

Evaluation Report on:

Gender Analysis on Water, Sanitation and Hygiene related to Maternal, Newborn and Child Health Project in Ramechhap District of Nepal

Submitted to:

World Neighbour Canada (WNC)

Tamakoshi Sewa Samiti (TSS)

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Acronyms & Abbreviations

D-WASH-CC	District Water, Sanitation and Hygiene Coordination Committee
DWs	Drinking Water Schemes
FCHV	Female Community Health Volunteer
FGD	Focused Group Discussion
GESI	Gender and Social Inclusion
GBV	Gender-based Violence
GAC	Global Affairs Canada
HCF	Health Care Facilities
MHM	Menstrual Hygiene Management
ODF	Open defecation Free
O&M	Operation and Maintenance
PWD	Persons with Disabilities
SDG	Sustainable Development Goal
TSS	Tamakoshi Sewa Samitee
WASH	Water Sanitation and Hygiene
VMW	Village Maintenance Worker
WNC	World Neighbours Canada Society
WSS	Water Supply System
WSUC	Water Supply Users Committee

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Executive Summary

Background:

Tama Koshi Sewa Samitee implemented the project 'Water, Sanitation and Hygiene related to Maternal, Newborn and Child Health in Ramechhap District of Nepal(2016-2021)' with support from World Neighbour Canada (WNC) with funding grant from the Global Affairs Canada (GAC). The ultimate goal of the project was to improve the health of communities contributing to the reduction of maternal and child mortality increasing the use of potable drinking water, improved healthy home environments through single-family toilets and participation of women in the leadership of community organizations-Water and Sanitation User Committee and Health Committee. The project planned 21 water supply system covering 525 families and supported toilet construction for 4200 families. The project envisaged maintaining gender equity as a cross-cutting theme.

In this context, WNC/TSS commissioned Bikash Shrot Kendra Pvt Ltd, a national-level consulting firm, to conduct a gender analysis/evaluation in August 2021. The aim of the assessment were to assess changes in access to water and sanitation for disadvantaged populations and women during the project and contribution fo the project in improving gender equality and women's empowerment, self esteem and security, barriers and challages for the changes and to identify indicators and data collection approaches to support the project monitoring and reporting.

Primary data for the gender assessment was collected using key informant interview(n=21) and focused group discussion (n=4) where as available secondary data reviewed to supplement the primary data. Data was collected in September 2021.

Assessment Findings:

The project established 14 small scale drinking water systems with 140 taps covering 657 households and 3795 direct beneficiaries. In addition, the project supported 4,012 families covering 16,361 population in 2016/17 and 2017/18, and discontinued this support after Ramechhap district was declared ODF in 10 June 2010. The project spent NRs 20,269,892 in total, out of which the project spent cash NRs 12,238,442(96%) and in-kind contribution was NRs 8,454,450(4%).

The project report and endline evaluation suggest that the project exceeded its planned targets despite installing less than the projected 21 DWS (except nine water supply system support) even before the COVID-19 pandemic in March 2019. Ultimately the project aimed to improve the health of communities contributing to the reduction of maternal and child mortality through safe water and improved sanitation. The project envisaged that expected results could be achieved by increasing women's access to safe water at doorsteps and improving their sanitation facility so that their work burden can be reduced and dignity enhanced. The project has well achieved this purpose. However, the project did not include specific project activities on maternal and child health, and leadership development of women and gender empowerment. The project conducted one training on Gender and Social Inclusion T to the Water User Committee of Maidane Khola drinking water system in January 2021, and similar two days' workshop involving WUCs and other stakeholders in Khahare Panga and Thapra drinking water project area and Banti Bhandar project area in 2020. It covered sessions on health, planning, installing, maintenance, micro credit, and gender issues. This enhanced training was not part of the original project description. It was done as a test project, within the GAC project, to try to enhance the women's training, subsequent to the first Gender Report(mid-term evaluation 2018) prepared by Navjot K. Gill. However, this evaluation

findings indicate absence of follow-up and monitoring of the training, and it was not clear how the participants translated the learned knowledge and skills into their lives. In the ladder scoring process, most women scored on consulting followed by empowering and informing on the participation continuum. It indicates that more efforts are needed to increase their participation higher up the ladder.

The project team was focused more on the hardware part of the water supply system and toilet construction. Although many WUCs were involved in open defecation free campaigns and installing sealed toilets, massive community mobilization and awareness on sanitation and hygiene behavior change was lacking on the part of the TSS project. In areas where the government asked TSS to implement awareness programs, it spread the communication messages.

It appears that the project's theory of change overlooked developing indicators on maternal and child health, including a framework for assessing gender equality and empowerment. The project could use tools such as Empowerment in WASH Index (WEI) and design the project with relevant indicators.

Similarly, the water supply system and toilet construction support (in-kind materials) were implemented in separate communities, preventing the project from demonstrating the synergistic effect. It fell short of compliance with the government policy on the provision of water supply and toilet as one WASH. However, the government pushed the NGOs to support building many toilets as possible to declare open defecation free country in 2019, and there was no stipulation to have them tied into drinking water systems.

Moreover, the project fully centered on household-level water supply and sanitation while giving less or no priority to institutional water supply and sanitation, for example, in schools (except in four schools), health facilities and public spaces. The project had a window of opportunity to strategically support on COVID-19 response particularly on hand hygiene promotion, as other project activities did not continue due to the pandemic.

Finally, the partner organization did well on drinking water system and construction of sealed toilets. However, TSS perceived that its capacity was limited in terms of expertise on maternal and child health and gender and social inclusion. The management team was more concerned with the water supply system and toilet construction and less oriented on gender and social inclusion. Special attention seems necessary to address the above-said issues by the project.

The working modality of the project is based on Nepal's previous governance structure where Village Development Committees were the lowest governance units. TSS worked with those Committees since 2015 where as Nepal entered to the new system of governance with federal, provincial and local level governments (named as Rural Municipalities and Municipalities) in 2017. The Rural/Municipalities cover many VDCs of the previous structure as wards under them. TSS was working in certain wards of the municipalities and did not cover a Rural Municipality or Municipality fully. According to the new constitution, they have total authority for local level governance. Therefore, the project faced a lot of pressure to cover all the wards of the Rural Municipality/Municipality it worked with. This issue can be resolved by having a memorandum of understanding/project contract with the Rural Municipality/Municipality.

Recently, the Ministry of Water Supply has developed a software called N-WASH to design and implement Municipalwide WASH plan. This has become a mandatory provision. The project could use the N-WASH software in collaboration with the Rural Municipality/Municipality and facilitate them to developing and implementing Municipal WASH Plans.

Recommendations:

Following recommendations are made for scaling and replication of the project in future.

1. While designing the project's theory of change, special attention should be given to incorporate activities and indicators related to maternal and child health and gender equality, inclusion and empowerment through WASH.
2. The project management team should expand and comprise gender-balanced and adequately oriented staff on gender issues and maternal and child health.
3. The monitoring data for each indicator should be disaggregated by gender, age, caste/ethnicity to understand better the progress made by the project. For this institutional capacity of the TSS for monitoring and evaluation should be strengthened.
4. The water supply system and toilet construction projects should be implemented as one WASH component in the community and it should include social mobilization to promote sanitation and hygiene behaviors of the community people, including women and children. This could be done in conjunction with public health professionals so the TSS management team is not too large and unwieldy.
5. The project was found to be less focused on management of menstrual hygiene. It is necessary to work collaboratively with the WUCs, child clubs and health institutions because of the prevailing stigma, and ill practices in management of menstrual hygiene. However, menstrual hygiene management was not a goal of the project and not seen as an issue until the first Gender Review of 2018. It should be addressed in the next proposal.
6. Future projects should add training and orientation activities to the WUCs, women and social leaders and school and health facility representatives on gender equality and empowerment in relation to water and sanitation and maternal and child health.
7. Awareness creation for healthy home under Immediate Outcome 2 and training and awareness for women leadership in WSUC and health committee under Immediate Outcome 3 should be given similar attention as to increasing equitable access to potable drinking water under Immediate Outcome 1 and toilet construction under Immediate Outcome 2. As the country is declared ODF in 2019, future WASH project should cover all components of the total sanitation as mentioned in the Sanitation and Hygiene Master Plan 2011. For this, existing expertise such as public health, etc could be used, not entirely project resources.
8. It is nevertheless important, to include institutional sanitation and hygiene such as schools, health facilities and public institutions while developing water, sanitation and hygiene project in future.
9. There is a need to change the implementation strategy of the project in future. The project should enter to an memorandum of understanding with the Rural Municipalities/Municipalities to implement any WASH related or other forms of projects in the needy areas so that the project covers a local government unit and governance of the project becomes effective and efficient.

10. The future project should work with the Municipal WASH Coordination Committee as per the local government's mandate and use N-WASH software program in planning and executing the Municipal-WASH plans integrated with the project.

CHAPTER 1: INTRODUCTION

1.1 Evaluation background

Nepal's 8% of children under five years suffer diarrhoea in 2 weeks recall period.¹ About 36% of Health Care Facilities (HCFs) do not have a basic water supply, 8% of health care facilities still do not have toilet facilities, only 46 % of HCFs have handwashing materials at the point of care, and 1% of HCFs have basic waste management practices.² Evidence suggests that 20% of government schools lack improved WASH facilities, with 19% lacking separate toilets for girls and boys and menstrual hygiene management facilities in Nepal.³ Hence, because of lack of privacy and MHM facilities, it is estimated that 22% of girls miss school during menstruation.⁴ World Neighbours Canada Society (WNC), a community-based non-profit organization based in British Columbia, Canada, has supported Tamakoshi Sewa Samiti (TSS), Ramechhap District, a not-for-profit organization implementing small-scale health projects since 1989.

WNC provides financial and monitoring support for the village water systems and the water-sealed hygienic toilets. TSS provides technical guidance, training, monitoring, and non-local supplies for infrastructure development. The communities provide all the local materials and the labor needed to construct and maintain the systems. Non-local materials such as pipe, valves, cement, toilet pans and rebar, are purchased by TSS as needed and are carried by citizens from the end of the road to their remote village. The projects are very successful because villagers take ownership of the projects from the earliest stages of planning, design and are involved in the long-term maintenance of the infrastructure.

WNC partnered with Global Affairs Canada (GAC) as part of Strengthening Partnerships in Maternal, Newborn and Child Health grant funds for the Maternal and Child Health initiative in Nepal, Burkina Faso and Honduras from February 25, 2016, until March 31, 2022 (6 years). The ultimate goal of the initiative is to improve the health of communities by contributing to the reduction of maternal and child mortality. In Nepal, the focus is to increase the use of potable drinking water, improve healthy home environments through single-family toilets and increase the participation of women in the leadership of community organizations.

The focus of the sector is "Improving Health," more specifically basic drinking water, basic sanitation and health and nutrition training and support. The overall objective of the initiative is to improve the health of mothers and young children through assistance with the village- and household-scale infrastructure and sanitation and hygiene education. A cross-cutting theme expected is to see women's roles enhanced in that they become part of the projects' planning, delivery, and maintenance. That gender roles change so that burdens of daily living are shared more equitably. However, the focus of the project depends on local needs and priorities and the expertise of the local partner organization.

Thus, the purpose of the project is to improve the health of mothers, young children and infants by providing year-round access to drinking water and sanitary toilets to targeted communities of Ramechhap District. It has two main expected results; provide 21 gravity-flow water systems that will deliver clean water year-round to approximately 525 families through public tap stands and improve the health and

¹ Nepal Demography Health Survey 2016

² JMP Baseline 2019

³ <https://www.unicef.org/nepal/water-and-sanitation-wash>

⁴ World Vision/NHRC, Status of menstrual health and hygiene management among adolescent girls of Nepal, 2020

sanitation of approximately 4,200 families by facilitating the provision of sealed, hygienic toilet systems next to their houses by the end of the project period.

Since TSS started facilitating the installation of toilets 20 years ago, the sanitation program became very popular. In 2017 dovetailed with a national program to eliminate open defecation. Water systems are constructed where a community requests support and demonstrate its readiness. The partner organizations have staff and volunteers in the villages throughout the year, following up on work, initiating new work and facilitating ongoing work. They talk with villagers daily and report ongoing interest and support for project activities and make modifications as needed to ensure community support is sustained.

WNC and TSS conducted a Gender Analysis of the project during the first year of the project in May 2016 as a baseline analysis. The project is now nearing completion. It hired Bikash Shrot Kendra Pvt Ltd, a national-level consulting firm, to conduct a gender analysis/evaluation. Therefore, this assessment report is submitted on behalf of Bikash Shrot Kendra Pvt Ltd to the World Neighbor Canada/Tamakoshi Sewa Samiti.

1.2 Evaluation objectives

The proposed forward-looking endline gender analysis, in addition to gender, also considered how other factors associated with discrepancies might play a role in contributing to poorer outcomes for women – including the impact of the rural setting, food insecurity, level of education, distance from health posts, and ethnicity (caste), among others. Most importantly, the study recommends interventions or next steps that TSS can take in the future to better meet the needs of marginalized and vulnerable people in Ramechhap district, including but not exclusively women and girls. The specific objectives of the study are:

1. To assess changes in access to water and sanitation for disadvantaged populations and women during the project.
2. To explore how project programming did or did not contribute to improved gender equality and the empowerment of women and girls.
3. To find out if the project changed the self-esteem and security of women.
4. To find out the barriers to improving WASH facilities and improving maternal health have changed because of COVID 19.
5. To identify indicators and data collection approaches that will allow ongoing monitoring and reporting of equity of access to services for disadvantaged groups, particularly women.

1.3 Research Questions

- i. What knowledge, attitudes, and practices amongst women in the project areas influence access to WASH, maternal and child health, and nutrition behavior?
- ii. How do women perceive a change in their maternal health situation by the intervention of the GAC project? What gender-sensitive practices are currently applied in water user committee and project areas and how acceptable and sustainable are these practices?
- iii. How did the project address social, economic, cultural, political, environmental, and systemic factors to improve the situation of women in WASH behavior and maternal health situation?
- iv. Are there any changes in gender-based violence among beneficiaries of the project and what are they?

1.4 Review of background literature

Women in many societies occupy subordinate positions historically, culturally and religiously. The famous Hindu religious book *Rigbed* written by Manu in Manusmriti, suggests not giving property to women. The Bible in Christianity also mentions quoting St. Paul that women are made for men. Other religions and cultures may have such discriminatory practices. Women, therefore, were excluded in the family, society and the state. The entire world has been making efforts to secure equal rights and opportunities for women for ages. In this regard, all women of the world united and conducted a conference in Beijing, China, in 1995. The conference identified 12 areas to empower women similar to men. Those 12 areas were included in the new constitution of Nepal as rights of women to equality, freedom and communication. The Constitution of Nepal provides equal civil status to women and men and stresses to ensure incorporation of gender equality and social inclusion (GESI) into all development activities. Despite this and many other gender-related policies, particularly women and girls of Nepal, continue to face discrimination, exploitation, and inequality in different walks of life.

The existing legal frameworks in Nepal largely support international commitments for women's rights and equality, including the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), the Beijing Platform for Action (BpFA), the Millennium Development Goals (MDGs), The Sustainable Development Goals and the UN Security Council Resolutions 1325 and 1820.

Despite Nepal's firm commitment to the provisions mentioned above, Nepal is still largely dominated by patriarchal mindsets. As a result, women and girls face various forms of discrimination and exploitation from childhood to old age. In Nepal, most women are engaged in unpaid, home-based labor, which is not included in the national account yet. Three-quarters (74.8%) of the unpaid family labor is carried out by women⁵. Women's participation, particularly Dalit and indigenous women, remains low in decision-making⁶, including public service employment⁷. Government data shows low levels of women's representation in public life with approximately 16% in the civil service, 4.5% in the judiciary, 5.8% in the Nepal Police, 5% in the Armed Police Force, and 3.2% in the Nepalese Army.⁸ Nepal's introduced the Domestic Violence Act and National Strategy and Plan of Action on violence against women, a 5-year strategic plan in 2012.⁹

Because of Nepal's continuous efforts, Nepal has made strides of progress in improving indicators related to women's rights, health and wellbeing over the past decades. Nepal made notable progress towards the Millennium Development Goals (MDGs), particularly MDG Goal 5: *Improve Maternal Mortality*. The Maternal Mortality Rate (MMR) dropped from 901 per 100,000 live births in 1990 to 258 in 2015 (WHO, 2015).

However, Nepal still has the second-highest maternal mortality rate among all South Asian countries.¹⁰

⁵ Nepal MDG progress report 2013

⁶ CEDAW Concluding Observations, 2011, paras 23-24

⁷ NAP on UNSCRs 1325 and 1820 Mid-term Monitoring Report, 2014, available <http://www.saathi.org.np/images/stories/pdf/saathimidtermreportenglish.pdf>

⁸ NAP on UNSCRs 1325 and 1820 Mid-term Monitoring Report, 2014

⁹ National Strategy and Plan of Action related to Gender Empowerment and Ending Gender Based Violence 2012-2017

¹⁰ Akseer et al., 2017

The Aama Surakshya Program, Safe Motherhood Policy and Program, community-based services involving trained Female Community Health Volunteers, and the expansion of safe abortion services have significantly improved the situation.¹¹

In Nepal, improving maternal and child health remains a top priority of the government. In this context, the project's vision, goal, and activities are inconsistent with Goal 6 of the SDG on clean water and sanitation, The Constitution of Nepal 2015, the Fifth Plan of the Government of Nepal and Nepal Reconstruction Authority improving WASH conditions of the earthquake-affected populations. The project is expected to contribute SDG 6.1 "By 2030 achieve universal and equitable access to safe and affordable drinking water for all". The project's drinking water and toilet construction project seems in conjunction with the Nepal government's one house one tap policy and hygiene and Sanitation Master Plan 2011 for declaring ODF country (September 30 2019). The Master Plan emphasizes six thematic areas: 1. Proper use of toilet 2. Handwashing 3. Use of clean water 4. Food hygiene 5. Clean home and yard management 6. Clean environment. The implementation guidelines of the Master Plan envisage total sanitation areas through a five-step process: 1. Committee activation, reformation, or team formation 2. Assessment 3. Promotion 4. Verification 5. Reward and recognition.

Given the urgency of the WASH intervention mentioned above, TSS, with support from World Neighbors' Canada Society and DFATD-Global Affairs Canada, has implemented a WASH project, namely "Maternal & Child Health Initiatives through Drinking Water and Sanitation Program."

TSS conducted a baseline gender analysis study entitled, "**Gender Analysis in Water, Sanitation and Hygiene related to Maternal, Newborn and Child Health**" in May 2016.¹² The findings of the gender analysis highlight the women and children in the analysis areas faced unique challenges and complexities. They were vulnerable due to poor governance, access to resources, and discriminatory social norms and patriarchal systems. This leads to increased Gender-Based Violence (GBV), decreased mobility, and decreased ability to respond to environmental issues such as the lack of water and natural disasters.

The baseline analysis showed that 99.9% of women and girls were responsible for fetching water from distant places for the household. Over 95% of women's priority was access to drinking and agricultural water. The 2015 earthquake further aggravated the situation. Many communities had irregular water supplies from natural sources (unusually dry, shifted sources, etc.). It made them difficult to manage time for other activities. The stress of collecting water for the entire family while supplies ran extremely low led to increased stress levels amongst women and girls. Further, men made most of the financial decisions in the family. Men had more participation and contact with local decision-making bodies as well, compared to women.

The study findings suggest that women were aware of their fundamental rights, such as citizenship, right to own property, right to justice against GBV, and right to education. The women were aware of discrimination against women in employment opportunities and equal wages for labor works. They were also aware of women being forbidden to enter temples during menstruation, in addition to caste discrimination. They were not, however, adequately organized to address and counter strategic areas of discrimination and GBV. After the 2015 earthquake, women felt uncomfortable sleeping outside due to

¹¹ Say & Raine, 2007, WHO

¹² Kopila Rijal, Navjot K. Gill Navjot K. Gill, Simon Fraser University

the risk of gender-based violence and looting. GBV existed in different forms and magnitudes in the project areas. Women were of the view that they needed the support of men to address GBV.

Similarly, women reported having minimal control over their reproductive health. Women also reported many cases of polygamy in the pretext of wife not bearing boy child and had medical complications such as uterus prolapse.

Women expressed that they wanted to be involved with different organizations and decision-making, claim their rights to sustainable economic options, and reduce the violence against women and girls (cultural practices, gender-based violence, unsafe migration, lack of education for girls, etc).

The **mid-term evaluation on Maternal and Child Health Initiative in Ramechhap** in 2018¹³ highlighted that women had to walk 3 to 4 hours to access health services. Women were interested in receiving knowledge and skills on health. The project's impacts included health benefits of water systems and toilets, improved community safety, Menstrual Hygiene Management (MHM) for women, decreased levels of stress and anxiety, reduced menstrual stigma, increased school attendance, and decreased open defecation. The project households benefited by using overflow water and household wastewater to produce a small quantity of vegetables and often promoted community collectivism, for example, in-kind support through labor contribution, promoting sustainability and ownership of the infrastructure. The project used participatory approaches and built local capacity. However, the project made few changes in the gendered roles and responsibilities in the community. Women were using their saved time on children's education and WUC activities. The project impacted on improving water quality, strengthening water and sanitation facilities and improving hygiene behaviors.

The study recommended that TSS develop an internal gender policy, increase the representation of women in the TSS program management and implementation team and implement strategic health programming in MHM.

External Monitoring & Evaluation Report on Maternal & Child Health Initiatives through Drinking Water & Sanitation Program(Endline), Jan 2021 covered four drinking water projects, namely Swara Khola Drinking Water Supply scheme, Sunapati R/Mun-2 Hiledevi; Chhagali Drinking Water Supply scheme, Sunapati R/Mun-5, Kaniyapani; Maidane Khola Drinking Water Supply scheme, Likhu Tamakoshi/Mun-2, Saipu; and Pakhatole Drinking Water Supply scheme, Likhu Tamakoshi R/Mun-2, Saipu. The evaluation covered a total of 216 households. The evaluation findings showed that almost all the households knew the importance of using the toilet, handwashing with soap was reported by 41.5% (men 44.4%, women 36%), use of safe drinking water 69.4%(men 72.7% and women 69.4%), hygiene management during menstruation (22.7 %) and eating clean and fresh food by (39.3%, men 42 % and women 39.3%). With regards to practice, 99.5% of the respondents were found to be using the toilet followed by using safe drinking water (49.4%), hygiene management in the menstruation period (14.1%), washing hands with soap following seven steps (9.4%). Similarly, 98.0% self-reported washing hands with soap/ash after the toilet followed by defecation in the toilet (88.1%), brushing teeth every day (67.9%), covering food 91.6% and keeping surroundings clean(81%). In cleaning house surroundings, women were involved more than men (93.2% vs. 88.5%). Around 83.7% of the respondents had participated directly as well as indirectly in any one hygiene promotion program conducted under the project, while 100% of the households were

¹³ Navjot K. Gill, Simon Fraser University

using improved toilets.

Almost 93.2% of the households perceived that their drinking water was clean and safe. 96.4% of the respondents were aware of water filtration as the purification method followed by boiling (91.0%), using medicine like Piyush and Waterguard(11.5%).

The report shows that women had to fetch water from a distant source before the project, from around 45 minutes to one hour. After the project, the time has reduced to 10 minutes to 15 minutes in the morning. The evaluation pointed out that women and children were mainly involved in fetching water in the project area before the project, which deprived the children of their right to education. After the project, as reported, community people got easy access to safe drinking water. They gained knowledge about safe water, sanitation and hygiene, participating in training/workshop, community-level interaction and mass awareness programs. Formation and activation of the WUCs, provision of maintenance staff and collection of user fees for maintenance were used to sustain the gains of the project.

Furthermore, women's participation in the project activities and decision-making process improved. The project has supported drudgery reduction and improving personal hygiene. Pregnant women were happier than before as they had access to safe drinking water, which was good for the health of the mother and the child. The prevalence of waterborne diseases was perceived to be decreasing.

The report has recommended making the WUCs more active, strengthening the operation and management system of the water supply system, water quality testing and water safety plan, and integrating WASH into livelihood activities.

The review of the past studies conducted by the project reveals that the project is successful in improving women's access and utilization of safe drinking water and improved sanitation. It has steadily increased the awareness level of women and men towards sanitation and hygiene and improved their sanitation and hygiene behaviors. However, the momentum appears to be slow. Although the project 'Maternal & Child Health Initiatives through Drinking Water & Sanitation Program' aimed to improve maternal and child health through drinking water supply and toilet construction, the project did not specifically focus on improving gender inequality and inequity in the absence of gender-related targeted activities in the project areas.

CHAPTER 2: EVALUATION METHODOLOGY

This section highlights the methods and tools used for data collection and analysis in the course of the gender assessment.

2.1 Assessment Area

According to the recent governance structure, Ramechhap district has eight local governments, which are called municipalities. They are Manthali Municipality, Ramechhap Municipality, Umakunda Rural Municipality, Khandadevi Rural Municipality, Gokulganga Rural Municipality, Doramba Likhu Rural Municipality and Sunapati Rural Municipality. TSS has been working in selected wards of Umakunda, Khada Devi, Likhu, Sunapati, Gokulganga, Umakunda and Mathali Municipality. The assessment was carried out in three out of the 12 drinking water supply projects supported by the TSS in the first six municipalities and in Manthali Municipality, where TSS had supported the community for toilet construction and ODF declaration. The water supply projects included in the assessment comprised Jyamirbote, Likhu Tamakoshi-8,9, Khimti; Choktekhol, Likhu Tamakoshi-2, Saipu; and Pakhatol, Likhu Tamakoshi-6, Khimti whereas from the toilet construction support project area, Kathjor of Manthali Municipality was chosen.

The assessment clusters or projects covered are highlighted (No. 3,7, 12 and 13) in the table below.

Table 1: List of study clusters/areas as a sampling frame for data collection

S.No.	Name of cluster	Distance from Manthali	Type of Project	No. of Households	Completion year
1	Lahachhewar, Umakunda ,Gumdel		Drinking water	30	2015/2016
2	Bhandari Tole,Khada devi 1,Gagalbhadaure	1.5 hrs	Drinking water	32	2016/2017
3	Jyamirbote, Likhu Tamakoshi-8,9, Khimti	1.5 hrs	Drinking water	25	2016/2017
4	Swarakhola, Sunpati-2, Hilledevi		Drinking water	85	2017/2018
5	Chhagali, Sunpati 5,Khaniyapani	3 hrs	Drinking water	15	2018/2019
6	Choktekhol, Likhu Tamakoshi-2, Saipu	3 hrs	Drinking water	64	2018/2019
7	Pakhatol, Likhu Tamakoshi-6,Khimti	3 hrs	Drinking water	50	2018/2019
8	Ratokhola, Gokulganga 5, Ramadi	3 hrs	Drinking water	93	2018/2019
9	Sherdu, Umakunda 2, Bamti	3 hrs	Drinking water	59	2018/2019
10	Khahare Paga,Umakunda 2 Bamti	6 hrs	Drinking water	117	2019/2020
11	Thapratol, Umakunda 2 Bamti	6 hrs	Drinking water	22	2019/2020
12	Madanekhola, Likhu Tamakoshi 2, Saipu	3 hrs	Drinking water	65	2020/2021
	Total Households covered by DW project			657	
13	Manthali Municipality	1hr	Toilet	2231	
14	Deurali	1hr	Toilet	486	
15	Dimipokhari	1hr	Toilet	470	
16	Hile Devi		Toilet	448	

17	Pinkhuri		Toilet	377	
	Total households covered by toilet construction support			4012	

2.2 Research design:

This assessment used a cross-sectional descriptive study design, collecting data at a point in time. By and large, the study utilized qualitative methods and tools such as focused group discussion, interviews and observation of the project activities. However, secondary data and quantitative data, where available, are also supplemented in the report. The main methods, tools and participants of the assessment are given in the table below:

Table 2: Assessment methods, tools and participants

S.No.	Method	Tool	Participant	Total No.
2.	Key informant interview	Guideline	Project staff(n=2), Village Maintenance Worker(n=2), representative(n=1), DCC ward Representative(n=1), chairperson(n=3), Female member of WUCs(n=4), teacher(n=1), FCHVs(n=3)	21 pts
3.	Focused group discussion	Guideline	Water User Committee members from 3 clusters (3 FGDs each with 6-8 members) Women in the community (1 from the toilet construction project area)	4 (24-32 pts)
4.	Review of secondary data	Checklist	Variable	-

FGD with the WUCs was conducted in three water supply schemes at Saipu, Jyamirbote and Pakhatol. One FGD was conducted with women members of the households who received toilet construction support from the TSS. FGDs comprised both males and females (Except in Kathjor) and it was participated in by mixed caste and ethnicities, including the Dalits.



Figure 1: FGD with WUC members

Table 3: Characteristics of the FGD and KII participants

Characteristics		FGD with WUCs				KII	Total
		FGD 1 (Saipu)	FGD 2 (Jyamirbote)	FGD 3 (Pakhatol)	FGD 4 (Kathjhor)*		
Gender	Male	12	8	10	0	5	35
	Female	11	9	4	10	8	42
Caste and ethnicity	Brahmin/Chhetri	2	1	13	0	6	22
	Janajati	9	16	1	10	5	41
	Dalit	12	-	-	-	1	13

Overall, 42 females and 35 males participated in the FGDs and KIIs. By caste/ethnicity, the number of Janajati was highest (n=42), followed by Brahmin/Chhetri(n=22) and Dalits(n=13).



2.3 Recruitment and training of data collectors:

BSK recruited two experienced female research assistants from its resource pool for data collection. The Team Leader provided them with intensive training for two days. In addition to orientation, they practiced the tools in mock sessions. TSS staff/representatives also brief the research assistants and the Team Leader about the project activities and the local

situation. The team leader conducted the organization assessment. Data were collected within a week's time, except the travel to and from Kathmandu.

2.4 Data analysis:

Collected data was analyzed manually using simple frequencies and matrices. The FGDs and interviews were summarized under different themes according to assessment objectives and presented in the report.

CHAPTER 3: ASSESSMENT FINDINGS

This section presents evaluation findings in general and gender equality and empowerment of women and girls in particular. The findings are presented according to the assessment objectives.

3.1 Changes in disadvantaged populations and women's access to water and sanitation

A question, "What are the changes in women, girls, marginalized and excluded people's knowledge, skills and behaviors on water, sanitation(toilet) and hygiene (handwashing with soap) due to the TSS project?" was asked to the women in the FGDs. They had also participated in the project activities. In response, except for the VMW, the participants did not mention the benefits of the water supply project in terms of acquiring knowledge and skills. The benefits mainly consisted of reaching for fundamental human rights, which included access to water and toilet. After frequent probing, they reported gradual changes in people's knowledge of the importance of water, sanitation, and hygiene. The FGDs reported that women became more careful about cleanliness and preventing waterborne diseases. Because of easy access to water, women and girls have improved their hygiene, including menstrual hygiene. According to them, the project indirectly contributed to reducing childhood diseases and improving maternal and child health. One D-WASH-CC member who was also a representative of DCC stressed that TSS's projects had created awareness regarding health and sanitation as well as clean drinking water in this district. He continued saying that people in many remote settings were taught to use the toilet, contributing to declaring open defecation-free villages.

Two ward chairpersons we interviewed well appreciated TSS's project support for the construction of drinking water supply and toilets aftermath of the 2015 Gorkha earthquake. One ward chairperson expressed his view thus:

"Women and girls have benefited a lot. They were generally the ones who collected water, so their time has now been saved. As for the marginalized communities, our village houses majority of Dalit and janajati, therefore they were all benefited from the project" (Ward chairperson 3, Saipu)

During the COVID-19 pandemic, people realized the need for hygiene and became more conscious of improving their hygiene behaviors. All four FGDs with the WUCs stressed the need to orient more on sanitation and hygiene behaviors and women empowerment. Two FGDs(FGD 1, 2, and 4) emphasized integrating water sanitation activities with livelihood support.

Before the construction of the drinking water project, women had to fetch water from a distant place. For example, it would take up to one and a half hours in Saipu (FGD 1). The participants further stressed that they did not have to rely on rainwater because of the water project.

One woman died while she fell from a hill and died while she went for collecting water from a stream as it was far away and the trail was dangerous (Pakhatol). The FGD with WUCs highlighted the following benefits of the project:

- Better sanitation and hygiene due to availability of water (Pakhatol)
- It has saved travel time for fetching water (all four areas) used for taking care of children, vegetable farming, and similar other small income-generating activities.
- Adequate water for handwashing has helped protect from COVID-19(Saipu)
- Use overflowed water for irrigation and vegetable farming (Saipu, Jyamirbote)

In Kathjor of Manthali Municipality, where TSS has supported toilet construction, women still have to travel more than 4 hours to collect water in the dry season. It indicates the need for an integrated project as per the government policy comprising water and sanitation and hygiene.

Access to drinking water and toilet facility

As reported, the GAC project progressively improved gender equality and the empowerment of women and girls in accessing water and sanitation in the project communities. Women perceived improvement in their maternal health situation after the project. The participants we visited frequently reported that people have easy access to safe drinking water and sanitation. They have improved knowledge of safe water, sanitation and hygiene, participating in various training/workshops and awareness programs. For example, gender training¹⁴ conducted for two days in January 2021 covered a range of contents on gender issues such as gender analysis, gender inclusion, rights, equality, equity, water and environmental sanitation, and hygiene. It was the first gender-focused training organized by the project in Ramechhap.

The study findings indicate that drinking water was available in all four communities visited. However, two households (FGD 3) still collect drinking water from the Tamakoshi River. However, in this community, TSS has not implemented a drinking water project but only the toilet construction support. In two out of four communities visited and had FGDs (FGD 1 and 4), every household had toilet facilities. In contrast, in the other two communities (FGD 2 and 3 area), two Dalit households did not have toilets in their households. The participants reported that these Dalit households could not construct toilet and handwashing stations due to their poor financial conditions. However, TSS provided them pan and pipe for toilet construction. In one community (FGD 3), the municipal ward office provided Rs 400 thousand to the poor households to support toilet construction.

The project data shows that an overwhelming number of women and marginalized communities participated and benefited from the project. They were increasingly involved in the decision-making of the project activities. However, the project did not focus on women's empowerment. TSS 2020 report shows that it constructed 4,012 toilets against the plan of 4,200 toilets. 16,361 population benefitted from the project, which comprised more females (52.1%) than males. TSS contributed to social mobilization as well as toilet construction for declaring Ramechhap district as ODF district in 2018. It played a catalytic role in declaring Manthali Municipality, Hiledevi, Dimipokhari, Pinkhuri, and Deurali as ODF zones in 2017 before the ODF declaration of the district.

Out of 3705 beneficiaries of the 14 drinking water systems established, 1863 (50.3%) were females.

At the structural level, out of 57 members of TSS, females are 34(58.6%), and in the executive board, one-third of the members are females (3 out of 9). Similarly, three women are in decision-making positions. By caste ethnicity, there are two Brahmin Chhetri and seven Janajati in the nine-member executive board. However, there are no representations of Dalit and PWDs in the executive committee. Moreover, all four key management staff are men. It suggests the need for making the organization more inclusive in the future.

During the evaluation, a senior representative of TSS stressed, "If any further project is planned, we need to focus on GESI activities; specifically, we need to hire a full-time gender expert or at least a part-time expert for the project period."

¹⁴ Gender and Social Inclusion Training to *strengthen* Water User Committee of Maidane Khola DWS (January 18-19, 2021)

It was pointed out that before establishing the drinking water system in the village, children were also involved in fetching water which prevented them from attending school. This problem was resolved after the project. Instead, the children are happy as they have enough water for cleanliness.

3.2 Improvement in gender equality and empowerment of women and girls

The role of the project in gender equality and empowerment of women and girls was discussed in the FGDs with the WUCs. It was reported that one-third of the WUC members were women. It was a government requirement for a WUC to be registered under the local administration. In one WUC who participated in the FGD, the treasurer was a female. The FGD participants were informed that all the members of WUCs were selected by the community and they developed their leadership ability while participating in the WUCs.

Concerning women's roles in the WUCs, men were more vocal and assertive in terms of women's voices in the decision-making process, where female participants did not accept the claims made by the men. Most of the time, they were silent. In only one out of four FGDs, women informed that they are consulted, but the male members make the decisions.

"Women are consulted in every decision-making process, be it for the micro-credit we conduct or the initiation of a new project." FGD 2

Men blamed women for not showing interest to attend the meeting thus:

"Women themselves do not wish to participate, and even if they do, they feel guilty about it."(Male participant, FGD 1)

On the other hand, women members reiterated;

"Women are not given a podium to speak of their problems; nobody takes care of our chores, we cannot be free of our assigned duties in the home, which is why we do not get enough time."(Female participant, FGD 2)

FGD women from the area supported for toilet construction were very limited, as reported (FGD 3).

During the FGDs, we found that women were conscious of what they said and felt inferiority complex while putting forward their ideas on women's participation and empowerment. This indicated the women's subordinate status in the community.

Women were not able to voice their opinion as freely as men at the household level. Regarding decision-making in water projects and toilet construction, men reported that women were equally involved in decision-making; however, the women participants informed that men were dominant in making decisions related to the project.

From the women members' perspective, although there is progress in women's decision-making participation, they refrained from asserting full autonomy in any decision-making in the WUC meetings.

Ladder Scoring:

The facilitator showed a ladder using a flipchart representing a range of scores on participation from 1 (low) at one end to 3 (high) at the other end. She read the following definitions of each step of the ladder:

1. *Informing*; family/husbands/community leaders make decisions on behalf of women and just inform them about these. No channel for discussion.

2. *Consulting*; women are consulted on their views but have limited to no decision-making shared with family/husbands/community leaders.
3. *Empowering*; women can discuss and also bring new ideas to the table, and the decision-making is shared between them and family/husbands/community leaders.

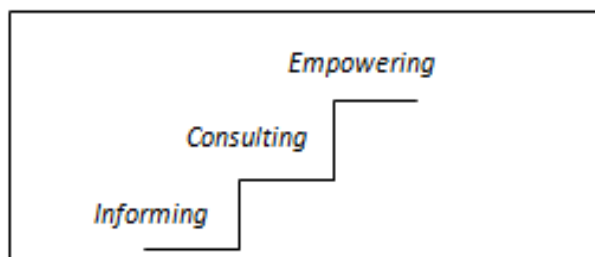


Fig 1: Ladder of women’s participation

Based on these definitions, the facilitator asked each FGD participant to cast a secret vote with stones on three levels of participation of women in WUCs and the entire drinking water project activities. At the end of voting, the participants counted the number of stones (votes) against each level and discussed the voting reasons. The scoring of the FGDs is given in the figure below:

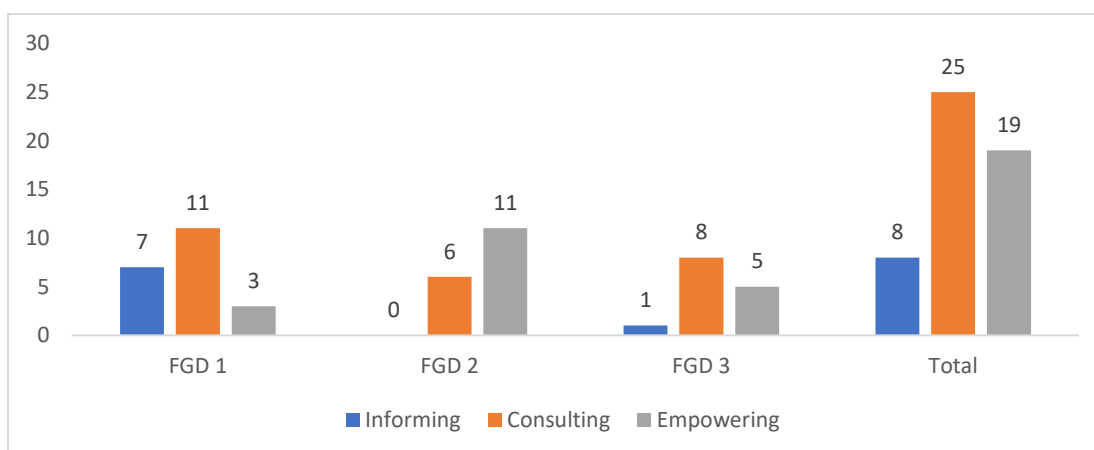


Fig 2. Participation of women in WUC decision making

The cumulative voting score indicates the majority of the participants judge women's participation in consulting only (Level 2), followed by empowering (Level 3) and informing (Level 1). The high scoring could be associated with participants' views that the situation is progressing, from informing only to consultation and finally to empowerment. Discussion with the WUCs suggest that some households were able to increase their income using waste water and water overflowed from the collection tanks in their kitchen garden for vegetable farming.

Participation of women and disadvantaged groups in planning and implementing the drinking water project and toilets

All three FGDs reported that women were involved in constructing water tanks, intake, water stations, and toilets with men. As the TSS provided the hard wares such as pipes, cement, pan, both men and women provided labor in the construction works. One FGD, for example, reported thus:

"We were engaged in the construction work from the very beginning till the end of the drinking water project" (A woman from FGD 3)

One woman in FGD 2 said:

"Women were a part of this project as much as men. Even more so, given the personal decisions in households are influenced by women to a greater extent".

In FGD 3, male participants argued, "It is women's duty to manage the household chores. Therefore, they are the ones responsible for collecting water, cleaning and training our children." On the other hand, the participants from FGD 2 regarded men as a 'helping hand' to women's household chores such as cleaning and feeding children, feeding animals, taking care of children and the elderly and so on. All FGD participants, including women, had a consensus that women's role is still limited to homemakers. They believed it to be only their duty to take care of the health and sanitation of their children. The concept of co-parenting was absent which further emboldened the prejudices on women. It was noticeable that everybody believes that the availability of water is a more incredible boon for women.

One D-WASH-CC representative stressed that women's participation in decision-making in the social platform was still low due to the prevailing social construct.

"Women are not able to participate in the social decision-making process because of the household chores and other constructs that restrict them; awareness on a larger scale is required to de-stigmatize the social construct that has been rooted in the society. TSS has certainly helped many women through their gender training but not entirely". It suggests that there is still a need for a workable balance among women and men in society.

Participation of excluded groups in WUC decision making

All four FGDs reported that most of the households in their community were Janajatis and there were only a couple of Dalit households (FGD 1,2 and 3). They reported that their community is made of excluded groups where Dalits in few numbers were also included in the project activities as the Janajatis. In one FGD, one participant reiterated thus:

"Since the village constitutes the majority of the socially excluded community (Janajati), we are inclusive in decision making on the water, sanitation and hygiene" (FGD 2)

The composition of WUCs and the presence of the WUC members in the FGDs suggest that women, Dalit and PWDs were underrepresented. Out of 27 committee members, only ten were women, while only five Dalits were present. None of the PWDs were included in the WUC as a member. Similarly, the key positions in the WUCs(Chairperson, treasurer and secretary) were occupied by men. Only 3 women and two Dalits were found in key positions- one each who attended the FGDs.

During the FGDs the Brahmin/Chhetri participants appeared to be hesitant to talk openly when Dalit's participation was discussed. One participant said:

"Because of their (Dalits') hesitation to contribute cost Dalits don't get involved in the meetings and projects." (A male Chhetri participant, FGD 3)

FGDs with WUCs could not provide information regarding persons with disabilities (PWD) participation in the project. The project also did not collect and aggregate data on PWD involvement in the project activities.

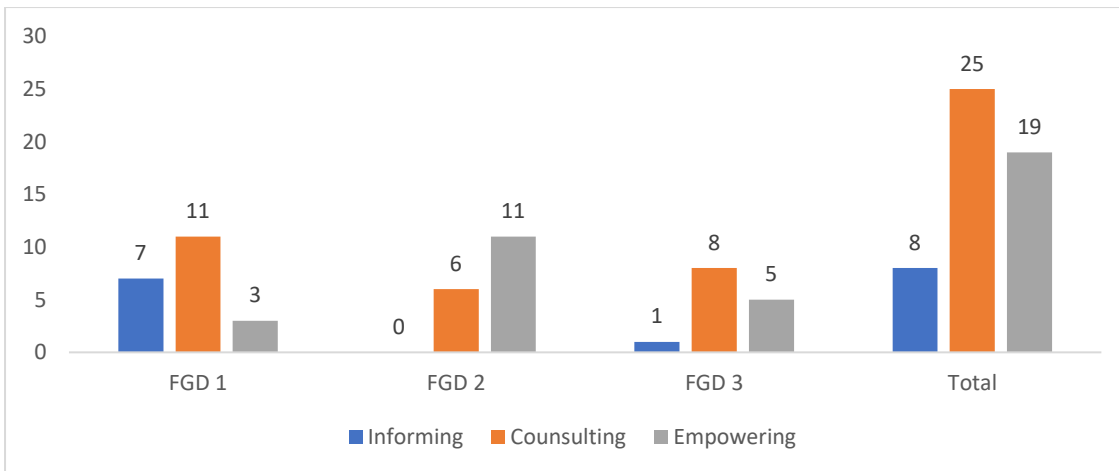


Fig.3: Participation of excluded groups in the project

As shown in Fig.3, most FGD 1 and FGD 3 participants rated excluded groups' participation at consulting level (Level 2). In contrast, most of the participants from FGD 2 scored that the excluded groups were at empowerment level. This score might have been influenced by the absence of the excluded group (particularly Dalits and PWDs) in the FGDs.

Participation in the WUC Meeting

Two out of three WUC FGDs from drinking water project areas (FGD 1 and FGD 2) informed that they conduct monthly meetings. In contrast, the other FGD (FGD 3) reported that their regular monthly meeting was discontinued after the completion of the project. In the toilet construction support area also, there is a user committee formed by other organizations. The main agenda of the meeting included maintenance of the drinking water schemes (All 4 FGDs), collection of water tariff to pay for the VMWs (FGD 1 and 3), and monthly saving and credit (FGD 1).

3.3 Changes in self-esteem and security of women and girls

The TSS/WNC gender analysis report 2016 highlighted that women had little say in the daily and important issue of intra-household food distribution and control of household assets. They were not adequately organized to address and counter strategic areas of discrimination and gender-based violence. During this study, it was informed that the situation was improving though sluggishly.

In response to the question, "How do you see the role of men of your family and community in managing group activities?" the FGD participants highlighted men's prominent role in conducting regular meetings, maintaining the infrastructure of water stations (intake, RVT, Tank), decision making on project activities, economic wellbeing in both family and committee and planning future projects. A participant of FGD 2 stressed that decisions are made by males. Another participant added that as the drinking water source stands in a rugged landscape, men usually travel the distance for regular inspection. Further, a one-woman FGD participant from toilet supported area argued that males are the ones who decide everything. According to her, their lives revolve around the men's decisions, such as project planning and every other decision in the as well as at the households. These discourses reaffirm women's subordinate position in society, which is more evident in project areas exposed to limited project activities on WAS.

Moreover, the expressions of both men and women still indicate low-self esteem and empowerment among women and girls in the project areas. However, the project was successful in developing a sense

of security among women because before the project. The toilets were far from home or in an isolated place, resulting in insecurity among women and girls. The construction of toilets at home has assured women in using the toilet safely. In addition, before the communities were declared, beneficiaries were using open land for defecation. Now, all toilet facility has made with doors, roofs, and walls. As ODF zones in 2017, the community people had to opt for open defecation due to lack of privacy. It was a matter of shame, particularly for women and girls, in the absence of privacy. After the project, women have higher levels of dignity and pride compared to the past.

Menstrual hygiene management

The TSS/WNC gender analysis report 2016 pointed out that women faced discrimination during menstruation, such as forbidding them to enter temples. In this study, all four FGDs informed that girls and women are not allowed to do all the same activities and visit the same places if they have their period. Women from the Janajati community reported that no such restrictions were imposed on them even before the project. However, few FGD women reiterated that they are not allowed to touch cow and cowmilk and visit temples or worship god. In the Brahmin Chhetri community, the restrictions were quite stricter. They consider a menstruating woman impure and restrict them from continuing their usual works for 5 days, restricting them to sleep in a separate bed, not enter the kitchen, visit the temple, and worship the god. Women do not touch men, particularly those who have put on the sacred thread. The restrictions appear to be severe in Hindu Brahmin Chhetri families. All the women FGDs and interviews stressed that they are shy in asking for help or talking about menstruation with men. However, it was reported that menstrual restrictions are gradually being removed from society compared to the past.

As reported in the FGDs, most women and girls, both at home and school, have access to a water supply and clean and private toilet after concluding the drinking water project supported by TSS/WNC. However, one FGD where TSS only supported toilet construction informed that they do not have adequate water for these purposes in the dry season. They have to go to the nearby streams to take a bath in the dry season.

In response to using sanitary pads, most women in all four FGDs reported that women and girls use commercial sanitary napkins nowadays. However, older women and women and girls from poorer families use pieces of clothes as napkins. It was notable that all four FGDs reported that they cannot always afford the commercial pads as they are expensive. When women and girls need to buy sanitary pads, they still have to rely on men to ask for money, as most women do not have financial access.

In the past, women were hesitant to wash the improvised pads (cotton clothes) in front of men and dry them under the sun in open places. However, most women and girls dry the used pads in open places under the sun nowadays. The schools provide sanitary pads distributed by the government.

The women FGD reported that they need to travel a long distance, from half an hour to one and half hour off-road drive to buy sanitary pads from the market as it is not available in the shops in the village.

Three out of four FGDs (except FGD 3) reported receiving information and training on menstruation from the FCHVs.

3.4 Barriers to improving WASH facilities and maternal health in the context of COVID- 19

The project encountered several barriers and challenges in improving WASH facilities and maternal health in the context of COVID-19. Most of the project activities were implemented well before COVID-19. Therefore, the pandemic had less impact on the construction work. However, as the project staff, ward chairpersons and WUC members reported, follow-up and monitoring activities were completely stalled as there were restrictions in the mobility, which was partially in place by the assessment period. Because of this, monitoring and follow-up activities were discontinued for more than a year. The pandemic further aggravated the already disadvantaged and marginalized communities living in remote areas. Many families were reportedly affected by the 2015 Gorkha earthquake as Ramechhap was also severely affected. Many households, toilets and taps were damaged by the earthquake. Many water sources were dried and displaced by the earthquake leaving a shortage of drinking water and draughts. Many families were not able to construct them. The communities lost their capacity to make in-kind contributions raising a small amount of fees as they decided. People faced hardship to survive during the pandemic.

In the remote areas, routine vaccination programs were also interrupted for some time. Only FCHVs were available to the mothers for consultation if necessary. As the project focused on drinking water projects in some areas and on toilet construction support in other areas, the drinking water and sanitation activities were not integrated. Because of this, the project could not yield a synergistic effect. The need for sanitation and hygiene response to the pandemic was high at the time of the pandemic. In contrast, the project had no specific program on sanitation and hygiene (handwashing with soap or alcohol-based sanitizer). The need for handwashing facilities in public places was immense, which was hard to address by the community.

On the other hand, the project targeted household-level water supply and toilet construction, institutional level water, sanitation and hygiene needs were unaddressed. Particularly addressing sanitation and hygiene in schools, health facilities, markets places and other public spaces became a challenge. The project mainly focused on the hardware part (construction of drinking water and toilet) while prioritizing the software part (awareness creation and behavior change promotion). Because of this strategy, there was little room for the project to address the sanitation and hygiene needs of the project communities. It indicates that the future project activities should equally focus on changing people's sanitation and hygiene behaviors, which is also the priority of the government as per its Hand Hygiene for All Road Map 2021-2030 (draft). Interviews with community leaders and WUCs suggest that people's awareness of the importance of hand hygiene has been improved because of multiple public messaging. However, they expressed doubts over changing their behaviors in their daily lives.

Moreover, the absence of gender-specific and or gender-sensitive water, sanitation and hygiene activities with measurable indicators on maternal and child health resulted in less impact on maternal and child health in the project communities. The project staff focused more on installing the water supply system and toilets and found less oriented on gender issues pertinent to maternal and child health. The TSS project management team felt having lack of a female staff trained on gender empowerment at TSS.

Monsoon flood and landslides, damages on roads and their frequent interruptions, geographical harshness, feeling of high dependence among the community people, and cultural beliefs and social norms relating to water, sanitation and hygiene and community power dynamics have served as other barriers in the success of the project.

All ward-level elected representatives appreciated the coordination and collaboration between the local government and TSS while implementing the project. This strategy needs to be built on in future projects as well.

3.5 Indicators and data collection approaches for future monitoring and reporting of equity of access to services for disadvantaged group, particularly women

The project 'Maternal & Child Health Initiatives through Drinking Water and Sanitation Program in Nepal' (2016-2021) aimed to improve maternal and child health in selected local government units called Palika through increasing the provision of drinking water supply and toilet construction and maintaining equity of access to services for disadvantaged groups, particularly women. The project did not implement gender-specific activities and the project activities were less focused on gender empowerment. The project focused on increasing women's access to water and improving sanitation. The project's theory of change did not plan monitoring and reporting indicators specific to gender equity and empowerment. The gender aspect of the project was thus overlooked by project. A more gender-sensitive understanding of how WASH impacts health could be possible if the project monitoring system collects and reports sex-disaggregated outcomes. The TSS's senior project staff informed that the project was not focused on gender issues related to WASH. Instead, their focus was on installing the drinking water system and toilet construct, which indirectly may contribute to maternal and child health from the gender perspective. The TSS mid-term review 2018 recommended the TSS to develop a GESI policy, which is yet to be translated into action.

As stated above, the project lacks recording, reporting, storage, analysis, and use of gender-disaggregated data by demographic intersectionality such as gender, sexual identity, caste/ethnicity, age, life stage, pregnancy, disability, housing status, and residence (urban-rural) that related to access and use of the WASH services.

Based on the nature and focus of the project, we suggest the following indicators and data collection approaches for future monitoring and reporting of gender equity of access to WASH services for disadvantaged groups, particularly women and girls. The indicators suggested below are compatible with JMP recommendations.¹⁵

Table 4: List of indicators and data collection approaches that may be used in the future project

S.No.	Indicator	Data collection method
	Access to the drinking water system and sanitation facilities	
1.	Number (%) of women and men using improved water sources	Routine monitoring, baseline and end-line survey
2.	Number (%) of women and men fetching water for domestic use	
3.	Number (%) of women and men who travel less than 15 minutes to collect improved water sources	Routine monitoring, household survey baseline and endline

¹⁵ WHO/UNICEF, Rollins School of Public Health, A Review of Measures and Indicators for *Gender in WASH*. Bethany A. Caruso, Allison Salinger, Madeleine Patrick, Amelia Conrad, and Sheela Sinharoy, June 2021.

4	No. (%) of women and girls who report public toilet facilities are user-friendly for women- with sanitary bins and secure doors	Household survey, FGD- baseline and endline
5	No . (%) of men and women with perceived satisfaction(on a scale of 1 to 5) on the location of a tap	Household survey, FGD- baseline and endline
6	No.(%) of women, girls, and persons living with disabilities who report water points are user friendly	Household survey- baseline and endline
7.	Number (%) of women and men who report going without handwashing, bathing, or washing clothes due to lack of water	Household survey- baseline and endline
8	No(%) of men and women with access to handwashing station with soap and water	Household survey- baseline and endline
9.	Number (%) of women and men who can afford soap for handwashing	Household survey- baseline and endline
10.	No. (%) of women who report she is consulted in constructing water tap or toilet or HW station	Household survey/Women interview/FGD- baseline and endline
	Menstrual Hygiene Management	
11.	Number (%) of women who can afford menstrual materials-sanitary napkins.	Household survey- baseline and endline
12.	No. (%) of women who report having a place to change while menstruating and to wash while menstruating	Household survey- baseline and endline
13.	No. (%) of women who report they wash and dry reusable pads under the sun	Household survey- baseline and endline
14.	No. (%) of women who report having a private place to dispose of menstrual pads	Household survey- baseline and endline
15.	No. (%) of women who report bathing two times a day with soap during menstruation and washing genitals more than four times a day during menstruation	Household survey- baseline and endline
16.	No. (%) of women and girls who report the use of sanitary pads for at least four days during menstruation	Household survey- baseline and endline
	Participation in community-level/Group activities	
17.	No. (%) of women and men who are engaged in water, sanitation and hygiene-related activities	Routine monitoring data, household survey- baseline and endline
18.	No. (%) of women-headed households/ households with disability/ and poorest households who report perceived difficulty to pay for water tariff	Household survey- baseline and endline
19.	No . (%) of women and men of the community receiving training on construction and maintenance of piped water	Routine monitoring data
20.	No.(%) of men/women, PWD in WUC	Routine monitoring data
21.	No. (%) of men/women who report receiving support from family to attend WUC and other water, sanitation and hygiene-related meetings	Household survey- baseline and endline
22.	No. (%) of men/women in the partner organization	Organization report-Bi-annually
23.	No. (%) of men/women who know FCHV to receive sanitation and hygiene-related information	Household survey- baseline and endline
	Household and community-level decision making	

24.	No . (%) of women and men with perceived ability to make sanitation purchase decisions independently	Household survey- baseline and endline
25.	No . (%) of women who report dependence on others for menstruation materials related expenses	Household survey/FGD- baseline and endline
26.	No. (%) of women report they were the decision-maker for expenditures related to water and sanitation	Household survey- baseline and endline
26.	No. (%) of women who report men decide the date, time, venue for WUC meetings	FGD with WUC-baseline, endline
28.	No. (%) of women/men who report community members expect them to wash hands with soap after using the toilet and before eating	Household survey/Women interview/FGD- baseline and endline
29.	No. (%) of women/men who report comfort in interactions with WASH authorities or local institutions to make complaints about services	Interview/FGD- baseline and endline
	Effects on health and wellbeing(inc. maternal child health)	
30.	No . (%) of women/pregnant and post-natal women and men with perceived illness or experience of illness (diarrhea, respiratory diseases, conjunctivitis, skin diseases) related to WASH conditions	Health facility data, Household survey- baseline and endline
31.	No . (%) of women with days of work lost due to caring for elders/children sick from waterborne diseases	Household survey- baseline and endline
32.	No. (% , prevalence) of diarrhea and respiratory diseases in the past 14 days among children under five years	Household, Health facility survey- baseline and endline
33.	Coverage of TT vaccine among pregnant mothers	Household survey
34.	Coverage of 4 ANC check-ups by the pregnant mothers	Household survey
35.	Coverage of childhood vaccines	Household survey
36.	Prevalence of diagnosed uterus prolapse among women	Household survey- baseline and endline, Hospital records
	Safety & freedom from violence and privacy	
37.	No. (%) of men/women who report experiences of physical/ sexual/verbal abuse at tap and toilet location	Household survey- baseline and endline
38.	No. (%) of men/women who report perceived risk of physical/sexual/verbal abuse in the home or from one's family	Household survey- baseline and endline Record from Palika/Ward, police office records
39.	No. (%) of women and men who report women/ girls feel safe using latrines at night while "without telling someone or stay out too long."	Household survey, FGD - baseline and endline
40.	No. (%) of women with perceived risk of "being hit by husbands or family members" if do not complete "sanitation-related chores."	Household survey- baseline and endline, FGD
41.	No. (%) of women who know where to go/make a complaint subjected to violence	Household survey- baseline and endline FGD

42.	No. (%) of women who report perceived risk of being scolded/punished for speaking up publicly about menstruation-related issues	Household survey/Women interview/FGD- baseline and endline
43.	No. (%) of women, PWD, and Dalits who report discrimination in water taps	Household survey/Women interview/FGD- baseline and endline

CHAPTER 4: CONCLUSION AND RECOMMENDATIONS

Conclusion

The project is expected to achieve the provision of 21 gravity-flow water systems that will deliver clean water year-round to approximately 525 families through public tap stands and improve the health and sanitation of approximately 4,200 families facilitating the provision of water seal toilets at the households. The project report and endline evaluation suggest that the project achieved its targets even before despite the COVID-19 pandemic. Ultimately the project aims to improve the health of communities by contributing to the reduction of maternal and child mortality through safe water and improved sanitation. The project envisaged that expected results could be achieved by increasing women's access to safe water at doorsteps and improving their sanitation facility so that their work burden can be reduced and dignity enhanced. The project has well achieved this purpose. However, the project did not include specific/direct project activities on maternal and child health, including gender empowerment. The project team was focused more on the hardware part of the water supply system and toilet construction. Although WUCs were involved and mobilized in ODF campaigns, massive community mobilization on sanitation and hygiene behavior change was lacking. As stated before, TSS was asked to provide 'basic' training on WASH, and only if public health and other NGOs or Government agencies did not. As a result, women's knowledge and practices on sanitation and hygiene was reported less(Please see endline findings, review of background literature, page 8). All four interviewed ward chairpersons of the local government recommended to implement focused training and project activities on gender equity and social inclusion. Except for one Gender and Social Inclusion Training to strengthen the Water User Committee of Maidane Khola drinking water system, on January 18-19, 2021, no training and orientation were provided on gender and social inclusion.

Also, in the absence of follow-up and monitoring of the training, it was not clear how the participants translated the learned knowledge and skills into their lives. It appears that the project's theory of change overlooked developing indicators on maternal and child health, including a framework for assessing gender equality and empowerment. The project could use tools such as Empowerment in WASH Index (WEI) and design the project with relevant indicators.

Similarly, the water supply system and toilet construction support (in-kind materials) were implemented in separate communities, preventing the project from demonstrating the synergistic effect. It fell short of compliance with the government policy on the provision of water supply and toilet as one WASH.

Recently, the Ministry of Water Supply has developed a software called N-WASH to design and implement Municipalwide WASH plan. This has become a mandatory provision. The project could use the N-WASH software in collaboration with the local government and facilitate them in the development and execution of the M-WASH plans.

Moreover, the project fully centered on household-level water supply and sanitation while giving less or no priority to institutional water supply and sanitation, for example, in schools, health facilities and public spaces. Four schools visited during the evaluation were supported for DWS. After the gender review of 2018, the provision to schools has become a priority for DWS in villages with schools. The project had a window of opportunity to strategically focus on COVID-19 response during the pandemic particularly on

hand hygiene promotion, in addition to logistic support to the health facilities, although this was not TSS's original mandate.

Finally, the partner organization's capacity, TSS, was limited in terms of expertise on maternal and child health and gender and social inclusion. The management team was more concerned with the water supply system and toilet construction and less oriented on gender and social inclusion. Special attention seems necessary to address the above-said issues while developing the project's theory of change.

The working modality of the project is based on the past governance structure where Village Development Committees were the lowest governance structure in Nepal. TSS worked with those Committees since 2015. Nepal entered to the new system of governance with federal, provincial and local level governments (named as Rural Municipalities and Municipalities). The Rural/Municipalities cover many VDCs of the previous structure under them. Because of this change, TSS is working in certain wards of the municipalities and does not cover a Rural Municipality or Municipality fully. According to the new constitution, they have total authority for local level governance. Therefore, the project faced a lot of pressure to cover all the wards of the Rural Municipality/Municipality it was working with. This issue can be resolved by having a memorandum of understanding/project contract with the Rural Municipality/Municipality.

Recommendations:

Based on the assessment findings following recommendations are made for future projects.

1. While designing the project's theory of change, special attention should be given to incorporate activities and indicators related to maternal and child health and gender equality, inclusion and empowerment through WASH.
2. The project management team should expand and comprise gender-balanced and adequately oriented staff on gender issues and maternal and child health.
3. The monitoring data for each indicator should be disaggregated by gender, age, caste/ethnicity to understand better the progress made by the project. For this institutional capacity of the TSS for monitoring and evaluation should be strengthened.
4. The water supply system and toilet construction projects should be implemented as one WASH component in the community and it should include social mobilization to promote sanitation and hygiene behaviors of the community people, including women and children.
5. The project was found to be less focused on management of menstrual hygiene. It is necessary to work collaboratively with the existing groups such as WUCs, child clubs and health institutions that can provide training against stigma, and ill practices towards management of menstrual hygiene. Future projects should add training and orientation activities to the WUCs, women and social leaders and school and health facility representatives on gender equality and empowerment in relation to water and sanitation and maternal and child health.
6. Awareness creation for healthy home under Immediate Outcome 2 and training and awareness for women leadership in WSUC and health committee under Immediate Outcome 3 should be given similar attention as to increasing equitable access to potable drinking water under Immediate Outcome 1 and toilet construction under Immediate Outcome 2. As the country is declared ODF in 2019, future WASH project should cover all components of the total sanitation as mentioned in the Sanitation and Hygiene Master Plan 2011.

7. It is nevertheless important, to include institutional sanitation and hygiene such as schools, health facilities and public institutions while developing water, sanitation and hygiene project in future.
8. According to the new governance system of Nepal, it is mandatory to implement any project with approval of the local government or the municipal governments. Therefore, there is a need to shift the implementation strategy of the project in future. The project should enter to an memorandum of understanding with the Rural Municipalities/Municipalities to implement WASH related or other forms of projects so that needy wards of a local government unit are covered and governance of the project becomes effective and efficient.
9. The future project should work with the Municipal WASH Coordination Committee as per the government provision and use N-WASH software program in planning and executing the Municipal-WASH plans integrated with the project.

Appendices

Appendix 1: Data Collection Tools

Gender Equity and social inclusion Assessment 2021
Focus Group Discussion Guideline
Drinking Water User Committee Members/Women Group
TSS/BSK 2021

Name of Palika: Ward No. Village:

Name of Facilitator: Name of Notetaker:

Date: Time: Location:

Step 1: Introduction and getting started

Namaste! My name is..... We are here on behalf of TSS/BSK to collect information For evaluation of WNC/TSS GESI activities and collection of your suggestions for the future planning. The information provided would help plan WNC/TSS Programme through with the support of other related agencies. We know you are busy and we appreciate your time. With your kind consent, we would like to commence the discussion. Please feel free to take part in the discussion and ask if you have any questions.

Ground rules:

- Only one person speaks at a time. Please try not to dominate the discussion – we would like to hear the views of each of you.
- If you do not wish to answer or comment on any question, you do not have to do so.
- There are no right or wrong answers - you do not have to agree with the views of other people in the group.
- When you do have something to say, please do so. You do not have to speak in any particular order.
- Does anyone have any questions? (Answers).
- OK, let's begin.

1. Introduction:

Ask the FGD participant's introduction based on following table and fill up accordingly.

Participant Description:

S.N	Name	Age	Sex	Caste/Ethnicity	Education	Position in the User Group committee	Marital Status	Occupation
1								
2								
3								
4								
5								
6								
7								
8.								
9.								
10.								

Add more rows and columns if necessary

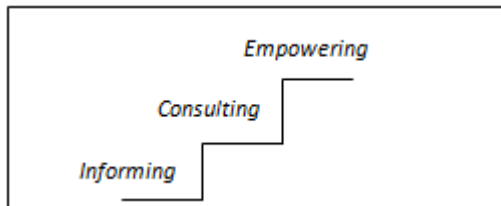
2: Main themes for discussion

Women's participation in decision making

- 1) Could you please tell us about the programs implemented by Tama Koshi Sewa Samaj/WNC in your community? (Probe: When did it start and end? What were the main project components?)
- 2) What kind of benefits (Knowledge, skills/training, in kind or cash) did you get from the Project?
- 3) What was your role while planning and implementing the project activities?
- 4) To what extent women, children, Dalits, People with Disability and marginalized groups participated in the project? (Probe for separate groups)
- 5) What roles did women and men, girls and boys, had for WASH activities (e.g. collecting water, educating children on hygiene, cleaning the toilet)?
Who in the household is responsible for those activities? (PROMPT: mother, father, grandmother, grandfather, daughter, son)?
- 6) What roles do women have in your WASH committees in the community?
- 7) Are women and girls able to share their opinions easily in community meetings? Do you feel that women can influence the outcomes of community decisions?
- 8) To what extent do women participate in decision making¹⁶ about important WASH issues in your community?

Ladder scoring

- Draw the ladder that appears below (the facilitator can draw the ladder using flip charts or directly with chalk on the floor) representing a range of scores on participation from 1 (low) at one end to 3 (high) at the other end. Read the following definitions of each step of the ladder:
- Informing; family/husbands/community leaders make decisions on behalf of women and just inform them about these. No channel for discussion.
- Consulting; women are consulted on their views but have limited to no decision-making shared with family/husbands/community leaders.
- Empowering; women can discuss and also bring new ideas to the table, and the decision-making is shared between them and family/husbands/community leaders.



¹⁶ Explain definitions: Involvement (or participation): active involvement during planning and design, construction, operation and maintenance, and governance of WASH facilities, through selected key (formal and/or informal) WASH groups or WASH related events. Example committees, (in)formal WASH related gatherings, meetings. Decision making: the action or process of making important WASH related decisions.

Based on these definitions and Question 7 and 8, ask to each participant to stand up and place a stone (or vote) on the bucket/glass that represents the step of the ladder they stand for. Record the number of stones (votes) against each level.

Participation of Excluded group (Dalits, marginalized, person with disability):

9. Are there any people or households in this community who have had problems building / using a latrine / hand washing facility / making provision for MHM? Or using the water point? What are the reasons?
10. Are there households / people in households that are not able to voice their opinions in public? Who are they? Do these groups come to meetings? Do they speak?
11. Are some households left out of community decision making? Why does this happen?
12. Were any people from these households or groups selected to be a Natural Leader or WASH Committee Members?
13. What community support was provided to people who could not afford or manage to build latrines or handwashing stations themselves? Did they have to provide or do anything in return?
14. How involved are socially excluded people in decision making about important water, sanitation and hygiene related decisions in your community?

Repeat the Ladder scoring as given above:

Information-consulting-Empowerment(1-2-3)

Write total scores after voting in each category.

Composition and functionality of Water User Committee/Groups:

15. Please tell us about the composition of your community and your User Group Committee

S.No.	Details	Total no. in the community	In the Committee/Group	In the key positions(Chairperson, Secretary, Treasurer)
1.	Men			
2.	Women			
3.	Dalits			
4.	People with disability			
5.	Marginalized groups(highly marginalized janajati)			

16. Does the Committee hold regular meetings? If so, how often do you meet?, If not why?

17. What are the main agenda of the meeting normally?

18. How do you see the role of men of your family and community in managing group activities?

Menstrual Hygiene Management:

- 19. How do women manage sanitation and hygiene during their periods/menstruation?
- 20. Can girls and women do all the same activities and visit the same places if they have their period?
 - o Prompt: Are there any things that girls and women cannot do during their menstruation?
- 21. Do women and girls feel confident to talk about menstruation and ask others for support?
- 22. Do women and girls always have access to a water supply and clean and private latrine?
 - a. Prompt: At home? Away from home?
 - b. Prompt: Are they always able to bathe when they want to during menstruation?
 - c. Prompt: Can they always wash their hands after changing menstrual products or materials?
- 23. What materials do women in the community MAINLY use to manage menstruation?
 - a. Prompt: Menstrual materials include cloth, commercially bought disposable sanitary pad, reusable sanitary pads
 - b. Prompt: Can women and girls always get enough of the menstrual products/materials they most want to use?
- 24. Can they always afford preferred menstrual products/materials?
 - a. Prompt: Do they pay for them with own money?
 - b. Prompt: If not, who pays for them, who do they ask?
- 25. How do women and girls dispose of used menstrual products or materials?
- 26. Are they always able to wash and dry reusable menstrual products or materials when they want to?
- 27. Are there people who support women with managing menstruation – e.g. family, friends, teachers, community health volunteers?

Changes on WASH-related knowledge and behaviors

- 28. What are the changes in women, girl, marginalized and excluded people’s knowledge, skills and behaviours on water, sanitation(toilet) and hygiene (hand washing with soap) due to the TMS project ?
- 29. To what extent people have changed their behaviours after COVID-19 outbreak?

Step 3. Conclusion and closing the discussion

30. Now we are at the end of discussion, now you have some time if you have any suggestions for better access and utilization of quality services in your community?

- a).....
- b).....
- c).....

- Thank you for participating. This has been a very successful discussion.
- Your opinions will be a valuable asset to the study.
- We hope you have found the discussion interesting.
- If there is anything you are concerned about, please speak to us later.
- I would like to remind you that any comments featuring in this report will be anonymous. Please also don't discuss the comments made by participants outside this room.

Thank you.

**Gender Equity and social inclusion Assessment
Institutional Assessment (TSS, WNC focal Person)
2021**

Date:

Name of representatives interviewed/present:

- 1.....
2.....
3.....

Information Collected:

1. Structural level
A. Membership

Total member	Sex		Caste and ethnicity			
	Male	Female	Bhrmin/Chhetri	Janajati	Dalit	Other

- B. Board member

Total member	Sex		Caste and ethnicity				Women in Decision making level	Cast and technicity in decision making level			
	M	F	B/C	JJ	Dalit	Other		B/C	JJ	DL	Otr

- C. Staff Level

Designation	Female	Male	B/C	JJ	Dalit	Other
Key management						
Senior officer						
Officer						
Assistant						
Social mobilizer						
Officer Aid						

2								
3								
4								
5								

5. Discuss with key staff/board members

- a. What are the key strategies applied to ensure GESI in project level?
- b. What are you proud of the success of the program that your organization want to scale up?
- c. What are the best practices of the project in terms of GESI?
- d. What are key learning and challenges?
- e. How does organization complement to Government priority on GESI? Evidence ?
- f. What would you like to include/implement in GESI component in the next project? Why?
- g. Do you have any suggestions at the end?

Thank you

Gender Equity and social inclusion Assessment, 2021
Key Informant Interview

(DCC D-WASH-CC Representative, Ward Chair,)

Step 1: Introduction and getting started

Namaste! My name is We are here on behalf of TSS/BSK to collect information For evaluation of WNC/TSS GESI activities and collection of your suggestions for the future planning. The information provided would help plan WNC/TSS Programme through with the support of other related agencies. We know you are busy and we appreciate your time. With your kind consent, we would like to start our conversation. Please feel free to ask if you have any questions

Name: _____ Designation: _____

Name of Palika: _____ Ward No. _____ Village: _____

Name of Interviewer: _____

Date: _____ Time: _____ Location: _____

Interview Questions:

General

1. Could you please tell us about the TSS's water, sanitation and hygiene project in your district/area? In what ways its program contribute in their project area?
2. What was the role of DCC/ Ward level/Local government in the project? (Project cycle: Assessment, planning, implementation, monitoring)
3. What are the main achievements and impacts of the project? Is there any evidence for this?
4. How do you rate over all success of the program? (Probe: Excellent, good, moderate, poor), why?

Effectiveness

5. What are the key changes brought in by the project:
 - Women, girls and disadvantaged populations' access to water and sanitation?
 - Use of clean water,
 - Toilet construction
 - Awareness on hand washing
 - Improving maternal and child health, child nutrition
 - Income generation/financial activities
6. What difference did the TSS project bring in gender roles in the community?
(Probe to ensure response on the following aspects):

- Women, girls and disadvantaged populations' access to water and sanitation
- Access to reproductive health services
- Construction and use of toilet
- Hygiene behaviours
- Participation in financial activities/Income generation;
- Participation in community and social decision-making process;
- Participation in social, economic, cultural, political, environmental practice;
- Household level decision making process;
- Reducing gender-based violence in the community.
- Increase women's control over the resources (having a bank account, land ownership certificate, control over capital assets etc))
- Leadership development among women and excluded groups

Sustainability

7. What are key strategy of the project to make the programs sustainable?
8. Is any phaseout/exit plan developed and executed?
9. How do you ensure gains of the project would continue after TSS's exit ?

Other questions

10. How has the COVID-19 affected implementation/success of the project ?
11. Do you feel any gaps that program could have better contribute to improved gender equality and the empowerment of women and girls? How?
12. What would be some of your recommendations and solutions for better GESI mainstreaming in the future?

Closing

13. Do you want to say something at the end?

Thank you for your time and effort to make this discussion live

Gender Equity and social inclusion Assessment,2021
Key Informant Interview

(Female Community Health Volunteer)

Step 1: Introduction and getting started

Namaste! My name is

..... We are here on behalf of TSS/BSK to collect information for evaluation of WNC/TSS GESI activities and collection of your suggestions for the future planning. The information provided would help plan WNC/TSS Programme through with the support of other related agencies. We know you are busy and we appreciate your time. With your kind consent, we would like to start our conversation. Please feel free to ask if you have any questions

Name of FCHV:

Name of Palika:

Ward No.

Village:

Name of Interviewer:

Date:

Time:

Location:

Interview Questions:

1. Could you please tell us about the TSS's GESI on water, sanitation and hygiene project in your area/village?
2. What are the main project activities implemented by TSS/WNC? (Probe: water and sanitation, maternal and reproductive health, gender-based and domestic violence, income generation, women empowerment etc.)
3. What are the changes made because of the project activities in your village?
4. In what ways you were involved in the TSS/WNC project activities?
5. How are the women groups , water user committees involved in the project activities.
6. How was the program? What specific knowledge and skills did you learn from your participation?
7. What did you like the most out of the Project? Why?
8. What were the problems and challenges in implementing the project activities?
9. Do you think the project activities will continue after the phasing out of the TSS/WNC program? Why?
10. What are your suggestions to TMM on future program activities ?

Thank you

Gender Equity and social inclusion Assessment,2021

Key Informant Interview

(Teachers)

Step 1: Introduction and getting started

Namaste! My name is We are here on behalf of TSS/BSK to collect information For evaluation of WNC/TSS GESI activities and collection of your suggestions for the future planning. The information provided would help plan WNC/TSS Programme through with the support of other related agencies. We know you are busy and we appreciate your time. With your kind consent, we would like to start our conversation. Please feel free to ask if you have any questions

Name of FCHV:

Name of Palika:

Ward No.

Village:

Name of Interviewer:

Date:

Time:

Location:

Interview Questions:

1. Could you please tell us about the TSS's GESI on water, sanitation and hygiene project in your area/school?
2. What are the main project activities implemented by TSS/WNC? (Probe: water and sanitation, maternal and reproductive health, gender-based and domestic violence, menstrual hygiene, income generation, women empowerment, Disaster preparedness and response, etc.)
3. What are the changes made because of the project activities in your village/school? What kind of changes did you see in the lives of women, girls and excluded groups? What are the evidences to support the changes?
4. In what ways you/your school was involved in the TSS/WNC project activities?
5. How are the women groups , water user committees, school management committees, involved in the project activities?
6. How is the program? What specific knowledge and skills did you learn from your participation?
7. What did you like the most out of the Project activities? Why?
8. What were the problems and challenges in implementing the project activities?
9. What are the most frequent problems in the drinking water system and toilets supported by

- the TSS? Are the drinking water system (reservoir, taps) functional?
10. Do you think the project activities will continue after the phasing out of the TSS/WNC program? Why?
 11. What are your suggestions to TMM on future program activities ?

Gender Equity and social inclusion Assessment,2021

Key Informant Interview

(Village Maintenance Worker)

Step 1: Introduction and getting started

Namaste! My name is We are here on behalf of TSS/BSK to collect information For evaluation of WNC/TSS GESI activities and collection of your suggestions for the future planning. The information provided would help plan WNC/TSS Programme through with the support of other related agencies. We know you are busy and we appreciate your time. With your kind consent, we would like to start our conversation. Please feel free to ask if you have any questions

Name of VMW:

Name of Palika:

Ward No.

Village:

Name of Interviewer:

Date:

Time:

Location:

Interview Questions:

1. Could you please tell us about the TSS's GESI on water, sanitation and hygiene project in your area/school?
2. What are the main project activities implemented by TSS/WNC on water and sanitation?
3. What are the changes made because of the project activities in your village? What kind of changes did you see in the lives of women, girls and excluded groups? What are the evidences to support the changes?
4. In what ways you were involved in the TSS/WNC project activities?(Training, maintenance work of drinking water system, toilets etc)
5. How are the women groups, water user committees involved in the project activities?
6. What are the program benefits? What specific knowledge and skills did you learn from your participation?
7. What did you like the most out of the Project activities? Why?
8. What were the problems and challenges in implementing the project activities?
9. Do you think the project activities will continue after the phasing out of the TSS/WNC program? Why?

10. What are your suggestions to TMM on future program activities ?

Thank you

OBSERVATION CHECKLIST FOR WATER & SANITATION FACILITIES
(Observe 4 households from each Drinking water project cluster and 8 samples from Toilet construction support cluster, total 20)

(Observe with permission the water, sanitation and hygiene condition at the households, if need consult with women having under 5 years of children)

Municipality:

Ward:

Village:

Name of observer:

Date of observation:

Please observe the water taps at point of use and toilet and its premises, and tick the appropriate boxes given below:

S.No.	Items observed	Category	Codes
1.	Main source of drinking water at house	Public tap/standpipe1 Private tap.....2 Public tube well3 Private tube well.....4 Protected well5 Unprotected well6 Rainwater7 Others _____ 96 (Specify)	
2.	Source of water located	In own house 1 In own yard/plot 2 Neighbor's house 3 Elsewhere 4	
3.	Are drinking water containers/pots properly covered with covering lid?	Yes.....1 No.....2	
4.	Functionality of water taps (Is the tap in good condition, functional?)	Yes.....1 No.....2	
5.	Toilet Type	<u>Improved:</u> Flush /pour flush connected to sewerage 1 Flush/pour flush connected to septic tank or pit 2 Ventilated improved pit latrine 3 Pit latrine with slab 4 Composting toilet(twin pits) 5 <u>Unimproved:</u> Pit latrine without slab 6 Hanging toilet 7 Bucket latrine 8 Open defecation/No toilet 9	
6.	Durability/sustainability of toilet	Permanent structure up to the floor/plinth level Permanent structure from floor to superstructure	1 2
7.	Operation maintenance	Door, knob, latches/ventilation are properly fitted/ maintained	Yes 1 No 2

8.	Disability friendliness	Holding /space/Ram for mobility of disabled member of the family, if any(check it)	Yes 1 No 2
9.	Child friendliness	Is the door/window suitable to children to close and open ?	Yes 1 No 2
10.	Operation of toilet	Is the toilet functional/in use?	Yes 1 No 2
11.	If the toilet is non-functional what is the reason as observed physically? (Multiple answer possible)	Choking Door/windows, roof are broken No water/dry Bad odors Others-----	1 2 3 4 96
12.	Water availability	Is water available: Within the toilet ? Outside the toilet?	Y N 1 2 1 2
13.	Hand washing facility	Washing platform/basin/pot, inside/outside toilet Soap and soap case/HW agent Bucket	Y N 1 2 1 2 1 2
14.	Equipment/materials at toilet	Availability of: Brush Brooms Cleaning agent	Y N 1 2 1 2 1 2
15.	Human excreta	Is human excreta visible in the toilet and or outside toilet?	Yes 1 No 2
16.	Flies/insects	Are flies/insects visible in the toilet?(less than 3 flies)	Yes 1 No 2
17.	Cleanliness of toilet	Is the toilet clean?	Yes 1 No 2
18.	Waste water/ fecal sludge management	Connected to pit covered with lid Connected to soak pit Connected to main sewer Open drain Others-----	1 2 3 4
19.	Overall condition of toilet	Excellent Good/Satisfactory Poor	1 2 3
20.	Cooking stove	Does the household have improved cooking stove?	Yes 1 No 2
22.	How clean is the house yards?(observe and rate)	Clean Unclean	1 2
23.	OD free status	During transact walk, did you see faces around the households/village?	Yes 1 No 2
24.	Did a mother of under 5 child wash her hand with soap in following activities?(rate only the actions you noticed)	After using toilet Cleaning child's bottom Before cooking food Before eating Before feeding a child Before breast feeding Washed with water only No, she dis not.....	1 2 3 4 5 6 7 8

Excellent: Well finished with good drainage, hand washing facilities, kept clean and maintained well, no faces and flies, no smell. No items need maintenance;

Good/satisfactory: Toilet has a good finish, has hand washing facilities and functional, no faces, no major item require maintenance;

Poor: Toilet block finish is not good and not maintained and dirty, no hand washing facility, major item require maintenance.

ANY SPECIFIC

NOTES

Appendix 2: Project Log Frame(2016-2020)

Title	Number	Team leader
Country/Region/Institution	Budget	Duration
ULTIMATE OUTCOME	1000 Contribute to the reduction of maternal and child mortality in the district of Ramechhap, Nepal.	
INTERMEDIATE OUTCOMES	1100 Increased equitable use of potable drinking water and healthy home environments by women, men, girls and boys. + X 1200 + X	
IMMEDIATE OUTCOMES	1110 Increased equitable access to potable drinking water by women, men, girls and boys. + X 1120 Increased awareness by women and men of importance of latrines and healthy home environments + X 1130 Increased leadership capacity of women in water and health committees. + X 1210 + X 1220 + X	
OUTPUTS	1111 Water systems installed or improved with technical guidance + X 1112 Sustainable plan in place for repair and maintenance run by local water user committees + X 1121 Latrines and healthy home environments training & improvements completed + X 1131 Training and awareness sessions for women's leadership in water and health committees completed + X 1211 + X 1221 + X	
ACTIVITIES	1111 Develop and implement plans for water system with equitable participation of men and women + X 1112 + X 1121 Develop and implement plans for latrines and healthy home environments training and improvements + X 1131 Develop and implement training and awareness sessions for women's leadership in water and health committees + X 1211 + X 1221 + X	