

## **SNV Managing Board's response to the evaluation of the SNV Rural Sustainable Sanitation and Hygiene for All Programme in Nepal (December 2012)**

SNV works in the areas of Agriculture, Water, Sanitation and Hygiene (WASH), and Energy. In the WASH sector, SNV's focus is on engaging all relevant actors in WASH initiatives, from effective approaches to water supply and sanitation functionality to ensuring sufficient attention to hygiene and realising market-based solutions. Next to sanitation demand creation and improving governance, strengthening service value chains and hygiene behavioural change communication are key elements of our work.

The Sanitation and Hygiene for All (SSH4A) programme in Asia is SNV's sanitation and hygiene flagship programme aimed at achieving area-wide sanitation coverage in rural and peri-urban areas. In 2010 and 2011, SNV, its network of local partners and IRC reached 247,000 people and 138 schools in rural areas in Nepal, Bhutan, Laos, Vietnam and Cambodia with hygiene promotion as well as sanitation information and services. In this context, the SNV Managing Board (MB) commissioned the evaluation of the SSH4A project in Nepal with a distinct focus on SNV's value added to development results.

The evaluation was conducted in the period July 2012 – December 2012. The purpose of the evaluation is to provide better insight into the reach of the programme towards poor households, the factors that affected the results of the sanitation programme and to what extent and how SNV has been able to influence these.

The MB has taken notice of the evaluation results. On the whole, the MB is pleased with the main findings of the report. The evaluators have adopted a range of methods in collecting information, they have used a representative range of information sources and ensured triangulation of their findings. According to the MB this has contributed to a convincing evaluation report. The report addresses all evaluation questions and provides some interesting findings as well as some critical and useful recommendations (see also the executive summary of the report).

The SSH4A programme was implemented in a favourable environment which largely contributed to the success of the programme. The MB appreciates that the evaluation team has valued the importance of SNV's role in the programme, in empowering people and their institutions, establishing links between them, developing leadership and promoting and influencing strategy development, planning and harmonisation of sanitation approaches at local level as well as policy development at national level. This created local capacity for the implementation of the actual sanitation programme and a further favourable enabling environment. The MB acknowledges that a qualitative evaluation has its limitations in terms of providing hard evidence on number of poor people impacted by the programme. On the other hand it is pleased that outcome and impact monitoring is common practice in the programme, which results show that the programme is successful in providing a large number of poor households with improved sanitation. Moreover, the evaluation team gathered anecdotal evidence on the positive impact the programme had on the sanitation and health situation of poor people.

The MB is also pleased with the acknowledgement of the important role of the private sector in supplying sanitation hardware, the low-key support of SNV which leave the ownership in the hands of the local actors as well as the fact that the programme was effective while using a zero-subsidy approach.

The MB acknowledges that the adopted low key approach of SNV means that it is not always easy to determine SNV's exact role and added value in the programme, next to those of others. It agrees that SNV should have kept better track of and should have recorded also actual activities and outputs. Since early 2012, SNV corporate wide has started paying explicit attention to the planning and monitoring of activities and outputs.

# Evaluation of the Rural Sustainable Sanitation and Hygiene for All Programme in Nepal



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## EXECUTIVE SUMMARY

### *General*

1. This report presents the findings of the evaluation of the Rural Sustainable Sanitation and Hygiene for All (SSH4A) Programme implemented by SNV Nepal. The Regional Monitoring and Supervision Office of the Mid-Western Region is SNV's client in Nepal; as international partner IRC International Sanitation Water and Sanitation Centre is involved. The SSH4A programme consists of five components: (1) sanitation demand creation; (2) strengthening WASH governance; (3) sanitation supply chain; (4) hygiene behaviour change communication (BCC); and (5) learning and dissemination as cross-cutting component. The SSH4A programme is implemented in 21 first batch VDCs (sub-districts) (2010/2011) and 24 second batch VDCs (2012) in 7 districts of the Mid-Western Region in Nepal. SNV also supports district, regional and national authorities in improving WASH governance, which includes strategy and policy development, planning and support to alignment.
2. SNV's SSH4A Programme started in 2008 in 5 Asian countries, of which Nepal is one. The AusAID funding (mid 2010 – end 2011) accelerated the implementation of this programme in all five countries. In January 2012 the SSH4A programme continued with only SNV core-funding; a new AusAID proposal was submitted in August 2012 to expand the programme to other geographic areas within the Mid-Western Region and to urban sanitation.

### *Overall findings*

3. By the end of 2011 various targets set in the AusAID proposal for Nepal were over-achieved: 49,562 people got access to improved sanitation (double the target); 17,768 more persons got access to unimproved sanitation; and 17 of the 21 VDCs had been declared Open Defecation Free (ODF). The targets in the AusAID proposal were ambitious but could be largely achieved because preparatory activities had already been implemented since 2008; other success factors are listed below.
4. SNV's role in the SSH4A programme focused on the development of a comprehensive and effective approach, (organizing) capacity building, research, promotion of harmonization and facilitating implementation by other stakeholders. SNV found a balance between listening to and supporting other stakeholders and influencing them. This approach has clear advantages, since the low-key support of SNV is not threatening and leaves local government bodies in the driver's seat. The low key approach (and reduced visibility) also meant that it was sometimes not easy to assess SNV's exact role in the programme. Nevertheless, it became sufficiently obvious that various achievements are (largely) attributable to SNV and many WASH stakeholders reported to have a high regard of SNV's role and contributions.
5. The success of the SSH4A programme was enhanced because "the time was right" as illustrated by the government's commitment to sanitation at the third SACOSAN meeting in 2008 and the Jajarkot diarrhoeal epidemic in 2009 (with 371 people dying), the latter also creating motivation at community level.
6. Next to SNV, also other development organizations –in mutual cooperation- contributed to the achievements in Nepal's sanitation sector. For example, NEWAH staff shared their CLTS experience as trainers in workshops organised by SNV; and UNICEF's close collaboration was also instrumental.
7. There is clear evidence that the sanitation movement has gained momentum. After the first VDCs achieved ODF status, other VDCs became interested and demanded also for assistance from a development organisation to support them in the process, displaying the continued need for external support.

8. Communities with ODF status were all very resolute in stating that they will never return to open defecation again now that they have perceived the benefits of having own toilets. Monitoring and other post-ODF activities and measures are expected to reinforce this.
9. The local implementing partners (LCBs) were well selected and their capacities have increased due to being trained by SNV and working with the SNV advisors.

*Findings related to the evaluation questions*

10. **Intervention logic:** The need for the five components within the SSH4A programme has become sufficiently confirmed. The demand triggering (including zero-subsidy), governance and learning components have proven to be effective to achieve the programme's objective of gaining access to sanitation and hygiene and impacting policy making. In more remote areas the absence of a functioning sanitation supply chain is a main constraint. Except for supply chain analyses, however, few other (structural) supply chain / private sector related activities have been implemented and the effectiveness of this component could therefore not yet be assessed. This also applies to the BCC/post-ODF or behavioural change component, which aims to contribute to sustaining SSH4A's impact through changing hygiene behaviour and continued monitoring. The need for this component is broadly recognized; however, the actual effectiveness of this component, which implementation started in 2011, can only be fully assessed in the future.
11. **Effects on clients and other stakeholders:** SNV facilitated and contributed to orientation, capacity building, creation of commitment and leadership development among their client and other stakeholders in and beyond the WASH sector. This created implementation capacity for the execution of the actual sanitation programme and a favourable enabling environment. SNV advisors promoted and influenced strategy development and planning at local levels in the Mid-Western Region and policy development at national level, in particular also providing experience based input for the National Sanitation and Hygiene Master Plan.
12. **Impact on communities:** All community members met were very positive about the impact of improved sanitation and hygiene: much cleaner environment in the community; no bad smell anymore; convenience and time saving; safe, especially when dark; and no shame anymore but more dignity. The sanitation programme also tends to empower the communities. Moreover, there is anecdotal evidence on health impact: Health Post's staff reportedly saw the number of patients reduce after ODF status was achieved; and female health volunteers reported a reduced work load due to less people coming to them for treatment, in particular less rehydration treatment and fewer cases of (hand) infections due to better hand washing.
13. **Impact on poor and marginalized groups:** The choice for a sanitation approach that aims for open defecation free communities intrinsically entails the inclusion of ultra-poor and other socially excluded households. The interventions led to more interaction between low-caste and ultra-poor with other groups; the poor also became represented in local WASH coordination committees. In the four visited VDCs poor households received free external hardware from the local authorities, but still needed to make some own (cash) investments. Though local authorities also exercised pressure –likely threatening to withhold services- the evaluators did not meet people who felt unduly pressurized. But there is a risk that a too strict enforcement of such pressure can lead to violation of human rights.
14. There is an automatic benefit for groups as disabled and elderly people having a toilet near the house, because this reduces the need for help from others to accompany them to the field.
15. **Gender:** Toilets meet an important gender need of women. Often women were the first to be convinced and motivated to commit to achieving ODF status; some even reported strong discussions to convince their husbands. The sanitation movement has led to increased participation of women, e.g. as V-WASH-CC members. The programme selected several gender

issues to address, but did not explicitly address some other gender issues as gender friendly toilets, menstrual hygiene and *chhaupadi* (seclusion of women during menstruation).

16. **Water supply:** It is generally acknowledged that maximum benefits of sanitation and hygiene programmes are achieved if also adequate access to safe water is in place. The SSH4A programme, however, did not choose to include this, which was justified in the proposal by referring to the large gap between sanitation and water coverage in Nepal (40% and 80%, respectively). Nevertheless, many respondents met by the evaluation team complained about the additional amount of water to be fetched for using and cleaning the toilet, often because existing gravity water supply systems were not or badly functioning. SNV and the local governments have started to address this by the Functionality Programme which started in 3 districts in the Mid-Western Region. In case of urgent problems due to non- or malfunctioning water supply systems concerned authorities are notified. Considering this and given that a water supply component would have reduced and slowed down achievements in sanitation, SNV's choice for sanitation and hygiene seems justified.
17. **SNV's role and contributions:** SNV contributed to the development of a successful approach, based on a proven methodology (CLTS and SLTS), with a strong governance component and integrating attention to the supply chain and behavioural change in the post-ODF phase. Government as well as other development organisations (such as UNICEF) contributed to this approach; at the same time this approach also influenced implementation modalities of other organisations, such as CARE Nepal.
18. SNV contributed a great deal to improve capacities, which in turn led to improved performance and leadership. At local levels SNV contributed to the development and implementation of sanitation strategies, plans and harmonization. At national level SNV contributed to the formulation of the National Sanitation and Hygiene Master Plan, in particular by bringing in grassroots experiences, conceptual thinking on sustainable sanitation, the need for a post-ODF (BCC) phase, the recognition of the private sector as sanitation hardware suppliers and the emphasis on strong WASH governance. At all levels SNV staff also promoted the institutionalization of social inclusion and gender equality in sanitation policies and plans.
19. SNV and/or the SSH4A approach contributed in various ways to sustainability in rural sanitation: (i) the demand creation approach creates ownership contributing to the sustained use of toilets; (ii) the BCC/post-ODF component especially aims at sustained behavioural change; and (iii) the broad capacity building and awareness raising of local authorities and other stakeholders will reinforce this. The inclusion of a post-ODF phase in the National Plan is an important enabling factor. In visited ODF communities the first steps of this component were implemented with great enthusiasm.
20. SNV clearly contributed to harmonization of sanitation approaches by other development actors. SNV supported the inclusion of these organizations as members of district WASH coordination committees as well as the inclusion of harmonized approaches in WASH strategies. Consequently alignment of approaches of different development actors is largely achieved in the Mid-Western Region. At district level the coordination regarding geographic working areas contributes to better achieving full district and avoidance of overlapping.
21. **Scaling-up and influencing other programmes:** The SSH4A programme in the Mid-Western Region was scaled up per January 2012 by adding 24 VDCs, partly because SNV, its partners and local authorities became more experienced and effective in implementation. The national government's policy (i.e. the Master Plan), which reflects SNV's approach, was being operationalized in Guidelines at the time of the evaluation mission. Once adopted, these will serve as guidelines for sanitation programmes in entire Nepal, meaning that also SNV's contributions are expected to be replicated nation-wide. In this context UNICEF sees a role for SNV in national level capacity building.

**22. Regional Learning and IRC:** The SSH4A Regional learning component was given shape through the organisation of three Regional Learning Events on subjects relevant to the SSH4A programme. Participants included staff of SNV and its local partners, relevant government officials of the five countries and selected resource persons. The benefits of these events included sharing experiences and knowledge building especially on the themes of each event: monitoring, supply chain and governance. IRC's added value lay chiefly in the development of the monitoring system and their contribution to regional learning. There is less insight in the added value of the SSH4A website.

*Summarized success factors and recommendations*

**23. Success factors:**

- The importance of a favourable enabling environment, including a conducive national policy;
- The four (or five) component approach, in particular demand triggering with a zero subsidy approach (the CLTS approach) rather than subsidized toilet construction; and the strong governance component;
- The multi-stakeholder approach, involving government and non-government stakeholders;
- The choice for a VDC and district wide approach and the emphasis on harmonization, alignment and coordination;
- Monitoring at community level also as instrument to achieve and maintain ODF; and
- SNV's crucial role as capacity builder and facilitator.

**24. Summarized and selected recommendations** (see also Chapter 8):

- More attention to the use, cleaning and maintenance of public toilets / toilets in institutions;
- More attention to certain gender issues, starting with a gender analysis;
- Investigate the feasibility of health data collection (at least anecdotal);
- SNV should pay more attention to recording activities and outputs (next to outcomes);
- More attention to documentation of the SSH4A approach in Nepal, including dissemination at other platforms; and
- SNV should investigate UNICEF's suggestion to play a role in national level capacity building.