**Final Report on Baseline Survey for Ensuring WASH Rights in Siraha District, Nepal**

**Submitted to:**

**WaterAid Nepal, Lalitpur**

**Submitted by: Nepal Participatory Action Network, Kathmandu**

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**Acknowledgement**

We would like to express our sincere gratitude to Water Aid Nepal (WAN) for entrusting us for review of Ensuring WASH Rights in Siraha District. Many individuals and organizations have provided their valuable suggestions and information during the entire process of reviewing work. Their cooperation and support are duly acknowledged.

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Baseline study Team

Nepal Participatory Action Network (NEPAN),

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# Executive Summary

WaterAid has been working a long time, since 1987 for the WASH sector development in Nepal. “Ensuring WASH Right in Siraha District” with Big Lottery fund, designed three years (2015-2018) project implementing through different national NGOs. The project set out three outcome results.1. Increased access to safe water, improve sanitation and hygiene behavior. 2. Marginalized communities enabled to manage their WASH services sustainably and demand accountability in WASH service provision from local authorities.3. Strengthened government capacity, resulting in increased accountability for provision of sustainable WASH services to the most marginalized communities. For the effective monitoring and project trecking, WaterAid Nepal realized to develop a precise baseline document through the experienced consultant.

WaterAid Nepal selected NEPAN for baseline work. Series of formal and informal discussion between WAN and NEPAN team carried out to shape the baseline framework. The report was prepared to meet the baseline requirement of a project that is being implemented by WAN in various different parts of Siraha district with the help of four implementing partners: NEWAH, UEMS, FEDO and FEDWASUN. The baseline survey report envisages portraying the situation of water sanitation and hygiene practices among the target groups prior to project implementation. For the purpose of the study, both qualitative and quantitative methods were used. Quantitative tools were used for household survey, to extract data for evaluation the situation of water, sanitation and hygiene practices, the quantitative tools, such as focus group discussion (FGD) and key informant interview (KII), was used for evaluating Dalit women groups’ capacity and knowledge and government’s role and mechanism in place respectively.

First output indicators is - Increased access to safe water, improved sanitation and hygiene behaviors in targeted communities. Most people (88.6%) were found to be drinking shallow tube well water, which is common source of drinking water for people living in tarai region. Access is not the problem. 94% families have water access in the time less than 15 minutes in all the season. Similarly people are getting quantity of water for domestic use and they need not queue for long time (75% people have always water available in the tube well). It is reported that 28% water source has been duplicated. However water quality found serious issue. Out of the 70 samples of water collected from the study area 42 samples (60%) were found to be contaminated i.e. presence of coliform. There is not good practice of POU at household level. 85% families drink water without any treatment.

Less than half (42.5%) of the sampled population has access to some type of toilet at home. A higher proportion (48.7%) of families from WASH service delivery areas that are being implemented by NEWAH and UEMS have access to toilets at home compared to WASH advocacy areas that are being implemented by FEDO (32.6%). So far, till the end of this study compilation, there are 10 VDCs and 2 Wards of Municipality declared as ODF in whole of Siraha District.

Baseline survey data showed that in most of the cases these toilets were clean (79.9%) and in use (97.5%). Hygiene practice seems poor. 58.3% of households sampled have a hand washing facility and another 15.2% have accessible to soap and water for hand washing. 61% project area people wash hand with soap and water after defecation/anal cleaning. Only 24% people wash their hand with soap and water before meal/eating. Only 13% people wash their hand with soap and water before feeding child. 24% parents’ wash hand with soap and water after cleaning children stool. 24% people wash their hands with soap and water after touching dirt/dung and other things. About 50 % women and girls practice burry menstrual waste.

Second output indicator is -Marginalized community enabled to manage their WASH services sustainably and demand accountability in WASH service provision from local authorities. In the advocacy (voicing and influencing) side the organized community groups seem unprepared to claim rights from the local government. Most of the groups has issues relating to properly functioning, lack of resources, and problems with dealing with local government.

Third outcome output indicator is -Strengthened government capacity, resulting in increased accountability for provision of sustainable WASH services to the most marginalized communities. They do have issues relating to lack of capacity to deal with such problems. Likewise, the government agencies do seem to have increasing awareness about WASH rights and issues relating to marginalized groups, but the knowledge and sense of duty-bearer seem to be missing. This is evident from the budget allocation practices and no particular plans and policies of giving priority to marginalized groups. In this regard, it appears pertinent for government, as well as, non-state actors to work and collaborate to fulfilling WASH rights of the target groups, particularly marginalized groups.

# Abbreviations

NEPAN: Nepal Participatory Action Network

WAN: Water Aid Nepal

FEDWASUN: Federation of Water and Sanitation Users Network

NEWAH: Nepal Water for Health

UEMS: Urban Environment and Management Society

FEDO: Feminist Dalit Organization

WASH: Water, Sanitation and Hygiene

M&E: Monitoring and Evaluation

ODF: Open Defecation Free

CBS: Central Bureau of statistic

NHDR: Nepal Human Development Index

VDC: Village Development Committee

VWASHCC: Village Water, Sanitation and Hygiene coordination committee

DWASHCC: District Water, Sanitation and Hygiene coordination committee

MWASHCC: Municipality Water, Sanitation and Hygiene coordination committee

FGD: Focus group discussion

KII: Key informant interview

HHS: Household survey

NGO: Non-government organization

INGO: international nongovernment organization

Table of Contents

[Executive Summary 3](#_Toc447850401)

[Abbreviations 5](#_Toc447850402)

[1. Introduction 9](#_Toc447850403)

[1.1Background 9](#_Toc447850404)

[1.2 Project location 10](#_Toc447850405)

[1.3 The overall project outcomes and output 11](#_Toc447850406)

[1.4 Objective of the study 11](#_Toc447850407)

[2. Activities carried out during the inception period 11](#_Toc447850408)

[2.1 Kick off meeting with WaterAid Nepal focal person and managers 11](#_Toc447850409)

[2.2 Desk review on WAN’s monitoring and evaluation tools 12](#_Toc447850410)

[2.2.1 Business Plan/Project Proposal 12](#_Toc447850411)

[2.2.2 Water Aid Nepal's Monitoring System Check 12](#_Toc447850412)

[2.2.3 Project Log frame 13](#_Toc447850413)

[3. Approaches and Methodology 13](#_Toc447850414)

[3.1 Baseline Study Design 14](#_Toc447850415)

[3.2 Baseline Study layout and area of implementing partners mapping 14](#_Toc447850416)

[3.3 Study Site 17](#_Toc447850417)

[3.4 District information 17](#_Toc447850418)

[3.5 Basic information on WASH in Siraha (Secondary data) 18](#_Toc447850419)

[3.6 Sampling Methods 18](#_Toc447850420)

[3.7 Sampling frame 19](#_Toc447850421)

[3.7.1 Sample size for WASH Service delivery (NEWAH and UEMS working area) side 20](#_Toc447850422)

[3.7.2 Sample distribution for WASH Service delivery (NEWAH and UEMS working area) side 20](#_Toc447850423)

[3.7.3 Sample size for WASH advocacy and right (FEDO working area) side 21](#_Toc447850424)

[3.7.4 Sample distribution for WASH advocacy and right (FEDO working area) side 21](#_Toc447850425)

[3.7.5 Sample size and distribution for WASH advocacy (FEDWASUN working areas) side- Schools 21](#_Toc447850426)

[3.8 Primary Sampling Unit and tools: 22](#_Toc447850427)

[3.8.1 Household Survey 22](#_Toc447850428)

[3.8.2 Key Informant Interview (KII) 22](#_Toc447850429)

[3.8.3 Focus Group Discussion (FGD) 22](#_Toc447850430)

[3.8.4 Observations 23](#_Toc447850431)

[3.9 Data entry and analysis 23](#_Toc447850432)

[4. Major Finding 23](#_Toc447850433)

[4.1 Socio-demographic characteristics of the location and respondents 23](#_Toc447850434)

[4.1.1 Demography of Respondents 23](#_Toc447850435)

[4.1.2 Ethnicity of the respondent 24](#_Toc447850436)

[4.1.3 Education and Wealth Quintiles 25](#_Toc447850437)

[4.2 Access to safe drinking water 25](#_Toc447850438)

[4.2.1 Main source of drinking water 25](#_Toc447850439)

[4.2.2 Water Access 26](#_Toc447850440)

[4.2.3 Water purification before consumption 27](#_Toc447850441)

[4.2.4 Hygiene/cleanliness of water storage container 28](#_Toc447850442)

[4.2.5 Problem with the existing water supply system/source 29](#_Toc447850443)

[4.2.6 Distance of water source from Toilet 30](#_Toc447850444)

[4.2.7 Reliability 30](#_Toc447850445)

[4.2.8 Water depletion 31](#_Toc447850446)

[4.3 Sanitation 31](#_Toc447850447)

[4.3.1. Access to and use of toilet facilities 31](#_Toc447850448)

[4.3.2 Types of latrine built 32](#_Toc447850449)

[4.3.3 Reason behind not having toilet 33](#_Toc447850450)

[4.3.4 Does your family use toilet for defecation? 33](#_Toc447850451)

[4.4.5 What is the main reason you do not use toilet? 34](#_Toc447850452)

[4.4.6. Reason for using toilet 34](#_Toc447850453)

[4.4.7. What type of toilet family men use for defecation? 35](#_Toc447850454)

[4.4.8 What type of toilet do the women of the household mainly use for defecation? 35](#_Toc447850455)

[4.4.9. Where are the feces of your children under- 5 usually disposed? 36](#_Toc447850456)

[4.4.10. Is the toilet clean? 37](#_Toc447850457)

[4.4.11. Number of VDCs and wards declared Open Defecation 37](#_Toc447850458)

[4.5 Hygiene 38](#_Toc447850459)

[4.5.1. Hand washing practice in critical time 38](#_Toc447850460)

[4.5.2. What did you use for hand washing? - After defecation 38](#_Toc447850461)

[1.5.3 What did you use for hand washing?-Before preparing meal 39](#_Toc447850462)

[4.5.4. What did you use for hand washing?-Before meal/before eat 39](#_Toc447850463)

[4.5.5 What did you use for hand washing?-Before feeding children 40](#_Toc447850464)

[4.5.6 What did you use for hand washing?-After cleaning children stools 40](#_Toc447850465)

[4.5.7 What did you use for hand washing?-After touching dust/dung/and other things 41](#_Toc447850466)

[4.5.8 Is the washing facility in your house? 41](#_Toc447850467)

[4.5.9 Is the soap and water available at the hand washing facility? 42](#_Toc447850468)

[4.5.10 Can you recall any WASH messages in last 2 years? 42](#_Toc447850469)

[4.5.11 Sources of information regarding WASH issues 42](#_Toc447850470)

[4.5.12 What do you use during menstruation? 43](#_Toc447850471)

[4.5.13. Where do you manage of waste which use during menstrual period /menstrual management? 44](#_Toc447850472)

[4.6. WASH in School 44](#_Toc447850473)

[4.7 Situation of communities to manage their WASH services sustainably and demand accountability in WASH service provision fromlocal authorities 45](#_Toc447850474)

[4.7.1. Capacity of the Target communities to sustainably manage WASH services 45](#_Toc447850475)

[4.7.2 Understanding level of target communities regarding WASH rights and demanding such rights 46](#_Toc447850476)

[4.8 Government’s capacity and accountability mechanisms for providing sustainable WASH services to the most marginalized communities 47](#_Toc447850477)

[4.8.1 Awareness of WASH policies and rights among local government bodies 47](#_Toc447850478)

[4.8.2 Local government bodies involved in joint action with project partners to address WASH rights 49](#_Toc447850479)

[5. Discussion and Conclusion 51](#_Toc447850480)

[6. Recommendations 53](#_Toc447850481)

[7. Annexture 54](#_Toc447850482)

# List of Figures and Tables:

[*Figure 1: Siraha District Map and Working Areas (in colors), GON, 2011* 18](file:///C:\Users\hksan_000\Downloads\Final_%20Prakash_WAN%20(3).docx#_Toc447850483)

[*Figure 2: Sample Coverage by VDC/M* 25](#_Toc447850484)

[*Figure 3: Average HH Distribution by Type and Caste* 25](file:///C:\Users\hksan_000\Downloads\Final_%20Prakash_WAN%20(3).docx#_Toc447850485)

[*Figure 4: Wealth Classification by Caste* 26](file:///C:\Users\hksan_000\Downloads\Final_%20Prakash_WAN%20(3).docx#_Toc447850486)

[*Figure 5: Problem with existing water supply system* 30](#_Toc447850487)

[*Figure 6: Distance of Water Source from Toilet* 31](#_Toc447850488)

[*Figure 7: Reliability* 31](#_Toc447850489)

[*Figure 8: Water Depletion* 32](#_Toc447850490)

[*Figure 9: Reasons for not having Toilet* 34](#_Toc447850491)

[*Figure 10: Family Usage of Toilet for Defecation* 34](#_Toc447850492)

[*Figure 11: Main Reason for Not Using Toilet* 35](#_Toc447850493)

[Figure 12: Reason for Using Toilet 35](#_Toc447850494)

[*Figure 13: Type of Toilet for Male Defecation* 36](#_Toc447850495)

[*Figure 14: Type of Toilet for Female Defecation* 37](#_Toc447850496)

[*Figure 15: Youth Feces Disposal* 37](#_Toc447850497)

[*Figure 16: Toilet Cleanliness* 38](#_Toc447850498)

[*Figure 17: Handwashing Practice in Critical Time* 39](#_Toc447850499)

[*Figure 18: Handwashing after Defecation* 39](#_Toc447850500)

[*Figure 19: Handwashing before Preparing Meal* 40](#_Toc447850501)

[*Figure 20: Handwashing before Meal/Eating* 40](#_Toc447850502)

[*Figure 21: Handwashing before feeding children* 41](#_Toc447850503)

[*Figure 22: Handwashing after Cleaning Children Stools* 41](#_Toc447850504)

[*Figure 23: Handwashing after touching dirty things* 42](#_Toc447850505)

[*Figure 24: Household Handwashing* 42](#_Toc447850506)

[*Figure 25: Availability of Soap and Water for Handwashing* 43](#_Toc447850507)

[*Figure 26: WASH Messaging* 43](#_Toc447850508)

[*Figure 27: Sources of WASH Information* 44](#_Toc447850509)

[*Figure 28: Menstruation Habits* 44](#_Toc447850510)

[*Figure 29: Menstrual Waste Management* 45](#_Toc447850511)

[*Figure 30: School Toilet Status* 45](#_Toc447850512)

[*Table 1: Baseline Study Layout* 18](#_Toc447851770)

[*Table 2: Sample Size for Frequency in Population* 21](#_Toc447851771)

[*Table 3: Sample Distribution for WASH Service Delivery* 22](#_Toc447851772)

[*Table 4: Sample Distribution for WASH advocacy right side* 23](#_Toc447851773)

[*Table 5: Sample Size and Distribution for WASH advocacy side-schools* 23](#_Toc447851774)

[*Table 6: Main Sources of Drinking Water* 27](#_Toc447851775)

[*Table 7: Water access by location, caste/ethnicity/implementing partner and wellbeing classification* 28](#_Toc447851776)

[*Table 8: Water purification by location, caste/ethnicity, implementing partner and wellbeing classification* 28](#_Toc447851777)

[*Table 9: Hygiene/cleanliness of water storage container by location, caste/ethnicity/implementing partner and well-being classification* 29](#_Toc447851778)

[*Table 10: Access to sanitation by location, caste/ethnicity, implementing partner and well-being classification* 32](#_Toc447851779)

[*Table 11: Type of toilet built by location, caste/ethnicity, implementing partner and wellbeing classification* 33](#_Toc447851780)

# 1. Introduction

## 1.1Background

Water Aid Nepal, an INGO, has been supporting WASH sector since 1987 and it has played meaningful contribution for the sector development in Nepal. At the initial stage, WAN focused its work in rural areas WASH service delivery. Later expand its service in the poor urban centres. Service delivery, capacity building and advocacy are the main strategic project components both in rural and urban. Water Aid Nepal (WAN) aims to transform the lives of certain poor communities in Siraha District, with BIG lottery funding, by securing human rights to safe water and sanitation. Ensuring WASH Right in Siraha project is a three year project (2015 to 2018) implemented through four national partners; Nepal Water for Health (NEWAH), Urban Environment and Management Society (UEMS), Federation of Water and Sanitation Users Network (FEDWASUN) and Feminist Dalit Organization (FEDO). This project is a comprehensive package of service delivery and advocacy activities that aims at improving access to WASH for Terai Dalits and excluded communities in Siraha. The service delivery component of this project is implemented by NEWAH and UEMS in 3 municipalities and 1 VDC and advocacy initiatives is implemented in 27 VDCs through FEDO and FEDWASUN. The project matrix has been designed with three main expected outcomes and indicators. Firstly, increase access to safe water, improved sanitation and hygiene behaviors in targeted communities. Secondly, marginalized communities enabled to manage their WASH services sustainably and demand accountability in WASH service provision from local authorities. Thirdly, strengthen government capacity, resulting in increased accountability for provision of sustainable WASH services to the most marginalized communities.

In Nepal, despite effort from different support organization, reaching to the poor and excluded people still not as desired level. Excluded groups often lack sufficient knowledge of WASH services to assert their rights effectively, and they are unable to access civil society organizations or use the media to demand WASH services. Implementation of project activities and monitoring process as well as results are crucial for effective project management. The purpose of developing Project Monitoring and Evaluation system is to strengthen management information system ultimately to improve the quality of services leading to improved access of the communities to water and sanitation services.

Final work of the assessment will present baseline survey system tools and suitable project specific monitoring and evaluation system by developing M&E framework in order to strengthen management information system ultimately to improve the quality of services for access to safe water, sanitation and hygiene programs delivered to communities in Siraha district. Other factors related to developing M&E system such as local level organizations are more likely to bring about the sustainable changes and improved power relations among stakeholders by virtue of being resident in project areas and able to provide backstopping and monitoring services.

An effective monitoring and evaluation systems will be established which will help ensure that; a) overall plans are produced, planned budget and; b) set up expected results for the project are specified by the indicators and targets; c) promote participatory monitoring system to formulate and adopt as per the local needs and community capacity through knowledge based systems by defining the monitoring and evaluation framework; d) shortcomings and challenges are identified that to focus on basic monitoring of activities, outputs, and outcomes of the project, and e) documentation of practices and lessons learned.

## 1.2 Project location

Siraha district located in the eastern Terai part of Nepal and is highly populated with the people belonging to the Madhesi, Tharu, Muslims and Marwari communities. There are 4 municipalities and 76 VDCs. It also serves as a market place for people from mountain and Terai coming here to purchase their basic goods and services. The district has low sanitation coverage, only 5 VDCs are declared as Open Defecation Free (ODF). Siraha is one of the most deprived districts in terms of health (Nepal Human Development Report, 2014). According to National Population and Housing Census, 2011, in Siraha district 79 percent households were without toilet facility as compared to national data on unimproved sanitation facility of 63.3 percent where urban areas has 48.8 percent and 66.3 percent in rural areas. In terms of drinking water source around 11 percent households were using uncovered well/Kuwa, river stream and spout water in compared to national data unimproved drinking water of 11.9 percent where 9.7 percent in urban and 12.4 percent in rural areas (CBS, 2014 and Nepal’s Demographic Profile, 2014).

Dalits constitute 13.5 percent of Nepal’s total population among which 3.95% is Terai Dalits. Only 4.6% of total Terai Dalits have access to sanitation. The project aims to improve water, sanitation and hygiene (WASH) in urban as well as rural communities in 3 municipalities (5 wards in Siraha Municipality and 9 wards in Ramnagar Mirchaiya Municipality) and 27 VDCs. To achieve the project aim and its outcomes the project consists of comprehensive package including service delivery and advocacy activities. Over the three years, Water Aid with Big Lottery fund will support 9,765 people to gain access to safe water, 30,874 people to access hygienic sanitation, and 75% of the targeted households to practice improved hygiene behaviors (WAN, 2015).

## 1.3 The overall project outcomes and output

Outcome 1: Increased access to safe water, improved sanitation and hygiene behaviors in targeted communities.

Indicator 1.1: Number of people gaining access to safe water

Indicator 1.2: Number of people gaining access to a hygienic sanitation facility

Indicator 1.3: Number of VDCs and wards declared Open Defecation

Indicator 1.4: Number of people demonstrating improved hygiene behaviors (ODF)

Outcome 2: Marginalized communities enabled to manage their WASH services sustainably and demand accountability in WASH service provision from local authorities.

Indicator 2.1: Increased capacity of the target communities to sustainably manage WASH services

Indicator 2.2: Target communities understand and demand WASH rights

Outcome 3: Strengthened government capacity, resulting in increased accountability for provision of sustainable WASH services to the most marginalized communities.

Indicator 3.1: Local government bodies have increased awareness on WASH policies and rights

Indicator 3.2: Local government bodies involved in joint action with project partners to address WASH rights

## 1.4 Objective of the study

The objective of the study was to conduct a baseline survey for the purpose of three year project being implemented in Siraha district, which are implemented by four aforementioned implementing partners (NEWAH, UEMS, FEDWASUN and FEDO) of WAN.

# 2. Activities carried out during the inception period

## 2.1 Kick off meeting with WaterAid Nepal focal person and managers

Series of meeting held between WAN focal person and NEPAN team. Similarly two meeting held between WASH managers and NEPAN team. The meeting focused on assessment clarity, WAN requirement, understanding of activities carried out for the baseline work and coordination.

## 2.2 Desk review on WAN’s monitoring and evaluation tools

Water Aid Nepal provided different data and document related to M&E and baseline. Details of document review are as followings.

### 2.2.1 Business Plan/Project Proposal

The project proposal/business plan has found comprehensive that covers wide range of project related issues that include executive summary, organizational summary, project background, strategic context, project delivery, international community's cross-cutting themes (diversity, participation, influencing opinion, capacity building, building alliances, collaboration and networking, how the project will work with hard-to-reach groups), project resources, project costs, other sources of funding and in kinds contribution, financial appraisal, marketing and communication strategy, key areas for policy influence using communication (VDC/Municipality/District WASH Plans, Terai sanitation, equity, inclusion and gender aspects), monitoring and evaluation, risks analysis, supporting information etc. This project document reflected the overall picture of local, national and international scenario of WASH issues that really focused to the poor and marginalised section of the communities and addressed the priority of the Government of Nepal, Sanitation Master Plan 2011 as well. The project related supporting documents have been presented in the appendices that include representative diagram of interrelationship between WASHCCs, map and list of targeted VDCs, and Wards of Municipalities, project organogram and list of partners' organizational policies. This document has found professionally sound, comprehensive and wide range of coverage in WASH sector.

### 2.2.2 Water Aid Nepal's Monitoring System Check

Monitoring System Check project related document has been prepared that include project summary, agreed outcomes, monitoring and evaluation matrix covering outcome No., description of tracking system, when tracking will happen and by whom, describe how this information will be used, who it will be reported to and when) and lastly mentioned the description of how will agree and record decisions to make changes to the project resulting from the information gathered through the monitoring system. This document has found informative that gives the pictures about monitoring and evaluation system of the WASH project.

### 2.2.3 Project Log frame

The project log frame (September, 2014) seems to be well structured and comprehensive that covers aim, three outcomes, indicators level and time scale. There is no major gap in the log frame. This was prepared based on the discussion with implementing partner organizations.

# 3. Approaches and Methodology

Desk review, stakeholder meeting, interview and focus group discussion were adapted during the review of project ensuring WASH rights in Siraha district. The desk review of project proposal/business plan, log frame, Monitoring & Evaluation system check and tools developed, baseline undertaken by NEWAH and UEMS was carried out. The consultation meeting were carried out with four implementing partner organizations that include NEWAH, UEMS, FEDO and FEDWASUN was conducted to map out the practice of baseline data collection, analysis of information and preparation of narrative report etc.

The review team also carried out the consultation meeting with WAN staff that includes M&E Manager, Research and Advocacy Manager, Urban Programme Manager, Rural Programme Manager in order to find out their concerned issues related to baseline studies, log frame, and M&E framework/guidelines with regards to ensuring WASH rights in Siraha project. Finally initial draft report was prepared and circulated to commissioned agency (WAN) for comments and suggestions. After the incorporation of received comments and suggestions from implementing partner organizations and staff members of WAN, the final inception report prepared and submitted to WAN as agreed.

After the submission of inception report, it was realized and agreed for a fresh baseline survey is required to further compensate the gap identified in the inception report. Existing baseline found not adequate to response the all indicators and definition requirement.

Both qualitative and quantitative methods/tools were applied while carrying out the baseline survey in the project area. Quantitative method was used to extract primary information for service delivery project areas, while qualitative method was used for advocacy and capacity issues of the project area. Nevertheless, both the methods (Qualitative and Quantitative) were used to study working areas of FEDO working areas. Random Household survey (RHHS) and Purposive Random Household survey (PRHHs) is the quantitative tool for service delivery project areas (NEWAH and UEMS implementing) and advocacy areas (FEDO implementing) respectively. FGDs and KIIs were qualitative tool used in advocacy and capacity building side. Observations and photographs were triangulating tools for both of them.

## 3.1 Baseline Study Design

The baseline study is designed to fulfill the objective of baseline survey for a three-year project that is being implemented by 4 different implementing partners with the help of Water-Aid in Siraha District. The scope of this survey is facilitating the goal of monitoring, and evaluating the intervention of the project after three year. Accordingly, the study is designed to meet the requirement of a baseline study to measure the outcome of the project and evaluating the benchmark set forth. Endeavoring the objectives, the study is designed in two separate formats: one is to portrait a baseline scenario for service delivery, others is to set a scenario/situations of advocacy and rights issues in the project catchment area. While doing so, 4 working area of implementing partners are divided into two groups. One study is designed to extract quantitative information from household survey for service delivery part; the other is through qualitative methods such as KII and FGD to extract information on advocacy and rights, from community and schools. Nevertheless, a qualitative survey in the area of advocacy project regarding services was also conducted.

### 3.2 Baseline Study layout and area of implementing partners mapping

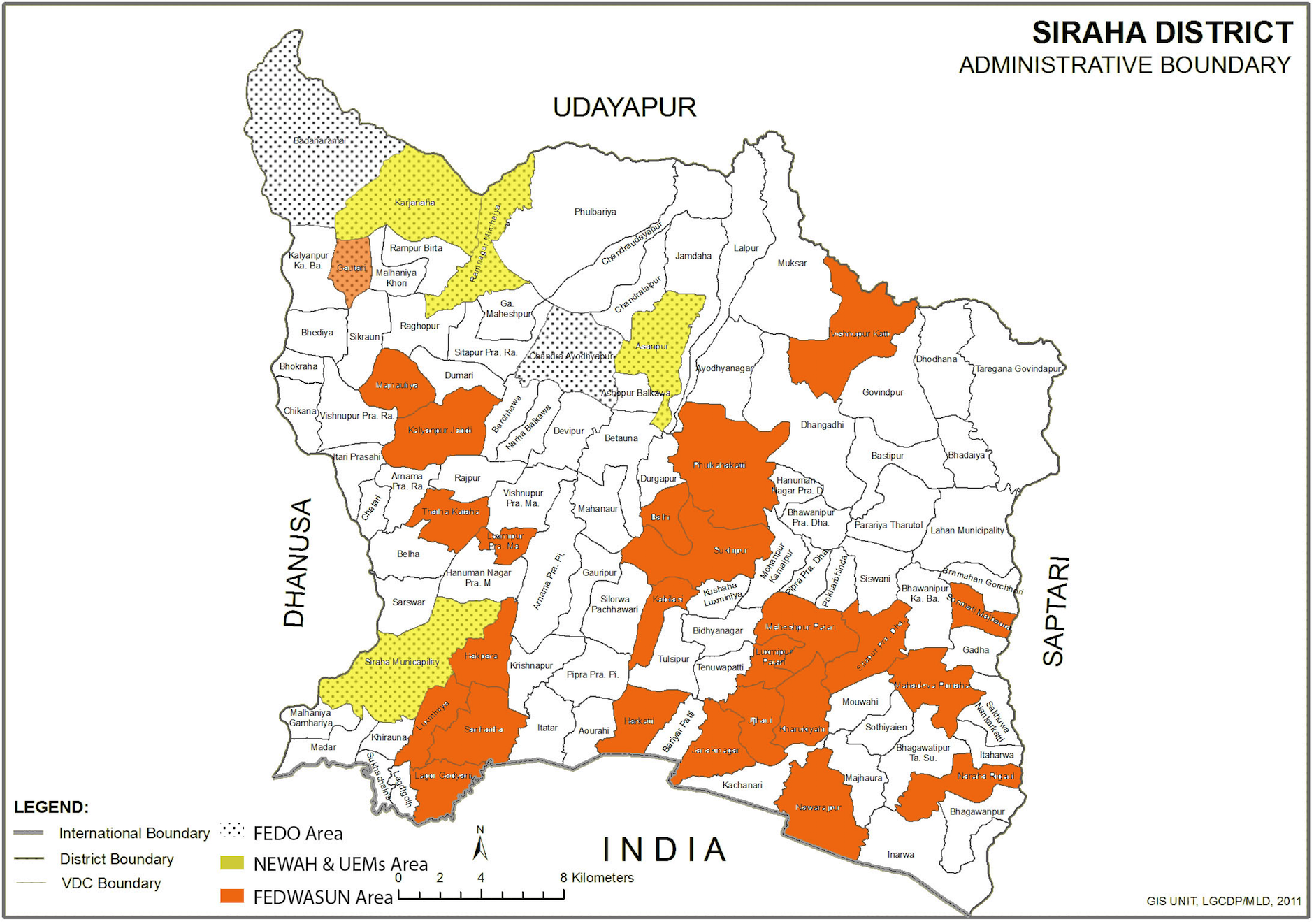
|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Outcomes** | | **Indicators** | **Baseline Tools** | **Working partners** | **Working Area** |
| **1**: **Increased access to safe water, improved sanitation and hygiene behaviors in targeted communities** | | | | | |
| **O1 Indicator 1: water** | **In**  **HHs/**  **Schools** | Number of people/  Schools gaining access to safe water. | HHs | NEWAH | Golbazar, Mirchaiya, Karanjaha, and Siraha Municipality |
| UEMS |
| FEDO | Golbazar, Mirchaiya, Karanjaha, Siraha Municipality, Badaharmal VDC, Gautadi VDC and ChandraAyodhyapur VDC |
| School Checklist | FEDWASUN | Golbazar, Lahan, Jijhaul, Laxmaniya, Kalyanpur Jabdi, Barchhaba, Bhediya, Jankinagar, Maheshpur patari, Sitapur, Mahadewa portaha, Kabilasi, Sanhaitha, Thalha Katha, Gotari, Hakpara, Laxmipur patari, Bisanpur Katti, Langdi gadiyani, Harkati, Kharukhiyahi, Majhaliya, Tenma Pati, Nahara rigaul, Nawarajpur, Majhaura, Balhi |
| **O1 Indicator 2: Sanitation** | Number of people/schools gaining access to a hygienic sanitation facility. | HHs | NEWAH | Golbazar, Mirchaiya, Karanjaha, and Siraha Municipality |
| UEMS |
| FEDO | Golbazar, Mirchaiya, Karanjaha, Siraha Municipality, Badaharmal VDC, Gautadi VDC and ChandraAyodhyapur VDC |
| School Checklist | FEDWASUN | Golbazar, Lahan, Jijhaul, Laxmaniya, Kalyanpur Jabdi, Barchhaba, Bhediya, Jankinagar, Maheshpur patari, Sitapur, Mahadewa portaha, Kabilasi, Sanhaitha, Thalha Katha, Gotari, Hakpara, Laxmipur patari, Bisanpur Katti, Langdi gadiyani, Harkati, Kharukhiyahi, Majhaliya, Tenma Pati, Nahara rigaul, Nawarajpur, Majhaura, Balhi |
| **O1 Indicator 4: hygiene** | Number of people/schools demonstrating improved hygiene behaviors. | HHs | NEWAH | Golbazar, Mirchaiya, Karanjaha, and Siraha Municipality |
| UEMS |
| FEDO | Golbazar, Mirchaiya, Karanjaha, Siraha Municipality, Badaharmal VDC, Gautadi VDC and ChandraAyodhyapur VDC |
| School Checklist | FEDWASUN | Golbazar, Lahan, Jijhaul, Laxmaniya, Kalyanpur Jabdi, Barchhaba, Bhediya, Jankinagar, Maheshpur patari, Sitapur, Mahadewa portaha, Kabilasi, Sanhaitha, Thalha Katha, Gotari, Hakpara, Laxmipur patari, Bisanpur Katti, Langdi gadiyani, Harkati, Kharukhiyahi, Majhaliya, Tenma Pati, Nahara rigaul, Nawarajpur, Majhaura, Balhi |
| **O1 Indicator 3: ODF** | | Number of VDCs and wards declared ODF | KII/FGD |  | All |
| **2: Marginalized communities enabled to manage their WASH services sustainably and demand accountability in WASH service provision from local authorities.** | | | | | |
| **O2 Indicator 1:**  **Manage services** | | Increased capacity of the target communities to sustainably manage WASH services (# of trained community and # of users in WSUCs & its functionality) | FGD | FEDO | Golbazar, Mirchaiya, Karanjaha, Siraha Municipality, Badaharmal VDC, Gautadi VDC and ChandraAyodhyapur VDC |
| **O2 Indicator 2:**  **WASH rights** | | Target communities understand and demand WASH rights (# of trained and # of demands raised by users) | FGD | FEDO | Golbazar, Mirchaiya, Karanjaha, Siraha Municipality, Badaharmal VDC, Gautadi VDC and ChandraAyodhyapur VDC |
|  | |  |  |  |  |
| **3.** **Strengthened government capacity, resulting in increased accountability for provision of sustainable WASH services to the most marginalized communities** | | | | | |
| **O3 Indicator 1** | | Local government bodies have increased awareness on WASH policies and rights (# of sensitized) | KII | FEDO | Golbazar, Mirchaiya, Karanjaha, Siraha Municipality, Badaharmal VDC, Gautadi VDC and ChandraAyodhyapur VDC |
| FEDWASUN | Golbazar, Lahan, Jijhaul, Laxmaniya, Kalyanpur Jabdi, Barchhaba, Bhediya, Jankinagar, Maheshpur patari, Sitapur, Mahadewa portaha, Kabilasi, Sanhaitha, Thalha Katha, Gotari, Hakpara, Laxmipur patari, Bisanpur Katti, Langdi gadiyani, Harkati, Kharukhiyahi, Majhaliya, Tenma Pati, Nahara rigaul, Nawarajpur, Majhaura, Balhi |
| **O3 Indicator 2** | | Local government bodies involved in joint action with project partners to address WASH rights (# of advocacy events, # of WASH plans, # of Joint Monitoring visits) | KII | FEDO | Golbazar, Mirchaiya, Karanjaha, Siraha Municipality, Badaharmal VDC, Gautadi VDC and ChandraAyodhyapur VDC |
| FEDWASUN | Golbazar, Lahan, Jijhaul, Laxmaniya, Kalyanpur Jabdi, Barchhaba, Bhediya, Jankinagar, Maheshpur patari, Sitapur, Mahadewa portaha, Kabilasi, Sanhaitha, Thalha Katha, Gotari, Hakpara, Laxmipur patari, Bisanpur Katti, Langdi gadiyani, Harkati, Kharukhiyahi, Majhaliya, Tenma Pati, Nahara rigaul, Nawarajpur, Majhaura, Balhi |

*Table 1: Baseline Study Layout*

## 3.3 Study Site

The project “ensuring WASH right in Siraha district” located in 3 municipality and 27 VDCs. Samples are drawn out of the working catchment area of the project satisfying statistical significance. The sample units of study sites are based on clusters formed in accordance with geographical, ethnic and language compositions. From the study site units, households (HHs) are used as primary sampling units for quantitative information, while schools and informed persons/groups are used as primary sampling units for qualitative information.

The study envisage covering the following places: Municipality (Golbazar, Mirchaya, Siraha, Dhangadi (phulkha), Lahan), VDC (Sukhipur dhangadi, Karanjaha, Badaharmal, Gautadi, ChandraAyodhyapur, Jijhaul, Laxmaniya, Kalyanpur Jabdi, Barchhaba, Bhediya, Jankinagar, Maheshpur patari, Sitapur, Mahadewa portaha, Kabilasi, Sanhaitha, Thalha Katha, Gotari, Hakpara, Laxmipur patari, Bisanpur Katti, Langdi gadiyani, Harkati, Kharukhiyahi, Majhaliya, Tenma Pati, Nahara rigaul, Nawarajpur, Majhaura, Balhi).

**

*Figure 1: Siraha District Map and Working Areas (in colors), GON, 2011*

## 3.4 District information

Siraha district lies in the eastern development region having Village Development Committees and municipalities; Siraha and Lahan. The district covers an area of 1,188 Km² with its headquarter located in Siraha. The district is surrounded by Saptari district in the east, Dhanush district in west, Udaypur district in north and Bihar state of India in south. The total population is 637328 having 310101 male and 327227 female and total households being 117962 (National Population and Housing Census, 2011). The overall literacy rate of the district is 50.6 percent where male literacy rate is 61.9 and that of female is 39.2 percent. The population density is 523 per square kilometre. Similarly, the district has 0.4 Human Development Index and the district lay in the 51 position. The human poverty index is 47.1 percent. The major ethnic castes are yadav, mushahar, Koiri, teli, sudi, chamar, muslim, dhanuk, dusad, kewat, malah and tatma etc. However, other ethnics such as brahmin, chhetri, and newar also reside in the district.

## 3.5 Basic information on WASH in Siraha (Secondary data)

72 % people have access to drinking water in the district (District Strategy Work Plan by District Water, Hygiene and Sanitation Coordination Committee, 2069/70). The main sources of drinking water are public and private hand pump. The others sources are Well, Kuwa Spout water, River/stream, Tap/piped etc. According to Nepal Population and Housing Census 2011, 6,446 households have access to Tap/piped, 99,370 households use Tube well/Hand Pump. Similarly 404 households use covered well/kuwa, 8,098 use uncovered well/kuwa, Spout water by 145 households, River/Stream water by 753 and others are 1,786. Siraha is considered one of the sanitation dark districts among eight eastern terai districts yet, there are 10 VDCs and 3 wards of municipalites have been declared as ODF. Only 18.5 percent population has access to toilet in the district. It is observed that about 78 percent population do not use toilet. Among the toilet owners, a total of 1543 households (1.3%) use flush toilet (public toilet). Similarly 14,135 households (12%) use flush toilet (septic tank) and 8,430 households (7.1%) use ordinary toilet (Nepal Population and Housing Census, 2011).

## 3.6 Sampling Methods

For the selection of study site, Siraha district is the defined/given area of the study project, within which, 35 different units (VDCs/Municipality) are stratified/demarcated as lowest/smallest working administrative units by the government of Nepal. There are a total of 29 VDCs and 6 Municipalities in the working area. Among these, service delivery project has been concentrated in 3 Municipality and a VDC. Consequently, multistage purposive cluster sampling method is used for selection of studying-geographic-units within Siraha district/project area. Government-stratified units (Golbazar, Mirchaiya and Siraha Municipalities), and three clusters formed based of homogeneous group of population/ethnicity/language (Karanjaha VDC) has been selected as study site where the service area is being implemented. On the other hand, 7 government-stratified units (Golbazar Mun, Mirchaiya Mun and Siraha Mun, Karanjaha VDC, Badaharmal VDC, Gautadi VDC and ChandraAyodhyapur VDC) have been identified as studying site based on multistage purposive sampling. These are the areas were advocacy and capacity building projects are being implemented. In similar manner, including Siraha Municipality, all the rest of the VDCs are selected for the purpose of study schools WASH facilities. Among these study area, 50% of the VDCs (including Siraha Municipality) are selected for the purpose of studying available school WASH facilities.

For the selection of sampling units (households, Schools, KII and FGDs), different approaches were undertaken. After selection of cluster units (geographic locations), stratified random sampling method was applied to select the primary source of information for the quantitative data in the case of studying service delivery (Golbazar, Mirchaiya and Siraha Municipalities and Karanjaha VDC). Stratification of the sampling units is based on ethnicity. A proportionate number of individuals from major ethnic groups have been used as criteria for selection of HHs, broadly categorized into dalits, janajatis and others. On the other hand, purposive random sampling method was applied to select HHs for studying the area of advocacy and capacity development interventions (Golbazar Mun, Mirchaiya Mun and Siraha Mun, Karanjaha VDC, Badaharmal VDC, Gautadi VDC and ChandraAyodhyapur VDC). Purposive samplings were based on target groups (such as those from Dalit members) who have been part of the community groups advocating for WASH rights. In these areas, both qualitative and quantitative samplings were necessary. Therefore, in addition to purposive sampling size/units for quantitative methods, focus group discussion (FGD) and key informant interviews (KII) was conducted. For this purpose, selection of individuals and sample size of FGD and KII was based on number of working units (number of municipalities and VDCs). While the selected individuals was belong to the respective project area, the persons involved for the discussions and interviews represented learned and concerned stakeholders from government agencies, groups, political party, schools, etc. as primary source of information/data. There were 7 FGDs and 7 KIIs conducted. These 7 FGD/KII represented 7 study areas where advocacy project was implanted. The FGD was conducted among members of community (particularly, representing the community group members), and the KII was held with those in government position/jobs with authority on taking/making decisions in regard to WASH activities/plans/policies. Similarly, for the purpose of selecting schools, an interval of one was used to select the schools.

## 3.7 Sampling frame

As proposed earlier, there are two types of studies being conducted. For the first type, which was service delivery nature of project area baseline, it was conducted in three municipalities and one VDC of Siraha district; Golbazaar, Mirchaya and Karanjaha are the project areas of NEWAH, whereas, UEMS is in Siraha municipality. The total households in the project are 11,667, among which, 372 are sampled as the unit of analysis for this study.

### 3.7.1 Sample size for WASH Service delivery (NEWAH and UEMS working area) side

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sample Size for Frequency in a Population | | | | | |
|  | | | | | |
| Population size (for finite population correction factor or fpc) (*N*): | | | | | 11667 |  |
| Hypothesized % frequency of outcome factor in the population (*p*): | | | |  | 20%±5 |  |
| Confidence limits as % of 100 (absolute +/- %) (*d*): | | | | | 5% | |
| Design effect (for cluster surveys-*DEFF*): | | | | | 1 |  |
| **Sample Size (*n*) for Various Confidence Levels** | | | | | |  |
|  | | | | | |  |
|  | **Confidence** | **Level (%)** | **Sample Size** |  |  |  |
|  | **95%** |  | **372** |  |  |  |
|  | 80% |  | 162 |  |  |  |
|  | 90% |  | 265 |  |  |  |
|  | 97% |  | 453 |  |  |  |
|  | 99% |  | 628 |  |  |  |
| Equation | | | | | |  |
| Sample size ***n*** **= [DEFF\*Np (1-p)]/ [ (d2/Z21-α/2\* (N-1)+p\* (1-p)]** | | | | | |  |

*Table 2: Sample Size for Frequency in Population*

Results from http://www.raosoft.com/samplesize.html.

As shown above minimum 372 households can be selected with a margin of error 5% and confidence level 95%. It is very difficult to say what percentage of the responses one can expect from the given questionnaire. In this situation of uncertainty, one can assume 50% as the response distribution. In order to obtain the desired sample, the minimum sample size 372 can be inflated to 400, if required.

### 3.7.2 Sample distribution for WASH Service delivery (NEWAH and UEMS working area) side

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | |  |  |  |  |  |
| **Cluster/project area** | **Total HHs** | **% (Proportion of 372 HHs)** | **Number of HHs per VDC/M** | **Total Schools** | **% (Proportion school)** | **Number of school** | **Remarks** |
| Golbazar (7 and 8 wards) Chandralalpur | 1012 | 8.67 | 32 |  |  |  | School samples have been taken in advocacy theme |
| Mirchaiya (3 to11wards) | 6894 | 59.08 | 220 |  |  |  |
| Karanjaha (all) | 1441 | 12.35 | 48 |  |  |  |
| Siraha Municipality (9,6,5,3) | 2320 | 19.88 | 74 |  |  |  |
| Total | 11667 | 100% | 374 |  |  |  |  |

*Table 3: Sample Distribution for WASH Service Delivery*

### 3.7.3 Sample size for WASH advocacy and right (FEDO working area) side

In a similar manner to the calculations of sample size for service delivery side, as shown above, the sample size for FEDO working areas (Golbazar Mun, Mirchaiya Mun and Siraha Mun, Karanjaha VDC, Badaharmal VDC, Gautadi VDC and ChandraAyodhyapur VDC) has been determined as 230 HHs, with a margin of error 5% and confidence level 95% and 50% as the response distribution. Similarly, the distribution of the samples among different clusters has been presented below.

### 3.7.4 Sample distribution for WASH advocacy and right (FEDO working area) side

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Cluster/project area** | **Total targeted HHs** | **% (Proportion of 620 HHs)** | **Number of HHs per VDC/M** | **Remarks** |
| Golbazar (7 and 8) | 64 | 10 | 22 | Purposive Random HH sampling based on target groups (dalit community) is used to purposefully select HHs within the demarcated area. |
| Mirchaiya (3, 4, 5, 7, 8,9 and 10) | 254 | 41 | 95 |
| Karanjaha (all) | 60 | 10 | 23 |
| Siraha Municipality (9,6,5,3) | 60 | 10 | 23 |
| Badaharmal VDC (all) | 60 | 10 | 23 |
| Gautadi VDC (all) | 60 | 9 | 22 |
| ChandraAyodhyapur VDC (all) | 62 | 10 | 22 |
| Total | 620 | 100% | 230 |  |

*Table 4: Sample Distribution for WASH advocacy right side*

### 3.7.5 Sample size and distribution for WASH advocacy (FEDWASUN working areas) side- Schools

|  |  |  |
| --- | --- | --- |
| **Locations of Schools** | **Total Schools** | **Sample size** |
| Siraha, Golbazar, Lahan, Jijhaul, Laxmaniya, Kalyanpur Jabdi, Barchhaba, Bhediya, Jankinagar, Maheshpur patari, Sitapur, Mahadewa portaha, Kabilasi, Sanhaitha, Thalha Katha, Gotari, Hakpara, Laxmipur patari, Bisanpur Katti, Langdi gadiyani, Harkati, Kharukhiyahi, Majhaliya, Tenma Pati, Nahara rigaul, Nawarajpur, Majhaura, Balhi | 53 | 50% |

*Table 5: Sample Size and Distribution for WASH advocacy side-schools*

## 3.8 Primary Sampling Unit and tools:

### 3.8.1 Household Survey

Stratified random sampling and purposive random sampling method were used to select household from the sampling frame. The number of household selection was based on proportionate total households of the district municipality/VDC cluster. Within the cluster, further selection of the household was done according to homogeneous human settlement. The stratified random sampling was applied to extract disaggregated primary data from the field. There were total 604 (230 from FEDO working areas and 374 from NEWAH+UEMS working areas) household sample respondent planned. One the other hand, 28 schools were sampled out of 53, which a working area for FEDWASUN. Questionnaires were based on the indicator protocol developed in consultation with WAN.

### 3.8.2 Key Informant Interview (KII)

Based on the indicator protocol developed by WAN and NEPAN, in depth interviews questionnaire checklist was developed and conducted 7 KII from learned persons/stakeholders, primarily from government agencies. The purpose was to learn government’s attitude, knowledge, learning, plans, policies and budget allocations regarding WASH facilities in the community. The in-depth interview was mostly focus on the issues of marginalized and dalit groups. The research team prepared a checklist accordingly. Indicator protocol was referred while making such checklist.

### 3.8.3 Focus Group Discussion (FGD)

In order to study the situation of knowledge and the capacity of the community in the study areas, group discussions held among informed persons in 7 FGD events. The participants of the focus group discussion included members from organized groups, particularly of marginalized and dalits. In addition, local political party members, schoolteachers, and other informed person would be included in the focus group discussion. The study team will prepare a checklist containing the topics for discussion. The checklist will contain all the required information regarding WASH rights and advocacy issues to be discussed in the project area. All the discussion topics will be derived from the indicator protocol developed by WAN and NEPAN.

### 3.8.4 Observations

During household survey, sample households were observed. Distance between toilet and water source, toilet cleaning status, hand washing stations were some of the key observations.

## 3.9 Data entry and analysis

The quantitative data from the field managed and entered through CSPro and analyzed with SPSS. On the other hand, the qualitative data was managed, coded and entered in Ms-excel by team experts. After the data extracted, they were merged and produced in single document. The results and analysis from the quantitative information were mostly descriptive to generalize the situation of access to WASH facilities in the catchment area of projects being implemented.

The scope of the study demanded two types of study. The first one was based on working areas of the implementing partners of WAN. The study area has been broadly categories as NEWAH and UEMS working area (service delivery) and FEDO (for advocacy). While the sample size of NEWAH and UEMS are of mixed categories of different ethnic groups, only Dalit population has been selected for FEDO working area. On the other hand, schools were sampled separately that is the working area of FEDWASUN. Secondly, the study was designed to extract primary data through both qualitative and quantitative methods but the quantitative method was used primarily to extract necessary information for outcome 1 only. Information related to Outcome 2 and 3 was agreed to extract through qualitative tools such as 7 FGD and 7 KII and analyze accordingly.

# 4. Major Finding

## 4.1 Socio-demographic characteristics of the location and respondents

### 4.1.1 Demography of Respondents

The sample size was proportionate to the total populations of the working areas selected (FEDO, NEWAH, UEMS and FEDWASUN). There were more respondents from urban centers with 77.2% municipalities and less in VDCs (22.8%). The sample further categorized by type of interventions and partners. WASH Service delivery intervention by NEWAH and UEMS covered 61.9% while advocacy and right intervention covered 38.1% respectively.

*Figure 2: Sample Coverage by VDC/M*

### 4.1.2 Ethnicity of the respondent

The respondents were majority Dalit, 58.8%, with 5.0% Janajaties and 36.6% other castes. Respondents were almost all (99%) Hindu, with the exception of 6 practicing Muslims.

The average HH size of the respondents was about 7 members, with 1 child under 5, 1 female 6-16 years, 1 male 6-16 years, 2 females 17 years +, 2 males 17 years +. Only a few households had a member over the age of 60, (average of .3) and even less had a member with disabilities.

Average HH size and member distribution was similar across castes and ethnicities with Janajaties having slightly larger households.

*Figure 3: Average HH Distribution by Type and Caste*

Average literacy rates varied drastically by caste. Majority of Dalit HH members found illiterate (average of 3.7 per HH which is about half of the average HH). Whereas about half of the average Janajaties and Other Castes HH had an average of 2.9 and 3.6 educated members per HH respectively. Out of the total sampled population, there was a 1.15:1 ratio of educated/literate members to illiterate HH wealth classifications also vary by caste as almost 90% of Dalit HHs are poor, while majority of other groups are moderate.

### 4.1.3 Education and Wealth Quintiles

*Figure 4: Wealth Classification by Caste*

## 4.2 Access to safe drinking water

### 4.2.1 Main source of drinking water

Table: Main source of drinking water by location, caste/ethnicity/implementing partner and wellbeing classification

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Drinking water sources | Location | | Caster/ethnicity | | | By implementing partner area | | Household classification | | | Total |
| Municipality | VDC | Other Caste/ethnic group | Janajaties | Dalit | FEDO | NEWAH+UEMS | Poor | Moderate | Rich |
| Piped water inside the house/ household tap | 1.3 | .7 | 2.7 |  | .3 |  | 1.9 | .3 | 3.0 |  | 1.2 |
| Public tap/Public Stand post | 1.7 |  | .9 |  | 1.7 | .4 | 1.9 | 1.4 | 1.0 | 2.2 | 1.3 |
| Protected dug well (including hand pump with it) | 2.8 |  | 3.2 |  | 1.7 | 2.2 | 2.1 | 1.1 | 3.0 | 6.5 | 2.2 |
| Unprotected dug well | 7.1 |  | 2.7 | 10.0 | 6.8 | 7.4 | 4.3 | 6.1 | 4.1 | 6.5 | 5.5 |
| Deep tube well | 1.3 |  | 2.3 |  | .3 |  | 1.6 |  | 2.5 | 2.2 | 1.0 |
| Shallow tube well | 85.4 | 99.3 | 88.1 | 83.3 | 89.3 | 90.0 | 87.7 | 90.6 | 86.3 | 82.6 | 88.6 |
| Surface water (river, lake, pond, stream, and canal) | .4 |  |  | 6.7 |  |  | .5 | .6 |  |  | .3 |
| Total | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| N | 466 | 138 | 219 | 30 | 355 | 230 | 374 | 361 | 197 | 46 | 604 |

*Table 6: Main Sources of Drinking Water*

Shallow tube well is the most common source of drinking water in Siraha district. Nearly 87% people get water from shallow tube well. Almost all (99.3%) people in VDCs and 85% in municipalities’ people get water from STW. Similarly above 85% different caste/ethnicity people also get from STW. From the wealth quintile view, poor are more dependent (90%) on STW while medium and rich have slightly lower (86 and 83% respectively). 90% FEDO working area people get water from STW and 88% people of NEWAH+UEMS working areas. Unprotected wells contribute for 5.5 % people and protected well 2.2% people. There is negligible families have yard connection (1.2%).

### 4.2.2 Water Access

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Location | | Caster/ethnicity | | | Type of intervention | | Household classification | | | Total |
| **Access**: Distance and time to fetch water | Municipality | VDC | Other Caste/  ethnic  group | Janajaties | Dalit | FEDO | NEWAH+ UEMS | Poor | Moderate | Rich |
| **What is the distance from your household to the main water point?-Winter** | | | | | | |  |  |  |  |  |
| Less than 150 meters | 91.4 | 92.8 | 95.0 | 86.7 | 90.1 | 90.9 | 92.2 | 90.0 | 94.4 | 93.5 | 91.7 |
| Between 150 and 500 meters | 6.7 | 7.2 | 4.1 | 10.0 | 8.2 | 8.3 | 5.9 | 8.6 | 4.1 | 4.3 | 6.8 |
| More than 500 meters | 1.9 |  | .9 | 3.3 | 1.7 | .9 | 1.9 | 1.4 | 1.5 | 2.2 | 1.5 |
| **Time spend to fetch water in winter** | | | |  |  |  |  |  |  |  |  |
| Less than 15 minutes | 92.9 | 99.3 | 96.3 | 83.3 | 94.1 | 97.0 | 92.8 | 94.5 | 93.9 | 95.7 | 94.4 |
| 15 minutes -1 hours | 5.4 | .7 | 2.7 | 6.7 | 5.1 | 2.6 | 5.3 | 4.7 | 3.6 | 4.3 | 4.3 |
| More than 1 hour | 1.7 |  | .9 | 10.0 | .8 | .4 | 1.9 | .8 | 2.5 |  | 1.3 |
| **What is the distance from your household to the main water point?-Summer** | | | | | | | | |  |  |  |
| Less than 150 meters | 91.4 | 92.8 | 95.0 | 86.7 | 90.1 | 90.9 | 92.2 | 90.0 | 94.4 | 93.5 | 91.7 |
| Between 150 and 500 meters | 6.4 | 7.2 | 3.7 | 10.0 | 8.2 | 8.3 | 5.6 | 8.6 | 3.6 | 4.3 | 6.6 |
| More than 500 meters | 2.1 |  | 1.4 | 3.3 | 1.7 | .9 | 2.1 | 1.4 | 2.0 | 2.2 | 1.7 |
| **Time spend to fetch water in summer** | | | |  |  |  |  |  |  |  |  |
| Less than 15 minutes | 93.3 | 99.3 | 96.3 | 90.0 | 94.1 | 97.0 | 93.3 | 94.5 | 94.9 | 95.7 | 94.7 |
| 15 minutes -1 hours | 5.4 | .7 | 3.2 | 3.3 | 5.1 | 2.6 | 5.3 | 4.7 | 3.6 | 4.3 | 4.3 |
| More than 1 hour | 1.3 |  | .5 | 6.7 | .8 | .4 | 1.3 | .8 | 1.5 |  | 1.0 |
| Total | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| N | 466 | 138 | 219 | 30 | 355 | 230 | 374 | 361 | 197 | 46 | 604 |

*Table 7: Water access by location, caste/ethnicity/implementing partner and wellbeing classification*

People travel to fetch water is almost same in both season (summer and winter). From the distance point of view, there is no problem with access. 92% people get water traveling less than 150 m both for municipality and VDC case. Water fetching distance is same for different caste/ethnic and dalit and economic classes. 6.6% people have little a bit hardship and they need to travel between 150 m to 500 m distance to get one trip of water. Only few (1.7%) people do have really hardship to get water. They need to travel more than 500m distances to get water.

Time is another indicator of access. Time spent story is also same both of the seasons (winter and summer). 94% people (either from municipality or VDCs, poor or rich and it is same for different caste/ethnicity groups) can get water within 15 minute round trip time. Only 4 % people take time between 15 min. to 1 hr. And very few about 1% people have really hardship and take time more that hour to get water.

### 4.2.3 Water purification before consumption

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Has your drinking water been treated? | Location | | Caster/ethnicity | | | Type of intervention | | Household classification | | | Total |
| Municipality | VDC | Other Caste/ethnic group | Janajaties | Dalit | FEDO | NEWAH+UEMS | Poor | Moderate | Rich |
| Yes | 2.4 |  | 3.2 | 6.7 | .6 |  | 2.9 | .3 | 4.6 | 2.2 | 1.8 |
| No | 84.1 | 89.9 | 83.6 | 76.7 | 87.3 | 92.2 | 81.3 | 86.7 | 83.2 | 84.8 | 85.4 |
| Don't know | 13.5 | 10.1 | 13.2 | 16.7 | 12.1 | 7.8 | 15.8 | 13.0 | 12.2 | 13.0 | 12.7 |
| Total | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| N | 466 | 138 | 219 | 30 | 355 | 230 | 374 | 361 | 197 | 46 | 604 |

*Table 8: Water purification by location, caste/ethnicity, implementing partner and wellbeing classification*

People have better access to water but safety measures seem poor There is not any system treatment and majority of the households (85.5%) do not treat water at the household level. It is high chances of contamination risk at FED working areas (92.2%).Very few (2.4%) municipality people, janajaties (6.7%) and moderate class people (4.6%) have domestic water purification practice while it is negligible in VDC level. Still 12.7% people do not know about the water purification or treatment.

### 4.2.4 Hygiene/cleanliness of water storage container

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| How is the drinking water stored in the household? | Location | | Caster/ethnicity | | | Type of intervention | | Household classification | | | Total |
| Municipality | VDC | Other Caste/ethnic group | Janajaties | Dalit | FEDO | NEWAH+ UEMS | Poor | Moderate | Rich |
| Stored in a covered container, narrow necked (not allow entering with a hand), including lid | 1.3 | 2.9 | 1.8 | 3.3 | 1.4 | 1.7 | 1.6 | 1.9 | .5 | 4.3 | 1.7 |
| Stored in a covered container with a lid, including a tap | 14.6 | 5.8 | 16.9 | 20.0 | 9.3 | 11.3 | 13.4 | 9.1 | 15.2 | 28.3 | 12.6 |
| Stored in a container with lid, but not narrow necked | 4.9 | 5.8 | 6.8 |  | 4.5 | 3.5 | 6.1 | 5.0 | 5.6 | 4.3 | 5.1 |
| Stored in an open container without lid | 43.3 | 39.1 | 41.6 | 46.7 | 42.5 | 43.9 | 41.4 | 41.3 | 48.2 | 26.1 | 42.4 |
| Not stored in a container | 35.8 | 46.4 | 32.9 | 30.0 | 42.3 | 39.6 | 37.4 | 42.7 | 30.5 | 37.0 | 38.2 |
| Total | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| N | 466 | 138 | 219 | 30 | 355 | 230 | 374 | 361 | 197 | 46 | 604 |

*Table 9: Hygiene/cleanliness of water storage container by location, caste/ethnicity/implementing partner and well-being classification*

42.4% families have unimproved water hygiene practice (water stored in an open container without lid) but only with 12.6% families have good water hygiene practice. 38% families do not store water in a container. 28% of reach people have good water hygiene practice but 26% have not such practice. Poor (48.2%) and Dalit (42.5%) store water in an open container. Similarly 42% of them do not store in a container.

### 4.2.5 Problem with the existing water supply system/source

*Figure 5: Problem with existing water supply system*

Despite the lack of water treatment, only 25.2% of respondents have experienced any sorts of problem with their water supply (almost same in the FEDO and NEWAH+UEMS working areas.

Categorically, people in the project area faced physical and chemical related problem. Iron, arsenic, saline are chemical. Turbidity, color, dry up, test are physical parts. There are iron and arsenic problem. 32% (34% in FEDO working areas and 30% in NEWAH+UEMS working areas) household population have iron problem. Similar situation seen in the arsenic contamination. 32% (49% in FEDO working areas and 23% in NEWAH+UEMS working areas) household population have arsenic problem. Turbidity is visible and easily notable quality. 38% (22% in FEDO working areas and 48% in NEWAH+UEMS working areas) household population have indicated turbidity problem. 12.5% (1.7% in FEDO working areas and 19% in NEWAH+UEMS working areas) household population have indicated water test is not good. Similarly 11% (5% in FEDO working areas and 15% in NEWAH+UEMS working areas) household population have indicated turbidity problem. Besides, there are O and M related problems like irregularities and break down. One of the notable issue is the source being drying up. 32% (49% in FEDO working areas and 423% in NEWAH+UEMS working areas) household population have indicated their water source drying up.

### 4.2.6 Distance of water source from Toilet

*Figure 6: Distance of Water Source from Toilet*

In the plain, there is high possibility of ground water source contamination from pit latrine if it is near. 79% household toilet (who has built, but not with all households) are made beyond risk areas. More than 20 to 25% household toilets build less than 10 m horizontal distance (higher contamination risk).

### 4.2.7 Reliability

*Figure 7: Reliability*

Functionality is measured in the basis of for how much time was the water point remained functional in the time of the year when you were counting on using it. 71% of the water points (68% in FEDO working areas and 73% in NEWAH+UEMS working areas) found functional “in all the times”. However 18% water points had breakage for one month. Similarly, 11% water points had breakage for the time between 1 to 3 months.

### 4.2.8 Water depletion

*Figure 8: Water Depletion*

Average 28% water source reported depletion (26% in FEDO working areas and 29% in NEWAH+UEMS working areas). 72% of the water points have not water depletion.

## 4.3 Sanitation

### 4.3.1. Access to and use of toilet facilities

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Access to toilet at home | Location | | Caster/ethnicity | | | Type of intervention | | Household classification | | | Total |
| Municipality | VDC | Other Caste/ethnic group | Janajaties | Dalit | FEDO | NEWAH+UEMS | Poor | Moderate | Rich |
| Yes | 46.4 | 29.7 | 62.1 | 50.0 | 29.9 | 32.6 | 48.7 | 28.0 | 59.4 | 84.8 | 42.5 |
| No | 53.6 | 70.3 | 37.9 | 50.0 | 70.1 | 67.4 | 51.3 | 72.0 | 40.6 | 15.2 | 57.5 |
| Total | 100.0 | 100.0 | 100.0 | 100. | 100. | 100.0 | 100.0 | 100. | 100.0 | 100. | 100. |
| N | 466 | 138 | 219 | 30 | 355 | 230 | 374 | 361 | 197 | 46 | 604 |

*Table 10: Access to sanitation by location, caste/ethnicity, implementing partner and well-being classification*

Less than half (42.5%) of the families have toilet in their house and more (57.5%) do not have. VDC level families have less (70.3%) access to toilet than the urban families (53.6%). In the caste/ethnicity group, Dalit, FEDO working areas and’ poor’ have lower access (70%, 67.4% and 72% respectively) compared to other caster /ethnic groups, intervention areas and wellbeing group.

### 4.3.2 Types of latrine built

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| What type of toilet do household families mainly use for defecation? | Location | | Caster/ethnicity | | | Type of intervention | | Household classification | | | Total |
| Municipality | VDC | Other Caste/ethnic group | Janajaties | Dalit | FEDO | NEWAH+UEMS | Poor | Moderate | Rich |
| Toilet that connected to septic tank | 43.3 | 31.7 | 50.4 | 46.2 | 29.0 | 27.1 | 47.1 | 31.3 | 44.1 | 59.5 | 41.4 |
| Toilet that connected to pit | 6.4 | 4.9 | 3.1 | 7.7 | 10.0 | 8.6 | 5.2 | 11.5 | 3.6 |  | 6.1 |
| Ventilated improved pit toilet | 46.3 | 61.0 | 42.7 | 38.5 | 58.0 | 62.9 | 43.1 | 54.2 | 46.8 | 40.5 | 48.8 |
| Pit toilet with the pit well covered by a slab | 3.9 | 2.4 | 3.8 | 7.7 | 3.0 | 1.4 | 4.6 | 3.1 | 5.4 |  | 3.7 |
| Total | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| N | 203 | 41 | 131 | 13 | 100 | 70 | 174 | 96 | 111 | 37 | 244 |

*Table 11: Type of toilet built by location, caste/ethnicity, implementing partner and wellbeing classification*

From the disposal point of view, toilets are found into 4 types. Toilet that connected to septic tank, Toilet that connected to pit, Ventilated improved pit toilet and Pit toilet with the pit well covered by a slab. 48.8% toilet owners have VIP toilet in which 61% in VDCs and 46.3% in municipality areas. In the caste ethnicity group, there are more (58%) in dalit families while it is comparatively less in other caste (42.7%) and janajaties (38.5%). Similarly this type of toilet found more in FEDO working areas (63%) compare to NEWAH+UEMS working areas (43%). Interestingly, poor families have more access (54.2%) this type of toilet while medium and rich have lower percentage (47% and 40% respectively.

41.4% families have toilet connected to septic tank. From the well-being classification, rich people have good access (59.5%) compare to medium families (44%) and 31% poor families. Similarly, other caste group have better access (50.4%) compare to janajaties (46%) and dalit (29%). From the project intervention areas side, FEDO working areas, access to this type of toilet is 27% while in NEWAH+UEMS working areas side it is 47%).

From the disposal point of view, toilets are found into 4 types. Toilet that connected to septic tank, Toilet that connected to pit, Ventilated improved pit toilet and Pit toilet with the pit well covered by a slab. In the municipality areas there were 203 sample households where there are more septic tank connected toilet (43.3%) and VIP toilet (46.3%). However in the VDC level, 61% families have VIP toilet and 31% septic tank connected out of 41 total sample households.

### 4.3.3 Reason behind not having toilet

*Figure 9: Reasons for not having Toilet*

There are different reasons for not building toilet. Lack of land, finance and habit, are some of them. 69% household shows the reason for money (71% in FEDO working areas and 68% in NEWAH+UEMS working areas) not building toilets.

### 4.3.4 Does your family use toilet for defecation?

*Figure 10: Family Usage of Toilet for Defecation*

Even there is toilet but problem in use. 60% families (70% in FEDO working areas and 53% in NEWAH+UEMS working areas) do not have toilets in use.

### 4.4.5 What is the main reason you do not use toilet?

*Figure 11: Main Reason for Not Using Toilet*

Again there are different reasons for not using toilet. Of course, 86% out of “not having toilet” is the main reason. Remaining 14% are behavior related reason (space for open defecation, toilet is far away from house, feeling unsafe inside toilet etc).

### 4.4.6. Reason for using toilet

Figure : Reason for Using Toilet

Toilet use is mostly behavior related so that some people use toilet and some do not, even they have toilet. Motivating factors for toilet use are privacy, health, prestige and social norms. 64% families (60% in FEDO working areas and 65% in NEWAH+UEMS working areas) care of privacy. Health and illness is another factor. 58% families (34% in FEDO working areas and 64% in NEWAH+UEMS working areas) concern about water borne diseases. 44% families (30% in FEDO working areas and 50% in NEWAH+UEMS working areas) care of prestige status. There are social press created and it caused somehow stopping open defecation. 32% families (60% in FEDO working areas and 20% in NEWAH+UEMS working areas) pushed up by social pressure and they practice toilet use.

### 4.4.7. What type of toilet family men use for defecation?

*Figure 13: Type of Toilet for Male Defecation*

Toilet can be classified by its structure, system and sewerage disposal. Septic tank connection, lease pit connection, VIP latrine and direct pit with cover are mostly used toilet. 49% family men (63% in FEDO working areas and 43% in NEWAH+UEMS working areas) use VIP toilet. 41% family men (27% in FEDO working areas and 47% in NEWAH+UEMS working areas) use toilet that connect into the septic tank.

### 4.4.8 What type of toilet do the women of the household mainly use for defecation?

50% family women (63% in FEDO working areas and 44% in NEWAH+UEMS working areas) use VIP toilet. 41% family women (27% in FEDO working areas and 47% in NEWAH+UEMS working areas) use toilet that connect into the septic tank. Toilet types that are used by men and women are almost same. It seems men and women in a family use the same toilet.

*Figure 14: Type of Toilet for Female Defecation*

### 4.4.9. Where are the feces of your children under- 5 usually disposed?

*Figure 15: Youth Feces Disposal*

There are mainly three practices of child feces disposal; in the toilet, disposed in the assigned place and shrub/bush/garden. 30% child feces disposed in the toilet, 9% disposed in the assigned place and 15% in shrub/bush/garden.

### 4.4.10. Is the toilet clean?

*Figure 16: Toilet Cleanliness*

80% of the observed toilet found clean (71% in FEDO working areas and 83% in NEWAH+UEMS working areas. In average 20% were not found clean during the observation.

### 4.4.11. Number of VDCs and wards declared Open Defecation

So far, till the end of this study compilation, there are 10 VDCs and 2 Wards of Municipality declared ODF in whole of Siraha District. Among the VDCs, Aurahi, Bhokraha, Chatri, Gadha, Hakpara, Itaharwa, Lagdigodh, Laghadighadiyani, Maujhualiya, and Sakhuwankarkatti has been declared as ODF VDCs, while Bramhagorchari and Padriya Tharutol are Wards, of Lahan Municipality that has been declaraed as ODF Wards in Siraha Distrtict.

## 4.5 Hygiene

### 4.5.1. Hand washing practice in critical time

*Figure 17: Handwashing Practice in Critical Time*

### 4.5.2. What did you use for hand washing? - After defecation

Hand washing behavior after defecation is one of the critical moments. 61% project area people (48% in FEDO working areas and 70% in NEWAH+UEMS working areas) wash hand with soap and water after defecation/anal cleaning. Some people, 21% project area people (32% in FEDO working areas and 14% in NEWAH+UEMS working areas) still use mud and water as the washing agent. 12% average people wash hand only with water after defecation. Similarly 5% people have practice with ash and water.

*Figure 18: Handwashing after Defecation*

### 1.5.3 What did you use for hand washing?-Before preparing meal

*Figure 19: Handwashing before Preparing Meal*

It is evident from the study that use of soap is mostly practiced after defecation only. In an attempt to know the practice of washing hand before preparing a meal, it was revealed that most people wash their hand with water only. About 23 % of the respondents used soaps on average. However, among them the working area of NEWAH and UEMs were found to be using soap in contrast to FEDO working area where only about 8% of the population used soap.

### 4.5.4. What did you use for hand washing?-Before meal/before eat

*Figure 20: Handwashing before Meal/Eating*

Hand washing before eating is the most critical moment among the hand washing activities. In the project area, 71% people (89% in FEDO working areas and 60% in NEWAH+UEMS working areas) wash their hand with water only before meal/eating. It is most risky and unimproved behavior. Only 24% people (9% in FEDO working areas and 34% in NEWAH+UEMS working areas) wash their hand with soap and water before meal/eating. Very few people eat without hand washing. Similarly there are some people use mud water as well as ash water as the hand washing agent.

### 4.5.5 What did you use for hand washing?-Before feeding children

*Figure 21: Handwashing before feeding children*

Hand washing practice “before feeding child” is similar with what they do self. 37% parents’ (47% in FEDO working areas and 32% in NEWAH+UEMS working areas) wash their hand with water only before feeding children. Only 13% people (7% in FEDO working areas and 16% in NEWAH+UEMS working areas) wash their hand with soap and water before feeding child. Very few people feed without hand washing. Similarly there are some people use mud water as well as ash water as the hand washing agent.

### 4.5.6 What did you use for hand washing?-After cleaning children stools

*Figure 22: Handwashing after Cleaning Children Stools*

22% parents’ (28% in FEDO working areas and 19% in NEWAH+UEMS working areas) wash hand with water only after cleaning children stool. Similarly, 24% parents’ (20% in FEDO working areas and 26% in NEWAH+UEMS working areas) wash hand with soap and water after cleaning children stool. 6% parents’ (8% in FEDO working areas and 4% in NEWAH+UEMS working areas) wash hand with mud and water after cleaning children stool.

### 4.5.7 What did you use for hand washing?-After touching dust/dung/and other things

*Figure 23: Handwashing after touching dirty things*

67% people (83% in FEDO working areas and 58% in NEWAH+UEMS working areas) wash their hands with water only after touching dirt/dung and other things. 24% people (12% in FEDO working areas and 32% in NEWAH+UEMS working areas) wash their hands with soap and water after touching dirt/dung and other things. Some few people wash hand with mud/ash after touching dust/dirt and other things.

### 4.5.8 Is the washing facility in your house?

*Figure 24: Household Handwashing*

Hand washing station is the proxy indicator of hand washing measure and monitoring. 58% people (63% in FEDO working areas and 55% in NEWAH+UEMS working areas) families have hand washing station in their house. 15% people (8% in FEDO working areas and 19% in NEWAH+UEMS working areas) families do not have hand washing station but soap at home. However, 26% people (29% in FEDO working areas and 25% in NEWAH+UEMS working areas) families have hand washing station in their house.

### 4.5.9 Is the soap and water available at the hand washing facility?

*Figure 25: Availability of Soap and Water for Handwashing*

39.4% families have soap and water available (27.8% FEDO working areas, and 46.5% in NEWAH + UEMS working areas) families have soap and water available. However, 45.4% (55.7% FEDO working areas, and 39% in NEWAH+UEMS working areas family) have only water available. 15.2% families do not have soap and water available.

### 4.5.10 Can you recall any WASH messages in last 2 years?

*Figure 26: WASH Messaging*

WASH massage is the part of BCC, is important for behavior change. If the massage is issue specific and attractive, people can remember longer. 51% people (67% in FEDO working areas and 38% in NEWAH+UEMS working areas) remember WASH massages in last 2 years.

### 4.5.11 Sources of information regarding WASH issues

Of course there are different sources of information getting. Community gathering/meeting, printed brochure, newspaper, radio, television, street drama, mikking and awareness campaign are some of the important ways to get information and massages. Out of community recall WASH massages in last 2 years, community meeting is prominent. 42% people (59% in FEDO working areas and 26% in NEWAH+UEMS working areas) got WASH massage through community meeting and gatherings. 17% people (11% in FEDO working areas and 22% in NEWAH+UEMS working areas) got WASH massage through radio. Similarly, 15% people (11% in FEDO working areas and 20% in NEWAH+UEMS working areas) got WASH massage through mikking. 11% people (7% in FEDO working areas and 15% in NEWAH+UEMS working areas) got WASH massage through awareness campaign.

*Figure 27: Sources of WASH Information*

### 4.5.12 What do you use during menstruation?

*Figure 28: Menstruation Habits*

84.4% women and girls use cloths and 15.6% use sanitary pad during menstrual period. 20.6% use sanitary pad in NEWAH+UEMD working areas whole it is 7.4% in FEDO working areas.

### 4.5.13. Where do you manage of waste which use during menstrual period /menstrual management?

*Figure 29: Menstrual Waste Management*

Safe disposal of used pad or waste from menstrual is growing and important task from hygiene and sanitation point of view. About 50 % women and girls (49% in FEDO working areas and 50% in NEWAH+UEMS working areas) practice burry menstrual waste. 18 % women and girls (19% in FEDO working areas and 17% in NEWAH+UEMS working areas) practice burn/destroy menstrual waste. 20 % women and girls (1% in FEDO working areas and 27% in NEWAH+UEMS working areas) practice through elsewhere.

## 4.6. WASH in School

*Figure 30: School Toilet Status*

Majority of schools are meeting the standard provisions for toilet sanitation, privacy and gender equality to a medium standard. Inside locking doors and windows is the only provision that most schools have met to a good standard. Though 32% of schools are meeting the female toilet ratio well, 32% of schools have no such provision. In terms of sanitation, 42% of schools have either bad or poor regular cleaning practices and 40% have bad or poor amounts of water to clean.

## 4.7 Situation of communities to manage their WASH services sustainably and demand accountability in WASH service provision from local authorities

As mentioned above, only qualitative approach was used to extract information required for the purpose of outcome 2 and 3, which was to understand the capacity of the target community to sustainably manage WASH services and local government bodies’ awareness on WASH policies and rights. These tools were intended to study Dalit women groups that are formed by FEDO in the working area of Golbazar, Mirchaiya, etc. It was learned from the initial discussion with FEDO that there are 40 such groups in whole of project area.

### 4.7.1. Capacity of the Target communities to sustainably manage WASH services

It is evident from the qualitative information that the existing groups do not have the capacity to sustainably manage WASH services such as managing water tubewells, maintenance, planning actions due to various reasons such as lack of empowerment, financial resources and poor coordination with government agencies. In pursuit to strengthening community level knowledge and management regarding WASH rights, people have formed groups that aims at enhancing their knowledge about WASH rights, managing WASH facilities such as water pumps repairs, construction, latrine maintenance etc, and claim rights. These groups are mainly formed of Dalit women who envisage claiming rights and maintaining WASH facilities themselves. In order to increase their capacity, some of the group members, particularly the ones holding senior positions in the groups, have received trainings. In regard to strengthening their capacity, it is observed that some form of training were received by the group, most of them up to 2-3 times.

Target communities, which is the Dalit women groups, complain that the local authorities are negligent about managing the local WASH facilities. Most groups said that they take the initiatives to manage the WASH facilities such as tube-well and public facilities. However on the other hand, some of the groups informed of not having tools and required equipment to operate and manage such facilities. Likewise, some groups said they borrow the required tools when needed. Only one groups out of seven interviewed responded having their own tools and equipment. The groups complained of having no funds. However, some of the groups have collected 50-100 Nrs as a common fund for their functioning. Monthly meetings are the most common way found among such groups, but some groups also mentioned that the meetings are based as per need.

In spite of the entire efforts portrait by group discussion regarding their initiative to sustainably manage WASH facilities, there appears to be problem in coordination between government agencies and such groups. In most cases, these groups were not found to be have participated in planning process, primarily because these groups not coordinated to make a platform available to express themselves. Apart from Sirha municipalities, all the rest of the groups felt that they were not consulted in government agencies meetings, such as VWASHCC and MWASHCC meetings. It is a sign that the local groups are yet to increase their capacity to claim their right to participate in community local development planning and discussions. In fact, one of the group complained regarding no response from the government agencies when the chairperson went to VDC for demanding facilities for Dalits in the area. Nevertheless, some groups informed that they were invited for meetings, such as that of Karjanha VDC.

In addition to poor communication of the groups with the concerned government agencies, there seems to be problem in operational and functionality of these groups. Most of them don’t seem to have any action plans. They also said that the action plans are not implemented. One of the group cited lack of political access and insufficient pressure from the group to concerned agencies as the reasons for failing to implement the plans. In fact, they also blamed local authorities for neglecting the groups because they are uneducated and Dalits. None the less, except for one group who said the meeting is called on demand based, all the rest said that conduct meetings on monthly basis.

In relation to discussion of rights related issues among group members, the groups primarily focused on good hygiene practices that one should abide by to remain healthy. For instance, necessity of washing hands with soap, using toilets, drinking boiled water, etc. However, at least two of the groups did mention about demanding WASH facilities to government agencies. In regard to the issues and problems that exist in the local areas, the groups identified problems in accessing drinking water, mostly during the summer. ‘The tubewell dries’ they said. Similarly they complained about having very less tubewells in the area for fetching drinking water and less toilets. Likewise, they also informed that the drinking water has not been tested and irons in water. They complained about problems like diarrhoea and dysentery due to unmanaged sanitation, uncertified clean waters and use of water from ponds, open defecations, etc.

### 4.7.2 Understanding level of target communities regarding WASH rights and demanding such rights

The formed groups in the FEDO working areas were found to have partially understood human rights. And rights related to WASH services and facilities. When the groups were asked about awareness of WASH rights among them, the answers were mostly based on awareness about health and hygiene practices. The respondents response such as they ‘have to drink boiled water’, ‘use toilets’, and ‘wash hand’ signals partial knowledge about rights. Nevertheless, two of the group did mention about demanding the facilities of drinking water and sanitation at local level as claiming rights and exercising the rights. It is essential that the group are not only aware about the things that they should do to remain health, but it is important to know who has the duty to fulfil those rights.

Nevertheless, it was evident from the group discussion that they have made several claims from the government. It is important to make them realize that they are not begging, but it is their right to claim such rights. This doesn’t seem to be happening. However, it must be acknowledged that the groups have been working at their best effort to demand WASH rights such as demanding infrastructures like tubewells and toilets. Unfortunately, two of the groups out of seven interviewed didn’t mentioned about any complains made. Similarly, a group also shared about commitments from the local authorities but not implemented. In a nut shell, it can said that the people have been exercising certain level of rights, but perhaps without really having realized that it’s their right to claim.

In regard to constraints and hurdles in demanding WASH rights from local authorities, most of the Dalit groups interviewed felt that they were being ignored because they were Dalits and uneducated. However, some also expressed their concerned about have no access to political affiliations, which according to them hampers their capacity to demand WASH rights from local authorities. Out of the seven groups interviewed five of them claimed to have been ignored, mostly based on their ethnicity.

## 4.8 Government’s capacity and accountability mechanisms for providing sustainable WASH services to the most marginalized communities

### 4.8.1 Awareness of WASH policies and rights among local government bodies

All the informants said that the local authorities have knowledge on WASH rights and policies. However, just as the Dalit women groups, the key informants also could not answer the question in the language of human rights principles. For instance, a respondent (VDC secretary) said, “Local government authorities are aware about rights. Sanitation promotion programs are being organized through VWASHCC. Time to time group meetings is organized either in VDCs or Community level venues to discuss WASH issues. They distributed 400 concrete rings (4 for each HH) for toilet construction constructing latrines.” The answer helps us to understand that much of the work regarding fulfilling WASH rights is underway. On the other hand, authorities understand WASH rights as good practices that they have to practice, such as required to clean hand, use toilets and mange garbage. One the other hand, some interviewees sounded slightly more informed about their responsibility by mentioning that they organize campaigns, meetings and seminars regarding the issues. Unfortunately, authorities have inadequate effort and plan to link the WASH rights with their duty to promote, protect and fulfill rights as an obligation based on international universal human rights commitment that Nepal has made and different law, act, policies and plans it has adopted to work on behalf of right-holders.

However, irrespective of the WASH sector knowledge gap with the principles of human rights among local authorities, it is evident that work on improving infrastructures and facilities to promote WASH rights have increased over time. Perhaps, this can be attributed to advocacy, lobbing and financial support from various non-state actors working in the region who are committed to promoting and protecting WASH rights of local people. The impact of awareness is reflected on recent changes experienced at local level. For instance, a key informant shared about some of the recent changes through door-to-door programs to build toilets. According to him, ‘in 2070 BS there was only 2% of toilets were built but now there are 64% toilets were constructed.’ Similarly, “In ward no 5 &6 there was scarcity of drinking water so they supplied the water by using tanker”, he said. Likewise in another interview, a VDC secretary said, “7 of the wards among 10-17 wards were facilitated by Red Cross for hygiene and constructing latrines related issues. UNICEF initiated to form V-WASH through DDC and organization programs related to WASH in 10 and 11. 22 deep tube wells are planned by UEMS in ward no. 9 and has several programs related to WASH. In ward no. 9, there are 9 tol sudhar samiti have been formed. In 9 wards, about 481 latrines have been constructed. About 30% of the household, in 4 wards in Siraha municipality (which is the headquarters of Siraha district), pipes lines for water supply has been constructed.

Several questions regarding incorporation of national agendas into local planning, prioritization of marginalized groups and participation of local people were asked during the key informant interviews. Most people said that the national WASH agendas have been incorporated in local level WASH agendas. To their understanding, declaration of VDCs and Municipalities as open defecation free (ODF) by 2017 is the main national goal, which they want to achieve. Similarly, establishment of VWASH, MWASH and DWASH to discuss the issues, plan and allocate resources have been considered as incorporating national agendas in to local level. Similarly, they also claim to have raised awareness programs. Limited information of agendas included and discussed in local level reveals some of the main agendas like mainstreaming HRBA sidelined. It is unclear how much has marginalized groups been prioritized in mainstreaming the national agenda into local development. The interview reveals that marginalized groups are not prioritized. One of the respondent replied, “Municipality alone cannot work on this issue. It is only possible when different stakeholders such as i/NGOs, civil society, VWASH, Civil society forums, and marginalized groups.” Only one of the responded said that the marginalized groups are called for meetings, seminars to discuss WASH issues. On the other hand, some of the interviewees have correlated the ‘prioritization’ with contribution or assistant provided to marginalized groups. According to them, they are given grants to construct toilets, provided with materials, and concrete rings to make septic tanks for latrines.

There is no separate budget allocated in WASH for marginalized groups. However, a total of 7 lakh (out of which 25 thousand for WASH activities and rest for constructing latrines) was used for extremely backward groups. In Gamhariya, 200 houses were distributed concrete rings, pan, and pipe for free.” Likewise, the key informants (who are mostly the VDC secretary) said that meeting are held from time-to-time to discuss WASH related issues, distribute materials, and other related issues. This has hugely changed the ground reality. “90% people have drinking water facilities in their household. The number of toilets has increased to 333 this year, which was only 33 last year. Since past one and half year, the VDC with different support organization has been rising awareness through FM, household visits, miking etc. It is planned that 90 marginalized households will construct toilet. By 2072-12-15, declaring ODF is planned”, said one of the VDC secretaries. Likewise, the key informants who all government workers refuse to accept existence of any racial discrimination on the base of caste or ethnicity. They all said it has decreased to great length where one of the responded said that even if it existed, it is not in outer form.

In relation to progressive realization of WASH rights in regard to budget expansion, nothing signification is changed. Nevertheless, it must be acknowledged that about 25% of budget is allocated for WASH related activities. In a similar manner, it is understood to have no separate budget allocated for marginalized group. Most of the interviewees were unaware of any budget allocated especially targeting marginalized groups. Nevertheless, they do accept that the money is aimed at spending to the poorest people. For instance, one of the VDC secretaries said, “Marginalized groups has not yet been determined. Nevertheless, who so ever is financially poor (without any caste distinction) receives the amount for help. Therefore, no budget (in %) is allocated particularly for marginalized group.” More surprisingly, one of the interviewee claimed to have experienced decreasing trend of budget for marginalized group.

On the other hand, though explicit change in budget is not experienced, most of them believe that there is increasing trend of expenditure in WASH activities. Some of the related to the change they have experienced. For example, one of the VDC secretaries said, “an increase of 333 house latrines from just 33 last year must be considered as progressive, where marginalized groups have also benefited. Therefore, it has increased comparatively.” However, one of the VDC did mention that he has experienced increase in the budget for marginalize group.

### 4.8.2 Local government bodies involved in joint action with project partners to address WASH rights

It is understood that most of the local level WASH related issues are planned in VWASHCC or MWASHCC. Because the secretary is the key person in most the lowest level of government authorities, they are the ones who takes the lead in discussing WASH related issues. These committees consist of people who are locally popular, representing local political parties and other key members. However, no respondents have specifically pointed out the issue of full and meaningful participation in the process of formulating and implementing decisions on fulfilling WASH rights. Nevertheless, at least 3 out of 7 interviewed informed of different stakeholders involvement in making local plans. For instance, one of the informants said that the Municipality calls for meeting where they discuss the issues raised by the ward citizen forum and VWASHcc.

Similarly, in regard to monitoring and checking mechanisms of government agencies, it is learned from the interviewees that VWASHCC, MWASHCC and DWASHCC takes the lead in maintaining monitoring plans. According to the respondents, these institutions lead the monitoring process while sometimes, it the local NGOs or INGOs who invite these bodies for joint monitoring. However, some of the authorities interviewed also complained that there is lack of coordination among local non-government agencies and government agencies. Sometimes, non-state actors fail to share monitoring reports to local government, said one of the VDC secretaries interviewed. Though there is no specific body responsible for monitoring the WASH activities in the local areas, it is the VWASHCC that is attributed or credited for the most of the monitoring works conducted at local level. According to all the key informants, people can complain at these local government bodies for any complains, either verbally or in written form.

# 5. Discussion and Conclusion

Siraha district covers an area of 1,188 Km² with its headquarter located in Siraha. The district is surrounded by Saptari district in the east, Dhanush district in west, Udaypur district in north and Bihar state of India in south. The total population is 637328 having 310101 male and 327227 female and total households being 117962 (National Population and Housing Census, 2011). The overall literacy rate of the district is 50.6 percent where male literacy rate is 61.9 and that of female is 39.2 percent, according to government statistics. Accordingly, the population density is 523 per square kilometre.

Nearly 50 % of the population are said to be very poor in terms of human poverty index. As poverty is a multidimensional phenomenon, its impact is also reflected on the WASH services available in the district. About 72 % people have access to drinking water in the district, according to the District Strategy Work Plan by District Water, Hygiene and Sanitation Coordination Committee, 2069/70. In fact, the baseline studies shows more people (94%) having access to drinking water in the time less than 15 minutes in all the season. Consequently, accessing drinking water is not a major problem in the area. The main problem is related to the quality of the water. It is reported that 28% water source has been duplicated. Out of the 70 samples of water collected from the study area 42 samples (60%) were found to be contaminated i.e. presence of coliform. There is not good practice of POU at household level. 85% families drink water without any treatment.

One the other hand, Siraha is considered as one of the sanitation dark districts among eight eastern Terai districts yet, there are 10 VDCs and 3 wards of municipalities have been declared as ODF. National figure presents only 18.5 percent population having access to toilet in the district. It is observed that about 78 percent population do not use toilet according to government sources. However in contrast, Less than half (42.5%) of the sampled population has access to some type of toilet at home. However, nearly 70% of the Dalits (marginalized groups) were found to have no toilets at homes). A higher proportion (48.7%) of families from WASH service delivery areas where projects are being implemented by NEWAH and UEMS have access to toilets at home compared to WASH advocacy areas that are being implemented by FEDO (32.6%).

In regard to hygiene practices, most of the toilets were observed to have been kept clean with only about 20% of them not clean and about 98% of the toilets were in use. Similarly, other such practices were also found to be poor. 58.3% of households sampled have a hand washing facility and another 15.2% have accessible to soap and water for hand washing. 61% project area people wash hand with soap and water after defecation/anal cleaning. Only 24% people wash their hand with soap and water before meal/eating. Only 13% people wash their hand with soap and water before feeding child. 24% parents’ wash hand with soap and water after cleaning children stool. 24% people wash their hands with soap and water after touching dirt/dung and other things. About 50 % women and girls practice burying menstrual waste.

While the WASH services are not in place for most of the cases, it is also found that the capacities of marginalized groups are not satisfactory in bargaining with government agencies. One of the main key concerns is related to understanding the principle of human rights language. Secondly, lack of financial resources has also constrained the capacity of the marginalized groups to properly organize and act with planning. Thirdly, the marginalized groups are also experiencing discriminatory approach to dealing with seeking demands, that have contributed to low confidence. As a result, the capacity of the target communities to sustainably manage WASH services has been hampered. These factors have led to poor coordination in demanding WASH rights, particularly not realized from the human rights perspective.

While the demand side of the WASH service seeker seems feeble, the supply side also doesn’t seem to have fully complied with the human rights principle in dealing with fulfilling WASH rights, particularly for the marginalized community. The government agencies are well informed about the requirement and demand of WASH sector, but when it comes to dealing with marginalized community, the concerned agencies are still seen reluctant to deal with issues in prioritizing the case. The evidences doesn’t support government fully complying with the national WASH plans, as they have failed to prioritized marginalized groups, specifically through allocating separate budget for them. However, on the good side, government agencies are found to be making action plans and joining monitoring aspects of accountability.

# 6. Recommendations

Following the discussion and conclusion, some recommendations are put forward for prioritization in regard to improving WASH status and accountability mechanisms, particularly for the marginalized groups.

* Quality drinking water must be prioritized along with increasing access to drinking water
* Both sanitation and hygiene behavior needs serious attention, particularly for the dalit communities who are the most marginalized groups in project area.
* Advocacy and education related to human rights principles seems necessary for both state and non-state actors for their realization of obligation and claiming rights
* Awareness programs on hygiene, sanitation and clean drinking water must be carried out along with service delivery activities
* Participatory approach to local development is one of the keys to human right-based approach (HRBA) to development, and it is important that local government bodies as well as marginalized groups are involved in joint actions, prioritizing marginalized section of the society.
* Capacity building related training is essential for fully functioning, collecting resources and maintain the facilities to plan their own actions.
* Cross-cutting issues such as gender mainstreaming in schools, disability friendly and sustainability must be part of all the components of the project.

# 7. Annexure

**Annex I. Review of WAN Existing Monitoring Tools**

Water Aid Nepal has developed a total of 14 monitoring tools in order to tracking the project progress in line with annual plan and budget of the Big lottery project in Siraha district. The monitoring tools which are as follows:

**Tool 1: Field Monitoring Checklist**

The field monitoring checklist has found detailed information that include information on the field visit (by monitoring staff), general information (with implementing partner), user numbers (with implementing partner), water supply (with implementing partners), sanitation (with implementing partners), hygiene (with implementing partner), advocacy activities (with implementing partner), assessment of communities (with Water and Sanitation Users Committees-WSUC), management (with Water, Sanitation Users Committees-WSUC), financial information (Water and Sanitation Users Committees-WSUC), School/Institution WASH activities (with committees), observation checklist (aggregate information at the end of the visit by monitoring staff), overall conclusion of visit (at the end of visit by monitoring staff on service delivery activities) and overall conclusion of visit (at the end of visit by monitoring staff on advocacy activities). This tool is long and rigorous that covers range of activities related to WASH including lobbying and advocacy and management aspects as well. This is professionally sound, comprehensive and useful in the monitoring point of view.

**Tool 2: Programme Quality Minimum Standards Checklists**

The programme Quality Minimum Standards Checklists seems to be detail documents. This checklist has been kept simple and doable for non-technical staff as well. This document currently consists of minimum standards for following infrastructures:

1. Community hand pumps

2. School hand pumps

3. Community water tanks and water point

4. School water tanks and water point

5. Household latrines

6. School latrines

7. Training session

8. Hygiene session

9. CLTS triggering

**Tool 3: Hygiene Monitoring Rapid Convenient Survey**

This tool has found informative about hygiene monitoring using Rapid Convenient Survey (RCS) method where a total of 20 households used as sample in the particular community/wards of the Village Development Committees etc.

**Tool 4: Hygiene Monitoring Household level**

This tool has found more or less similar to Hygiene monitoring Rapid Convenient Survey. It covers overall hygiene performance, received hygiene promotion related training in past three months, personal hygiene: hand washing practice with cleaning agent at critical time, personal hygiene sanitation, personal hygiene: cutting nails and keeping them clean, safe water, environmental sanitation: solid and liquid waste. Food hygiene, menstrual hygiene, diseases point prevalence rate: household reported following diseases (N=20) has also been covered. This is useful monitoring tool for public health point of view.

**Tool 5: Handbook of Water Safety Plan**

This document is comprehensive for water safety plan. This document has been formulated by Ministry of Federal Affairs and Local Development, Department of Local Infrastructure Development and Agriculture Roads (DoLIDAR) in 2013. This is referable and useful document for water safety plan preparation, implementation, and monitoring purpose. This is well prepared, comprehensive and good guidelines for fieldworkers.

**Tool 6: User Record**

The user record has found very comprehensive in terms of gender equality and social inclusion, economic status and other cross-cutting issues. It covers quarterly users (household) record, detail users record etc. The detail users record included caste and ethnicity, economic status, gender, disability, people living with HIV/AIDS and School (boys, girls, and teachers). This is regarded as building block for WASH project monitoring point of view. However, there is need of basic socio-economic information for the record keeping. The comprehensive baseline report could help for the user record.

**Tool 7: Project Quarterly Output Sheet**

The project quarterly output sheet for rural and urban implementing partners has found informative and useful monitoring tool that covers water, environmental sanitation, hygiene programme, community mobilisation, menstrual hygiene management (MHM), Operational & Maintenance system (O&M) in place, CBME training etc. In summary of infrastructures include water supply system, extraction system, types of latrine with (plan and actual in number). In the document information about women and men in general has been covered whereas social inclusion like Dalit community is being overlooked.

**Tool 8: Community-based Monitoring and Evaluation Chart**

The community-based monitoring and evaluation chart has found informative, useful and good tool. It includes:

Community Self-Monitoring Chart for Progress on Drinking water construction (planned, achieved and quality).

Community Self-monitoring Chart for progress on Sanitation activities (planned, achieved and quality).

Community Self-monitoring Chart for project account and goods.

It has the provision to monitor quality aspects that include: good, average and bad based on the judgment. This leads to sustainability of the water and sanitation project. This is the good practice in the monitoring and evaluation aspects. The community self-monitoring system leads to sustainability of the project if it is operational with full ownership of the community.

**Tool 9: Record of Meeting**

Record of meeting has found short and informative. It include district name, VDC name, community name, meeting venue, meeting commenced on, meeting started at, meeting ended at, minute taker and participants details (name, age, gender and signature). In the last part of format, it included major topic discussed and major decision made.

**Tool 10: Guidance on Writing Programmatic Case Studies**

The Guidance on writing programmatic case studies include background (what and why), difference between programmatic case studies and fundraising, communication and media stories, how to gather programmatic case studies, planning for programmatic case studies and how to structure your case studies. This guideline for case study writing has found comprehensive and could be highly useful for fieldworkers. The case study method is powerful monitoring tool to capture the qualitative information in terms of success or failure stories related to WASH or other socio-economic projects.

**Tool 10: Community Score Card**

The community score card for school sanitation: introduction and brief guideline seems to be informative, useful and doable monitoring tool. It includes what is community score card, why community score card for promoting girls friendly sanitation in school? steps of community score card, things to be considered etc. The school sanitation score card mentioned 20 indicators with present condition and expected condition (excellent, good and medium), future plan of action (actions, how, when, who and remarks). There should be consulted with girl students, boy students and teachers, School Management Committee and parents. This format is 4 pages long with wide range of coverage regarding school sanitation. The community score card has found participatory with different stakeholders. This has found useful and doable monitoring tool in order to tracking the progress against plan with quality aspects as well.

**Tool 11: Media Monitoring**

The concept note on media monitoring tool has found comprehensive, wider range of coverage, useful and doable to tracking the progress on media coverage of the WASH project. It has included background, objective, methodology for national print media content analysis, documentation of local media content, roles and responsibilities of WAN media focal person, WAN Big project Coordinator, roles and responsibilities of partner communication focal person. There has been developed a format of print media monitoring, published date, brief summary of reported copy of news cutting, coverage in newspaper, name of journalist (if applicable), URL and other details (title, page number) etc.

**Tool 12: Steps of WASH Plan Preparation**

Village/Municipality Water, Sanitation and hygiene Plan included 9 steps and process with ensuring participation of women, ultra poor and marginalised group of the community in the WASH plan. The WASH plan preparation steps have been shown in diagram as well. The diagram include pre-planning phase, planning phase and post planning phase. This is sound and clear cut guideline for the preparation of WASH plan.

**Tool 13: Budget Analysis and Tracking Concept**

The Concept Note on Budget Tracking in Big supported project at Siraha (Sep 2015) included introduction, objectives and scope, methodology for budget tracking. This has found useful, informative and comprehensive concept note for implementing partners' fieldworkers and WAN project staff. This is important monitoring task for the development project including WASH in order to tracking the budget allocated by Government of Nepal and other funding agencies. However, there is a need of regular follow-up for the effective implementation of WASH project at VDC/Municipality level.

**Tool 14: Joint Monitoring Concept**

The concept note of Joint Monitoring Visit has found sound, useful and comprehensive document for implementing partners' staff, WAN's staff and concerned monitors during joint monitoring visit. This is a participatory tool that allows to external party for project monitoring which leads to ownership, sharing of ideas and experience and lesson learnt between the stakeholders. The document has covered following aspects: background of the project, objectives and scope, methodology (preparation stage, field visit and interaction and documentation and feedback sharing), reference documents (Big business plan, monitoring system check and tools as per scope of monitoring, baseline report, progress report) etc. The joint monitoring concept is very important in participatory monitoring and evaluation system. However, there is need of transparency at all stage of project cycle management.