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Designing water supply and sanitation projects to meet demand in rural and peri-urban communities - Book 3: Ensuring the participation of the poor

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Paul Deverill, Simon Bibby, Alison Wedgwood & Ian Smout

Designing *water supply and sanitation projects* **to meet demand** *in rural and peri-urban communities*

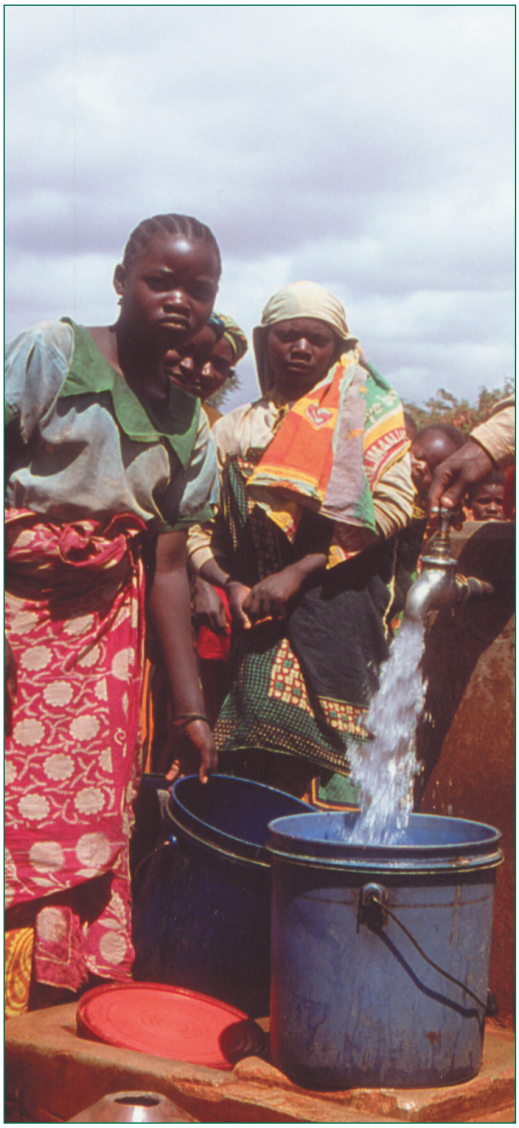
BOOK 3: *Ensuring the Participation of the Poor*

Summary

This booklet is designed to be read in conjunction with Book 1 (Concept and Practice) and Book 2 (Additional Notes for Policy Makers and Planners) of the Designing to Meet Demand guidelines. Whilst these describe a number of practical approaches, this third booklet focuses on a single albeit very important issue: how to ensure the participation of the poor within a demand responsive approach. If this is not done, those in most need of improved services stand every chance of being further marginalised.

Ensuring the Participation of the Poor has been written for a wide audience that includes practitioners, planners and policy makers serving in government, NGOs and the private sector. It is designed to be both accessible and informative. Wherever appropriate, reference has been made to information presented in Books 1 and 2 of the Guidelines. A downloadable copy of this booklet is also available on the Designing to Meet Demand Website: www.lboro.ac.uk/wedc/projects/d4d.

This booklet is structured in four sections, the first of which describes the meanings of poverty and also vulnerability; something that is closely associated with poverty but has a different significance. This booklet focuses on vulnerability in the context of environmental health risk, something that is closely associated with water and sanitation interventions.



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The second section considers the different ways in which a poorly designed or badly implemented demand responsive approach can systematically exclude the poor.

The third section then examines how demand responsive approaches should be designed and implemented to ensure that the poor are not excluded. This requires a pro-active approach to inclusion. Doing nothing in the belief that the poor will still benefit is not good enough. This section refers to the various practical measures described in more detail in Books 1 and 2 of these guidelines.

Finally, the last section looks at the implications of implementing a poverty sensitive, demand responsive approach, in terms of the various inputs needed not only to undertake service improvements but also to scale these up. A minimum 'default' approach is proposed.

Working with the poor requires particular skills and dedicated resources. It also requires political championing - the poor often have little visibility and relatively little voice. The key problem is not how to include the poor, but how to persuade stakeholders at all levels to do so.



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Section 1:
Poverty and Vulnerability

The Meaning of Poverty

It is imperative that practitioners, planners and policy makers responsible for designing and implementing approaches to water supply and sanitation understand what poverty actually means. Conventionally, poverty has often been equated with lack of income. This association is largely based on the perceptions of the better off. However, income is only one aspect of what is a more complex issue.

The problem is that if poverty is measured solely in terms of income, interventions will be designed accordingly. As such, they may not deal with other aspects of poverty that are often considered by the poor to be more important. The overall result could have a limited or even a negative impact.

Rather than make assumptions about what these other aspects (or dimensions) of poverty are and their relative importance, it is far better to understand the perceptions of the poor. Such perceptions are both individual and context specific, but some common factors have been identified in recent participatory assessments, including the following:



- Hunger
- Sickness
- Isolation or exclusion from community life
- Unemployment
- Insecurity: fear of what the future holds
- Indebtedness
- Lack of access to education
- Lack of access to or control over economic resources including land
- Lack of access to basic services: roads, markets, health, water
- Lack of power to do anything about this situation

Adapted from Narayan et al (2000) and others

This list is representative and by no means complete. It should also be stressed that perceptions of poverty vary considerably. For example, poor men and women often emphasise different factors. It is also important to understand that poverty is for many a dynamic condition. Although some families have been poor for generations, many more drift in and out of poverty. In poverty terms, their status may depend on the time of year or season, the results of the last harvest or the consequences of losing a job or someone in the family falling sick. Exposure to such risks, and the ability to cope with their consequences, are captured by the word “vulnerability”. This is described in more detail later on in this Section.

One issue that emerges again and again in participatory assessments of poverty is an overwhelming feeling of powerlessness, and associated with this, insecurity. This reinforces the fact that the poor are rarely able to escape poverty without some form of external intervention. At the same time, the poor are often subject to exploitation (*including by those responsible for assisting the poor*), humiliation and abuse (Narayan et al, 2000).

Absolute Poverty

'Poor' and 'poverty' are relative terms in that both can be compared to local norms. Someone considered to be relatively poor in the United Kingdom could be considered to be well off by Nepalese standards. Nevertheless, an internationally recognised definition of poverty is needed in order to focus people's minds, set objectives and prioritise actions.

Many international organisations refer to absolute poverty in terms of a daily income or consumption level. For the purpose of global aggregation, comparison and advocacy, the World Bank and other organisations use a consumption level of $1 dollar a day [1] to define absolute poverty. In 1999 it was estimated that 1.2 billion people (20% of the world's population) had consumption levels below this 'poverty line' (World Bank, 2000). However, whilst this definition allows global comparison and an international focus, it is based on one dimension of poverty - consumption or income - and as such its use is limited.

Equating poverty in terms of lack of income leads one to assume that the poor are unwilling to pay for basic services. For many this is not the case. The poor often pay far more, in relative terms, than the better off. In the case of water supply, the poor may not only pay official user charges, but also a variety of informal coping costs. These are needed to ensure they receive what they consider to be an adequate level of service. Examples of coping costs include the purchase of water storage containers or vended water, or informal payments (of cash or produce) needed to get a problem fixed.

Although many poor people may be able and willing to pay for reliable, convenient and accountable water and sanitation services, this should be established by thorough investigation and never assumed. A poor household may end up having to pay for a basic service by reducing its expenditure on food. This could increase its vulnerability to the risk of malnutrition.

Exclusion

The underlying causes of poverty are complex. Access to and control over resources is one important factor. Other factors are more directly associated with inequality and exclusion, concerning gender, ethnicity, religion, caste, age, politics or an individual's mental and physical capacity.

Exclusion applies, above all, to women. There are significantly more poor women than there are poor men (DFID, 2001), and their poverty is reinforced because they are often excluded from decision making, both individually in the home and collectively in the community. To be effective, approaches to water and sanitation must address this critical issue.

Dealing with exclusion means empowering the poor to take their own decisions. This is central to a human rights approach to development, advocated by many organisations and agencies including DFID. For more details, readers are referred to DFID (2000).

Vulnerability and Poverty

Vulnerability is often used interchangeably with poverty although in reality it has a different meaning that takes into account two factors; susceptibility (or exposure to a risk), and resilience. Vulnerability could thus be defined as the degree to which an individual, community or population is able to anticipate, cope with, resist and recover from adversity. (adapted from Blaikie et al, 1994).

Reflections on poverty - Vietnam

"In my family, if anyone becomes seriously ill, we know that we will lose him because we do not even have enough money for food so we cannot buy medicine".

Narayan et al (2000)

[1] Absolute poverty is defined as a per capita income of less than $1 per day (in 1993 dollars, adjusted to take into account differences in purchasing power across countries).

Sustainable Livelihoods

Vulnerability and poverty can both be reduced if people have improved access to and control over the factors that determine their lives. These factors are often described in terms of *capital*, a term that not only applies to financial resources but also to natural resources, human skills and knowledge, social networks and organisation, and physical infrastructure such as housing, roads, clinics, water supply, schools. All of these are required, in balanced measure, to reduce vulnerability and alleviate poverty.

This holistic concept, supported by an enabling framework of policies and legislation, forms the basis of the *multi-sectoral* sustainable livelihoods (SL) approach. This is based on understanding and reinforcing the relationship between people's capital (as described) and the lives they lead.

Originally developed for use in pastoral communities in semi-arid areas, the SL approach is now being applied in a variety of scenarios by a number of organisations, including DFID and many NGOs it supports. For more details, see Nicol (2000).

Adversity could take the form of a disaster affecting whole communities, such as a flood, drought, or economic recession, or an incident that only affects one household, such as a child falling sick. It could also be a one-off event such as losing a job, or a situation that develops and continues over an extended period of time, such as the various dangers faced by women fetching water or visiting a latrine during the hours of darkness.

Irrespective of the nature of the adversity, it is important to recognise that the poor, and those living on the edge of poverty, are often the most vulnerable.

Although vulnerability is of overall concern, those working in the water supply and sanitation sector can do much to reduce people's vulnerability to environmental health risks in particular. These risks can be very significant.

In global terms, the most significant environmental health threat is posed by the ingestion of pathogens found in human faeces. It has been estimated that the average child in a developing country suffers 10 attacks of diarrhoea before the age of five and that one in 10 will die as a direct result. As many as three million children die from intestinal infections every year and that one third of the world's population is still infected with parasites (WHO, 1997). Targeting people's vulnerability to these threats can make a significant contribution to poverty reduction.

It should be stressed that vulnerable people are not always poor. For example, many relatively wealthy households lack access to improved sanitation and have not adopted safe hygiene practices.

In the Terrai (the Nepalese plain that extends in a belt across the south of the country), many better-off families living in rural areas own shallow tubewells. Often these are only a few metres deep, and fitted with a simple suction pump that has to be primed before use. Usually there is no sanitary seal or apron. These factors, together with a lack of safe sanitation, can add up to a significant environmental health risk.

Excluding this population from a project because they are not poor can limit its overall impact. There is also evidence that it reduces opportunities for cross subsidies and can impede attempts to stimulate demand. Seen in





this light, projects should address both poverty and vulnerability to associated environmental health risks.

The degree to which the potential benefits of a water supply or sanitation intervention can be realised depends very much on how a project is designed, implemented and supported. It must be stressed that a poorly designed or badly managed intervention can have a negligible or negative impact on the poor and vulnerable.

Figure 1 illustrates the potential for effective water supply, sanitation and hygiene interventions to reduce poverty and vulnerability.

Evidence of water supply and sanitation interventions having a negative impact on the poor is rarely documented, probably because this is not often evaluated. Serious problems include:

- Poor people being obliged to provide unpaid or poorly paid labour for construction.
- The pollution of poor people's environment, including their water supply, by the disposal of waste from elsewhere.

A more common problem is that the poor are unable to access improved services either because they cannot afford them or because they have not been included within the project boundary. During the fieldwork associated with the preparation of these guidelines, it was observed how an improved water supply could increase the dependency of poor women. The intervention inadvertently removed their control of a water supply, potentially reinforcing their feelings of poverty (see Box 1).

Summary

- It is unrealistic to imagine that improving access to safe water and sanitation can, by itself, eliminate poverty. A carefully planned and executed watsan intervention can still contribute to poverty alleviation, but only to the extent that it tackles the associated dimensions of poverty.
- To achieve poverty objectives, water supply and sanitation initiatives must identify the poor, including those living outside a project's physical boundary who risk being negatively affected by its impact. Specific measures should focus on alleviating their priority concerns, such as the time and burden of collecting water.
- To achieve environmental health objectives, water supply and sanitation initiatives must specifically target the communities, households and individuals most vulnerable to environmental health risks. Many (but not all) of these people will be poor.
- The participation of the poor is needed to meet these objectives. This requires a pro-active approach from project staff, planners and policy makers.

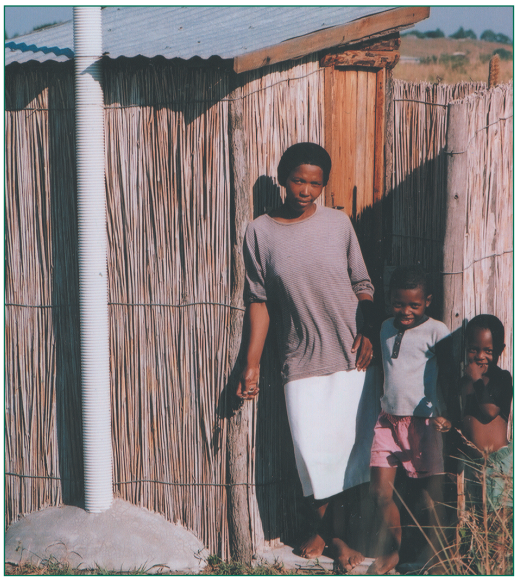


Figure 1: Links between water supply, sanitation and hygiene interventions and their potential impact on the poor (adapted from Bosch et al, 2000)

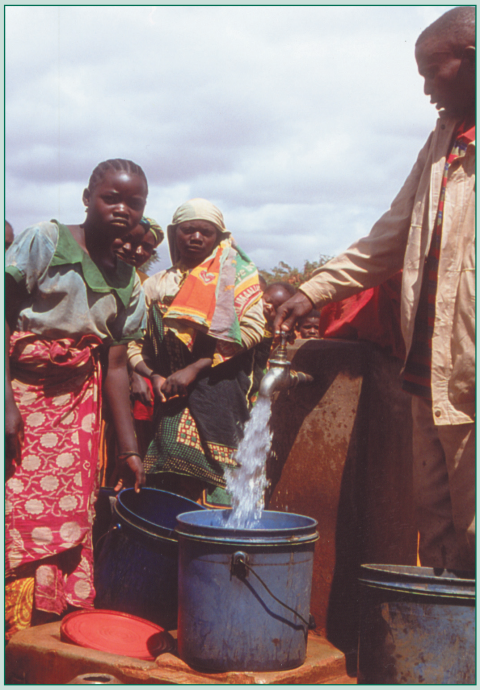
Initiative	Potential to influence	Potential Impact
Improved access to safe water supply, sanitation and hygiene awareness	**Health**	■ Reduced exposure to water and sanitation related illnesses. Less income spend on medical bills may leave more for food and investments which impact positively on health.
	Hunger	■ Increased productivity of produce for direct consumption or sale, due to increased availability of time and water, assuming other inputs such as land are available.
	Education	■ Increased school attendance by children as less time spent collecting water and reducing prevalence of disease.
	Income	■ Reduced proportion of income spent on water. Earning opportunities increase due to productive use of water, time saved and reduced vulnerability to related environmental health risks
	Lack of control	■ Increased opportunities and time to organise and plan initiatives, represent needs and demands in a wider forum, and take key decisions about the services they receive.
	Social exclusion	■ Burden of fetching water and the consequences of ill-health (borne disproportionately by women) are decreased. Opportunities for organisation and income generation provided.

Box 1. Providing improved services is simply not enough

Providing the poor with what is assumed to be an improved service may not necessarily have a positive impact on poverty. In particular, if the poor are excluded from decision making, the results can include reduced access, less control and increased dependency.

Take the example of an 'improved' water supply. Whereas in the past women may have managed a traditional water source, the new facilities may be controlled by men. Men now decide at what times water can be collected, how many buckets each woman can take, and how much should be paid. The result may make life more difficult for women who are excluded from making decisions about the services they receive.

This case reinforces the fact that women make up the majority of the world's poor, based in part on their frequent exclusion from decision making. Being poverty sensitive also means being gender sensitive.



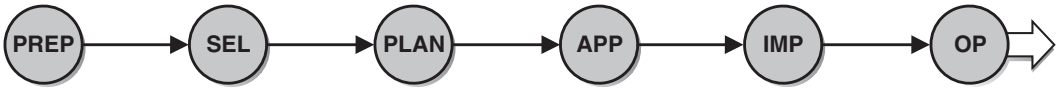
Section 2:
Demand responsive approaches and the potential for exclusion

The concept and practice of *designing to meet demand* for water supply and sanitation is described in Book 1 of these guidelines. The 'generic' process of meeting demand was broken down and analysed in six steps, concerning project preparation, selection, planning, appraisal, implementation and operation.

The process itself is based on a set of eight guiding principles. These are set out in Box 2. For further details, readers should consult Book 1 of the guidelines.

A significant weakness of a demand responsive approach is that it not intrinsically poverty sensitive. Nor are interventions prioritised taking into account vulnerability to environmental health risks. In fact, unless specific measures are taken, there is a significant risk that the poor and vulnerable could be systematically excluded.

Figure 2, opposite, demonstrates when and how this could occur at different stages of the project process. The incidents described are based on the findings of field visits associated with the preparation of these guidelines, and the personal experience of the authors.



Box 2. The process and principles of meeting demand

1. An effective project communication strategy is devised which enables project staff to engage with communities, households and individuals.
2. Systems for individual and collective decision-making are established and used.
3. Appropriate indicators of demand are identified and used to assess demand.
4. Options are identified, developed and priced which:
   - Are based on user priorities and perceptions of value.
   - Are socially and culturally acceptable.
   - Reflect supply costs.
   - Reflect local and regional development policies and plans.
   - Are environmentally, technically and financially feasible.
5. People are enabled to make an informed choice of:
   - Whether they want to participate in a project.
   - Service level options.
   - How services are to be allocated, managed and maintained.
   - How contributions are to be made and managed.
6. Specific provision is made to ensure that all groups and individuals within a community can participate in the process, ensuring that vulnerable people such as women and the poor are included.
7. If necessary, demand should be stimulated by promoting the potential benefits of the options being offered, ensuring that these options reflect user perceptions.
8. Facilities are designed and management systems are established which are capable of responding to future changes in demand.

Figure 2. Illustrating when and how the poor risk exclusion in water supply or sanitation interventions using a demand responsive approach



PREPARATION

Existing policies do not refer to the poor or the importance of assessing the vulnerability (of the population as a whole) to environmental health risks. It is implicitly assumed that the poor and vulnerable will benefit from the services and general subsidy provided.

Project strategies are uninformed of the perceptions of the poor and vulnerability to environmental health risks. With only a small budget, initial field visits are hurriedly planned and executed. Project staff lack the opportunity to visit poor areas or households and are largely unaware of their existence.

Alternatively, families vulnerable to environmental health risks may be excluded because they are not poor and cannot be included within a poverty focused project.



SELECTION

Sub-projects comprising individual communities or peri-urban wards are selected using a variety of criteria. These include various indicators of demand which fail to take into account the situation of the poor and vulnerable.

Application forms do not reach poor areas, or cannot be completed by illiterate women. Up-front cash contributions cannot be organised in time.

A better-off village registers its interest but fails to mention the existence of a poor hamlet just half a kilometre away.



APPRAISAL

Once an action plan is finalised, it is approved by a mass meeting that most of the poor do not attend. Most women are in any case unable to express an opinion that differs from that of the men.

Project staff want work to begin as soon as possible to avoid the rain. The donor is anxious that funds are spent by the end of the year, and is pressurising the implementing organisation to achieve tangible results.

Poverty sensitive indicators are not used to assess the plan.

Figure 2. continued



PLANNING

Meetings are arranged but timings and location do not suit poor men or poor women. The poor lack both the confidence to express themselves and the credibility to be listened to. Neither can the poor spare much time for meetings. Their absence goes unnoticed.

Several options are prepared and presented, but these are uninformed by the perceptions of the poor and an assessment of vulnerability to specific environmental health risks.

Although improved access to safe drinking water is important, the poor's overriding concern for development is land and water for productive use. This falls outside the project's remit.

With little voice or visibility, the poor lose out whenever there is competition for resources. The poor are also excluded from a savings and credit scheme because they lack collateral. Instead, cash must be borrowed at high interest rates.



IMPLEMENTATION

The poor are unable to secure employment during construction. Some cannot risk the consequences of losing more secure employment even though wages are far less. Jobs are taken by those with more influence.

Women are persuaded to collect sand and stone as demonstrations of demand, though they cannot afford the time. In general, the poor fail to pay cash contributions, but this goes unnoticed as the majority of the population can pay and lack of demand is not investigated.

During implementation, designs are modified with water points being moved to suit the needs of those with most influence and away from poor areas.



OPERATION

Access is denied to poor users unable to pay for improved services. Wells and taps are locked. Unable to afford the service levels they require, many of the poor revert to unsafe water sources and sanitation practices. Traditional water points are however in a poor state of repair. Vulnerability to associated health risks increases

None of this is noticed by project staff who have left the scene. The use of the services provided is either not being monitored, or if it is, poverty sensitive indicators are not being used.

Hygiene awareness continues to be promoted by volunteers each responsible for a cluster of houses. Most of the poorer women selected for this unpaid role give up because they cannot afford the time. The families they are supposed to be influencing cannot comprehend the written health messages in any case, as their content and format is inappropriate.

Why does exclusion happen?

Thankfully, the appalling description of exclusion in Figure 2 is not based on a single project. It is, however, made up of actual cases. All of these are associated with projects using a demand responsive approach. However, there is considerable evidence that supply driven projects do not fare any better (for examples, see Derbyshire and Vickers, 1997).

The message is clear. Policy makers, planners and practitioners must be pro-active about poverty and vulnerability. Time, resources and capacity have to be invested:

- To develop poverty sensitive policies, legislation, guidelines.
- To assess vulnerability to environmental health risks across the population as a whole.
- To identify who the poor are, the nature of their poverty and how this can be addressed through water supply, sanitation and hygiene related interventions.
- To ensure the poor are able to participate in the approach being used and benefit from the interventions that follow.



Section 3: Practical measures

Various practical measures have been described in Book 1 of the guidelines to help elicit and understand people's demands. All of these can be used or adapted to help ensure the participation of the poor. These are summarized in the table below.

Stimulating demand using social marketing, referred to in Table 1 and described in Book 1 of these guidelines, is an important example of how health objectives can be achieved by understanding and reinforcing people's positive perceptions of the service being provided. Vulnerability to environmental health risks, very much a health issue, can be reduced by focusing on non-health related factors such as comfort, privacy and status. For more details the reader should consult the references listed in Table 1.

It is important to note that lack of demand can itself be used as an indicator of poverty, as it can suggest that people are unable to access the resources commonly used to measure demand. Alternatively, they may not have found out about the project, or are unable or unwilling to communicate their needs. WaterAid's rural water supply and sanitation programme in Oju and Obu, Nigeria, specifically targeted communities that failed to express demand for precisely this reason.

As Table 1 suggests, there is no shortage of practical tools that can be used in this context. The problem is finding the opportunities to conduct such exercises. Poor men and women rarely have much time to spare. In this respect, commitments of time can be an important indicator of demand. It is however important not to over burden the poor with endless participatory exercises, many of which are intrinsically extractive.

Another problem for project staff concerns the time, resources and the skilled personnel (with the right attitude) needed to conduct such exercises.

Table 1: Practical measures that could be used to elicit and understand the demands of the poor. Figures in right hand column refer to Book 1 of the Designing to Meet Demand guidelines.

Practical measure	Application	Reference in Book 1
Investigation of coping strategies	Recommended during the development of a project strategy	Section 8.2.1
Seasonal calendars	Used to establish the relative availability of men and women and resources at different times of the year	Section 8.3
Focus group discussions	Used during planning and implementation to guide project progress	Section 10.1.1
Participatory mapping	Used to identify who the poor are, find out where they live and establish their coping strategies	Section 10.1.2
Problem and objective trees	Used to identify problems, their interrelationships and possible objectives	Section 10.1.3 & 10.1.4
Attribute ranking and pocket chart voting	Used to prioritise desirable features of a potential option	Section 10.1.5
Stimulating demand using social marketing techniques	Positive perceptions rather than health messages are used to market products (such as latrine slabs) and practices (such as using soap for hand washing)	Section 2.5 & 10.1
Sanitation and water ladders	Used to help people select a desired option	Section 10.3.2
Wealth ranking	Used to identify poor households and target subsidies	Section 10.4.4

Table 2. Example of a vulnerability matrix, developed by the HANDS project in Tanzania.

	Primary Indicators of vulnerability				
Location	Malnutrition Score	Reported Diarrhoeal Disease	Proximity of safe water supply	Use of safe sanitation	Access to clinical services
Measure (based on surveys)	Proportion of children showing signs of malnutrition	Number of cases of diarrhoea reported to clinics	Proportion of households further than 200m from a safe water supply	Proportion of households not using safe sanitation methods	No medical clinic within 5 kilometres of community
Peri-urban ward A.					
Peri-urban Ward B					
Peri-urban Ward C etc					



Figure 3. Example of social map

Time: Needed to reach the poor, at a time when it is most convenient for the poor to meet and participate. This is frequently in the evening and at weekends. The pace of the project will inevitably depend on how often the poor can make informed decisions. Yet the poor will also want to see potential for prompt results from their participation.

Resources: A four-wheel drive vehicle is often required to reach more isolated areas. Materials may have to be specifically designed to exchange messages or ideas with the poor.

Skills and attitude: Communication skills including language skills, facilitation skills, patience and perception, cultural and gender sensitivity including, above all, respect. Project staff must be willing to work long or unusual hours in difficult and occasionally dangerous conditions.

Time, resources and skilled staff with the right attitude all contribute towards overheads. Ensuring the participation of the poor can have significant financial implications, and this must be reflected in the budget. The project timeframe may also have to be extended to accommodate time for consultation and decision making.



Assessing vulnerability from an environmental health perspective

Assessing vulnerability from an environmental health perspective has not been explicitly mentioned in Book 1 of the guidelines, partly because the former is associated with maximising health benefits whilst the latter focuses on user demand. Nevertheless, an assessment of vulnerability to environmental health risks can provide the context and focus for a demand responsive approach.

One way of assessing vulnerability is to develop a range of vulnerability indicators and assess communities accordingly. Indicator scores can then be assessed using a simple matrix. This could be done as part of a base line survey, during which coping strategies can be investigated for indicators of demand (See Section 8.2.1 in Book 1).

An example of a vulnerability matrix is shown in Table 2. This is taken from the Health and Nutrition District Support (HANDS) programme, working in peri-urban wards in Mbeya, a town in Southern Tanzania. The scores obtained, in particular, for malnutrition, were used to identify the poorest wards in Mbeya District. Malnutrition was also found to be strongly associated with poor sanitation.



Section 4: Implications

So far in this document, we have investigated the complexity of poverty and described how it is linked to vulnerability. The demand responsive approach has been dismantled, identifying when and how the poor can be excluded unless particular measures are put in place. These have been identified in the preceding section. Section 4 completes this booklet by identifying the lessons for practitioners, policy makers and planners. A minimum standard or default is also proposed. Taking the form of a simple checklist, this summarises issues that must be addressed to ensure that a demand responsive approach is also poverty sensitive.

Lessons for Practitioners

1. Demand responsive approaches to water supply and sanitation can be effective, but specific measures are needed to ensure the poor are not marginalised and that interventions take into account people's vulnerability to environmental health risks in particular.

2. This requires, above all, a commitment to the participation of the poor and other vulnerable groups in project interventions.

3. Particular skills and qualities are also needed. Implementing organisations should assess their own capacity, and that of their partners, and invest in capacity development if this is needed.

4. Project strategies must reflect the need to first identify and then work with the poor and vulnerable. Plans should be based on accurate field assessments and not untested assumptions. Sufficient time should be allocated to participatory processes, ensuring that the poor are able to make informed decisions.

5. Indicators of demand should be carefully considered before they are used. The selection of indicators should be informed by the coping strategies and perceptions of the poor and vulnerable.

6. The degree to which the poor are able to participate in a project, and in particular, take informed decisions about the services they receive, should be closely monitored throughout the project process using a number of indicators.



Additional Lessons for Policy Makers and Planners

The poor have little voice and often that voice carries little weight. Assumptions are often made on their behalf. Not only are these often wrong, but decisions that follow can reinforce their dependency and therefore their poverty.

7. Poverty reduction and vulnerability must become central concerns of policy makers and planners, both at individual and at organisational level. To achieve this requires investment in advocacy and capacity building. Above all it needs commitment and active support at senior level.

8. Reflecting the complexity of poverty and vulnerability, responses should be multi-sectoral and co-ordinated. Collaboration is needed between different sectors at different levels, and measures should be put in place to achieve this.

9. Policy should provide sufficient time and resources for practitioners to identify and work with the poor and vulnerable. Provision should be based on piloted approaches rather than assumptions.

10. Policy should be informed by the results of assessments of poverty and vulnerability. The impact of policies and projects on the poor should be monitored and evaluated. Inevitably this will require an investment in capacity building.

With these ten points in mind, it is useful to suggest what a minimum checklist or 'poverty standard' could look like. This would have to be developed in partnership with the stakeholders involved and be adapted to suit the local context. Box 3 shows a suggested checklist, based on the experience of the authors and the research conducted during the development of these guidelines:

Box 3. Minimum checklist for ensuring the participation of the poor and vulnerable

The following list of nine points is suggested as a *minimum* checklist or default position on poverty and vulnerability for demand responsive water and sanitation projects. If the answer to any of these questions is no, the project process should be re-considered to avoid the possibility of excluding the poor and those most vulnerable to environmental health risks.

1. Will resources, time and expertise be allocated to ensure the participation of the poor and to assess levels of vulnerability?
2. Will any selection or prioritisation process be informed by assessments of poverty and vulnerability?
3. Will the poor and vulnerable be identified, not only at community level but within communities?
4. Will project staff investigate the coping strategies of the poor and vulnerable?
5. Will these coping strategies be used to inform the identification and development of possible service options?
6. Will the indicators used to assess demand be based on people's perceptions and coping strategies?
7. Will actions be taken to investigate those who do not express demand?
8. Will local solutions to maximise inclusion be developed, possibly in the form of a targeted cross subsidy?
9. Will the participation of the poor and the inclusion of the vulnerable be monitored throughout the project?



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