



SNV

Learning Brief

Realising sanitation access and usage at anytime,
for everyone and everywhere



Nepal has made significant progress towards improved access to sanitation and hygiene and its goal of universal access by 2017. By early 2017, coverage had reached 90%, with households investing in predominantly improved facilities. The sector is currently working towards realising WASH services "*anytime, for everyone and everywhere*" in alignment with the Sustainable Development Goals. These aim to achieve access to adequate and equitable sanitation and hygiene for all, with a focus on vulnerable groups, by 2030 (Goal 6.2).

While the *one house, one toilet* campaign of the country has been successful, challenges may remain in achieving universal access if not everyone is indeed able to use a toilet, at anytime, everywhere.

This learning brief shares the findings of a study to assess the status and barriers in access to and decision-making for sanitation and handwashing with soap from the perspective of gender, socially excluded groups (ethnic minorities, castes, poor people, etc.) and people living with disabilities (PLWDs). The outcomes of this formative research have been used to strengthen the gender and social inclusion focus of the Sustainable Sanitation and Hygiene for All (SSH4A) programme in Nepal across 17 districts¹ in the three ecological zones of the country.

Sustainable Sanitation and Hygiene for All (SSH4A) in Nepal

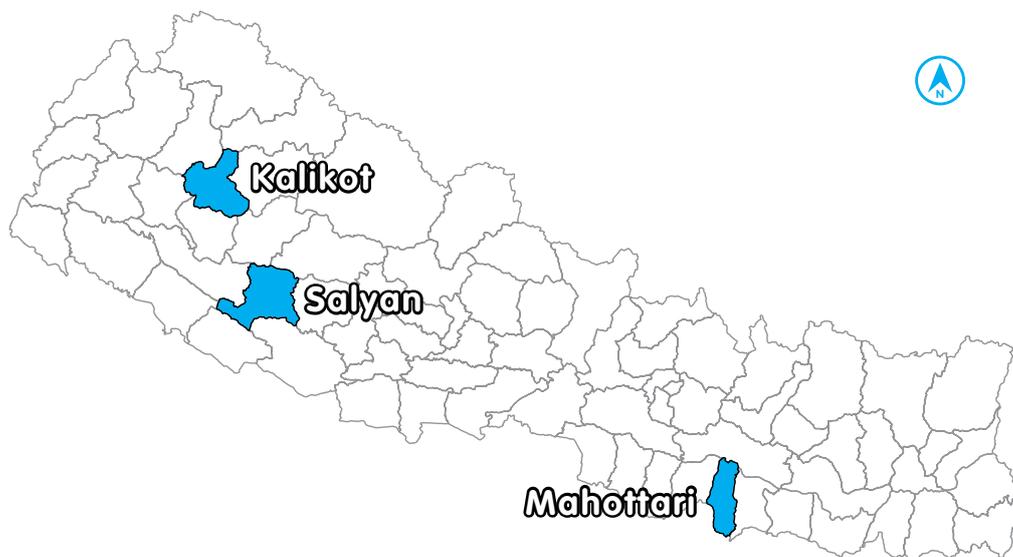
Key Facts:

- SSH4A aims to strengthen capacities of local governments, private sector, civil society and communities to improve sanitation and hygiene at scale with quality.
- SNV Nepal works closely with the Government of Nepal through the Ministry of Water Supply and Sanitation (MoWSS) and its Department of Water Supply and Sewerage (DWSS) as well as the regional and district government and non-government stakeholders.
- SSH4A is being implemented in 17 districts across three ecological zones: 15 districts since 2014 and 2 new districts since 2017.
- Out of the 17 districts: 7 districts are ODF; 3 have achieved 100% sanitation coverage but not yet declared; 5 have more than 70% sanitation coverage; and 2 new districts have <40% sanitation coverage.
- In all 17 districts, SSH4A covers 238 Village Development Committees (a VDC is a cluster of villages). To date, 157 VDCs have become ODF with 550,000 additional people having gained access to sanitation since 2014.

1. Mountain districts: Kalikot, Jumla, Dolpa, Humla, and Mugu, Hill districts: Rolpa, Rukum, Salyan, Dailekh, Surkhet, Terai districts: Banke, Saptari, Siraha, Dhanusha, Mahottari, Sarlahi, and Bara

Methodology

The study was carried out in three programme districts representing each of the ecological zones of the country, namely Mahottari in the *terai*, Salyan in the hills and Kalikot in the mountains.



The study was undertaken from January to April 2016. The data was collected from two VDCs in each district with representation from diverse caste and ethnic groups and villages with different stages of sanitation access. It was collected through focus group discussions, key informant interviews, in-depth interviews and observation with (i) district-level WASH stakeholders, (ii) VDC-level WASH stakeholders and (iii) beneficiaries. The third group included groups and individuals representing gender, socially excluded groups, PLWDs and people with temporary difficulties, such as pregnant women and health issues. A total of 345 people participated in the study (50% men and 50% women). The key findings were shared with the District-WASH-Coordination Committees (D-WASH-CC) in all three districts.

Key Findings

1. Supportive policy frameworks and environment

The 2015 Constitution of Nepal affirms sanitation and hygiene as a basic human right and the recently drafted Nepal WASH Sector Development Plan (2016 - 2030) provides a roadmap for the sector for the coming years and envisions "safe, sufficient, accessible, acceptable, and affordable" WASH services "anytime, for everyone, and everywhere". The primary policy document guiding sanitation access is the National Sanitation and Hygiene Master Plan (NSHMP) (2011) which aims to "attain universal access to improved sanitation by 2017 for better hygiene, health and environment".

The Master Plan recognises that "access to toilet is extremely poor among the landless, ultra-poor, squatters, slum dwellers and people in remote areas". To ensure poor people's access to sanitation, the Master Plan promises that "locally appropriate support mechanisms will be introduced through the decision of the district, VDC and municipality level coordination committees".

It also recognises the importance of gender sensitivity in all programme activities. It advocates a minimum of one-third of the members in coordination committees at all levels to be women and all capacity building events must have a fair gender balance. Although the Master Plan is largely silent on the specific needs of PLWDs, it does mention that PLWDs need to be considered during identification of ultra-poor households and that government budget must be allocated for making institutional toilets PLWD-friendly.

A second key document is the Gender Equality and Social Inclusion (GESI) Operational Guidelines (2013) by the Ministry of Urban Development. This prescribes GESI aspects to be considered during the project cycle in WASH implementation. It gives priority to VDCs with a high population of ultra-poor and poor by using a disadvantaged group (DAG) mapping tool. Design and orientation of toilets should be women, children and PLWD-friendly. Sufficient budget is recommended for activities to address needs and aspirations of women, poor and socially excluded groups and to build capacity of these groups to undertake skilled works within the sector. The Guidelines also give guidance on disaggregated data collection and monitoring.



Women group members were acknowledged during ODF declaration ceremony of Rohuwa VDC, Sarlahi for their leading role

2. Intra and inter household factors

The socio-cultural norms within the communities both facilitate and hinder access to sanitation and handwashing with soap in different ways, for different people at different times both within a household and between different groups. The study found that having a toilet at home was particularly advantageous for women and girls as they could go to the toilet at any time. This was a significant shift, especially in the conservative culture of the *terai* where women defecating in the open were having to manage their needs around a particular time (early morning or after dark) and walk either to a designated area or to the fields for defecation. For men, on the other hand, "there is no shame in open defecation" and they could go anywhere at any time. However, older men may refuse to use a toilet that their daughter-in-law had used and hence would defecate in the open even if the household had a toilet.

The study also found that, in the hill and mountain districts, although the deep-rooted practice of *chhou*, that perceives menstruating women as polluting, was still prevalent, there was no taboo placed on using a toilet. This is unlike the restrictions placed on women for access to water resources, kitchen areas and holy places during menstruation.

Societal norms may result in discrimination on the basis of caste, ethnic minority and poverty and impact on toilet access and use. It was found that, in general, the focus on sanitation as a social movement and demand creation tools such as Community-Led Total Sanitation, where open defecation is detrimental for the whole community, could help to overcome this discrimination through promoting inclusivity. This had led to all households being more motivated to construct a toilet.

Following the NSHMP 2011, district sanitation strategies and VDC sanitation plans further emphasised the use of local mechanisms for identifying and supporting the ultra-poor, landless and vulnerable groups (e.g. single female-headed households) with resources needed to construct and use a household or shared toilet. Under the pressure of achieving ODF in line with the national targets, however, various forms of sanctioning access to public services were applied in some areas of the *terai* and there were instances reported where households felt pressurised to build a toilet and were less keen to use it. This perception was found among the elite community members as well as people with resource limitations.

It was also seen that prohibitions may be practiced between households. For example, although in Kalikot it was found that men and women from the low-caste *Dalit* community could use a toilet of other castes such as the high-caste *Brahmin* or *Chheteri* and *Thakuri*, in Salyan, the *Dalit* faced discrimination in accessing toilets of other castes due to the conventional norm of untouchability. Notably, however, no restrictions were found on the use of public toilets by any caste where such facilities existed.

Socio-cultural barriers for PLWDs were largely linked to a widespread lack of understanding and awareness of the needs of people living with different types of disabilities and their difficulties in accessing or using a toilet and hand washing facility. In the three study districts, the attitude of the community and family members towards PLWDs ranged from sensitivity and care in Kalikot to harassment and a feeling of PLWDs being a burden in Salyan to instances of neglect by the family, community and government in Mahottari.

3. Accessibility, quality and safety issues

The study found that physical barriers present practical challenges in access and use of toilets and hand washing stations for women, people with disabilities and people with temporary difficulties. In the hills and mountains, many toilet structures are inadequate for everyone due to a low ceiling, inconvenient slope, small size of toilet and/or poor ventilation and lighting. For PLWDs, the situation is further exacerbated due to the location of a toilet at a distance, with difficult-to-climb steps and an undefined, unstable and/or slippery access route.

Elderly respondent, hills: "I have a problem with knee ache and cannot properly sit to defecate. So, it would be easier if I had a taller pan."

In general, in all districts there was lack of any consideration to accommodate for a particular disability or difficulty. At best, a person with a disability was assisted to use a toilet by a family member and therefore was dependent on their availability. Furthermore, pregnant women in all areas visited observed that using a pan toilet was inconvenient for them as they found it difficult to squat and stand up.

For women, physical barriers were prevalent in the form of poor safety in Salyan and Kalikot, where toilets typically lacked a proper locking system. In the *terai*, concerns over privacy were paramount owing to women's segregation in the *Madhesi* culture in general, and among the Muslim community in particular. The most common reasons cited for women feeling uncomfortable in using a toilet were if the door faced towards a courtyard that men could enter and if the door did not provide adequate privacy.

Access to hand washing with soap for all people was also challenging due to physical barriers. In all districts the most affected were PLWDs because few households had the practice of placing water and soap in a place that was conveniently accessible for a person with disabilities. Another challenge, especially in the hill and mountain districts that rely on gravity-fed water supply systems, was the poor functionality of the systems and inequitable distribution of any water that was available. The *Dalit* settlements suffered disproportionately from poor water supply services and limited water, which made it difficult to regularly wash hands.

That most of the toilets are not appropriate in term of accessibility, privacy and safety is partly attested by a popular saying among the local people in Kalikot that the types of toilet are either "thokne, khokne and rokne" (literally meaning, a low height toilet which is difficult to enter, one that has no locking system from inside such that a toilet user has to cough to let others know it is occupied and a single toilet in a house with large family members demanding a queue, respectively). Secretary of a VDC.

In the *terai*, although water supply is not a problem because households either have access to water from a private hand pump or from a community pond, PLWDs had difficulties in maintaining hand washing practices if they were not able to use these facilities.

Access to public toilets with functioning water supply and soap available for hand washing was a general issue in all districts. Public toilets easily accessible for PLWDs were negligible and most of the public toilets were not equipped with menstrual hygiene facilities so that women could go to a toilet conveniently during menstruation.

4. Influence on decision-making for sanitation and hygiene

The study looked at decision-making for sanitation and hygiene at the household level and in the public sphere of the VDC or district. In all three districts, women's decision-making at the household level was confined to the gendered domains of daily chores, household tasks and child-rearing. Even given the growing number of female-managed households, due to male labour migration, women reported they had to wait for the men to visit home to make any investment decisions in toilet construction or upgrading.

In the public arena, GESI and disability representation at the VDC level (in the V-WASH-CC) was not proportional to the population of those groups and at the district level participation was limited (in the D-WASH-CC) because the officials holding the positions authorised to attend the D-WASH-CC were largely abled men. At the village level, in addition to the lack of importance given by the V-WASH-CC, participation of PLWDs was missing because of limited access to information, challenges in mobility and the low numbers of PLWDs. Although D-WASH-CCs could issue special invites to any individual or groups, this mechanism was also not being used to ensure inclusive participation in the D-WASH-CC.

GESI and disability agenda items were rarely raised or discussed in the WASH coordination committees in the VDCs and the districts. In all three districts the representatives of the D-WASH-CC and V-WASH-CC were unaware of the focus of the NSHMP on GESI and disabilities or the existence of the operational guidelines. As Mr Ram Chandra Poudel, the Local Development Officer of Salyan and Chairperson of the D-WASH-CC pointed out: "*First we needed to construct toilets, then comes the issue of water; making a toilet friendly to different groups of people is the third priority.*"

Discussion

The findings show that intra household issues of sanitation and hygiene access and usage, particularly for PLWDs, are presenting challenges in realising the national goal of ODF by 2017. Women and *Dalit* also face a range of barriers, as highlighted in the findings, in sustaining the progress on sanitation and hygiene. Realising the intentions of the policy makers and ambitions for WASH services at anytime, for everyone and everywhere will require key interventions at the practical and strategic levels. Nepal's transition towards a federal system of governance potentially presents a unique opportunity.

The impetus for change can be stimulated by investing in further sensitising communities, networks, decision-making bodies and, importantly, individuals themselves to recognise and overcome issues of inequity and discrimination in working towards progressively realising constitutional rights to sanitation and hygiene. Such change can come with practical steps. For example, masons can be educated to encourage a family to consult with *all* its members when constructing a toilet, including women, men and those with special needs, to develop a toilet design that is not only functional,

but also convenient for everyone in terms of space, location, direction, type and position of door, etc. Furthermore, masons and local hardware suppliers can be focal points for disseminating information on practical options on adapting toilets to suit the needs of people with disabilities or those facing temporary difficulties.

Strategic improvements can be institutionalised by revising district sanitation strategies that analyse key barriers for gender, socially excluded and disabled groups; identifying targeted strategies; allocating resources for implementation and monitoring; and ensuring accountability mechanisms are functioning.

With the rolling out of the new local body structures and their mandatory representation of females and *Dalit* at all levels, there is an opportunity to strengthen the capacity of the local bodies to ensure meaningful representation as well as establishing inclusive systems of planning, budgeting and monitoring of sanitation and hygiene to ensure universal coverage. Furthermore, disabled networks can be mobilised to support the focus on disabled-friendly WASH services.



After triggering and receiving mason training a woman constructing toilet with her husband in Lekpharsa, Surkhet



Focus Group Discussion with older women on hygiene behaviour during formative research in Dalli, Jajarkot district

Outcomes

The findings have been used as part of the ongoing SSH4A programme with the following outcomes:

- Sharing of study findings in the three study districts resulting in increased awareness of GESI and disability considerations by district and VDC stakeholders.
- Revision of district sanitation strategies to reflect an improved focus on GESI and disabilities in Salyan and Kalikot.
- Increased commitment by D-WASH-CCs to invite representatives from disability networks and/or to have dedicated agenda items on inclusion in most programme districts.
- Update of the national handbook on technological options for the terai with recommendations on positioning a toilet door that is acceptable to women (e.g. not facing the court yard).
- Development of a training package for masons to improve toilet construction, including options for adapting toilets to meet the needs of people with disabilities using local materials.

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Further information

To learn more about SNV and our work in Nepal, visit our website at www.snv.org/country/nepal

Contact: Ms Nadira Khawaja

nkhawaja@snv.org

SNV Nepal

www.snv.org

SNV

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All photos by SNV staff

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