cartels, quality checks
Public - Consumer	Favoritism, bribe giving/asking, exclusion, accountability, reporting misconduct
Private-Consumer	Overcharge, sub-standard quality, favouritism, exclusion, exploitation
Consumer-Consumer	Exclusion disadvantaged, favoritism, accountability
NGOs and donors	Favoritism, internal deals, exhortation

**The objectives**

The objectives of the activity and the tool were (1) to put the subject on the agenda as part of rural sanitation governance, (2) to get insight in what key actors in the rural sanitation sector know about corruption and preventive measures for various levels and actors of rural sanitation programs, and (3) to learn from the participants what they already do about this and where possible to which effects.

**Developing the tool**

We developed a 7-page questionnaire with 45 closed and 20 semi-open questions. They were based on the training material of the Water Integrity Network<sup>17</sup> and on the IRC/SEUF case study on integrity in the state rural sanitation program in Kerala, India, made for the World Bank Institute in 2007<sup>18</sup>. The draft questionnaire was circulated among key program staff, who suggested valuable improvements. A translation was made in Lao; the other teams could use the English version. A copy of the English version can be found in Annex 1.

**Participants and their appreciation**

We gave the questionnaire to 28 workshop participants. About half were government staff; the others were from local NGO's and development partners and SNV country teams. The forms were fully anonymous to protect the identity of the participants and obtain reliable answers. Because of the small number of participants, we did not want to ask them to give the names of their country, the nature of their organization and if they were male or female, as this might reveal some identities.

In total, 22 out of 28 respondents, or 79%, handed in their responses. (Six participants attended only partially and had left before the survey). We entered the data in a spreadsheet and analysed them using frequencies and percentages only. Because of the small number of data and the wide variation in backgrounds no more in-depth analysis was done. After the survey we asked the participants to score their opinion of the survey and the instrument for "the 4 As", as shown in Table 2 and the photo below.

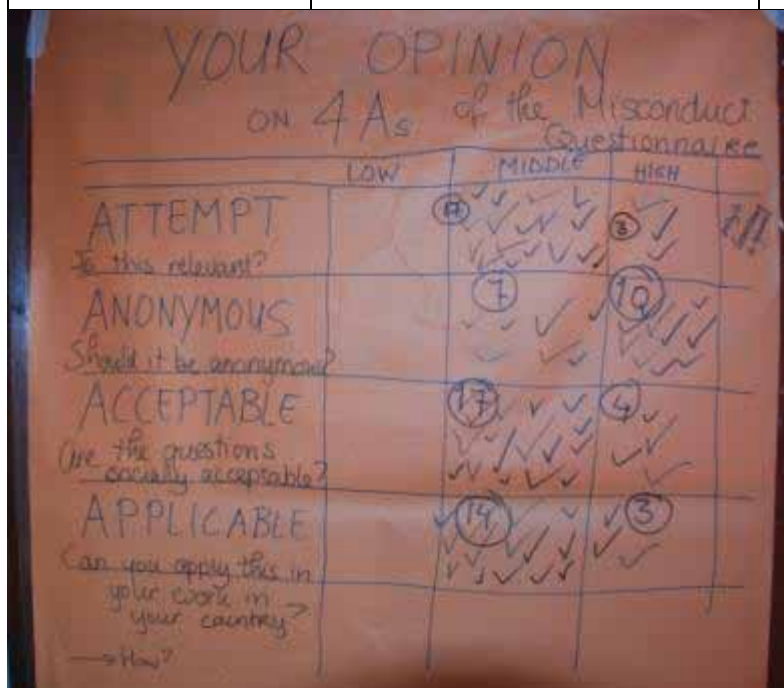
<sup>17</sup> UNDP Water Governance Facility at SIWI -Stockholm, SE, WGF (2011?). Training manual on water integrity. Stockholm, Sweden, UNDP Water Governance Facility at SIWI, WGF. Available at:

[http://www.watergovernance.org/documents/WGF/Reports/Trainin\\_Manual/Final\\_training-manual-English.pdf](http://www.watergovernance.org/documents/WGF/Reports/Trainin_Manual/Final_training-manual-English.pdf) Also available at WASH library at: <http://www.washdoc.info/docsearch/results/?publ=265142>

<sup>18</sup> <http://www.reporting.irc.nl/page/67178>

TABLE 5 EVALUATION OF SURVEY BY PARTICIPANTS ON THE "FOUR AS"

Criteria	Question	Options for scores		
		Low	Medium	High
Attempt	Is topic/survey relevant?	0	17 (85%)	3(15%)
Anonymous	Is anonymity important?	0	7 (41%)	10 (59%)
Acceptability	Are questions socially acceptable?	0	17(81%)	4 (19%)
Applicability	Can you apply this in own work/country?	0	14 (82%)	3 (18%)



The scores for relevance of the try-out ("attempt"), acceptability and applicability were all medium for over 80% of the participants. Only for anonymity of replies, the majority (59%) gave a high score. Note however that not all participants answered all questions.

### The findings

Below are the findings from the replies to the specific questions in the questionnaire. First we analysed the replies for the rural sanitation sub-sector in general. Thereafter follow the findings on the participant's experiences with specific forms of corruption within and between different groups of actors.

In general:

- ***Does corruption exist in the rural sanitation sector?***

The participants first answered three general questions on their knowledge for the rural sanitation sector in general. The summary can be found in Table 3.

TABLE 6 PERCENTAGE OF PARTICIPANTS WHO KNOW CASES OF MALPRACTICE AND PREVENTION IN RURAL SANITATION

Do you know of:	Misuse of funds occurs in S&H sector?	Misconduct in own working areas?	Preventive/control measures?
Yes	27	23	42
Don't Know	32	14	11
No	27	45	26
NA	14	18	21
Total	100%	100%	100%

Personal knowledge of misuse of funds was divided more or less equally between those who say it exists, those who say it does not exist, and those who simply do not know. When asked about their own program area, the percentage of those without knowledge - either good or bad - more than halved. Most said that in their own areas they do not know any cases of corruption. However, in the group that *do know* cases in general (27%), most also know cases in their own areas (23%) and in spite of the presence of control measures.

• ***Do preventive/control measures exist and do they work?***

As shown in Table 3 above, a large sub-group (42%) reported that in their areas preventive and/or control measures exist. However, knowledge of their effectiveness is missing. Cross-tabulation (not shown here) did not show up clear links between “presence or absence of control measures” and “no cases/cases known” and or the opposite. Many respondents lacked knowledge on either or both aspects or gave no answer. Moreover, the numbers were too small anyway for analysis of significance.

• ***Between which actors do cases occur?***

Table 4 gives the findings. Overall, those who knew cases were in the minority. Most reported frequencies of knowing cases (28%) were in the public sector. Least reported were among consumers (12%) and donors/NGOs (9%). Conversely, the proportion of respondents who had not experienced any cases was for cases between consumers (54%) and among donor and non-governmental organizations (47%).

TABLE 7 RELATIONSHIPS IN RURAL SANITATION PROGRAMS WHERE MALPRACTICES ARE SAID TO BE MOST AND LEAST COMMON

Are cases known between:	Public officials themselves	Public officials & private sector	Public officials & consumers	Private sector & consumers	Consumers themselves	In/by Donors/NGOs
Yes	28	21	20	22	12	9
Don't Know	19	31	24	29	19	22
No	39	33	45	40	54	47
N/A	14	15	11	9	15	22
Total	100%	100%	100%	100%	100%	100%

• ***Which types of malpractices occur by/between which kind of actors?***

In Tables 4A to 4F, it is reported which percentages of the respondents said that to their knowledge certain types of malpractice do or do not occur between the different types of actors in rural sanitation programs. The

tables also give the percentage of respondents who said that they lacked knowledge or said that such cases did not apply to the rural sanitation sector/gave no answer.

Table 4A below shows that in the public sector, diversion of funds away from rural sanitation is not a common phenomenon. Favouring particular communities (55%) and groups (36%) is the most commonly reported. Only 14% said they had no experience of such favoritism. Favouring certain groups, such as the local leaders or the own social class, was split quite evenly across those who say yes (36%) and no (32%).

Paying to get a government job or a promotion is not common in the rural sanitation sector. Ties between public officials and private firms are also not common. Most respondents say that the sub-sector has rules to prevent/curb malpractices. Regarding rules application, the participants split in two groups. About half say that rules are not applied and 2/3 say sanctions are not applied. However, knowledge is limited: overall, 1 in 5 respondents does not know if the above practices occur or not.

**TABLE 4A TYPES OF PRACTICES KNOWN ABOUT IN THE RURAL SANITATION SECTOR**

Do public sector officials:	% respondents who said:				
	Yes	Don't know	No	N/A	Total
Divert sanitation funds?	14	32	36	18	100%
Favor certain communities?	55	23	14	9	100%
Favor certain groups?	36	14	32	18	100%
Not account for allocations?	23	18	36	23	100%
Lack clear promotion rules?	36	14	41	9	100%
Bypass promotion rules?	23	18	36	23	100%
Pay for jobs/promotions?	14	23	59	5	100%
Have ties with private firms?	18	18	59	5	100%
Does the sub-sector lack rules?	18	14	55	14	100%
Are rules bypassed?	36	9	36	18	100%
Are no sanctions applied?	32	32	23	14	100%

In transactions between the public and private sector (Table 4B) the most frequently reported malpractice (41%) is that of giving lower bids or prices to get contracts or orders. Also more known are cases of entrepreneurs who make internal agreements (form cartels) e.g. on prices (32%) or overcharge (27%). Least reported is the practice of entrepreneurs that pay 'silencing money' to public sector staff, when their work is found to be sub-standard (9%). However, lack of knowledge about what occurs in transactions between government staff and sanitation entrepreneurs is quite high: 32% overall (see Table 4 above).

TABLE 4B TYPES OF PRACTICES KNOWN ABOUT IN THE RURAL SANITATION SECTOR

Between the Public and Private Sector	% respondents who said:				
	Yes	DON'T KNOW	No	N/A	Total
Do ToRs favor some parties over others	18	41	23	18	100%
No open and fair competition for contracts?	14	27	41	18	100%
Do officials bend/bypass procedures?	14	27	45	14	100%
Do entrepreneurs offer incentives?	18	36	32	14	100%
Do entrepreneurs underbid to win?	41	18	27	14	100%
Do bidders inflate bids?	14	32	32	23	100%
Do bidders form cartels?	32	32	23	14	100%
Do entrepreneurs overcharge?	27	23	41	9	100%
Do they pay to hide poor work?	9	45	36	9	100%

From Table 4C below, the most known problems between public sector staff and user households (consumers) in rural sanitation are (1) lack of accountability for undelivered services (50%) and (2) repercussions for households that lodge complaints (41). Relatively large percentages of respondents say that they know no cases of giving favors to privileged groups, asking or getting payments for toilet/subsidy allocations to households or excluding minorities (45%, 59%, 36% and 50% respectively). However, the percentages of participants who say that they do not know are also relatively large (27%, 36%, 27% and 27% respectively).

TABLE 4C TYPES OF PRACTICES KNOWN ABOUT IN THE RURAL SANITATION SECTOR

Between the Public Sector and Consumers	% respondents who said:				
	Yes	Don't know	No	N/A	Total
Allocate to privileged groups?	14	27	45	14	100%
Get paid to give households allocation?	9	36	36	18	100%
Seek rewards for allocations?	0	27	59	14	100%
Minorities excluded from information	9	27	50	14	100%
Minorities excluded from participation	9	23	68	0	100%
Not account for decisions or finances?	27	18	45	9	100%
Account only to local elites?	18	23	50	9	100%
Consumers without channels to report misconduct?	18	32	41	9	100%
Consumers must fear for repercussions?	41	18	23	18	100%
No accounting for undelivered services?	50	9	32	9	100%

Table 4D below summarizes the respondents' knowledge of the types of corruption between local sanitation entrepreneurs and user households. There were three types of answers:

1. The most common practices according to the respondents are that private sector actors cheat customers by overcharging and/or by doing substandard work (41% and 36% said they know cases). Cases of exploitation of women, e.g. mason helpers, are known to 23% of the respondents;
2. A smaller group of respondents (32% - 36%) says that to their knowledge no such cases occur in their locations;
3. On average 29% says not to know what kind of corruption occurs in the private sector which delivers sanitation goods and services to rural customers.

**TABLE 4D TYPES OF PRACTICES KNOWN ABOUT IN THE RURAL SANITATION SECTOR**

BETWEEN THE PRIVATE SECTOR AND CONSUMERS	% RESPONDENTS WHO SAID:				
	Yes	Don't know	No	N/A	Total
Entrepreneurs cheat by overcharging consumers	41	23	32	5	100%
Entrepreneurs deliver substandard materials/work	36	36	18	9	100%
They exclude minorities from service	5	32	55	9	100%
They give advantages to local elite/in return for favors	9	32	41	18	100%
They exploit female/male workers from minority groups	23	32	36	9	100%
They give women workers/workers from minority groups opportunities to improve themselves	18	18	59	5	100%

Table 4E below gives the participants' knowledge of practices between different groups of consumers or user households. Here, the majority says that to their knowledge there are no such cases (the "No" column). On average, this is 54% of the participants (see also Table 4 above). For those who do know cases (under "Yes") the most common is that local CBOs managing sanitation give advantages to the own socio-economic group (27%).

**TABLE 4E TYPES OF PRACTICES KNOWN ABOUT IN THE RURAL SANITATION SECTOR**

Between consumers themselves	% respondents who said:				
	Yes	Don't know	No	N/A	Total
Consumer organizations (CBOs, Committees, saving groups) exclude women/certain minority groups	9	14	59	18	100%
Women/minority groups no access to management roles	5	9	77	9	100%
Consumer organizations (CBOs, Committees, saving groups) favor own class/ethnic group/caste over others	27	18	41	14	100%
Management does not account to members/others	5	27	55	14	100%
Management accounts only to its own social group(s)	14	27	36	23	100%

Answers about donors and NGOs are summarized in Table 4F below. Half of the respondents (on average: 47%) says that to their knowledge there are no cases of corruption as mentioned. Only a small minority (9%) has come across such cases.

TABLE 4F TYPES OF PRACTICES KNOWN ABOUT IN THE RURAL SANITATION SECTOR

By/in donor organizations/NGOs	% respondents who said:				
	Yes	Don't know	No	N/A	Total
Seek advantages from public authorities?	9	14	55	23	100%
Seek kickbacks from private sector for contracts?	9	23	45	23	100%
Collude (Make secret arrangements) with public/private stakeholders?	9	27	41	18	100%
Seek advantages from local communities?	9	23	45	23	100%

### Preventive actions and their effects

At the end we asked 20 questions on known and used remedies, with room for qualitative answers on effects. These were answered by 20 participants. Average knowledge was 49%. Average use was substantially lower (23%) (Table 5).

TABLE 5 PERCENTAGE PARTICIPANTS WHO KNOW AND USE CERTAIN PREVENTIVE ACTIONS

Consumer-Public		Known?	Used?
1	Voice but not represent all	55	15
2	Voice & represent all	55	35
3	Allocation transparent	60	25
4	Allocation accounted for to all	60	25
5	Allocation with participation of all	50	25
6	Account for fin. man. to all	55	30
7	open & transp. staff recruitment	45	25
<b>NGOs and Development Partners</b>			
8	Civic society represents disadvantaged groups	55	20
9	Media expose misconduct	55	20
<b>Consumer-Private</b>			
10	All know technology options	45	15
11	Blacklist, or spread information on, corrupt enterprises	20	5
<b>Consumer-Public</b>			
12	Ways to report misconduct	40	20
13	Information on quality standards to men & women	70	40
14	Help organize for group contracts	65	20
15	Indepent quality check before payment	35	20
16	Unskilled women/poor can improve	40	20
17	Check if unskilled labor is paid & treated properly	25	20
18	All consumers can make informed technology choice	45	25
19	All can choose own providers	45	15
20	All informed about project processes, roles & responsibilities and options when misconduct occurs	50	19
<b>Average</b>		49	23

Best known were: "Giving information to men and women on standards for good quality construction" (70%); "Help organize contracts for user groups" (65%) and "Allocations made in a transparent manner and with



accountability" (both 60%). Least known were "Blacklist, or spread information on, corrupt enterprises" (20%) and "Check if unskilled labor is paid & treated properly" (25%).

There were relatively few answers to the open question on effective measures. A selection of the most interesting answers is given below, with the number of the respondent in brackets:

On *transparency of allocations*:

"To be available publicly" (8), "Public hearing [is] made" (10)

On open and transparent *staff recruitments*: "Open recruitment for permanent positions" (9), "Competitive selection" (10).

On *open tendering*: "Tender committee from different stakeholders involved" (16)

On *blacklisting/information spreading on corrupt enterprises*: "The information is disseminated" (8), "They [who know] express in society".

On *ways to report misconduct*: "Citizens voice [this] in gathering, public hearing" (8), "Very few report, but have to be careful" (19)

On *media expose misconduct*: "Lots of cases. Discouraged others, so silent now". (19), "It becomes public with larger outreach". (20)

On giving information on *quality standards* to men and women: "On regular basis". (8), Informed individually in mass meeting.....They [men and women] are equally participating" (10).

On *quality check* before payment: "There is monitoring system" (9), "As per their community. Know how". (10) "Rectify the bills and inspect, measure the infrastructure" (16) On *unskilled women/poor can improve*: "There is practice in area". (20) "It is planned and talked [about] with target groups" (10), "Not yet trained, but will train in future". (16)

On *unskilled labor is paid and treated properly*: "Still the practice is to be made robust". (8), "Recently practice labor law". (20)

On whether all are informed about *project process, roles, responsibilities* and options when *misconduct*: "This is being practiced at an increasing scale". (8)

Several participants also mentioned the learning and checklist functions ("getting an overview of potential issues") for use in their country programs.

### **Discussion and conclusions**

This was a small study (only 22 respondents), but the response was very satisfactory (79%).

The study is also not representative. The participants were only male and female staff from NGOs and government agencies, not from the private sector, the consumers and the disadvantaged groups. Hence the findings reflect especially the above-mentioned two types of respondents and are indicative only.

In their evaluation of the survey, the participants were cautiously positive. No one scored low for the four questions and most were medium positive. The exception was the importance of anonymity of questionnaire replies (59% "high", see Table 2). It should be noted that scoring was in a matrix table by an open group of the participants when they left the workshop. The organizers and designers of the survey were not present at this scoring. This method (group matrix scoring at the end of the workshop) may well be why not everyone gave a score to all four questions. Fully anonymous and individual scoring may give 100% replies and different findings. The disadvantage is that outcomes are not immediately visible so an additional session or e-mail on outcomes is needed. However, generally the try-out was well appreciated.

The absence of participants representing consumers and members of disadvantaged groups may partly explain the relatively low findings on experience of corruptions between the private sector and consumers and between households themselves. The other reason may be the still limited knowledge among government and NGO staff of the size and types of corruption in and between the different actor categories. Interviews with

consumers, unskilled workers such as mason helpers and disadvantaged groups may have given a more complete and more accurate picture.

One general conclusion that can be drawn is that among government officials and NGOs there is still a great gap in knowledge about degrees and forms of corruption and other forms of malpractice in rural sanitation programs. That overall 1 in 5 respondents does not know if the listed practices exist indicates that the topic is still uncharted ground.

Regarding the existing knowledge, this related more to the public and NGO sector than to the private sector and consumer levels. This probably reflects the 'institutional homes' of the participants: staff from government and NGOs. A second factor may be that amounts of money are lower in decentralised and demand-responsive programs and so the risks and scale of integrity issues may also be lower. However, as the answers show there are many other integrity issues in rural sanitation, so more knowledge of typical issues is important. This goes especially for issues among consumers and with the local private sector, because together with local governments, the consumers and the local private sanitation sector are the prime actors in the rural sanitation programs.

Concerning the participant's evaluation, both the activity (survey) and the instrument (questionnaire) were well-appreciated in general. The questionnaire was considered to be too long, however. Reducing the number of questions in the sub-categories on the basis of the relative relevance of each question may well be possible. However, the current application was too small and too imbalanced in types and levels of participants to decide at this stage which questions can be dropped.

From a methodological perspective, the questions on favouring particular communities (55%) and particular groups (36%) were not well-formulated. In its present form the questions can be understood in two ways. If "favouring particular areas or communities and groups" means favouring *poor communities and groups*, this is actually *good practice*. A more proper question could have been: "Do decision-makers target only or especially more prosperous or advantaged areas/communities"? While this may be done purposively to make more rapid progress in the sanitation sector for MDG7, it should not exclude or reduce options for those in less favourable positions since the overarching goal of all MDGs is to reduce poverty.

In their qualitative evaluation of the survey, several participants suggested that respondents only answer the sections of the category they belong to themselves. Such segmentation would however defeat the objectives of getting insight in what higher level staff know and do about the issues *at all levels* and *between all types of actors* of rural sanitation programs, and to which effects.

### Recommendations

On the subject:

- Integrity issues are part of the governance agenda in rural sanitation.
- The awareness and knowledge of higher level staff can be increased, as it often happens that 'you do not see what you do not know'.
- Consultations with local NGO partners/program field staff, male and female consumers including from excluded/disadvantaged groups, and women and men in the local private sector, including poor workers such as women mason helpers, on integrity issues in rural sanitation can deepen understanding of both the issues and their prevention/reduction.

On the survey:

- The respondent categories of the survey should include representatives of both higher and field-level staff, consumers and private sector.
- Survey questions should be pre-tested with these groups and adjustments made as needed.
- Two questions at least must be improved (made unambiguous).
- For use as a survey or checklist in specific programs and countries, further adjustment and pre-testing is needed.
- The length needs further consideration and testing.

## Partnering with women for sustainable sanitation and hygiene for all

SNV Vietnam's partnership with the Dien Bien Women's Union along with the Provincial Department of Health (DoH) is building momentum for improved sanitation and hygiene through mobilising women from the province, to the district, commune and village level, while increasing recognition for the role of women in sanitation improvement.



***Female masons in Dien Bien building a demonstration toilet as an example of safe sanitation and to showcase their skills***

In the remote programme district of Muong Anh, with its high ethnic diversity, low literacy, and poverty levels reported as 47.5% the sanitation situation is challenging.

The Dien Bien Women's Union's large membership (74, 000 women in the province, representing some 70% of women), existing network, communication skills and interest in sanitation has led to a successful partnership. The Women's Union's role in the programme has been an important factor supporting women to shift the

priority for sanitation. The Dien Bien district's representative reports that at the household level: "Women take a key role. Normally it's only women that start the discussion [about sanitation]".

A recent monitoring review by AusAid in June 2011 found that SNV's work has contributed to advancing gender equality in two ways and demonstrated the strong link between generating action on WASH and involving women, to whom it is a priority. Firstly, through a partnership with the Dien Bien Women's Union that has activated a network of women all the way down to village level. Secondly through their effort to seek out and include female assistant masons to train them such that they could be lead masons in building toilets.

Recently, with the support of the women's union 12 women were involved in a mason's training for the first time in the Province along with male participants. These women were already involved in the sector, but as unskilled labour or assistant masons. The idea was inspired by a story about the success of women's mason in Kerala, India shared by IRC in a recent regional learning workshop hosted in Dien Bien.

In the words of Nguyen Hong Toan, "before the training course I was an assistant mason and when I stood on the scaffold people would stare. Now I feel confident".

Toan is currently completing three orders to construct toilets in the programme area that she has received since the training and her income has increased by as much as 30%. She had a strong vision of how she could work as a skilled mason, and reported that she sees the potential market for constructing latrines for the rural Tay people, and in the future could receive orders and lead her own team.

The provincial level Women's Union representative commented that this story and that of the other 11 female masons is very promising and presents a "good image to address strong prejudices about women's roles".



*Nguyen Hong Toan, Muong Ang District (in front of a demonstration toilet she has recently constructed)*

In the review at province level, VWU report that SNV has increased the capacity of 136 of their staff and members (8 provincial-level, 2 district-level, 10 commune-level, 116 village-level), giving them skills and methods to raise sanitation demand. WU have strengths in promotion and communication and noted that "one important thing [is that] sanitation is very linked to women at the village level... men don't pay much attention to sanitation".

An important feature of SNV's work with its two partners, CPM and VWU, is that it brought these two agencies together to work collaboratively, and both were appreciative of the role played by the other. CPM reported that "we were very lucky to bring in WU. Without WU, we could not have done it alone". And VWU indicated that there were other areas that they might look to work on together in the future such as disease control, HIV/AIDs, etc.

The women's union reports that their members' understanding of sanitation issues has improved which is key, as in their words "if a women really believes in sanitation, she will convince her husband". They now proactively discuss sanitation and latrine construction with their husbands and encourage their neighbors to also

build latrines. Recent performance monitoring is showing positive progress - in the past 6 months the programme has doubled the number of households who now have access to improved sanitation.

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