

Fostering WaSH marketing exchange systems in informal Melanesian communities: Towards WaSH programs that enhance and measure sustained wellbeing

PROGRAMMERS' BRIEF

Who is this brief for? WaSH programmers and practitioners designing and implementing programs.

Purpose of this brief: Many WaSH programs focus on achieving aggregate change, that is, moving entire populations towards better WaSH standards. However, in the future practitioners and programmers will need to investigate the potential physical, social and mental wellbeing impacts of programs on those who engage in them, as well as those who are exposed to the program but do not participate.

Recommendation: WaSH programmers and practitioners should consider balancing measurable success indicators between the WaSH products and services that people have access to and what they are able to do, or have acquired an opportunity to do, as a result of the program. Understanding such indicators may allow WaSH programmers and practitioners to be adaptive in dealing with unintended consequences so as to maximise the wellbeing of the target population.

Background

WaSH in urban and peri-urban Melanesia

Urban migration for employment and education has substantially increased urban and peri-urban populations in Melanesian countries. The low affordability of urban housing, combined with the complex and often conflict-prone land tenure system in the region, has led to an increase in informal settlements¹.

Informal settlements in Melanesia are often on urban fringes, are not planned by government, are on private, government or custom-owned land so that residents have insecure land tenure, and lack basic infrastructure¹. Residents generally earn little or no income. Some settlements are on the boundaries of city council and provincial administrations, and so, fall between urban and rural policies. Their rapid growth has exacerbated the challenge for WaSH service provision¹. Most settlements lack connections to mains water and sewerage lines, due to the land tenure, and cannot access council solid waste collection programs. Water-related diseases are common, leading to compromised health and wellbeing¹.

A technical focus to improving WaSH

During the period of 2000-2015, many WaSH programmers and practitioners focused their efforts on achieving Millennium Development Goal (MDG) 7c. The indicator for the goal was defined as the proportion of people who had access to improved water and sanitation, as defined by the World Health Organization (WHO)/UNICEF Joint Monitoring Programme². MDG 7c was met for water and great progress was made towards increasing access to improved sanitation. However, in the Sustainable Development Goal period of 2015-2030 WaSH programmers and practitioners will not only work towards improving access to commodities such as pipes and toilets, but also ensuring that this improves *“physical, mental and social wellbeing”*³. Measures will need to move beyond the number of people with access to improved water and sanitation to include the potential impacts of WaSH interventions on individuals, and how these impacts may enhance or reduce wellbeing.

Millennium Development Goal 7c:

“Halve, by 2015, the proportion of the population without sustainable access to safe drinking water and basic sanitation”²

Sustainable Development Goal 6:

“Ensure availability and sustainable management of water and sanitation for all”³

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The capability approach to development

The capability approach to development is a movement away from viewing human development as an expansion of material prosperity and towards considering it as an expansion of individuals' capabilities⁴.

The capability approach to development urges programmers and practitioners to focus their efforts on enabling people to experience greater freedom in living the kind of life they have reason to value⁴. It shifts the question from what is being 'done for people' by development experts, toward what people are 'themselves able to do' in their lives.

Two central ideas of the capability approach must be noted: 'functionings' and 'capabilities'. Functionings are about what people are able to 'do' on a consistent basis in their lives⁵, using the means at their disposal. For example, with access to a toilet, a person may (or may not) be able to use it conveniently and consistently, and achieve considerable health benefits. Capabilities are the opportunities and freedoms that people have to lead the kind of life they value^{4,5}. In the above example, if the consistent use of a toilet reduces the person's individual and family disease burdens, and if this 'healthier' living has the potential to open up new opportunities for education, employment, socio-economic mobility, etc., then this form of WaSH provides capabilities and contributes to wellbeing.

Together, capabilities and functionings represent a person's wellbeing ('Impacts' section, Figure 1), where functionings are already realised wellbeing achievements and capabilities are the realistic opportunities to achieve them in the future.

Research approach

We used participatory action research (PAR), where the researchers, residents of informal settlements, businesses and enabling actors, work together to define a problem, design a solution, and implement change⁶. We worked with two informal settlements in each of Suva (Fiji), Port Vila (Vanuatu) and Honiara (Solomon Islands). An abbreviated research activity was undertaken in one settlement in Madang (PNG). Residents of these settlements had expressed a desire to improve their WaSH situation. We also worked in partnership with WaSH enabling actors (e.g., private actors, civil society organisations (CSOs), multi-lateral organisations, government agencies, water and sanitation utilities, educational institutions).

We used participatory activities to investigate how people in the settlements currently meet their WaSH needs.

Key findings

Although residents of Melanesian informal settlements involved in past WaSH programs may have acquired access to improved WaSH, they may not have achieved their wellbeing potential.

Most of the informal settlements we worked with had been involved in previous WaSH programs implemented by a wide range of enabling actors. Even when the program resulted in WaSH installations, and residents were therefore considered to have attained access to improved water and/or sanitation according to the WHO/UNICEF Joint Monitoring Programme, this did not always lead to them achieving their wellbeing potential.

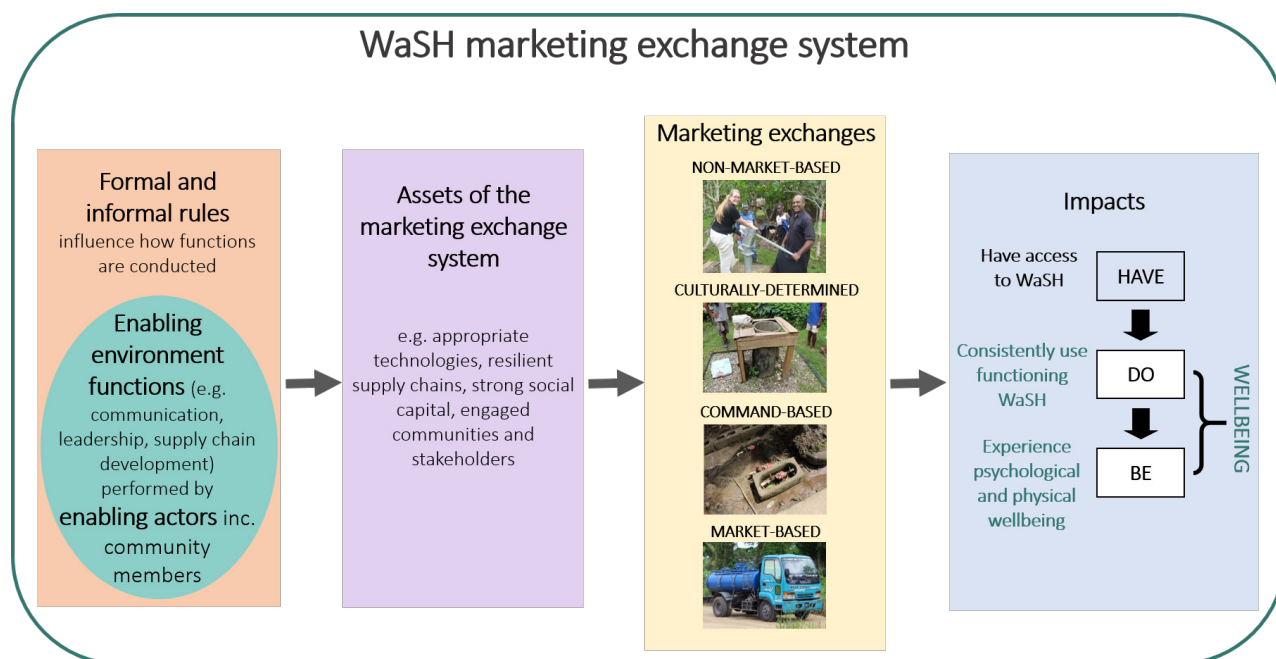


Figure 1: The WaSH marketing exchange system. WaSH marketing exchange systems are comprised of functions, performed by actors using rules, which creates assets that enable all types of WaSH marketing exchanges, which should generate not only access to WaSH, but also wellbeing impacts. Note, Command-based and Culturally-determined exchanges are also non-market-based exchanges; for the purposes of this communication 'non-market' refers to other types of non-market exchanges, such as donations and charitable exchanges.

Gaining access to WaSH services or products is only one part of the process needed to achieve wellbeing from WaSH, and should not be confused with wellbeing itself. For example, in one settlement, householders used one of three different ways of accessing water and not all of these ways resulted in wellbeing (Figure 2). Access to a WaSH product or service does not automatically lead to a greater quality of life or the achievement of wellbeing.

We also observed cases of previous WaSH programs causing unintended consequences which *reduced* wellbeing. For example, we worked with a settlement that had received a connection to mains (piped) water the previous year. The physical connection was paid for by a donor. One connection was made to the main water pipe, including a single water meter to serve the entire population of approximately 1000 people.

This informal settlement was home to residents of varying ethnic backgrounds, who located themselves within the settlement according to the island group they considered their home. There were no settlement-wide governance arrangements. As there was only one water meter it was expected by the WaSH program that the water bill would be divided equally between all households. However, many of those households, and ethnic groups, located furthest from the connection could not access the water due to low water pressure so far from the connection. Consequently, many people refused to pay bills for water that they could not access, and there was no governance mechanism in place for the residents to resolve this problem. The water was turned off by the utility until the bill could be paid. This resulted in social unrest between different ethnic groups, and an unhappy resident cut the connection to the main water pipe.

Although there may have been initial gains, in the longer term the WaSH program seems to have reduced the

"The water didn't even last a month. It wasn't managed well so they cut it. They put the pipe up there and made the water come, some people got it and some didn't. The people got angry and cut the pipes. The water was not enough for everyone."

Resident of informal settlement, Vanuatu

trust of WaSH enabling actors by residents of the settlement, left the settlement with no mains water supply, and reduced the social cohesion within the settlement. The negative impact on social cohesion made it even less likely that different ethnic groups would come together in the future to improve the settlement's water situation. This case also highlights the importance of combining infrastructure projects with community-determined arrangements for its management, so that the infrastructure can provide a lasting service.

This is a case where a broader approach targeting the functionings and capabilities of local people rather than only providing products and services, would have been a better approach to enhance WaSH and wellbeing. As stated earlier, it is not about what people 'have' but what they are able to 'do' and 'be' in their lives that determines wellbeing. Technical solutions and improved WaSH access of course remain important, but broadening the focus of program measurements and accomplishments to understand whether they result in functionings and capabilities that will assist WaSH programs in achieving better wellbeing.

Planning for and measuring wellbeing impacts from WaSH programs requires a participatory approach, such as that described in the guide for working on WaSH in informal settlements⁷. With facilitation, residents are

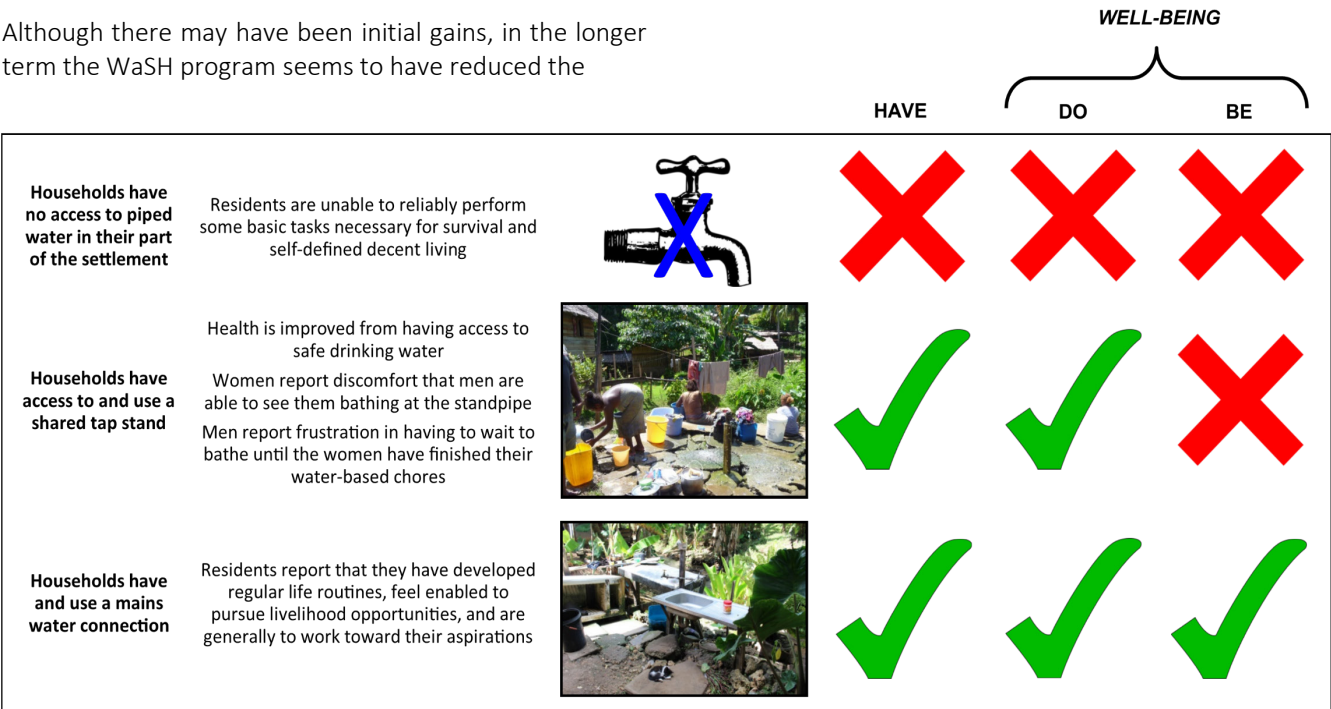


Figure 2: Three different situations of water access and wellbeing.

able to define different levels of wellbeing associated with access and use of different types of WaSH products and services (and other factors important to them). The Ladder of Life is an example of a participatory activity in which residents define different levels of wellbeing (Figure 3), which could be used by WaSH programs as a basis for defining measures, or indicators, of wellbeing achieved by WaSH programs.

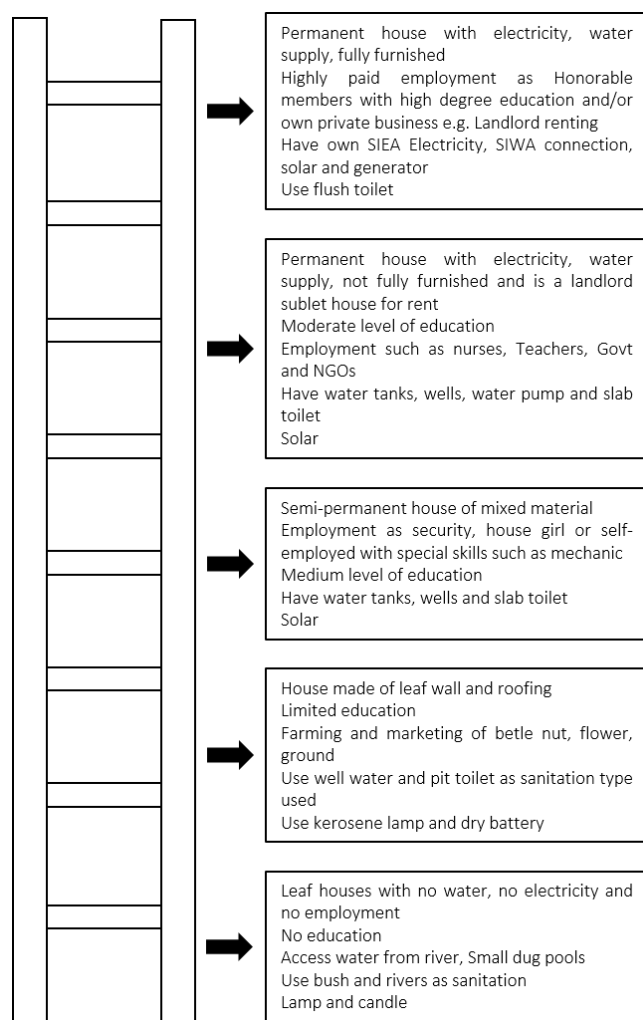


Figure 3: Ladder of Life summary from an informal settlement.

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This project has included work completed by Semisi Meo towards the attainment of a Doctorate of Philosophy.

Want to know more?

This brief describes findings from the project “Water and Sanitation Markets in the Pacific: Understanding Demand and Fostering Sustainable WaSH Marketplaces”. For more information, please contact Project Manager, Dr Regina Souter, at r.souter@watercentre.org.

A variety of outputs from this project are available from www.watercentre.org/portfolio/pacific-wash-marketing

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