

## Serving the Rural Poor: A Review of Civil Society-Led Initiatives In Rural Water and Sanitation



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# **Serving the Rural Poor: A Review of Civil Society-Led Initiatives In Rural Water and Sanitation**

A discussion paper prepared by the STREAMS  
of KNOWLEDGE for ASIAN DEVELOPMENT  
BANK

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Quezon City, Philippines

## Serving the Rural Poor

# Review of Civil Society-Led Initiatives in Rural Water and Sanitation

### Abstract

Globally, there are around 1.1 billion people without access to safe water supply and 2.4 without adequate sanitation. Of these, around 700 million without water supply and 2 billion without adequate sanitation live in the Asia and Pacific region. The problem is particularly grave and pressing in the rural areas where 70% of the world's poor reside.

Efforts undertaken and investments made for the development of the rural water and sanitation sector in the past were either limited or plagued by various problems. ADB's [Change Agenda](#), formulated during the 2004 ADB Water Week, calls for increased investments in the rural areas to overcome its inherent disadvantages.

At the 4th World Water Forum in Mexico City, 16-22 March 2006, the Asian Development Bank announced a major new initiative that will double its investment in the region's water sector in 2006-2010. Using new [financing modalities, products, and processes](#), the [Water Financing Program](#) (WFP) intends to increase ADB investments in the sector to over \$2 billion annually, focusing them on three dimensions of water--- rural water, urban water and basin water.

Under the WFP's rural water track, ADB will work on services to improve health and livelihoods in rural communities, including investments in water supply and sanitation, and irrigation and drainage.

In late 2005, ADB commissioned the Streams of Knowledge, a global coalition of resource centers in the water and sanitation sector, to study the extent and contribution of civil society (CS) engagement in rural water supply projects.

Findings from the study indicate that:

- There are at least four models of effectively engaging civil society in rural water projects, as shown by experiences in Bangladesh, India, Nepal, and the Philippines.
- Long-term partnerships of CS organizations in local projects tend to ensure functional and more sustainable systems.
- Investments in rural water supply and sanitation implemented with CS involvement positively impact other poverty reduction efforts.

The study was peer reviewed by ADB staff and discussed in a [seminar](#) last 4 May 2006. Inputs from the seminar have been incorporated into this report.

ADB expects to use the findings from this study to strengthen WFP's program of action for rural water.

## TABLE OF CONTENTS

### EXECUTIVE SUMMARY

### LIST OF ACRONYMS

#### Chapter 1 Introduction and Overview

1. Introduction
2. What is preventing the poor from getting access to water and sanitation
3. Why partnership with CSO makes sense

#### Chapter 2 Understanding the Case Studies

1. 100% Coverage and Social Inclusion: The Rural Health And Environment Program of Gram Vikas ( INDIA)
2. Local NGO Capacity Building and Social Mobilization: The NGO Forum Approach (BANGLADESH)
3. A Gendered and Poverty Approach to Rural Water, Sanitation and Hygiene: The NEWAH Approach (NEPAL)
4. Institutionalization of Community-Managed Approach in Water Supply : The PCWS Model ( PHILIPPINES)

#### Chapter 3 Learnings from the Case Studies

#### Chapter 4 Recommendations and Follow Up Action

1. Recommendations for the Way Forward
2. Follow Up Actions

### Bibliography and References

### Annexes

1. Some Key Lessons from Collective Experiences of CSO
2. Highlights of the May 4, 2006 ADB Meeting on the Presentation of Study Results
3. Feature Story - Gram Vikas Case Study
4. Feature Story – NGO Forum Case Study
5. Feature Story – NEWAH Case Study
6. Feature Story – PCWS Case Study

## Executive Summary

People around the world without access to safe water supply are estimated at 1.1 billion and those without access to proper sanitation facilities are about 2.4 billion. Of these numbers, about 700 million without water supply and 2 billion without sanitation access are living in the Asia Pacific region. The problem is particularly grave and pressing in the rural areas where 70% of the world's poor reside. Efforts undertaken and investments made for the development of the rural water and sanitation sector in the past have been limited and plagued by various problems. These problems, varied as they may be, point to a general and common trouble: *inefficient and inadequate government strategies to deliver sustained services*. At present, a *national strategy to address the needs of the poorest of the poor* remains lacking in most countries in the region. Furthermore, current potential projects for rural water and sanitation development can hardly qualify for ODA assistance nor attractive enough for private sector participation. This is a sad state of affairs, especially considering that addressing the need for such basic services as water and sanitation in rural areas results to improved health and an overall quality of life for the poor as well as socio-economic development for the community.

The Asian Development Bank (ADB) is targeting water as a core investment area in the coming years by doubling the institution's over-all disbursement to the sector from \$1.2 billion in 1999 to an annual average of \$2.4 billion in the coming years. A study and recent consultations undertaken with civil society organisations (CSOs) by the ADB indicate that the implementation of its Water for All policy has been weak in the past in terms of the low quality and quantity of meaningful participation at the grassroots level. It was pointed out that improved participation could lead to better project successes. Another item that was highlighted during the consultations was the need for a common and differentiated approach to equity.

The big challenge that now faces governments is the establishment of a coherent policy and strategy for sustainable water and sanitation developments. Meanwhile, CSOs have been directly and indirectly filling some gaps in service delivery even as they sometimes work independently from government. Many CSOs are now using different participatory tools, methodologies, and strategies, and most of these are linked with the *empowerment of the poor*. A new setting in the WATSAN sector is thus evolving wherein CSOs play a significant role, the people in the community take an active part, and the government as facilitator and supporter from its traditional role of service provider.

There are different models of CSO-led initiatives in different countries in the Asia Pacific region that showcase successful project implementation and sustainability. Four of these – one each from the countries of India (Gram Vikas), Bangladesh (NGO Forum), Nepal (NEWAH) and the Philippines (PCWS) – are presented and analysed in this paper.

Gram Vikas, a multi-awarded and non-partisan secular voluntary organisation, has been working with the rural poor of Orissa since 1979. The organisation currently serves a population of about 120,000 across 450 villages. Gram Vikas interventions are directed at raising critical consciousness and energizing whole villages. Their strategies are driven by active and meaningful community participation. They are currently receiving support from international donors such as ICCO, Christian Aid and the European Union.

The NGO Forum is an umbrella organisation of more about 665 NGOs in Bangladesh. Since its establishment in 1982, it has directly and indirectly undertaken WATSAN projects that benefit 21 million people in the country. It also plays an active part in achieving the government-declared programme "Sanitation for All by 2010". Aside from its close ties with the government, the NGO Forum is also strongly supported by different donor agencies such as DANIDA.

Nepal Water for Health (NEWAH), established by WaterAid in 1992, is a national level non-government organisation specialising in rural drinking water, health education, and the sanitation

sector. It works closely with 334 local CSOs to help poor communities secure water and sanitation services and strengthen their capacity for further developments and sustainability. NEWAH has so far completed, among other things, 697 projects serving 788,014 people and 24,604 school students in 49 districts in Nepal.

The Philippine Center for Water and Sanitation (PCWS) has been working with local government units and communities since 1996. The project that will be analysed here served as a model framework for succeeding rural water and sanitation projects implemented in partnership by the communities with their respective local government units in the Philippines.

Lessons from these four cases show that partnerships arise from a deep need by the people for basic water and sanitation services. The formula for success may be varied but it always involves the participation of local partners or the CSOs, empowering the community through meaningful participation, support from the government, and assistance from donor agencies. Clearly, CSO partnerships will enhance the capacity of governments and the ADB in the provision of water and sanitation services where these are needed most: the very poor rural areas.

This discussion paper concludes with recommendations that can be undertaken by the ADB under its Water Financing Program to promote and support greater investments in the rural water supply and sanitation sector in selected developing ADB member countries. Specifically, the next steps that are suggested are (1) the convening of a roundtable discussion to disseminate and validate the findings presented here as well evaluate how else CSO participation can be tapped, and (2) to undertake a pilot demonstration project involving strong civil society participation from the planning stage to implementation.

## **LIST OF ACRONYMS USED**

<b>ADB</b>	<b>Asian Development Bank</b>
<b>CSO</b>	<b>Civil Society Organization</b>
<b>DANIDA</b>	<b>Danish International Development Agency</b>
<b>DILG</b>	<b>Department of the Interior and Local Government</b>
<b>DWSS</b>	<b>Drinking Water Supply and Sanitation</b>
<b>GAP</b>	<b>Gender and Poverty Approach</b>
<b>LGU</b>	<b>Local Government Unit</b>
<b>LGSP</b>	<b>Local Government Support Program</b>
<b>MDG</b>	<b>Millennium Development Goal</b>
<b>NEWAH</b>	<b>Nepal Water for Health</b>
<b>NGO Forum</b>	<b>NGO forum for Drinking Water and Sanitation</b>
<b>NGO</b>	<b>Non-Government Organization</b>
<b>ODA</b>	<b>Overseas Development Assistance</b>
<b>PCWS</b>	<b>Philippine Center for Water and Sanitation</b>
<b>PRA</b>	<b>Participatory Rural Appraisal</b>
<b>PPTA</b>	<b>Project Preparation Technical Assistance</b>
<b>PURA</b>	<b>Providing Urban Amenities in Rural Areas</b>
<b>RHEP</b>	<b>Rural Health and Environment Program</b>
<b>RWSS</b>	<b>Rural Water Supply and Sanitation</b>
<b>VDC</b>	<b>Village Development Council</b>
<b>WATSAN</b>	<b>Water and Sanitation</b>
<b>UNDP</b>	<b>United Nations Development Programme</b>

# Serving the Rural Poor

## A Review of Civil Society<sup>1</sup>-led Initiatives in Rural Water Supply and Sanitation<sup>2</sup>

### CHAPTER 1 – Introduction and Overview

#### 1. Introduction

About 1.1 billion people do not have access to improved water supply services while 2.4 billion people do not have access to any type of improved sanitation facility. In the Asia-Pacific region alone, 700 million people still do not have access to safe drinking water and some 2 billion people live without adequate sanitation. With about 70% of the world's poor living in rural areas, it is of utmost importance to give better and increased attention on rural water and sanitation.

The Millennium Declaration and the Millennium Development Goals have raised an international commitment to reduce poverty over the next decade. Target 10 specifically calls for halving, by 2015, the proportion of people without access to safe drinking water and improved sanitation. This global concern has increased awareness on the necessity of improving water and sanitation services to meet the other poverty reduction, education and health goals. It is widely acknowledged that investing in water, sanitation and hygiene is necessary if the targets of the Millennium Development Goals are to be met. It may contribute significantly to improved livelihoods, improved health and well-being, improved education and better quality of life. These are all linked to poverty reduction.

The ADB management is targeting water as a core investment area in the coming years. The plan is to double its over-all investments from \$1.2 billion in 1999 to an annual average of well over \$2 billion. A major strategy is to meet the exponentially growing water needs of the region by increasing the share of rural water supply and sanitation from 12% to 25%.

Lessons from a recent study on the “Effectiveness of ADB Funded Water And Sanitation Projects In Ensuring Sustainable Services For The Poor”<sup>3</sup> indicated that while all of the ADB projects in the different countries result in overall improvements in access to water and sanitation, the concern has been raised as to whether the poor are actually benefiting from these improvements.

#### 2. What is preventing the poor from getting access to water and sanitation?

There are many reasons why the poor continues to lack access to safe water and sanitation. After a broad review of the problems besetting the rural water and sanitation sector, this study will focus on two main factors: **low priority accorded by government to rural water and sanitation** and **inefficient and inadequate government strategies to deliver sustained services**. While the government is trying to provide basic services to its constituencies, the demand for improved water supply and sanitation services continue to fall short of the requirements of the growing population. In spite of the health and economic value attributed to safe water and adequate sanitation, the sector remains one of the lowest priority of government in terms of allocation of resources. When government invests, the tendency is to package large scale water and sanitation projects that focus on urban populations that are capable to pay for higher levels of service at full cost recovery water rates. Rural water supply and sanitation, however is often given lower priority with project modalities that prescribe particular approaches, technologies and rules developed by government and donors that may not always be the best cost-efficient option for universal coverage and sustained service delivery.

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<sup>1</sup> In this paper, the term civil society (CS) are interchangeable with non-government organizations (NGOs).

<sup>2</sup> Discussion paper prepared by STREAMS of KNOWLEDGE, March 2006.

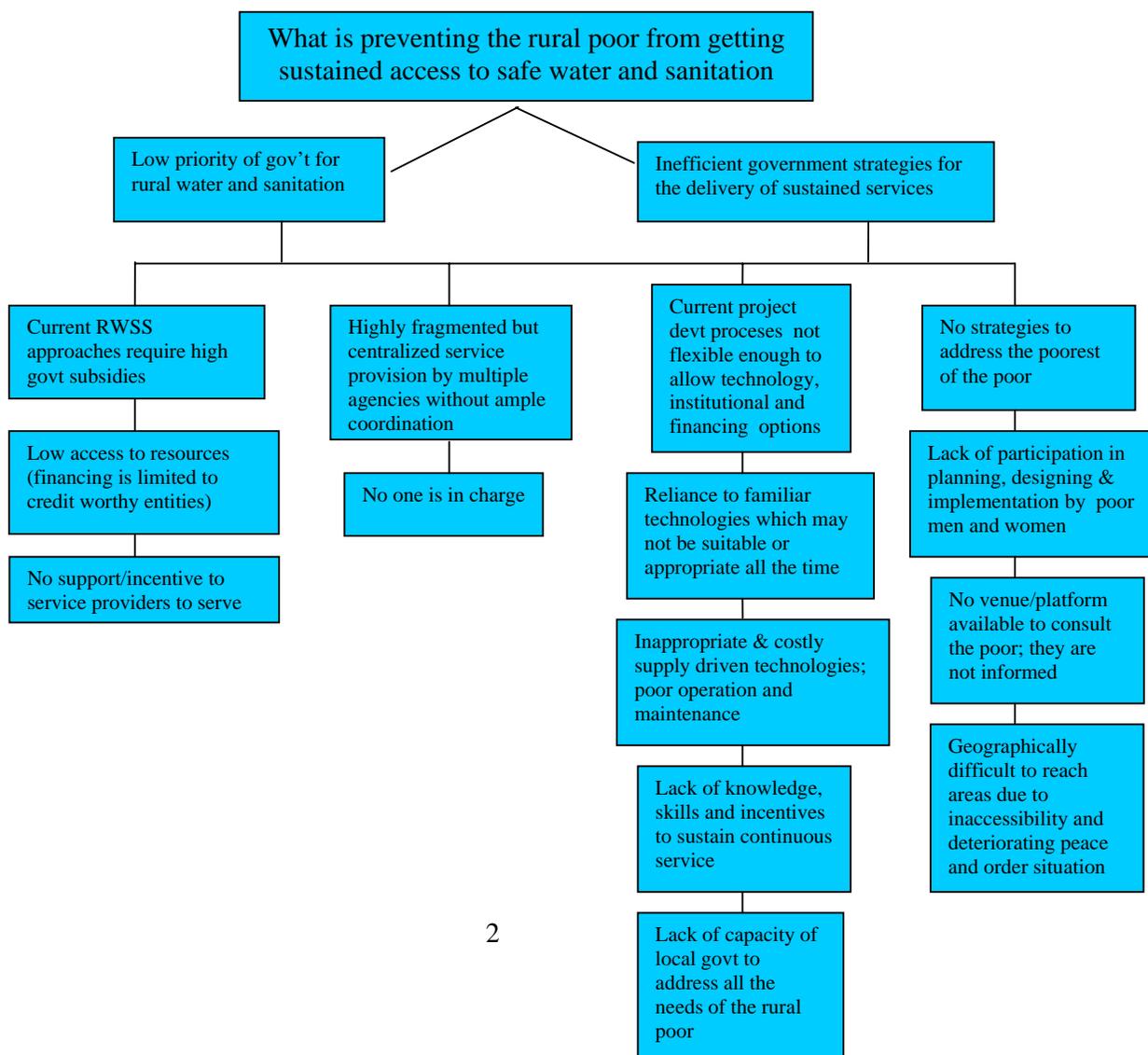
<sup>3</sup> Water for All? A Study on the Effectiveness Of ADB Funded Water And Sanitation Projects In Ensuring Sustainable Services For The Poor, November 2005, WATERAID

From an institutional perspective, while there are a number of government agencies working on water, these are usually uncoordinated and highly fragmented. There is usually no strong sector driver that makes sure the needs of the rural poor for basic services such as water and sanitation are met. Even at the local level, while service provision has been decentralized in many countries, there is still lack of capacity of local governments to address sufficiently all the needs of their constituencies. There is no mechanism or strategy, both local and national to ensure that service gaps are sufficiently addressed at the soonest possible time.

Many national large scale interventions supported by donors use the common approach of central management with technology, institutional arrangements and financial arrangements pre-determined in the project design. This approach does not provide enough room for innovations and adaptations at the local level. This is in part one of the many reasons why projects seem to be more costly and could not be sustained. Reliance to familiar technologies and arrangements has proven to be a barrier to introduce changes and scale up efforts.

As government is always in a hurry to finish their projects, oftentimes the focus becomes the infrastructure component. They hesitate to get involve in long term processes that facilitate meaningful participation of poor men and women in planning, designing and implementing projects. While numerous studies have shown that investing in capacity development of stakeholders is key to project sustainability, many projects have actually given less priority to building the capacities and empowering local stakeholders.

### WATER AND SANITATION (RWSS) PROBLEM TREE



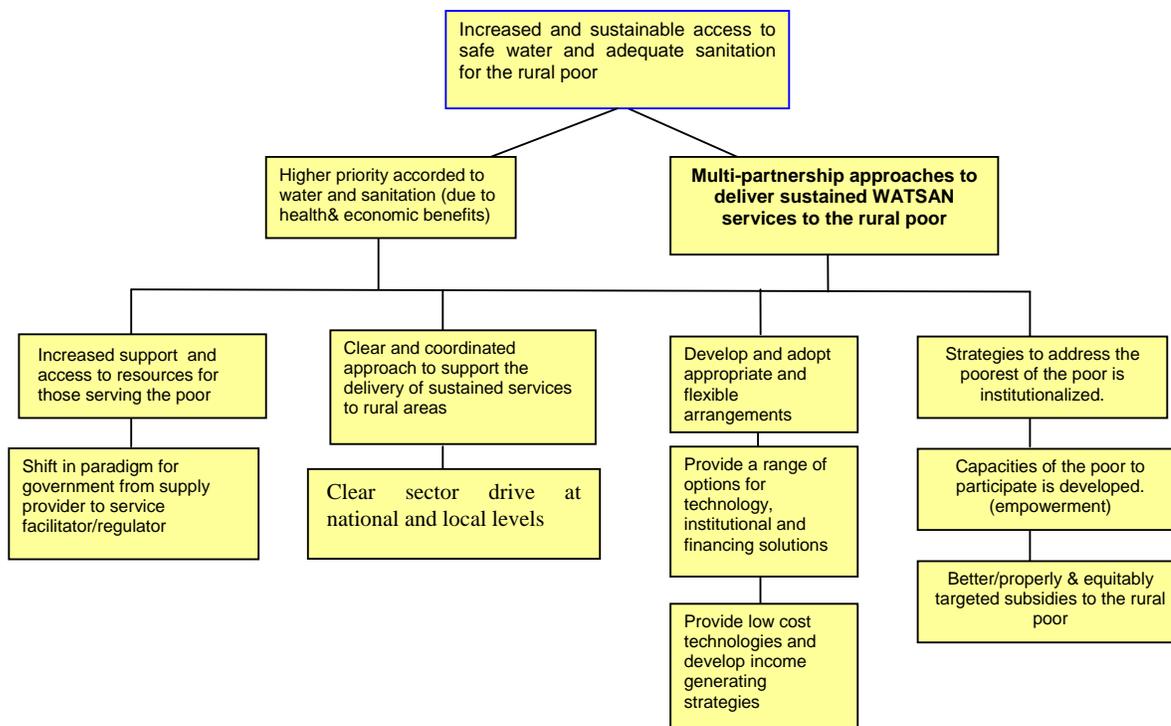
### **3. Why partnership makes sense**

CSOs have constantly criticized the failure of government to meet its responsibility of ensuring universal basic water and sanitation rights to the people. They have been advocating for policy changes and increased resources towards water supply and sanitation which is generally accepted as important entry points for other poverty alleviation efforts. Many governments are now realizing that it can not do the job alone

Many governments have responded by giving rural water and sanitation a higher priority in the public development agenda. They realize that they cannot do the job alone. They work in collaboration with different partners, taking advantage of the knowledge, skills and resources that other partners can bring into realizing the goal of increased and sustainable access to safe water and sanitation for the rural poor.

Many civil society organizations are actually directly and indirectly filling in gaps. Some of them are working with either national and local government where they are engaged as sub-contractors or consultants of government to implement particular projects with the communities. Here, they are very much limited by the given design of government projects. There are also those who initiate projects and programmes independently but engage the government as close partners. Civil society-led initiatives tend to focus more on capacity building addressed to both the communities who are expected to manage the systems and to the government whose role of being a service provider is slowly evolving to that of a facilitator and supporter of the community management systems.

## RURAL WATER SUPPLY AND SANITATION OBJECTIVE TREE



Many CSOs have initiated and championed programmes using innovative approaches and strategies to increase the rural poor's access to safe water supply and sanitation, while at the same time linking this to other aspects of development such as education, health, income generation and others. Usually community-based, their interventions are very focused, targeting specific geographical areas, where interventions are sorted out with the communities to improve the lives of the poor. These are usually places not reached by the water markets and where service providers do not consider profitable to invest in.

CSOs are investing time and other resources using participatory tools and methodologies to **empower the poor** – building up their capacity to collectively act on their common needs to assess demand, plan interventions and monitor progress. Many have also employed the strategy of *differentiation of the poor* – reinforcing the idea that even among the poor, there are the poorest of the poor whose needs, capabilities and capacities are to be prioritized and as such, need a differentiated approach.

The CSOs have shown islands of success in sustainable rural water supply and sanitation interventions. There are many examples in the field that show how to implement rural water supply and sanitation using a partnership approach. The challenge is how to scale up these achievements to meet the goals of universal access for all.

Through time, some CSOs have evolved to a level where they are now responsible in supporting other CSOs so that they in turn do the direct grassroots work. This is a strategy that enabled CSOs to support each other and build capacities so that more areas can be reached. Smaller CSOs which

operate in specific areas benefit from this network where by working in partnership with other CSOs, they not only share knowledge but also benefit in contributing to new knowledge. They also have a stronger collective voice in advocacy work, both for national policy reforms and social change. Their understanding of the realities on the ground put them into a central playing field.

Many donors are now recognizing the value of working through a partnership between CSOs and governments as evidenced from the amount of resources channeled directly through CSOs. Governments also like working with civil society in a productive way as they have proven to be valuable partners not only in bridging the service delivery gap but also in mobilizing other resources both technical and financial from various sources.

ADB's new Water Financing Program promises to increase resources for rural water supply and sanitation. It is hoped that through the case studies presented in this study, some successful civil society led initiatives will inspire the ADB to see other project level possibilities and find ways to incorporate these initiatives in new and on-going projects. As these cases will show, there is tremendous value in engaging civil society directly and in partnership with government.

## CHAPTER 2 – Understanding the Case Studies

### 1. Introduction to the Case Studies

In order to understand better the possibilities of engaging CSOs in addressing rural water and sanitation, four case studies were specifically selected and studied. The different models of the selected CSO led initiatives showcase a set of factors that make a rural water supply and sanitation project successful. Four models coming from India, Bangladesh, Nepal and the Philippines were examined and analyzed here. All these models are not ADB funded and were chosen on the basis of the following criteria: innovativeness, potential for replication, promotion of institutional strengthening and partnership building, value adding, sustainability and responsiveness.

For this study, **innovativeness** refers to the use of new and creative solution to problems related to the provision of rural water supply and basic sanitation services. **Potential for replicability and scaling up** refers to the extent to which a project can be transferred or replicated (internally or in other countries) as well as the potential for the idea to be applied at a larger scale. **Promoting institutional strengthening and partnership building** refers to projects based on partnership among at least two or more key actors where project outputs contributes towards strengthening of WATSAN institutions, improves multipartite coordination. **Value-adding** refers to elements of added value by way of contributing wholly or partially to water and or sanitation goals with a clear strategy on **social inclusiveness and equity of benefits**. Benefits are appropriately targeted at vulnerable groups, ensure benefits are appropriately shared by women and men; performing a catalytic function, promoting gender equality and employment, ensuring good environmental practice, promoting local/national/regional cooperation. **Sustainability** refers to elements that ensure long lasting tangible/measurable impacts in bringing about improvement in the provision of WATSAN services and the extent to which the project is able to sustain its activities beyond the funding provided. **Responsiveness** refers to the ability of the project to address the demand of the community in ways that are affordable and within the capacity of the community to manage and sustain.

#### 1.1. INDIA: 100% Coverage, Social Inclusion and Use of Proxy User-charges–The Rural Health and Environment Programme of Gram Vikas

Gram Vikas is a multi-awarded<sup>4</sup> non-partisan, secular voluntary organization working in partnership with the rural poor of Orissa since 1979. The organization currently serves a population of nearly 100,000 across 450 villages in different districts of Orissa. Gram Vikas interventions are directed at raising critical consciousness and energizing whole villages/habitations and are driven by the involvement of entire community in planning, implementation and monitoring. They are currently supported by international donors such as ICCO, Christian Aid and the European Union.

The Rural Health and Environment (RHEP) programme is an integrated rural development intervention being implemented by Gram Vikas in the severely underdeveloped regions of Orissa. Its core thrust is to harness the physical, natural, social and human capital in every village through convergent community action to create a spiraling process of development. Concretely, they have been using rural sanitation and water supply as entry points to jumpstart other development intervention. Villagers are also assisted to develop skills and establish income generating projects, of which a percentage of income is allocated for operation and maintenance of common facilities.

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<sup>4</sup> Among awards received to date are: Allan Shawn Feinstejn World Hunger Award for 1995-1996 from the Brown University, USA; Most Innovative Development Project Award, 2001 from the Global Development Network; World Habitat Award, 2003 for their RHEP programme. They have also just received the first Kyoto Water Prize during the 4<sup>th</sup> World Water Forum in Mexico last March 2006.

100% coverage, involvement of all families in the village and raising a corpus fund of Rs1000 from each family on an average are non-negotiable conditions in the Gram Vikas approach. Adult men and women are motivated to work together and transcend caste, gender and class differences to work collectively to ensure the construction of toilets and bathing rooms by all families. Work for the supply of protected piped drinking water to all families in the village is undertaken only after toilet construction for all is completed.

In the 106 villages covered by RHEP so far, the communities take care of effective use and maintenance of infrastructure. Water and sanitation is the core rallying element bringing communities together and a springboard for collective action in other programmes of the Gram Vikas. Maintaining all facilities created by the Programme is the responsibility of the villagers. Local youth are trained to undertake minor repairs and maintenance of the pump, motor and pipelines. The corpus funds are placed in a fixed deposit. The interest of the fund is reserved for extending support to new families in the village for building toilets and bathrooms with piped water supply.

By 31<sup>st</sup> March, 2005, Gram Vikas, through its network of barefoot engineers, has designed and developed low cost functional water supply systems in 211 villages. Each household in these villages have their own toilets and bathing room units, and three faucets – one for the toilet, one for bathing room and another for the kitchen. In addition, they have also able to put up 64 common units in schools and community halls. The cost of water infrastructure is provided for through government support of 70% of the cost of the water system.

By improving village living conditions through the provision of basic services such as toilet and bathing units and piped water, Gram Vikas is confident that this will help effect a 'reverse migration' from cities to villages.

However, the story does not end in toilets, bathing rooms and piped water supply. The process of empowering the marginalized groups, especially the women, paved the way for other community interventions such as health care, children's education, women's savings and income generation groups. In K. Samantrapur alone, there are five savings groups with 97 members and Rs120,000 of their own funds.

Gram Vikas is now utilizing additional government resources for rural water supply under the Swajaldhara<sup>5</sup> scheme. Government is currently providing them 1% of the cost of hardware for the efforts of GramViaks. They are currently lobbying government to increase it to 3% to enable them to cover their costs. They are experiencing some difficulties balancing the requirements of government outputs with the short time frame and limited resources vis a vis their model of supporting community social mobilization processes.

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<sup>5</sup> India's Swajaldhara scheme is the national government's program designed to support rural water supply service provision.

## Box 2: Salient features of the Gram Vikas model:

Issues Addressed	Solutions adapted	Remarks
Low priority of governments to RWSS	The RHEP program targeting 100% sanitation coverage, prior to piped water supply and as an entry point to other development initiatives Use of village and donor fund to leverage additional resources from government's water program	Strong awareness building and motivation to whole community to collectively address need for 100% coverage CSO facilitating community action and social mobilization
No one is in charge; no strategy to address the poorest of the poor; lack of participation of the poor in planning, designing and implementing projects	Made it a 100% village affair to be in-charge by addressing collectively the community problem; Community strategy developed not only for present needs but also for future requirements	Numerous village consultations facilitated by CSO to determine community strategy of addressing the needs of all
Poor Operation and maintenance  Low access to resources; Cashless societies;	Subsidies provided as incentives to leverage village resources Proxy user charges as the mechanism for maintenance (i.e. community income generating projects such as fish culture and horticulture)	Village funds created and utilized to enable all to be served Village fund used as collateral for bank loans for community business masonry training creates job opportunities

### 1.1.1. How did this work?

- 1.1.1.1. Strong awareness building and motivation for the community to transcend their personal, caste and gender differences and work together to achieve 100% sanitation and piped water coverage. Initially, separate meetings with men and with women were undertaken, until later on, when the women representatives started to feel comfortable meeting together with men.
- 1.1.1.2. Requiring the collective decision of the village to work according to the Gram Vikas norm: 100% contribution of the community on the basis of Rs1000 per household. The poorest sectors of the community end up paying only what they can afford and the rest of the community members organising ways of covering deficits. This fund ensures perpetual 100% coverage.
- 1.1.1.3. Mechanisms for continued operation and maintenance and repairs are in place. The village (mostly the women) manages a common fund from the income generated by the fish stocks of the 15 acre community pond (normally reserved for religious processions). Wasteland is developed for horticulture. If this is not enough, as in the case of a few villages, the relatively well-off village people agree to contribute about 0.25% to .50% of the total gross produce at harvest time. In other villages, the richer ones agree to contribute a monthly fee. All these agreements are formally signed and binding between the contributor and Gram Vikas.
- 1.1.1.4. The total cash and non-cash cost of one toilet with bath is Rs7,500. Gram Vikas, through its own funds sourced from its pool of donors (including its partnership with government<sup>6</sup>), is providing an initial subsidy of Rs3000 for toilet construction. This is generally for construction materials like cement, steel, pan etc. which they consider as social costs. The labor and local materials (costed at Rs3500) is contributed by the communities.

<sup>6</sup> Government used to contribute Rs500 for every toilet and bath. Starting April 1,2006, government subsidy for toilet and bath will increase to Rs1500.

- 1.1.1.5. Gram Vikas also provides a comprehensive 60-day masonry skills training for unskilled men and women who, after the training, construct the toilets and bathing rooms. They are continuously monitored for 2-3 years. If they don't have work (which is seldom the case), Gram Vikas guarantees paid work for the first year.
- 1.1.1.6. Apart from toilets, bathrooms and piped water supply, Gram Vikas also works with the communities in an integrated approach. There is support for community mobilization, education, community health management, small scale income generation activities and rural industries, housing support, community infrastructure such as construction of biogas plants and compost tanks, check dams and diversion weirs. They have also improved access by building approach roads for villages. They also organize self-help groups among women who can eventually access credit from the local banks up to 90% of the value of their village corpus fund. The corpus fund can also support housing loans.
- 1.1.1.7. Gram Vikas works with the communities to build their capacities. They organize them, institutionalize them through formal registration and most importantly, they continuously monitor and support communities for three to five years after the water systems are set-up. This ensures continued community development even beyond the requirements of sustaining water projects.

## **1.2. BANGLADESH: Local NGO Capacity Building and Social Mobilization – The NGO Forum for Drinking Water and Sanitation Approach**

The NGO Forum is the outcome of a consultation meeting, jointly organized by the leading national NGOs and UN-Steering Committee for Water and Sanitation in Bangladesh in 1982. Almost 25 years in operation, it has already benefited 21 million people in Bangladesh. NGO Forum as an apex national network service delivery organization maintains a nationwide structure of 14 regional offices to facilitate support to its 665 CSO partners. It has been strongly supported by different donor agencies such as DANIDA as a strong partner of government in the implementation of the *Bangladesh National Policy for Safe Water Supply and Sanitation*.

NGO Forum has been working closely with national government as a major sector partner throughout the years. They succeeded in influencing the creation of national policies in water supply and sanitation provision. For instance, in partnership with other civil society organizations, they managed to influence the government of Bangladesh to declare 'Sanitation for All by 2010'. Under this programme, the NGO Forum for DWSS has planned to bring 500 unions under 100 percent sanitation coverage during the years of 2006-2010. The Forum started the union-based sanitation coverage programme from 2003. During the years of 2003-2004, the Forum introduced the programme in 106 unions. Out of those, 56 unions have already been covered and it is expected that 50 more unions will be covered within a few months. Over the last two decades, the Forum through its partner NGOs and community-based organizations, installed around 3,581,716 latrine sets, which constituted 15 percent of the national latrine installation throughout the country. It is expected that as a result of the intervention in 606 unions by the end of 2010, a total of 2,605,000 households will come under 100 percent sanitation coverage.

The NGO Integrated Watsan (Water and Sanitation) Approach earned the NGO Forum the Dubai International Award for Best Practices for its outstanding initiative "Piped Water Supply in Rural Areas- Bangladesh" last May 2005.<sup>7</sup> It bested around 650 submissions from around the world. It was also recently honoured by the national government for achieving 100% sanitation coverage in 16 unions.

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<sup>7</sup> The UN Human Settlements Programme (UN HABITAT) and the Dubai Municipality jointly initiated this award for those who have significantly contributed to improve the living conditions of people everywhere around the globe as part of their celebration of World Habitat Day on Oct. 4, 2004.

**Box 3. Salient features of this particular NGO Forum model:**

Issues Addressed	Solutions Adapted	Remarks
No strategies to address the poorest of Poor; rural areas difficult to reach; lack of participation of the poor in planning and decision making	Targeted service provision to indigenous peoples of far flung areas of CHT district Mobilization of local intermediary partners and networking with other stakeholders to help facilitate social mobilization process in the hard to reach area Target of 100% sanitation coverage in 49 unions in CHT No cash counterpart required upfront Social mobilization to facilitate agreements in terms of cost sharing, water levies, etc	11 other local NGOs (whose staff are from the areas itself) were mobilized and empowered to implement health focused sustainable water and sanitation programmes Partnership building with local government institutions, religious heads, teachers, ethnic leaders and tribal lords Introduction of other possible income generating projects such as management of sanitation mart; training of masons to supply latrines, etc.
Lack of knowledge and technology options; lack of skills and incentives to sustain operation of the system and provide continuous service	Integration of hardware solutions with strong capacity building intervention both for the local NGOs and the village development councils (VDCs) Well-informed choices of technology solutions made available Monthly water levies for operation, maintenance and major repairs	Training were directed both at the level of communities, the VDCs and the local NGOs. 58% of the budget was allocated for software components against almost 35% for hardware costs
Lack of local government capacity to address all the needs of the rural poor;  No one is in charge	Institutionalization of VDCs as a centre for coordinating other community level interventions; NGO Forum's leadership in mobilizing other actors	Local government is involved in social mobilization and advisory role for technology solutions, site selection and costs that can be covered by the communities; NGO Forum leadership is working at village, union and national levels

**1.2.1. How does their model work?**

- 1.2.1.1. The Chittagong Hill Tracts Project is a two year DANIDA supported project amounting to Tk 30,020,000 (US\$ 442,288) that started in 2003. The project successfully served around 2,800 households through 65 safe water facilities and 2800 latrines.
- 1.2.1.2. They implemented an Integrated Watsan Programme Approach – this is a combination of hardware (material and technology support for water supply and sanitation) and software support (building capacities of local organizations and mobilizing people at various levels towards a common goal of (a) ensuring access to safe water supply and sanitation facilities, (b) promoting sustainable change of hygiene behavior and (c) contribution to the reduction of mortality and morbidity.

- 1.2.1.3. They had worked with indigenous communities in the very difficult to reach areas with an unpredictable law and order situation by coordinating with 11 local civil society organizations supported by their partner NGO- the Hill Tract NGO Forum.
- 1.2.1.4. They built the capacity of local CSO so that they can help in awareness raising and capacity building of the village development councils (VDCs). VDCs are primarily responsible for the operation, maintenance and sustainability of the water systems. While at the moment, they are functioning mainly for water and sanitation, they are also starting to be involved in other development initiatives such as the UNDP project on livelihoods and infrastructure development.
- 1.2.1.5. Cost recovery policy of the government of Bangladesh was implemented by the VDCs through the water levy and other income generating activities such as the sanitary mart.
- 1.2.1.6. Capacity building of local partners was given prime consideration. Apart from institutional and technical options, local partners were trained on accounts administration, maintenance and management of rural sanitary marts, masonry skills training, communicating with different stakeholders and participatory mechanisms.
- 1.2.1.7. Local organizations implement the program at the field level and conduct complete door to door visit to motivate people on safe sanitation and hygiene practices. Periodical meetings held at community level, courtyards, schools, community centers etc to drive home the concept were done repeatedly so that they are pushed to a point to agree to the concept. Strong advocacy work is done at the community level through the use of various communication means such as holding community dramas, rural local language songs, posters, and rallying etc so that the concept is accepted by the people at grassroots level.
- 1.2.1.8. There was no upfront cash counterpart required from the communities. However, those who can afford contributed land or cash while the hardcore poor contributed in terms of labor and materials. This facilitated connection to the system. However, a monthly water levy was collectively agreed upon to support operation and maintenance. Community contribution ranged from 5% to 10% of the installation costs for water and about 20% of toilet construction.

### **1.3. NEPAL: A Gender and Poverty Approach to Rural Water, Sanitation and Hygiene – The NEWAH Approach**

Nepal Water for Health (NEWAH) is a national level non-governmental organization specializing in the rural drinking water, health education and sanitation sector. It was established by WaterAid in 1992 and has been working in close partnership with local CSOs to help poor communities secure basic services of water and sanitation and also strengthen the capacity of these partners to undertake further development activities.

As of July 2005, NEWAH has completed 697 projects serving 788,014 people and 24,604 school students in 49 districts of Nepal in partnership with 334 local partners. The following were achieved:

- 12,508 community tap stands
- 41,484 improved domestic latrines constructed
- 181 improved school latrines constructed
- 7 public latrines in urban and semi-urban areas
- Trained 14,879 members of NGOs, SFDPs, Women Credit Groups and community groups

NEWAH has institutionalized a Gender and Poverty Approach (GAP) in Rural Water, Sanitation and Hygiene Promotion. Their definition of absolute poverty is as follows: *"The condition of the households which have been categorized in the lowest quintile using a well-being ranking tool of the participatory rural appraisal (PRA) method by the local key information as the poorest, most vulnerable and marginalized: who have no or limited land and therefore can not meet the food requirements of their family through their regular income and production: and who are forced to take loans and to do daily wage labour activities in their landlord's farm or elsewhere."*

NEWAH has developed a number of strategies to provide various subsidies to the poorest households to meet the basic requirements. NEWAH's philosophy behind its subsidy policy is that no households in NEWAH's programme areas should be deprived of its services because of the difficulty they have to fulfill with regards to project requirements. An equally important principle guiding the formulation of these strategies is that NEWAH's requirements for community women and men to participate and contribute in its activities should not further deteriorate the economic condition of the poorest households nor should it widen the existing gap between the rich and poor<sup>8</sup>.

NEWAH piloted the GAP approach in 5 project sites and compared them to another ten areas that did not employ a GAP approach. Findings revealed that projects that employed the GAP strategies had better and more sustainable results. For instance, it was observed that there is greater number of poor women participating in meetings and project decision-making processes, there is increased equity in household decision-making and the percentage of poor households with latrines were nearly twice as high in GAP projects.

Due to the benefits derived in implementing GAP sensitive projects, NEWAH decided to mainstream this strategy in their institutional approach. They also managed to contribute the GAP learnings to the ADB supported Community-Based Water Supply and Sanitation Project Preparation Technical Assistance (PPTA) in Nepal in 2003.

#### Box 4. Salient features of the NEWAH GAP Model

Issues Addressed	Solutions Adapted	Remarks
No strategies to address the needs of the poorest of the poor  Lack of participation in planning and decision making by the poor	GAP strategy of well-being ranking of households  Gender and poverty balance in terms of project paid jobs, trainings, project management committees, water and sanitation users committee  Adoption of context specific strategies	Disaggregated data collection across gender, wealth and caste  Men also trained in health and sanitation promotion  Increased participation of women in decision-making roles  Contribution of community beneficiaries are based on well-being ranking
Lack of knowledge and technology options  Inappropriate and costly	Capacity building of local implementing partners (CSO, local governments, poor women and men)  Child and girl friendly school latrines introduced	Five other local NGOs were trained in the NEWAH GAP approach  Gender awareness training given to partners and communities

<sup>8</sup> <http://www.newah.org.np/genderpoverty.htm#GAP%20Strategy>

technologies	Flexibility of rules regarding location and use of water points	
Lack of resources	Graded rate system of operation and maintenance payments according to socio-economic group  Kitchen garden training to augment income	Free latrines to poorest households  50% unskilled labor contribution from the poorest households  Use of village development fund and maintenance fund collection system

### 1.3.1. How did this model worked?

- 1.3.1.1. The need to disaggregate data by gender, socio-economic groups and caste/ethnicity to identify to what extent women , the poor and the socially excluded groups are being reached. This can be used as basis to understand the situation better and guide future planning
- 1.3.1.2. Using children and out of school youth as change agents in promoting good hygiene behaviors and health education
- 1.3.1.3. Training male community health workers- traditionally seen as women's role in fostering change in men's attitudes
- 1.3.1.4. The need to provide special support to improve latrine coverage (i.e. possible further subsidies for superstructures for the most destitute households and special construction support to the physically handicapped)
- 1.3.1.5. The usefulness of context-specific strategies (tailor made materials in local languages, use of cheaper locally available materials etc)
- 1.3.1.6. Long term planning and support is necessary when attempting to change entrenched socio-cultural beliefs and behaviors
- 1.3.1.7. Skills capacity of the staff and project partners will continue to be an important aspect to ensure that gender, caste/ethnicity, and poverty sensitive approaches are utilized.
- 1.3.1.8. NEWAH's project cycle is **normally 4 phases spread across 3.5 years**. The project preparation phase is 6 months and covers activities such as partner appraisal, orientation and proposal development. Phase 2 is the social preparation phase where community meetings and a few community trainings are organized. It is during this phase that user groups are organized to take control and authority. Phase 3 is Project Implementation phase that includes infrastructure building, continued health and hygiene education, regular O and M meetings and fund collection. Phase Four or the post-commissioning phase entails **regular follow-up within a two year** time frame where there is regular monitoring and follow-up visit to the communities. During this period, there is regular operation and fund collection for operation and maintenance.

### 1.4. PHILIPPINES: Institutionalization Of Community Managed Approach In Water Supply In Local Governments – The Philippine Center for Water and Sanitation Model

The Philippine Center for Water and Sanitation ( PCWS) has been working with local governments and communities since 1996. This particular case is a follow-up project to the UNDP funded project managed by the Department of the Interior and Local Government (DILG). The DILG project then called for the installation of point source water systems at particular water points in the numerous communities in the provinces. The PCWS was working as a national partner of the DILG in institution building for decentralized water and sanitation. However, after the project officially ended, the PCWS decided to work more closely with one province, the Agusan del Sur and one municipality to strengthen its institutional capacity to support community-managed water and sanitation programmes. The strategy is a partnership approach

to address the water needs of Dona Flavia in the municipality of San Luis, in Agusan del Sur, one of top 20 poorest provinces of the Philippines located in Mindanao.

The PCWS helped organize and institutionalize the Provincial Water and Sanitation Center that provided technical and financial support to the municipal level implementers. The PCWS also trained the municipal implementers to provide a sustained support role for the community water and sanitation association. In this project, the infrastructure cost was shouldered by the municipal government. Additional resources were provided for capacity building by the Local Government Support Program<sup>9</sup>. The communities decided on the technology, the location of the water points, the tariff levels and rules of connections. The tariff is set at a level that provided for a full time caretaker and the costs of operation and maintenance and potential major repairs to ensure sustainability of operation.

The community demanded ownership of the system prior to its acceptance of the responsibility to operate and maintain it. They organized the Dona Flavia Water and Sanitation Association (DFWSA) to manage the water system. Through their own efforts, they have expanded coverage and is now serving 100% of their population.

The model served as a framework for future rural water and sanitation projects implemented in partnership with local governments in the Philippines. The support that the municipal local government has provided enabled the community to replicate its processes in all their other villages in the same municipality and to 33 other municipalities in Mindanao. The DILG has adopted the strategy of local government capacity building to support community managed systems and all the provincial water and sanitation master plans that was developed with JICA support mentioned the strategy of institutionalizing the water and sanitation centers similar to the Agusan del Sur model as the way forward.

The continued support of the provincial watsan center and the municipal government ensured continued operation of the system in Dona Flavia. This comes in the form of monitoring visits and troubleshooting when the local caretaker is unable to repair the system.

**Box 5: Salient features of the PCWS model:**

<b>Issues addressed</b>	<b>Solutions Adapted</b>	<b>Remarks</b>
Highly fragmented but centralized service provision by multiple agencies without coordination  Lack of capacity of local government to address all the needs of the rural poor; no one is in charge  Low priority of government to rural water and sanitation	Advocacy and eventual institutionalization of multi-level local government support system for community managed water and sanitation programs through legislation and capacity building interventions;	Local legislation created water and sanitation center at the provincial government level tasked to oversee coordination and support to municipal and community level water and sanitation projects  Annual budget allocated by local government from their own funds that they use to leverage external resources
Lack of skills and incentives to sustain operations and provide continuous service	Capacity building of community association through the government institutions who were trained as trainers Continued responsibility, authority and control of system was vested in community association	Frequent monitoring and evaluation and trouble shooting by the PCWS trained government trainers to ensure that the system is operating optimally

<sup>9</sup> The Local Government Support Program (LGSP) is mainly funded through Canadian International Development Agency.

### 1.4.1. How did this model work?

- 1.4.1.1. Government champions realizing the need to prioritize water and sanitation and acknowledging the need for increase capacities at the local level. In this case, the champions were not necessarily very high-level but strategic in the sense that they had the ability and the drive to push for water and sanitation among the decision makers and they knew how the processes necessary to come up with local legislations and budgets. This ensured continuity of initiatives despite change of government political leaders
- 1.4.1.2. Donor support to augment local resources. In this case, a grant was organized for capacity building to help compliment the funds allocated by the local government for a water supply project
- 1.4.1.3. Strong political support at the municipal and provincial levels enabled the partners to work together towards a common goal of providing access to safe water supply to the community
- 1.4.1.4. The provision of funds by the local government for the hardware (mainly coming from internal revenues) and the support of LGSP for the capacity building component made possible a partnership that integrated both hardware and software concerns
- 1.4.1.5. Strong capacity building intervention and backstopping support at various levels even after the project has been completed served to strengthen the support system for the community association
- 1.4.1.6. Capacity building was about 25% of the cost of the hardware
- 1.4.1.7. The provincial and municipal government and the LGSP continued to monitor the project. LGSP supported the municipal government in its other development interventions. It also strongly supported that replication of the Dona Flavia experience with other local governments using the Flavia experience as a demonstration area

## CHAPTER 3 – Learnings from the Case Studies

### 1. What were the factors for success that can be derived from the case studies above?

#### 1.1. Partnership with CSOs will enhance the capacity of governments and the ADB to serve the rural poor.

CSOs work with different levels and types of stakeholders which makes them strategically positioned along the development continuum and it gives them elbow room to engage in innovative schemes. Of the examples shown above, it may be observed that while most of these initiatives are implemented with varying levels of government support, it is also used to demonstrate to government what could be done. All the pilots implemented above have already managed to find its way in national sector goals and strategies. CSOs recognize this space and they work in partnership with the governments to meet ambitious MDG targets.

In the four models presented, the CSOs have generally assumed the role of a major stakeholder in ensuring sustainable water and sanitation access to the rural poor. The Gram ViKas, NEWAH and the NGO Forum models have shown that they have provided the much needed leadership and have facilitated social mobilization and capacity development either directly (as with the GramVikas case) or indirectly through local NGO partners (NGO Forum and NEWAH case.) Again, in the PCWS, it has shown how CSOs can substantially provide help strengthen the leadership and initiatives of local governments.

The four CSOs helped build and enhance the capacity of local partners through a variety of means all geared towards knowledge building, skills training and behavior modification. Local partners, being home grown and with their deep rooted-ness in their respective communities and organized structure may directly implement projects, mobilize and organize the community, and serve as an in-place organization for subsequent system operation and maintenance.

The four cases also showed that the role of government has started to veer away from that of a conventional provider to that of a development supporter and facilitator. Instead, in all the cases the government has in a way provided a 'space' where the CSOs have worked more with the community with minimum intervention from the national government. In all the cases, the CSOs work with local governments supporting each other in providing services. Case in point was the PCWS case which showcased how local government champions can play a role as capacity builders, enabling communities to operate and manage the systems themselves, instead of directly operating and maintaining the system.

## Box 6: Major Stakeholders and Strategy of Engagement

Case	Major Partners engaged	Strategy of engagement	Role of local governments
Gram Vikas	Community, Local government	Contractual agreement for 100% contribution to Village Fund	Subsidies for toilet construction and water supply
NGO Forum	Local NGO partners, VDCs,	Sub-contracting local NGOs; organizing VDCs	Technical advice, social mobilization to accept cost sharing
NEWAH	Local NGOs	Contractual agreement based on approved proposal	Support role
PCWS	Local government	Consultancy arrangement for capacity building	Provision of infrastructure; facilitated continued monitoring at community level

Village development councils and local partners (both government and non-government) are critical actors that the four CSOs helped organize (when non-existent), or strengthen (if already existing) through a package of support. This includes financial, technical and institutional building support over a period of three to five years to ensure that adequate capacities are built and put in place where it is needed. The three CSOs (GramVikas, NGO Forum and NEWAH) had enough resources under its control to facilitate the timely integration of the different kinds of support required by its different partners for a longer period of time. This enabled them to move into other development interventions including sanitation, hygiene education and livelihood generation. This ensured behavior changes and optimal benefit from the water supply and sanitation intervention.

However, on the other hand, the short term consultancy arrangement for the PCWS did not allow it to fully support the process. It was a very limited engagement specifically for a water supply project. It did not allow for stronger sanitation and hygiene promotion activities to take place. The Local Government Support Program (LGSP) however, continued to monitor the project and worked with the PCWS to replicate the water service delivery processes with other local governments. It was nonetheless very encouraging that the local government champions trained were effective and conscientious enough to continue supporting and monitoring the program and the community processes.

While there may be countries where CSOs are not yet recognized, efforts must be made to showcase how CSOs can help governments and how governments can learn from them. Enabling environments for CSO participation should also be established if possible.

### **1.2. It is necessary to invest in developing capacities for meaningful community participation and empowerment of the poor and to provide a continuing support system for such.**

Strong community participation and a process driven approach of empowering the poor and the marginalized also characterizes all of the CSO initiatives. It starts with a process of awareness building, helping them critically understand their situation and use this information to act collectively to improve their situation towards a better quality of life. It has strong similarity to the demand responsive approach where interventions are based on community planning and decision-making processes.

The process of building the confidence of the marginalized groups of poor people to participate in planning and decision-making, especially among women is not an easy task. In the cases of both Gram Vikas and NEWAH, they had to start by organizing separate meetings for women and men.

This is something that most government implementers opt not to undertake as they do not have the time nor the skill to do it. For the CSO projects, it is not enough that water and sanitation is provided. The provision of water and sanitation is just a means to build up the ability of the traditionally marginalized groups to participate fully in their development and growth as a community. The process of building up their confidence to participate meaningfully in the decision making process and making well-informed choices is one of the major value added of engaging civil society as partners in implementing rural water and sanitation projects.

The study also showed that CSOs invest at **least three years** to support the process even after the water and sanitation infrastructure has been installed. Part of the process is ensuring post project support – such as the engagement and capacity development of local governments and local CSOs. Investing in software, specifically in capacity building initiatives ensures an effective and efficient water and sanitation service provision

With government's role evolving from a service provider to a facilitator and supporter of community managed schemes, CSOs can actively be involved in building capacities of local governments in a decentralized mode of service delivery. They will be able to bridge the gap and serve as a link between governments and the communities.

### **1.3. Greater investments in the rural water supply and sanitation sector can be used to pump prime other poverty reduction interventions.**

Water and sanitation projects that have evolved into other development initiatives is a strong indication of the readiness of the poor communities to engage in other self-help initiatives. This includes some health, livelihood and income generating opportunities and in some instances, even infrastructure development (housing projects, for instance). This is one of the positive outcomes that results from a process-driven development intervention.

Evidence of the impacts of water and sanitation projects on livelihoods, people's mental and physical well-being and the economic growth and development of the communities and their gender relations have all showed that water and sanitation projects are central to poverty reduction strategies at the local level.

Integrating other development interventions once the rural water supply and sanitation service delivery systems are in place are important value adding mechanisms to ensure that a) funds are available for continued operation and maintenance ( and expansion) of the services and b) the people's decision-making skills are continually harnessed. The practice of introducing income generating skills such as masonry, setting up of sanitary marts and introducing farming and fish culture support are just examples of how this can be done. Water and sanitation projects that have enough flexibilities to allow these innovations can have better impacts in poverty alleviation and health improvement.

### **1.4. Target 100% rural water supply and sanitation by area.**

Clear targets and goals make a distinctive difference in approaches. When projects put in place a mechanism for 100% coverage and this is backed up by adequate funds for infrastructure, then it becomes a reality. All the models presented had very clear targets to which other donors, stakeholders and resources were mobilized. While there is no government scheme that is targeting 100% coverage, CSOs have shown that it could be done. However, there is need to scale up and replicate the models. ADB could help replicate the 100% target approach using partnership arrangements between governments and CSOs.

## 1.5. Donor relations and transaction costs can be important drivers of RWSS programme

All of the CSO models were made possible through donor grants, some of which are long term (20 years and counting)<sup>10</sup>, while others, short term (six months minimum). This is a tribute to favorable evaluations of the outcomes and impacts of the CSO projects. On the other hand, it would be detrimental to these organizations if a long term donor suddenly changes policies and decide not to fund the programs of these organizations. This is mainly because the way fees are structured within CSOs, it is more bias towards projects and operations and no funds are actually allocated for organizational sustainability. The notion of operating not for profit organizations do not allow enough resources for the continued “operation and maintenance” and sustainability of CSOs.

Gram Vikas is currently receiving 1% of the hardware costs as its fee for facilitating government funded water supply projects. They are advocating for at least 3% but getting government to agree is a challenge. Gram Vikas, NGO Forum and NEWAH's core operations are subsidized by their donors. And their donors are helping them generate local income in an attempt to reduce donor dependence. NGO Forum has a robust water quality laboratory and a documentation and reference centre operating daily on a commercial basis. NEWAH is being trained by WaterAid on public fund raising initially targeting tourists and employed local residents. PCWS is continually engaged on a consultancy arrangement with different local governments. Costs of the consultancy are paid either from the government funds or directly by the donor.

In all the models presented, the CSOs had never acted as a government agent nor does it depend highly on government financing. It is better if they are not acting as sub-contractors or agents of the government. CSOs have their own strategies of mobilizing additional human, technical and financial resources to support their work. However, with donor support for core subsidies decreasing, it is increasingly becoming difficult to balance the delivery of service with the business orientation of having to earn for its own upkeep. The quality of the work however has attracted recognition and more support from donors.

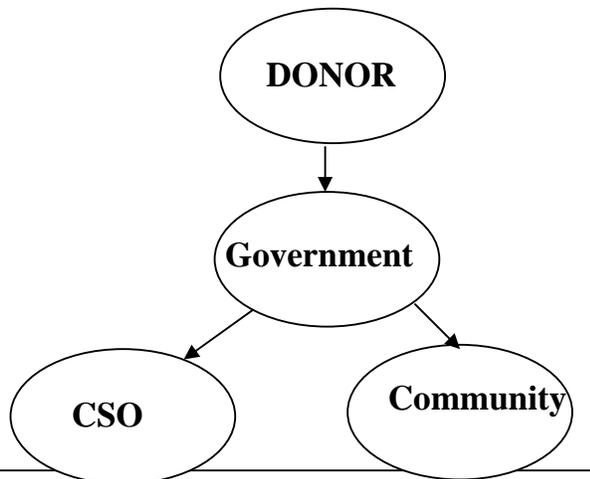
Governments are quite reluctant to replicate the CSO approaches as they do not have the time, the skills and the expertise to do so. In such cases where there is recognition on the value of CSO involvement, a partnership is built with each one growing stronger with “borrowed strength”. The concept of borrowed strength is similar to the idea of complementation where one partner builds on its own strength and links with another not just to share and exchange but more to develop synergies based on clear and transparent partnership arrangements.

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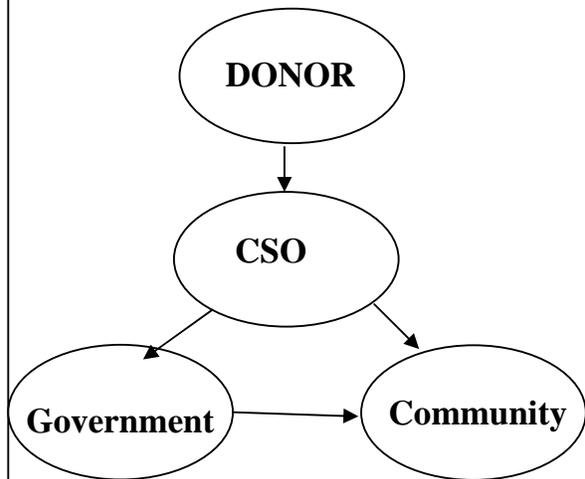
<sup>10</sup> Five year programmes renewed four times already

**MODELS OF RURAL WATER SUPPLY WITH STRONG CSO PARTICIPATION**

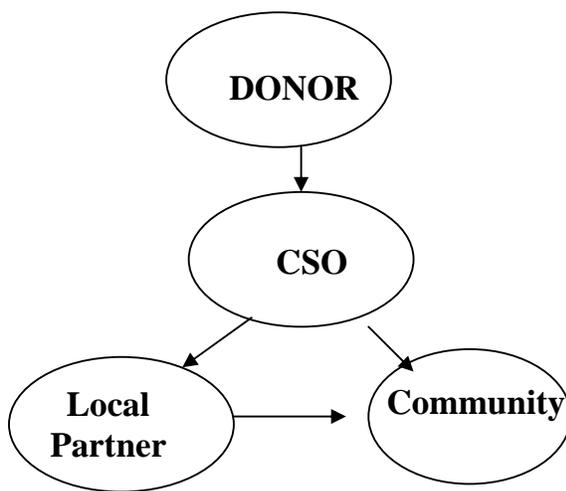
**Model 1: Donor supports government; government sub-contracts CSOs to deliver particular services (conventional model)**



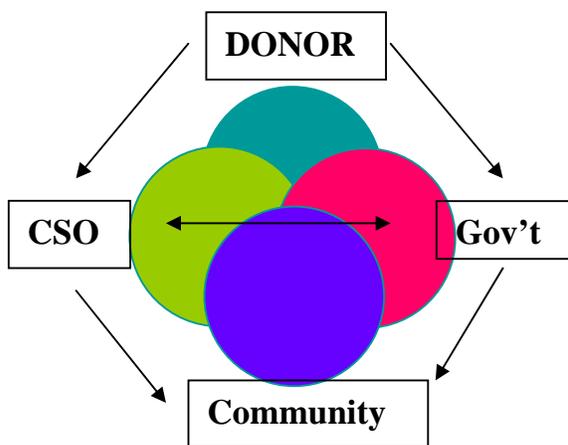
**Model 2: Donor supports CSO directly; CSO works with government and community**



**Model 3: Donor funds CSO directly; CSO funds local partners and works both with local partners and the communities.**



**Model 4: Donor funds both CSO and Government to work together in particular communities.**



### Box 7: Analysis of the Models

<b>Model</b>	<b>Strengths</b>	<b>Weaknesses</b>	<b>Remarks</b>
Model 1: donor supports gov't; CSO is sub-contracted by gov't.	Government takes full responsibility for community managed schemes; CSO supports	Short term CSO involvement; gov't may have other priorities,	Advisable in cases where gov't has put water and sanitation high on its agenda; willing to invest (i.e.full time staff and resources in building its capacity (knowledge, attitude and skills)
Model 2: Donor supports CSO directly; CSO works with gov't and community	CSO takes full responsibility of supporting community managed schemes; LGU supports	Local gov't may relinquish its responsibility in favor of a strong CSO at the local level	Advisable in areas where CSOs have proven track record.
Model 3: Donor funds CSO directly, CSO funds local partner who will implement at the local level	CSO builds up capacity of local partner;	Skilled local partner is not always available; need for capacity building and strong network building	CSO should have a network of local partners that can implement at the local level
Model 4: Donor funds both gov't and CSO for community level projects	Donor, Gov't and CSO can be long term partners in a coalition to deliver services and gain optimum impact	Donor transacts with both government and CSOs.	Need for stronger tri-partite collaboration; willingness to go through a process of listening and building together this model in a per country basis.

## CHAPTER 4 – RECOMMENDATIONS AND FOLLOW UP ACTIONS

### 1. RECOMMENDATIONS

In recognition of the lessons derived from the case studies and the subsequent discussions with the ADB staff, the following recommendations are made for consideration in project design and operations:

#### **1.1. Under the ADB Water Financing Program, set up a special window of financing and grants for CSO.**

The ADB can provide a window to formally support/mainstream very good CSO initiatives. The NGO Centre of the ADB proposed to organize a RETA that will generally provide CSOs direct access to the ADB resources.

The ADB can utilize the financing package as an incentive to promote clear and coherent national strategies that put water and sanitation as its top priority. Make sure governments work together with other stakeholders such as CSOs to develop their time bound action plans to meet the localized millennium development related goals. Support CSOs and local governments who are politically determined to work together to have 100% coverage in specific geographic locations and help them achieve it through a combination of loan and grant support for additional technical, institutional and financial inputs.

ADB should recognize CSOs and create a specific niche for them. Harness the potentials of CSOs. Support knowledge networks that can help develop and expand CSO capacities. Strengthen the delivery of information and knowledge bases so that other CSOs can replicate worthy practices. CSOs can also help ADB and the governments strengthen their people's participation and pro-poor approaches; they can also help in monitoring and evaluating water supply and sanitation projects especially its pro-poor elements.

#### **1.2. Help facilitate the development of the country policy framework for rural water supply and sanitation. Include in it provisions for the more flexible project arrangements including the active involvement of CSOs in rural water supply and sanitation.**

Many governments do not have a clear policy framework on rural water supply and sanitation. This may be an important area for the ADB to support. Once there is a clear and coherent policy, CSOs can be actively mobilized in rural water and sanitation projects with different levels of engagement with governments. However, its ability to innovate and adapt interventions should be encouraged rather than stifled by project rules. Their engagement could be in terms of transitions or as long term partners. Governments can engage CSOs as umbrella facilitators to support community based projects, to monitor and provide backstopping support for technical and social problems.

If the ADB and governments are convinced on the value added by CSOs, investments have to be made to ensure that opportunities to develop and harness capacities of CSOs are supported.

#### **1.3. Put in place a system of ensuring long term support for projects .**

While sustainability of any water and sanitation project is one of the major concerns, in practice, this is sacrificed if there is not enough time and resources to ensure project support even after infrastructure has been developed. Building up local capacity to sustain the water services and sanitation service provision and internalizing behavior changes is a process that needs adequate time, resources and particular skills. Mechanisms to ensure continued operation over a long period of time has to be in place. A system for mentoring and handholding has to be in place to provide long term support for operation and maintenance of infrastructure and post project services.

**1.4. Consider the possibility of an integrating rural water supply and sanitation programs with other development interventions such as farming, irrigation or fish culture support for increased impact.**

The integration of rural water and sanitation programs to other development interventions such as irrigation, fish culture and other income enhancing/generating projects is an idea worth exploring in new program packages. The packages could start in addressing the pressing need of basic water and sanitation services and move towards projects that will help increase rural productivity and income. Such approach will help ensure availability of funds for continued operation and maintenance of systems and additional resources for poor households for their other needs.

ADB staff specifically recommended to explore the integration of rural water supply and sanitation schemes with large irrigation projects.

**1.5. Pilot a demonstration project that is developed through a joint planning and preparation process with strong civil society participation.**

The project could be an action research that will explore the development of a bigger project concept of direct ADB support to CSOs and government partnership arrangements. This could be done in consultation with CSOs and government representatives in a process facilitated by the ADB ( or through consultants). The project could lead into concrete policy arrangements under the Water Financing Program in engaging CSOs and governments collectively.

**1.6. Build capacities of good partners.**

The ADB should also invest in training other CSOs to ensure quality standards. It could help other CSOs to grow and be better partners at regional, country or even local levels. It could also help governments and other ADB operations staff understand how to work within a partnership framework with CSOs.

**2. FOLLOW UP ACTIONS**

**2.1. Some immediate follow-up actions can also be readily implemented:**

Include in the database a compendium of case studies on rural water supply and sanitation organized by subjects that could be easily accessed by staff and researchers.

**2.2. Conduct of bigger research with specific studies/workshops/sharing of experiences on issues such as:**

**2.3.**

- 2.3.1. How much should community contribute? What percentage of capital costs could be borne by the communities?
- 2.3.2. How do we effectively target the poor?
- 2.3.3. How useful are village funds and mechanism for collection;
- 2.3.4. Should sanitation be introduced before or after water supply?
- 2.3.5. How can peer pressure be used in moving behavior changes?
- 2.3.6. How much fee is viable; What are the experiences in cost recovery for rural water supply and sanitation?
- 2.3.7. What are the different ways of building up the village funds?
- 2.3.8. Evolution of approaches – how did they come up with these models?
- 2.3.9. How can ADB and DMCs use the lessons from the study
- 2.3.10. Assessment of CSO capacities. Some of the CSOs might not have sufficient people/materials/capacity to scale up.

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## ANNEX 1

### Compilation of some of the key lessons learned from the collective experiences of CSOs:

1. An **enabling environment with adequate policy frameworks, with adequate funding and sufficient local capacities** are prerequisites for sustainable service provision. While it is the government's responsibility to ensure that the basic right of the people to safe water and sanitation is delivered, they need partners to make it happen.
2. Managing partnerships with the different stakeholders is also a skill. Each stakeholder would have their own interests. They bring into the table different perspectives. They have their own strengths and weaknesses and the trick is to **build strong linkages and capacities to work together towards a common and coherent goal**.
3. Working with the poorest of the poor require specific techniques. There are **specific knowledge, attitudes and skills necessary to work effectively with different types of poor people**. Projects that strongly consider the context, local cultures and provide adequate information to the people have higher chances of being supported by the local communities. There is also costs and timescale implications of genuinely working with the poor. Project policies and procedures must be flexible enough to allow the poor communities to explore ideas and make their own decisions.
4. **Public awareness and community participation are critical aspects of any development intervention**. If water and sanitation are strongly perceived as a need, communities may be prepared to make significant time and labour contributions.
5. Hygiene promotion and sanitation will help water achieve the full potential of health benefits. **Social marketing and participatory health education materials** have been found to be successful in raising awareness and promoting positive behavior change.
6. **Investments for institution building processes** is worth it if the local stakeholders at various decision-making levels accept their specific roles and responsibilities towards project sustainability.
7. Sustainable service delivery depends on decentralized authority. Local communities with **adequate support systems** who are empowered to make well-informed choices in technical, management and financial options will make sure that services are sustained.
8. Provision of **water supply and sanitation could be an effective entry point for other development initiatives** to enhance growth potential of a particular defined area in a rural community

**HIGHLIGHTS OF THE MAY 4 ADB MEETING  
RE: Streams Study on Serving the Poor: A Review of Civil  
Society-Led Initiatives in Rural Water and Sanitation  
May 4, 2006, 10:00 to 11:30 a.m.**

1. The meeting was attended by ADB staff and consultants from the different departments (SEAE, RSGS, SAUD, SESS, RSID, SARD, SEID)
2. Mr. Seetharam gave a short introduction and overview of the study, and asked participants to think how ADB can make use of these findings.
3. Ms. Villaluna of the Streams of Knowledge presented the highlights of the case study, specifically on the findings on the 4 cases and the lessons learned.
4. As a prelude to the discussion proper, Mr. Arriens gave some statistics on the levels of investment on rural water supply and sanitation (RWSS) made by ADB. Accordingly, in the last 10 years. ADB has invested only 6% and in the last 5 years 9% or an average overall investment of even less than 1%. He emphasized on how ADB can benefit from the lessons from the study, especially in addressing barriers that separates RWSS from other rural projects and in replicating the CSO models.
5. With these backgrounder and the points highlighted in the presentation, the following are the comments and suggestions from the group:
  - A. On the overall results and finding of the case study:
    - The importance and the need to have a policy framework that would facilitate the active involvement of civil society organizations in rural water and sanitation.
    - In addition, there is also the need to put in place a system such as M and E, mentoring and handholding that could provide long term support for Operation and Maintenance of infrastructure and post project services.
    - The provision of water supply services as part of the large irrigation project should be looked at and considered, especially by those who are in charge of large irrigation projects. Within ADB, there is a need to explore possibility of an integrated irrigation and rural water supply programme.
    - On findings on 100% coverage and full cost recovery, it was indicated that this could be attributed to good local conditions and socio-economic situation. However, it was pointed out that this may differ depending on local situations.
    - On the models presented, pointed out that while the model wherein government is not directly involved may work as reflected in Models 2 and 3, this type of model is generally not sustainable. There is a risk that government may become lazy and turn over everything to CSO.
    - It is also important to know the cost variations (transaction cost) among the models
  - B. On the cases presented:
    - The evolution of the case study models (such as the process of change and adjustments, how was this accomplished) would be an interesting aspect of the study itself.

- From the CSO perspective, there is a need to describe the enabling environment and the factors that contributed to the CSOs success. It must be noted that CSOs exist and operate in different context, thus, the need for a balance view on CSOs.

C. On the lessons learned from the study:

- The insights provided by the learning from the study were useful. It was suggested that these could be transformed into a bigger database of case studies to be organized based on critical issues being addressed.
- Based on the lessons learned, there are more questions that could be answered by a bigger study such as:
  - ✓ How much should community contribute
  - ✓ How to target the poor
  - ✓ How useful are the village funds? How should they be collected
  - ✓ Does sanitation comes before or after water supply
  - ✓ How much fee is viable
  - ✓ How much must be allocated for capacity building
  - ✓ How can ADB and DMCs use the lessons from the study

D. On the ADB Water Financing Program

- One question that surfaced during the discussion was the possibility of setting up an special window geared solely for CSOs under the ADB Water Fund.
- As part of the Business Unusual scenario, allow ADB to use loan proceeds for CSOs
- Relatedly, there was also the suggestion expressed that if funds will be channeled through CSOs, there is a need to ensure that CSO need not only the capacity to handle the funds but more importantly that the CSO should have the personnel to implement the programs
- As such, it is of utmost importance to assess the capacity of CSOs. The idea was for capable CSOs to transfer their knowledge and capacity to less experienced and skilled CSOs.
- ADB to help build capacities of good partners.

## List of ADB Staff Attendees during the May 4 Presentation of Streams Study Results

	<b>Name</b>	<b>Position</b>	<b>Department</b>
1	Maria Eloisa Añonuevo	Consultant	Siemens
2	Axel Hebel	NRM Specialist	SEAE
3	Jennifer Francis	NGO Specialist	RSGS
4	Shinichi Ogawa	P.S	SAUD
5	Bob Hood	CFWS Mgr Urban Development	RSID
6	Paul Van Klaveren	Specialist	SESS
7	Veronica Ortiz	Consultant	BOI Spanish Commercial Office
8	Maber Mugica	Consultant	Spanish Commercial Office
9	Jose Ramon Espinosa	Consultant	Office
10	Plamen Bozakov	WR Specialist	SARD
11	Susane Shierling	Project Economist	FARD
12	Chris Morris	WR Specialist	SERD
13	Jeanne Everett	Staff	SARD/SEID
14	Mai Flor	Consultant	RSID
15	Ellen Pascua	Consultant	RSID
16	Tatiana Gillego	Consultant	SAUD
17	Dennis von Custodio	Consultant	RSID
18	Alfredo Perdiguero	Senior Project Economist	RSSD
19	Wouter T. Licklaen Arriens	Lead Water Resources Specialist	RSID
		Principal Water and Urban Development	
20	K. E. Seetharam	Specialist	RSID
21	Christina Duenas	Consultant	RSID
22	Rory Villaluna	Project Team Leader	STREAMS
23	Yoly Gomez	Technical Assistant	STREAMS

### **Bringing Water Supply and Sanitation Services to the Tribal Villages in Orissa the Gram Vikas Way**

100% coverage, involvement of all families in the village and raising corpus funds—these are the hallmarks of Gram Vikas. Gram Vikas is a non-partisan, secular voluntary organization working in partnership with the rural poor of Orissa since 1979. Its interventions are directed at energizing whole villages/habitations and are driven by the involvement of the entire community in planning, implementation and monitoring.



Through its Rural Health and Environment Programme (RHEP), which is an integrated rural development intervention, delivery of water and sanitation is made a reality in 106 villages. As RHEP is about toilets, bathrooms and running water, providing water and sanitation is the core rallying element bringing communities together and serves as a springboard for collective action in other programmes of Gram Vikas.

Unique to Gram Vikas is the adoption of the social inclusion approach wherein all families, irrespective of their economic, social and caste considerations, build the same type of toilet and bathrooms.

Through its own funds sourced from its pool of donors, the government included, an initial subsidy of Rs3000 for toilet construction is granted per household in the community. This is considered a social cost and is spent for external materials like cement, steel, and pan etc.

Community counterpart is required through a corpus funds in the amount of Rs1000 which the village must raised. Contributions to the corpus funds is determined by one's economic capacity with the poor giving less. Villagers' contribution ranged from 0.5% to 1 % of the total gross product at harvest time. The corpus fund is put in an interest earning deposit and the interest is used for operations and management as well as for extending support to new families in the village for building toilets and bathrooms with piped water supply.

The maintenance of infrastructure is the responsibility of the villagers. Local youth are trained to undertake minor repairs and maintenance of the pump, motor and pipelines.

The story does not end with providing piped water, toilets and bathrooms but culminates in a process of empowering the marginalized groups, especially the women who are traditionally excluded from meaningful participation and decision making.

Over the years, Gram Vikas has pioneered mechanisms that ensure building sustainability in water and sanitation. Through its corpus funds, it is able to leverage for additional resources. It has successfully leveraged for government funds for rural water supply or from local area development funds from Members of the Parliament and members of the Legislative Agenda. In addition, the corpus fund has also been used as collateral to source more funds from financing institutions.

As of March 2005, Gram Vikas has developed functional water supply systems in 211 villages. Each household in this village has its own toilets and bathing room units. They have also been to put up 64 common units in schools and community halls. Gram Vikas is hopeful that by 2010, they would have reached 120,000 families in 1,000 villages.

## ANNEX 4

### **Providing Water Supply and Sanitation to the Ethnic Communities of Chittagong Hill Tracts (CHT)**

After years of waiting, the ethnic population of Chittagong Hill Tracts (CHT) has come to enjoy safe water, sustainable sanitation and hygiene—three basic things that made a big difference in their lives.

The Chittagong Hill Tracts is a far flung mountainous area, cut from the rest of country because of its topography and peace and order problems for some time. These conditions have conspired to deprive most of its ethnic population with basic services such as access to safe water and sanitation. There was prevalence of diseases and the mortality and morbidity rates were quite high in the area.



Changes and development came to CHT through the concerted efforts of the NGO Forum, a lead national water and sanitation (WATSAN) apex delivery service organization, its counterpart local WATSAN lead agency, the Hill Tracts NGO Forum with 11 local NGOs and the local population. Together they implemented the hygiene promotion, water supply and sanitation project which was responsible for bringing these services to CHT. This was made possible through DANIDA funding and with counterpart funds from the beneficiaries.

Overall, the project was aimed at improved hygiene behavior and provide access to water and sanitation facilities by building the capacity of local NGOs to manage such project, increase awareness and demand for water and sanitation services and ensure sustainability of services/facilities.

The project combined the delivery not only of hardware by way of new water technologies and acceptable sanitation methodologies but also software through various capacity building and awareness campaign on WATSAN targeting the staff of the local NGOs as well as the ethnic minority. Some of the water supply systems successfully introduced was the ring well river side, gravity flow system, deep set pump, and tube well. For sanitation, the project introduced water-sealed latrine of various categories. The technologies introduced were considered innovative to this part of the country and have not been tried previously.

Financing the project meant setting up of cost sharing and cost recovery mechanism to take care of the infrastructure building, operations and maintenance. Depending on the economic status, community put in their share with the rich and better off contributing more and the hardcore poor putting in their labor and maintenance efforts. So far, this has worked effectively in CHT area, thanks to the social mobilization efforts of the local NGO with support from the local government institutions (LGI) who made sure that the communities were motivated to participate.



The management of the project was handled by the Village Development Committee (VDC) representing the community with support from the local NGOs. The VCD was part of all the phases of the project—from project planning to implementation. As the link between the LGI, the NGO and the

community, building and capacitating the VDC has become necessary. Today, the VDC is considered  
ives.

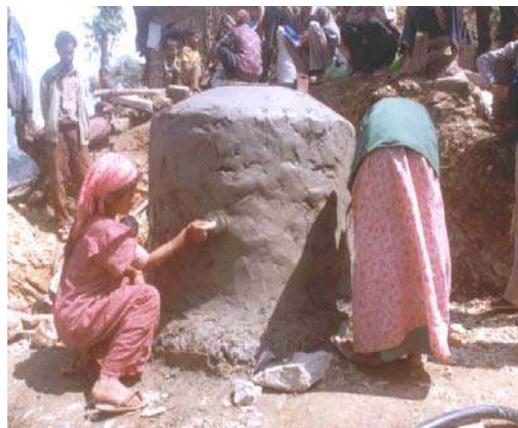
A common feature of mostly NGO-led initiative, this unique partnership among NGOs, the LGI and the community further ensured the success of the project by sharing resources such as information, expertise and funds. In essence, the project has opened new opportunities in the area of WATSAN networking and partner building, especially among non-traditional partners.

The implementation of the HYSAWA has showcased a number of pioneering success in addressing rural water supply, sanitation and hygiene programmes: cooperation among NGOs, LGUs and community towards innovative WATSAN schemes; positive outcomes from community participation with gender mainstreaming features; willingness of communities to share cost and responsibilities to improve their socio-economic well being; and the combination of hardware and software in delivering water, sanitation and hygiene services.

Today, HYSAWA in CHT is being looked up as the “model approach” in addressing water supply, sanitation and hygiene issues in similar areas, thus, it opened door of development for the ethnic communities.

### Making Rural Water, Sanitation and Hygiene Gender Sensitive and Pro-Poor

From now on, the poor women and men in Nepal will have the same chances of enjoying safe water and sanitation and hygiene the same as the rich. This was made possible through Nepal Water for Health's (NEWAH) Gender and Poverty Approach (GAP) in the implementation of their rural water, sanitation and hygiene projects.



NEWAHs experience showed that the richest and so-called higher caste men dominated all aspects of access to water and sanitation delivery projects. This situation often excluded women, poor Dalit and ethnic men from any form of decision-making, training and other benefits related to improved water and sanitation systems. The domination of water systems by male elites in Nepal often leads to unequal access to safe drinking water between the better off and poorest socio-economic groups and ultimately to the unsustainability of the projects.

NEWAH recognized that unless efforts are made to correct this particular situation at the organizational and programme levels, the poor women and men will continue to be deprived of the benefits of their water and sanitation projects.



Thus, NEWAH institutionalize the Gender and Poverty (GAP) approach as an intervention at the organization and programme levels to ensure that women, the poor and other disadvantaged groups participate in and benefit from water and sanitation projects. What followed was an intensive effort on NEWAHs part to mainstream GAP into their water, sanitation and hygiene programme.

This was accomplished through the conduct of gender awareness training to partners and communities including building the confidence of women and poor men to participate in watsan projects. A well being ranking of households to identify poor members of communities; and a graded rate system of O and M payments according to socio-economic groups were also undertaken. There were technical training of women as well as poor men with priority for project paid jobs to women and poor men.

Another intervention was the 50% unskilled labor contribution to the poorest households in addition to free latrine components to the poorest households. A gender balanced Water and Sanitation User Committee was created. Health, hygiene and sanitation education to men as well as women including 'in school' and 'out school' children were conducted. There was a flexible policy of number of households per water points in cases of social exclusion and women were consulted over water points location and design modification to meet practical needs. Also part of the intervention was the child and gender-friendly school latrines. A kitchen garden technical training was also part of the GAP approach as well a gender sensitive savings and credit organization.



To test the application of GAP, it was piloted in five project sites and compared it to ten areas that did not employ GAP. Findings revealed that projects that employed GAP strategies ahs better and more sustainable results. For instance, it was observed that there is greater number of poor women participating in meetings and project decision making processes, there is increase equity in household decision-making and the percentage of poor households with latrines were nearly twice as high in GAP projects. Today, all rural water, sanitation and hygiene projects of NEWAH is anchored on GAP.

## Institutionalizing Community Managed Approach in Rural Water Supply and Sanitation: The Philippine Center For Water and Sanitation (PCWS) Approach

They are so different that they have much to share! This aptly describes the work which PCWS did together with different stakeholders in order to bring to reality safe water supply and eventually sanitation to Barangay Doña Flavia in San Luis, Agusan del Sur.

Barangay Doña Flavia is a progressive area as it is becoming the commercial centre in San Luis. Water supply was coming from 24 wells that dotted the barangay. However of these, only eight wells were supplying potable water. With a growing population and thriving commerce, it had become necessary to ensure adequate supply of safe and potable water for the barangay.



Thus, providing safe water supply became the common ground for a number of stakeholders—the people in the community themselves, the local government units including the barangay to the municipal and finally to the provincial levels together with the PCSW and the Local Government Support programme with funding from the Canadian government. The project was envisioned to become a model of a community-managed water supply which other community can duplicate.

PCWS acted as the facilitator of the project and they helped organize the Provincial Water and Sanitation Center that provided technical and financial support to the municipal level implementers. It was also PCWS who trained the municipal implementers to provide sustained support for the community water and sanitation association. Additional resources were provided for capacity building by the Local Government Support Fund. The community, through the Doña Flavia Water Supply and Sanitation Association which was formed as part of the project, decided on the technology, location of the water points, the tariff levels and rules regarding the connections. It was the community who set the tariff at a level that provided for a full time caretaker and the cost of operation and maintenance.

Ownership of the system was transferred to the community as part of the agreement for handing the responsibility to operate and maintain it. Today, through their own efforts, they have expanded coverage and is now serving 100% of their population. PCWS has continuously provided the technical advises to the community even after project completion. Periodic visits from PCWS to the community and maintaining communications have proven to be effective.

This project demonstrates that strong political support catalyzed by a civil society organization (CSO) enabled different partners to work together towards a common goal of providing access to safe water to the community. This also strongly emphasized the importance of combining hardware and software to ensure project success. This also shows how 'handholding' by way of monitoring even after project life has helped the community manage the water system.

The Doña Flavia project showed that community managed water and sanitation systems can work. And more importantly, the municipal government of San Luis has now utilized the concept of community management in pursuing other development projects. As a matter of fact, another eight local government units (LGUs) have adapted the community managed approach of Doña Flavia in pursuing their own water supply and sanitation services.

