

Researching livelihoods and
services affected by conflict

The drinking water service and users' perceptions of the state in Rolpa, Nepal



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About us

Secure Livelihoods Research Consortium (SLRC) aims to generate a stronger evidence base on how people make a living, educate their children, deal with illness and access other basic services in conflict-affected situations (CAS). Providing better access to basic services, social protection and support to livelihoods matters for the human welfare of people affected by conflict, the achievement of development targets such as the Millennium Development Goals (MDGs) and international efforts at peace- and state-building.

At the centre of SLRC's research are three core themes, developed over the course of an intensive one-year inception phase:

- State legitimacy: experiences, perceptions and expectations of the state and local governance in conflict-affected situations
- State capacity: building effective states that deliver services and social protection in conflict-affected situations
- Livelihood trajectories and economic activity under conflict

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1 SLRC study background and introduction

The Secure Livelihood Research Consortium (SLRC) is a six-year, eight-country research programme focused on access to services and livelihoods in places affected by conflict. One of its core questions asks about the interaction between how services are delivered and people's perceptions of government. In Nepal, this question is being addressed through both a longitudinal panel survey in Rolpa, Bardiya and Ilam Districts and complementary qualitative research. This paper builds on the quantitative findings from the first round of the SLRC survey¹ in 2012 (Section 4 in this report deals with the related findings) and reports not only on qualitative research examining people's access to drinking water but also the government's role in water provision and how that affects people's wider views of governance in Rolpa. The Nepal Centre for Contemporary Research (NCCR) is implementing the SLRC research programme in Nepal.

The provision of basic services, including water, education and health, is a policy priority in its own right and also contributes to processes of state building and legitimises governments in post-conflict situations such as Nepal. However, the evidence that providing basic services contributes to state building is thin. How service outcomes, people's well-being and their perceptions of service delivery affect state legitimacy is yet to be properly understood.

This study's objectives are to understand the drinking water situation in Rolpa and assess people's perceptions of local and central government in relation to its provision. With these objectives, the paper intends to contribute to SLRC's broader research theme on service delivery and state building. Issues related to the accessibility, effectiveness and accountability of drinking water service provision were explored through 52 in-depth interviews and a number of key informant interviews in Rolpa District.

¹ This study refers to the SLRC quantitative survey several times in different sections (mostly in Section 4) and to inform our readers about the connection between both quantitative and qualitative study. However, quantitative survey findings are also sometimes cited by reference to Upreti et al., 2014. We would like to inform readers that both of these sources are correct.

2 Analytical framework, methodology and outline of the study

2.1 Analytical framework

The SLRC study hypothesises that the more positive people's experiences with services are, the more positive their perceptions of government will be. To understand this we designed a perceptions study of individuals from different social and demographic characteristics.

The study explores people's access to drinking water services in terms of physical, financial, socio-political access and administrative angles:

- **Physical access** – the availability of drinking water services, distance and time to reach the water point.
- **Financial access** – the extent to which cost (formal/informal fees and indirect charges in tap installation, monthly service charge and other labour and payment contributions for repair and maintenance) creates barriers to access.
- **Socio-political barriers** – the extent to which discrimination based on gender, ethnicity, caste, religion or politics presents a barrier to access.
- **Administrative barriers** – the extent to which administrative hurdles, bureaucratic red tape and corruption create barriers to access.

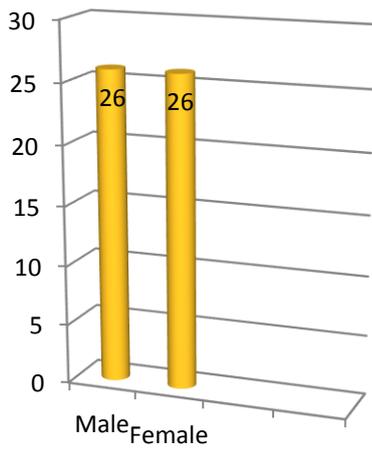
2.2 Methodology of the study

The SLRC longitudinal survey conducted in 2012 in Rolpa, Bardiya and Ilam Districts of Nepal (Upreti et al., 2014) paved the way for this qualitative study. The longitudinal survey was conducted among 3,175 households in the three districts and generated varied findings based on the locality, castes, ethnicity, religion and the level of development in the surveyed area.

For the qualitative study, implemented in September 2013, we chose the Budagaon and Liwang Village Development Committees (VDCs) of Rolpa as the study areas because they were included in the SLRC longitudinal survey in 2012. We used in-depth interviews that focused on respondents' perceptions, experiences and views on the drinking water services provided by the government or others. These were supported by key informant interviews with service providers such as Drinking Water Management Committees (DWMCs). Out of the 52 households interviewed, half of the respondents were female (see Figure 1). Likewise, 29 respondents were from Liwang while 23 were from Budagaon (see Figure 2). In terms of caste and ethnicity, 23 households were Brahmin/Chhetri, 17 Janajati, and 12 Dalit.²

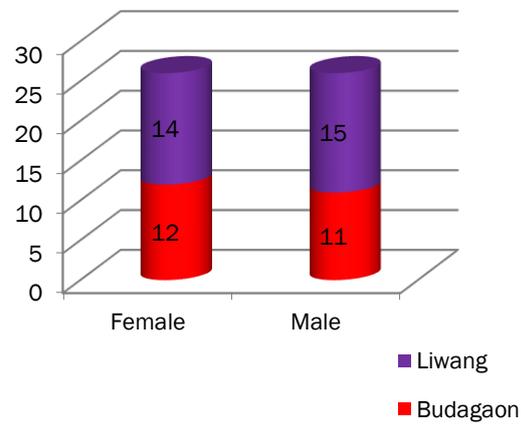
² Brahmins/Chhetris are perceived as upper-caste while Dalits are perceived as lower-caste people.

Figure 1: Respondents' gender



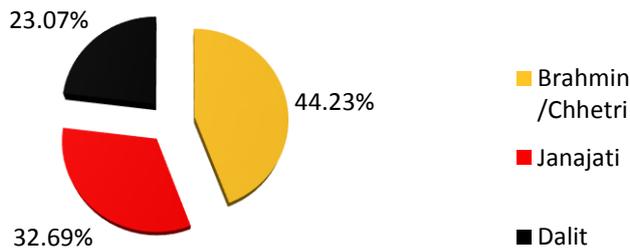
Field Survey (2013)

Figure 2: Distribution of respondents based on gender in two VDCs



Field Survey (2013)

Figure 3: Respondents' caste and ethnicity



Field Survey (2013)

Field notes and interviews were transcribed and translated, then categorised according to related open themes, ready for analysis.

The study has its limitations. Above all, it is limited to only two VDCs of Rolpa, so it clearly may not be representative of other districts. But it has implications for drinking water service provision more widely, so provides a good point of departure for discussion

2.3 Outline of the paper

This paper is divided into seven sections. The first section introduces the study and frames it within the overall SLRC research agenda. The second section explains the analytical framework and methodology used in this study. The third section discusses the context and background of drinking water services in Nepal. The fourth section presents a brief overview of the findings of the SLRC quantitative survey conducted in 2012. In the fifth section, we present the findings from this study and include sub-sections on physical access, financial access, socio-political barriers and administrative barriers. The sixth section deals with public perceptions and expectations of local and central government, while the last section concludes.

3 Context and background

The United Nations Conference on Environment and Development³ (1992) states that it is ‘the basic right of all human beings to have access to clean water and sanitation at an affordable price’ (UNCED, 1992). Likewise, Nepal’s Water Resource Strategy of 2002 (2058 BS⁴) states that ‘every Nepali citizen, now and in future, should have access to safe drinking water and appropriate sanitation as well as enough water to produce food and energy at reasonable cost’ (Ministry of Water Resources, 2002: 1). If the state’s poor performance in delivering basic services was one of the causes of the conflict that began in 1996 (Ali et al., 2011; Berry and Igboemeka, 2005). A decade of fighting further hampered the provision of education, health and drinking water services; caused a breakdown of family and community networks; and restricted development assistance. The Maoist insurgents sought to obstruct state-provided basic services in order to distance people from the state.

After the conflict ended in 2006, the government sought to establish better local governance with more community participation. In the drinking water service sector, this took the form of creating autonomous bodies at the local level: District Water Resource Committees (DWRCs)⁵, Drinking Water Management Committees (DWMCs)⁶ and Drinking Water Users’ Committees (DWUCs).⁷ Sigdel and Sharma (2013) find that the establishment of such bodies has helped to build service capacity, which has ultimately contributed in state building.

The VDC Office is responsible for drinking water supply, irrigation and river control programmes, preserving water sources and environmental protection in the village development area (Local Self Governance Act, 1999). The VDC Office coordinates with DWRCs, DWMCs and DWUCs. The Local Self Governance Act⁸ allocates responsibilities in relation to the utilisation, conservation and management of water resources to the local bodies (VDCs, District Development Committees and municipalities). It empowers the local bodies to formulate policies, implement programmes and collect revenues (through local taxation, fees and other means). The local bodies are given the right to fix charges for drinking water services, consulting the drinking water users’ association and the community.

This qualitative study finds that water services are provided by the state and also by non-state entities such as NGOs, international NGOs and the private sector. The study also finds that different providers all have different rules for service distribution: Some do not charge users for providing the service; some charge nominal fees and some just collect a service charge for infrastructure maintenance.

³ See more at, <http://www.wmo.int/pages/prog/hwrp/documents/english/icwedece.html>.

⁴ BS refers to *Bikram Sambat* in the Nepalese Calendar.

⁵ The District Water Resource Committee is constituted under the chairmanship of the Chief District Officer and is a licensing authority for water use in the district.

⁶ Drinking Water Management Committees, generally, are locally elected bodies registered in the local government.

⁷ Drinking Water Users’ Committees are locally formed bodies; the users are the members and represent the concerns of users.

⁸ Local Self Governance Act 2055 (1999). Published by His Majesty’s Government, Ministry of Law and Justice, Law Books Management Board, Kathmandu.

Safe drinking water is a necessity for good health and supports people by sustaining their other basic needs. Safe drinking water generally means treated water that has been tested for unsafe and potentially unsafe mineral and biological pollutants and has met drinking water quality standards. It is sometimes understood as 'improved drinking water': CBS and UNICEF (2012: 18) note that 'improved drinking-water sources include piped water (into dwelling, compound, yard or plot, public tap/standpipe), tube well/borehole, protected well, protected spring, and rainwater collection/ harvesting.' However, many problems still exist in the delivery of drinking water services. According to WECS (2011), 28 per cent of Nepalese people do not have access to a basic water supply while 75 per cent have no sanitation facilities. The gap between rural and urban areas is large, with urban areas significantly better off. Most rural areas of Nepal still do not have clean and safe drinking water facilities. The lack of access to safe and clean drinking water undermines livelihoods and spreads numerous water-borne diseases. Among other things, the cost of treating water-borne diseases and the longer journeys needed to fetch water make rural Nepalese livelihoods more difficult.

Preventing contamination of drinking water at source is a major challenge. Contamination at source spreads infectious diseases like typhoid, cholera, hepatitis and dysentery. Dumping of human and animal wastes and the use of pesticides in agriculture have intensified microbiological contamination in water sources such as springs and streams. Water contamination poses challenges for the environment and biodiversity. Water resources polluted with 'solid waste, waste water discharge and effluents from automobile workshops and small industries' (UNDP, 2008: 68) are detrimental to agriculture, ecology or even to the entire environment.

Nepal lacks institutional capacity to manage its water resources. Regmi (2007: 67–68) opines that this lack has been an extra critical factor preventing the harnessing of water resources. Regarding water supply, Upreti (2007: 23) argues that 'availability, reliability, equity and seasonality' are the major issues. According to the Ministry of Water Resources (1992a, 1992b), use and management of water resources in the country are governed by the 'Water Resources Regulation Act 2050' and 'Water Resources Act 2049'. Formation of Water Users' Groups (WUGs) for the collective use and management of water resources is allowed by the Water Resources Regulation Act (2050). Hence, local people's awareness has increased; they are aware of their resources, incentives (for sharing), and compensations (for risk), so they want to own their water resources. Their sense of ownership is fine at one level, but they alone cannot manage and harness the available local resources. The state's limited techno-economic capacities, the existing corruption in programme implementation, and hurdles to overcome in administrative procedures are the greatest barriers to effective drinking water provision.

In the context of Nepal, drinking water is not always given priority among the different water uses, while irrigation often has a higher priority. Acharya (2015: 305) argues that the 'distribution of water resources for livelihood security including drinking water needs first priority rather than development and other facilities'. But there is a different situation in the study area, as this study finds that the priority on water uses (over all) is paid less there (neither drinking water is prioritised, nor irrigation and nor sanitation). In regard to drinking water and supportive to this finding, the previous SLRC-Nepal quantitative study has documented that there are just 3.5 per cent households (out of the total sample size of 716 households in Rolpa) with drinking water taps installed at their home (see Figure 4), which, by evidence, suggests that the drinking water is not prioritised. However, in terms of overall water uses, being a rugged terrain, the study area is techno-economically costlier to prioritise programmes for water uses. Thus, the over all service provisions related to water (drinking water, irrigation and sanitation) are

not easily accessible to the local people. With regard to access to drinking water services and perceptions of the central government, Section 4 offers some contextual evidence generated from the SLRC quantitative survey and Section 5 offers relative qualitative findings.

4 Findings from the SLRC quantitative survey

Sources of drinking water in Rolpa include tap water, wells, river sources and others. The majority of households rely on tap water supplied to their house or their *tole* (a small cluster of households). The previous SLRC quantitative study found that out of the 716 households in Rolpa, 83 per cent consume drinking water from taps, 11.7 per cent from wells (*kuwa/mul*), 3.6 per cent from river sources, and 1.7 per cent from other sources (Figure 4).

Figure 4: Main source of drinking water in Rolpa for total of 716 households

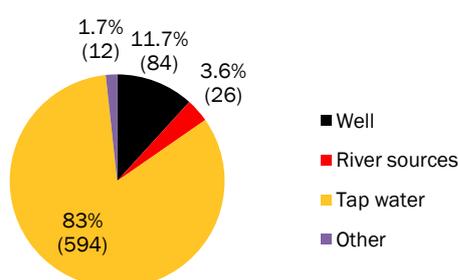
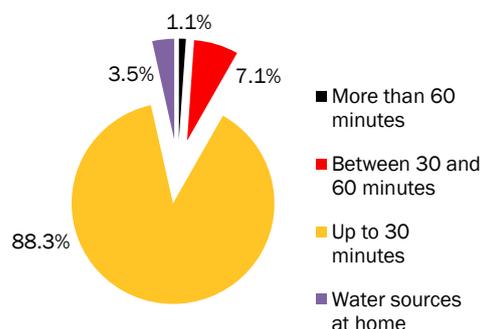


Figure 5: Drinking water service access (fetching time)



Source: Authors' adaptation from Upreti et al. (2014) and SLRC field survey data

The quantitative study also found (Figure 5) that 1.1 per cent of households in Rolpa walk more than 60 minutes to fetch water, while 7.1 per cent walk between 30 and 60 minutes. Most (88.3 per cent) walk up to 30 minutes to fetch water. Just 3.5 per cent of households have access to drinking water at home.

The largest share of sampled households (43.9 per cent) said that the government is responsible for their source of drinking water, while 38.7 per cent said that the source of their drinking water is private or personal (i.e., they themselves are responsible for it), and 10.8 per cent were consuming drinking water from sources for which NGOs are responsible. Of the remainder, 2.8 per cent of households said another sector is responsible for their drinking water, while 3.9 per cent said that they did not know (see Figure 6).

The survey showed that 88.8 per cent of the sampled households say they have access to safe and clean water (Upreti et al., 2014). Of the 289 households that get water from a government-managed source, 91.3 per cent (264) consider their water clean and safe (Upreti et al., 2014). Of the 263 households that get water from a privately-managed source, 84.4 per cent (222) thought their water safe and clean. All but two of the 77 households getting water from a source for which an NGO is responsible considered their water clean and safe (97.4 per cent) (see Table 1).

Table 1: Drinking water quality based on who is responsible for water source

Responsible entity	Is drinking water clean and safe?		
	No	Yes	Total
Government	25 (8.7%)	264 (91.3%)	289
Private / personal	41 (15.6%)	222 (84.4%)	263
NGO	2 (2.6%)	75 (97.4%)	77
Other	1 (5.6%)	17 (94.4%)	18
Don't know	6 (24.0%)	19 (76.0%)	25
Total	75 (11.2%)	597 (88.8%)	672

Source: Authors' adaptation from Upreti et al. (2014) and SLRC field survey data

In terms of the availability of drinking water, 45.9 per cent of households replied that their water is 'always available', 31 per cent said 'mostly available', while 21.8 per cent said that drinking water is 'sometimes not available'. Just 1.3 per cent said drinking water is 'often not available' (see Figure 7).

Figure 6: Responsible for source of drinking water in Rolpa for a total of 716 households

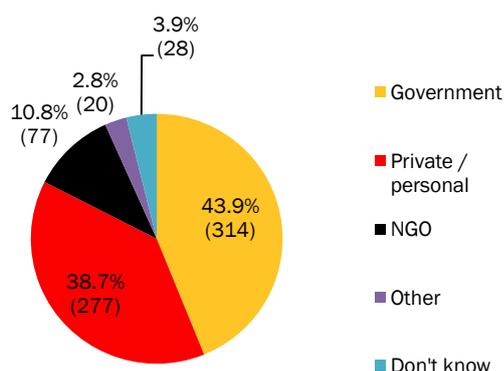
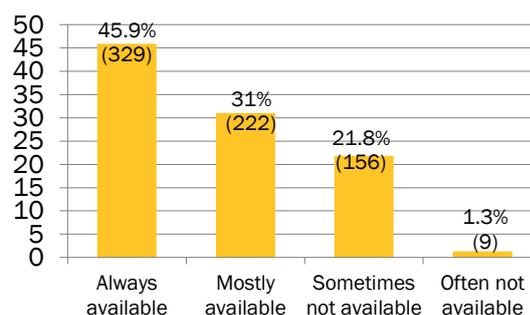


Figure 7: Overall availability of drinking water services in Rolpa (716 households)



Of the households using government water sources, 41.1 per cent said that drinking water is 'always available', 30.6 per cent said drinking water is 'mostly available' and 27.4 per cent said drinking water is 'sometimes not available', while just 0.9 per cent answered drinking water is 'often not available' (see Figure 8).

The figures appear slightly better for those getting water from a private or personal source: 56 per cent said that their drinking water is 'always available', 24.9 per cent 'mostly available', 17.3 per cent 'sometimes not available' and just 1.8 per cent 'often not available' (see Figure 9).

Figure 8: Availability of 'government responsible' drinking water services in Rolpa (314 households)

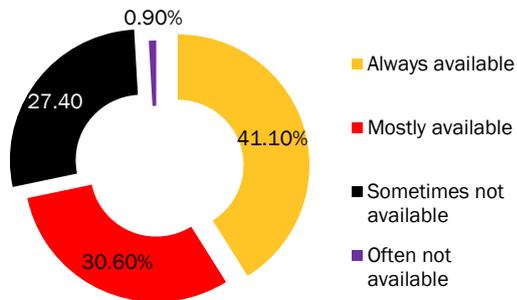
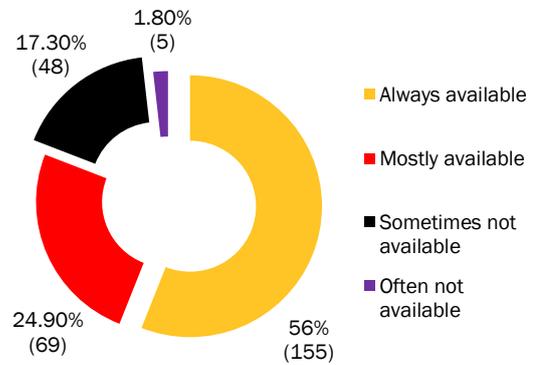


Figure 9: Availability of 'Private/personally responsible' drinking water services in Rolpa (277 households)



Source: Authors' adaptation from Upreti et al. (2014) and SLRC field survey data

Of the households consuming drinking water from the sources for which the NGO sector is responsible, 26 per cent said that their water is 'always available', 66.2 per cent said 'mostly available', and 7.8 per cent replied 'sometimes not available' (see Figure 10, overleaf).

Among households consuming drinking water from sources for which 'another sector' is responsible, 45 per cent answered that water is 'always available', 40 per cent said 'sometimes not available', and 15 per cent said water is 'mostly available' (see Figure 11, overleaf).

Figure 10: Availability of 'NGO responsible' drinking water services in Rolpa (77 households)

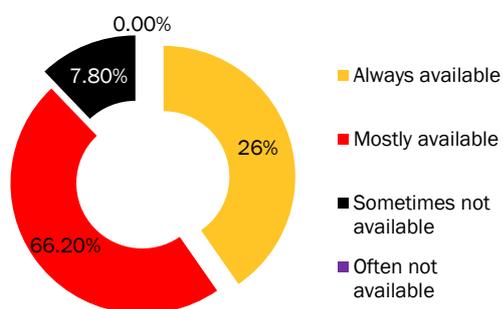
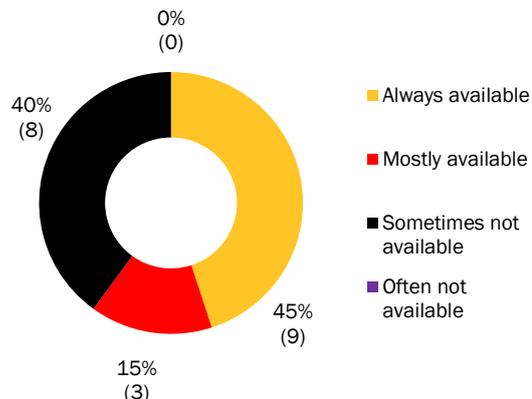


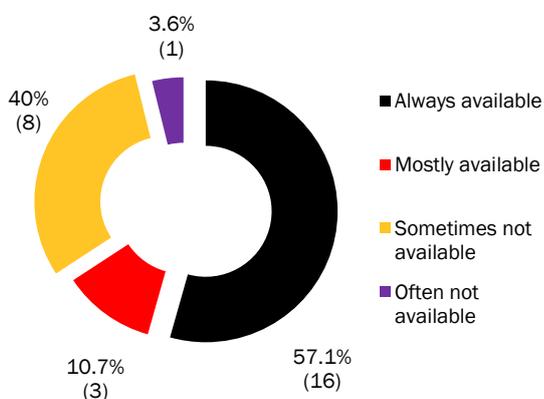
Figure 11: Availability of 'other sector responsible' drinking water services in Rolpa (20 households)



Source: Authors' adaptation from Upreti et al. (2014) and SLRC field survey data

Among the households who did not know who was responsible for their drinking water, a surprisingly high 57 per cent said their drinking water is 'always available', 10.7 per cent replied that it is 'mostly available', 28.6 per cent said 'sometimes not available', while 3.6 per cent said that 'often not available' (see Figure 12).

Figure 12: Availability of drinking water service 'do not know' who is responsible (28 households)

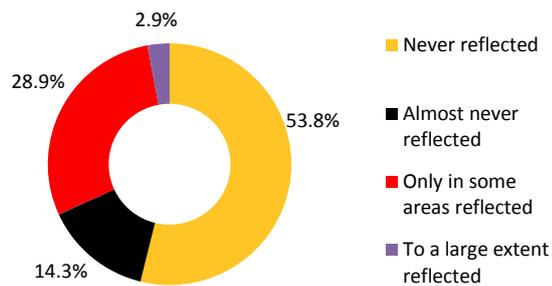


Source: Authors' adaptation from Upreti et al. (2014) and SLRC field survey data

The study found that households that have experienced a greater number of shocks tend to have the least access to drinking water, usually needing to walk further to fetch water.

Generally, if local or central government is capable of managing and ensuring effective and accountable service delivery at the local level, it shapes people's perception in a positive way. The quantitative survey found that people have comparatively more positive perceptions of local government than central government. Of the 446 respondents to the question of whether the decisions of those in power in central government reflect their (the people's) priorities, the majority felt they 'never reflected' their priorities (see Figure 13).

Figure 13: Perception of whether the central government reflects people's priorities



Source: Authors' adaptation from Upreti et al. (2014) and SLRC field survey data

5 Findings from qualitative interviews

The study found significant reasons why most households have less access to drinking water services in terms of distance to a water point. For 88.3 per cent of households, fetching drinking water takes up to 30 minutes, and just 3.5 per cent of households access drinking water at their house (see Figure 4). Though Figure 7 indicates that 45.9 per cent of households responded that drinking water is always available at their water point (which is statistically significant), a majority of these households do not access drinking water at their house or premises (see Figure 4). Some of the reasons include (a) geography (such as the rugged landscape), (b) the lack of influential people in their area, (c) an inability to harness local resources, (d) the lack of human resources, (e) conflicts between different users, (f) conflicts between different uses, and (g) a weak state presence. These reasons are also associated with socio-political and administrative barriers in accessing the drinking water service delivery.

Below we discuss the study findings in the five sub-sections in terms of physical barriers, financial barriers, socio-political barriers and administrative barriers, and we look at how all of these affect perceptions of government.

5.1 Physical access

Rolpa is rich in fresh water resources, but drinking water is often scarce.⁹ Those responsible for managing water sources include local government, private individuals, non-government organisations (NGOs) and others. There are thus differences in charges for the service, availability, water quality and quantity.

The main sources of drinking water in the study area are tap water, wells, and rivers. In terms of physical access and time needed to fetch drinking water, the majority of the surveyed households said that they fetch water from public sources such as taps, wells and rivers, and in some cases this takes more than an hour. Few households have taps installed at their households or premises. Public sources are not cleaned and maintained in a timely way, which results in degraded water quality. Users of public sources feel that neither local nor central government cares for them, creating a frustration with and negative perception of the government (discussed further in Sub-section 5.5).

Households that managed their drinking water themselves have a more regular water supply than those using a community- or government-managed supply. Such households, as this qualitative study found, may have little connection with the local state bodies, non-state organisations or even to the locally influential or political people. Some are economically capable of investing in their drinking water. When in need of maintenance, they can invest sooner than if they relied on service providers.

As Rolpa is a hilly region, the study area is geographically challenging for supplying drinking water, and this is one of the main factors determining physical access to drinking water service delivery. Geographical complexity affects both the access and utilisation of drinking water services. In Liwang 5, for example, households without access to drinking water taps are mostly located in higher altitude

⁹ Rivers include the Madhikhola, Lungrikhola, Fagemkhola, Goyour, Trebeni, Bojang, Sibang, Dhansi, Fiwai, Pokhapani, Banfall, Halhale, Jinawang, Arhang and Mirul.

areas and are often poorer. People in the lower belt of the same ward, however, are also dissatisfied with the irregularity of the community-managed drinking water service. Water gets depleted at source in the dry season, and in other seasons people are able to fetch water from the tap for just two hours each day (one hour in the evening, and one in the morning). Respondent 24 (female, Dalit) claims that some users who are nearer to the source cut the pipeline, which creates problems for downstream users. She adds:

I am not satisfied with the source and quality of our drinking water. Children swim at the source; people wash their clothes there, which have degraded the water quality.

This indicates that those households which are comparatively further from the source have more vulnerable physical access to clean and safe drinking water service delivery.

Respondent 35 (female, Chhetri) from Liwang 5 has installed a pipeline to her house from the water source. She does not feel water is pure and safe to drink directly so her household filters water with a piece of cloth. According to her, though all the households in her area have access to water, the quality is not satisfactory because 'the water reservoir gets polluted when there is rain and flood'.

Taps were once installed by the government's Nepal Water Supply Limited but they never functioned and after some months people in the community had to invest in their own drinking water supply. This system functions, but they are not able to maintain water quality.

The most convenient water supply is water piped direct to the household. But the majority of households we interviewed depend on public taps, surface water sources such as rivers, unprotected wells, dams and other poor-quality water sources. The chance is always high that surface water sources are contaminated. Respondent 40, a 33-year-old male from a Janajati family, of Budagaon 9 gets drinking water from a source five minutes away. This is a comparatively short journey but the water quality is poor and, because of lack of money, knowledge and skills, the household uses drinking water without boiling or filtering or applying any safety measure. He says,

Boiling water is costly . . . Sometimes when we get sick then only we drink boiled water but other times we do not drink boiled water.

There is no permanent source of drinking water in this ward. Households fetch water from the well (*mul*). Few households have taps. Respondent 30 (male) from the same ward says,

We have hard times accessing drinking water and the water we drink is not safe and clean. We drink water directly from the source (we do not boil or filter).

The local government does not appear able to ensure water quality or provide the skills and knowledge for water treatment. Likewise, local people are not accustomed to storing water in cemented tanks, poly-tanks or so forth, instead filling their buckets and *gagri*¹⁰ for their day's use. This is true for the whole of Rolpa district. Respondent 40 (male, Janajati) agrees,

There are many people who do not have easy access to water and this is not the problem of this Ward alone, because there is great scarcity of water in this whole

¹⁰A traditional metal water vessel, also known as *gagro*.

VDC or even in the whole district. People do not practise harvesting rainwater and storing in big tanks. People spend a lot of time fetching drinking water for daily use.

Respondent 36 (male, Janajati) from Budagaon 1 says that there is a public tap in his *tole*, which is the main source of water for some six households. All the households consume water directly without boiling or applying any safety measures. He is satisfied with the quality of the water supplied, but during the rainy season water gets dirtier and their children get ill.

Respondent 48 (male, Dalit) from Budagaon7 says that he has a drinking water tap at his own house and uses water without boiling, filtering, or using any safety measures. In the rainy season water gets contaminated and children sicken. These two respondents have very similar concerns regarding the quality of their drinking water (there are other similar concerns in other areas as well). In both areas, water is more contaminated during the rainy season.

Most of the households in Liwang 8 have drinking water taps at home. The main source of the drinking water is a small river from where water is piped. A 37-year-old male (Respondent 32, Janajati) claims that 'the water quality is satisfactory and it is very good' and that most users do not boil it. He further says, 'There is no problem in drinking the river water directly.' Every household in this area has easy access to water except in the dry season. Regarding drinking water quality, a Dalit male (Respondent 25) from the same ward says,

After installing the public tap over here we did not need to buy any kinds of medicines or visit doctors for treatment of any kinds of water-borne diseases.

Their positive perception of the quality of their drinking water does not guarantee that it is safe, while its scarcity in the dry season indicates poor management of the supply. The local government bodies could have developed water storage systems to maintain the water supply in the dry season, promoted the economical use of the available resources or established a short-term water bank (supply system). Respondents in Liwang 6 told a different story, where community people themselves have managed their drinking water. A 23-year-old male (Respondent 50) has a drinking water tap at his home and says.

Water is supplied through a pipeline and it has been installed in our house as well. This service is an outcome of the effort of all the villagers.

The water supplied in this community is clean. He says, 'My mother and children always drink boiled water, but we do not boil water for drinking purpose for other family members.' People in this area do not face scarcity in any season. A DWUC meeting is held on the last Saturday of every month where all the users sit together and discuss the water situation and service extensions in the area. Households that want to install taps at their houses need to obtain pipes and other materials (elbows, taps, cement, rods, and sand, etc.) themselves. The committee installs only the main pipeline (the financial access of households to drinking water service delivery will be discussed in Sub-section 5.2).

The water source in Liwang 4 is 'the most preferred source throughout Liwang VDC', says a female local resident (Respondent 39). The source is located a kilometre away and higher than the residential area; this usually means it is less contaminated than a low-lying source where human-induced pollution easily mixes with the water. The community has installed a pipeline. Sometimes in the rainy season, the source is flooded with water from the forest, spreading diseases such as diarrhoea and pneumonia. So residents collectively clean the water source every month and try to maintain water quality. The community has an adequate water supply in the monsoon season, but it becomes scarce during the dry season, which makes their livelihoods difficult.

Households in the lower residential area of Liwang 4 mostly have private drinking water taps at their households. They have installed pipes to their homes from a small spring flowing nearby. Though they have better physical access to drinking water, being downstream users of a small spring, these households are not satisfied with the quality of water, because people upstream contaminate the spring. A local resident (Respondent 42, male) from the area says that the households residing upstream keep pigs and they directly mix the manure in the spring. He claims,

No household in this area has access to quality water, no household is satisfied with water quality, most of the households have been spending a lot for their health treatment, most importantly children are affected with water-borne diseases such as diarrhoea and pneumonia.

The upper residential area of Liwang 4 has a regular drinking water supply. But as Respondent 39 claims, sometimes water distribution to her *tole* halts. The dam is constructed very well near a forest, and the DWMC has installed a pipeline to the upper residential area of the ward. In the winter season, the source water is depleted, which makes life harder. Then people need to walk further to fetch drinking water.

Stories of an irregular drinking water supply are the same in Budagaon, as Respondent 36 (female, Janajati) from Budagaon 1 says,

As we have limited source of drinking water and we are residing in the hill area, there is less chance for regular and effective drinking water service delivery. Yet, if we face problems, we usually go to the political people, people of good will, and other social elites, try to redress grievances collectively. And this way of sharing concerns works well than any other ways.

Ward 9 of Budagaon VDC does not have a permanent source of drinking water. Households fetch water from a well (or *mul*, which naturally emerged and is protected by users as a tiny pond). Few households have taps and the water supply is very limited and irregular. Respondent 30 (a male from Budagaon) from the same ward says,

There is plenty of water in the nearby Ward [lower South-West belt of Ward No. 01], but we are thirsty here.

According to him, people in his community have many times negotiated with the neighbouring ward, which has plenty of water resources, but that ward is not willing to share with any other ward as people there have economic, social, and cultural needs associated with their water source. That ward uses so little of the remaining water for irrigation purposes and some water is unused. The differences between uses, users and political boundaries are the main factors creating disputes between these two wards. Such conflicts over resource allocation and distribution, even within the small political boundary of a VDC, are critical ones. While investigating this particular dispute, we found no influential people, institutions, or local government bodies who could settle such conflict and provide service in a better and more effective way.

The traditional drinking water services and service providers are not able to fulfil the drinking water and sanitation related needs of the local people. The study findings indicate that households that manage their drinking water themselves have a more regular water supply than those using community- and government-managed drinking water supplies. Such households may have no or little connection with the local-level state bodies, non-state organisations or even locally influential or political people. Some of these households are economically capable of investing in their own drinking water supply. When in need of maintenance, they can intervene sooner than other service providers can. The SLRC

quantitative survey had similar findings (for details of the quantitative findings, see Figures 6 and 7). Likewise, the local government could have implemented a simple approach district-wide in protecting water sources from mineral and biological pollutants, making people aware about maintaining the water quality, and providing them the purifying commercial products and skills to use them. Local government in the post-war era has achieved significant progress in providing drinking water services (though we are not exploring development disparities between districts, we can generalise). This achievement can also be measured through the effective functioning of DWMC, DWUC and other local governmental bodies. At least, the system capacity has been enhanced. But, gaps between policies and implementation have resulted in less-effective drinking water service delivery.

5.2 Financial access

Fee structures for drinking water services vary across Rolpa and the system is highly fragmented. In general, people in the study area are dissatisfied with the amount they are charged.

In Liwang 5, the community participated in the DWMC which built a dam at the water source, but the dam needs serious repairs and the committee lacks the technical or financial capacity to repair it. Further, the dam area is not protected, children swim in it and local people wash clothes there. People have shared their concerns with the VDC and District Development Committee (DDC), but their 'concerns are not heard by these authorities' (Respondent 24, Dalit female). Respondent 51 (female, Brahmin) says she is paying Rs 125 per month to the DWMC for water supplied through a public tap at her *tole*. She thinks that the service provider is not cooperative:

There are some irregularities but we are compelled to pay the fees regularly. The service is irregular, but if we delay paying the bill by one day they fine us. If we ask for repairs they tell us to repair the damage ourselves.

When asked if she knows anyone in her area who cannot access drinking water, she says,

Yes! Some people who cannot pay for the service are not able to access the water that is provided by the water users committee, they have to spend more time to fetch water from the source (kuwa, mulbatapanilaunalaideraisamayakharchagarnuparcha).

All drinking water service users in Liwang 8 share a common investment for drinking water, common responsibilities and common accountability and they themselves are responsible for the service. When they encountered serious problems they used to ask VDC and DDC to address it, but with little response.

By contrast, households in Budagaon 1, who formed a DWMC, are paying Rs 180 every six months for drinking water services. However, the water is supplied for only two hours, which is not enough to meet all their household needs. Respondent 36, a 54-year-old male has been fetching drinking water from a public tap where water is supplied twice a day for one or two hours. People in his community experience scarcity during the dry season. There is no option for expanding the water supply even if anyone is willing to pay more. The state does not assist. This area lacks adequate water resources and its geographical complexity (being in the hills) has doomed people to difficult access to drinking water, making livelihoods difficult there. Lack of water resources is also hampering their agricultural activities.

People in Liwang 6 pay monthly fees and sometimes pay extra for maintenance. The committee spends most of the collected amount on maintaining infrastructure, paying operators and other administrative expenses. Respondent 50, a male, expects the service 'free of cost', saying it is a basic service to be provided by the state. Users in this area complain that the drinking water service is not provided efficiently. Respondent 52, a local male, says,

As we pay money regularly then we should get access to these services in an efficient manner, water quality should be improved and it should be regular. Regarding drinking water service, the VDC has not been able to provide better service and people in the area have not seen state fulfilling responsibilities related to drinking water service delivery. The central government too has not been able to monitor planning and implementation.

5.3 Socio-political barriers

The socio-political sphere arguably is the source of both the biggest barriers to better service delivery and the best opportunities for improving it.

Caste is a one of the complex social and political forces underlying Nepal's contemporary political, social and economic development efforts and problems (Welber, 2012: 2). Gender, ethnicity and religion present further barriers. More than 80 per cent of the respondents believe that discrimination based on caste does not exist. Some credit the Maoist insurgency for this (e.g., Respondent 37, female, Janajati from Liwang 4). Respondent 39 (female, Chhetri) says,

After the Maoist insurgency people's awareness level has increased and the majority are Janajatis in this area, and no such discriminatory practices exist here.

Though the water source in Liwang 8 is limited, respondents asserted that discrimination in its use does not occur. A 37-year-old male (Respondent 32, Janajati) says:

Because of the several human rights advocacy programmes, Dalits, women, minority people and backward people have been able to influence the service provider. Maoist insurgency also helped a lot to increase awareness among the people.

Likewise, Respondent 30 (male) from Budagaon 9 says:

People are informed that discrimination based on gender, caste, ethnicity and religion is not good.

Respondent 32 (male, Janajati, Liwang 8) argues that people now understand that discrimination based on ethnicity and religions should cease. He is against the idea of preferential treatment in distributing services because Dalits and other castes have the same economic conditions. So, he believes, 'everybody should be treated equally.' Respondent 40 (male, Janajati) says, 'These days, females and Dalits are given more preferences in every sector than before.' Previously, Dalits were not allowed to enter any Brahmin or other upper caste person's household and they were thought to be 'untouchable'. But, at present, 'Dalits are welcomed at our houses', he says.

One Dalit, (Respondent 24, female) reported a very positive experience of the minimisation of caste-based discrimination. She works as a cook in a school hostel and says,

No such discriminations are here. Even if I am a Dalit woman, I do not feel I am being discriminated against.

But some felt water-related caste discrimination had not been eliminated. According to Respondent 51 (female, Brahmin), Dalit people in her area are not able to fetch water from the public sources when people from other upper caste are there, and they may be forced to fetch water from the *mul* instead.

Though we did not find evidence of religious discrimination in the other wards of the study area, in Budagaon 9, Respondent 30 (male) perceives discrimination against Christian people, notably when non-Christians call them *gaikhane* ('those who eat cow's meat', which is a taboo among non-Christian Nepalese). Non-Christian people (especially upper-caste people) hesitate to consume the drinking water touched by Christians. Many other areas are reported to be more homogenous in terms of religion. Respondent 52 (a male) says there is no discrimination in any form in Liwang 6 where almost everybody is Hindu.

Water resources are sometimes restricted as a result of beliefs. People in the lower southwest belt of Budagaon 1 believe that they should not share their water resources with other wards, because, if they do, their fields will go dry and greenery will vanish, which will be nature's (god's) punishment to them.

In terms of gender discrimination, views again varied. Respondent 24 (female, Dalit) from Budagaon 9 does not think discrimination by gender exists: she says that radio and television channels have been broadcasting programmes on gender equality, making people better informed and rational and ending such discrimination. Yet observations of water fetching suggest that discrimination is high in the study area. Patriarchal rural beliefs mean 'water fetching' is a job for females. Respondent 41 (female, Janajati) spends half an hour fetching drinking water from a well (*kuwa/mul*) in the field and it is very difficult for her to climb upwards when carrying water. If households are farther from the drinking water source, the effects of gender-based social discrimination are intensified. This burden on females can reduce or eliminate time available for education or social activities. School-attending girls are affected more, as water-fetching reduces their time in school. Respondent 39, a female from Liwang 4 says,

In some cases males have been dominating females, for example, only the females are supposed to fetch drinking water for household use, it is not justice.

Respondents vigorously agreed on the importance of a local area's political influence. Some respondents thought that their community was excluded from a service because they did not have influential political people in their area who could bargain for more VDC budget allocations. Regarding political influence in the VDC budget allocation, Respondent 24 (a Dalit female) from Liwang 5 believes 'local political leaders are capable of influencing VDC budget allocation.' Respondent 43 (female, Chhetri) notes that it is not just the current representatives who are important: 'The ex-politicians are capable of influencing VDC budget allocation.'

Respondent 40 (male, Janajati) says political connections with the service provider sometimes improves the equitable delivery of services. In some cases, users persuade the operators and influence them to discharge more water for a longer time.

Budagaon 9 has no politically influential people who could influence the service provider and bargain for a bigger budget. Respondent 41 (female, Janajati) complains that 'neither government nor any other agencies have provided assistance in supplying water in the village.' There are some water-tanks in other *toles*, but in her *tole* there is no water supply and no one to influence the service provider. Though people of this area have asked the nearest service provider to supply water, the problem has not been addressed yet, making it 'our greatest misery'.

Respondent 52 (a male, Liwang 6), says discrimination regarding political affiliation does not exist, but, he argues that 'if some people have a political connections or affiliations, their concerns may addressed quickly whereas those without affiliation or connection may have to wait comparatively longer to get their concerns addressed.'

Respondent 39, a female from a Chhetri family from Liwang 4, Mulpani thinks that ‘there is discrimination based on political affiliation.’ She says,

There is political discrimination much and some communities are deprived of development works as people have different political ideology than that of the local political leaders. . . . households that are near to the reservoir/chamber have water tap at their house with regular supply but the farther ones do not have.

Others in this ward concur:

There is discrimination based on political affiliation – if some political leaders’ political ideology differs to the ideology of some community people, there is zero chance of development. – Respondent 42 (male, Liwang 4)

Development works are not done in some communities where people have different political ideology than that of the local political leaders. –Respondent 24 (female, Dalit, Budagaon 5)

Those politicians who have power are able to influence the decisions making process in allocating the development works and development investments. The people who have different political beliefs than that of the local politicians have been looked upon differently. –Respondent 37 (female, Janajati, Liwang 4)

Respondent 39 says females’ perception with regard to socio-political access is different than males’. Female respondents appear on average less aware of political matters in their area. The reasons include their responsibilities for household matters and lack of their participation in political affairs and activities. To conclude, the study finds that the ratio of discrimination based on caste in accessing drinking water services has decreased to a large extent (though some exceptional cases of discrimination in some remote wards of the VDCs have occurred). Behind this achievement are the frequent rights movements, radio and TV broadcasts, newspaper publications and the Maoist movement. Likewise, the survey found that local politicians and ex-politicians, bureaucrats and other social elites are influential in the drinking water service sector and that their prejudices result in inequitable water service distribution. In terms of gender-based discrimination, the survey did not find discrimination except in the fetching and utilisation of water. However, such types of gender-based discrimination have impacted the overall betterment of females.

5.4 Administrative barriers

The study area consists of different communities served by different types of service provider, with varying experiences of the quality of provision. Most respondents perceive bureaucratic delays, corruption and other barriers, complaining that if they need budgets to be allocated for drinking water management, it is necessary to find influential people to influence the VDC and other bureaucratic units. The majority of respondents had grievances with service providers, VDCs and central government and about the general lack of resources in the sector. In Liwang 8, which suffers from an irregular drinking water supply, especially in the dry season, Respondent 32 (male, Janajati) says that people have complained to Nepal Drinking Water Supply Limited, but a solution has not been reached. ‘The officials from the Drinking Water Supply Limited say they do not have enough budget to allocate’, he says. He continues:

Even in such a situation, the local political parties’ representatives try their best to influence the service providers as they have relation with them and they have tried in many cases as well, yet solutions are still far away.

But Respondent 48 from Budagaon 7 (male, Dalit) had a more positive experience:

Previously we did not have water access at home. Once we went collectively as a community to the VDC and DDC offices and expressed our concerns about the need for water taps at our homes. This time they heard our voice and allocated a budget to install pipeline and taps.

On the other hand, Respondent 49 (female, Chhetri), from the same ward, argues people in the community are not aware of the mechanisms for influencing service providers, meaning that they do not consult with any authorities about their problems and have no influential people who could influence the service providers.

Some of the more positive feedback came from respondents who had become actively involved in managing their own water. Through the formation of local water users groups, people's awareness levels have increased, and they are aware of the resources, incentives and risks. In Liwang 8, Respondent 25, a local Dalit male, says the VDC and Land Protection Office cooperated fully in the initial phase of the community-managed drinking water service, providing Rs 84,000 to the DWMC, while users collected Rs 34,000 and contributed labour.

A man from Liwang 4 (Respondent 45) says that users there have been cleaning their own water source. The DWMC calls meetings among the users when it realises the need to clean the source, redress grievances and respond to concerns. As users become involved in DWUC and DWMC, they are ready to 'bear responsibilities rather than only asking questions'. When asked about whether people in his community are able to influence service provision when they are not satisfied with the quality, reliability or regularity of services, the same respondent claims,

Yes! Together we can influence any sector; we just need to work together. If we register any query, it is better to go collectively rather than individually. Because, going collectively makes the service provider listen to the queries well.

In the same area Respondent 44 (female, Janajati) argues that users are active and well-informed about matters related to their drinking water service. Respondent 39 (female) agrees that sharing adequate information related to their service depends upon the users themselves. Respondent 42 (male) from a lower residential area of the same ward says that their users' group provides information about their service. People from this area have invested in and managed their drinking water service themselves. They collect money for the maintenance and cleaning of the source. But drinking water is scarce in the dry season. He thinks that 'safe and clean drinking water must be distributed all the year round'. The political representatives of this area can influence the state-level service provider. But as locally elected political bodies are dysfunctional and no local elections have been held recently, the VDC secretary is the sole decision-maker for VDC budget allocation. Decisions can sometimes favour local politicians' interests. Respondent 37 (female, Janajati) believes that 'there are some politicians who have influence in the service provision and the allocation of resources'.

Women's perceptions of administrative barriers are generally difficult to gauge. When asked if they experience difficulties in approaching the service providers, about half the female respondents interviewed say they know little about it because it is mostly men who approach the service providers (such as in the application process, or to make payments for the service and have related consultations).

Information dissemination is important for effective service delivery. If people are informed about the service provider's responsibilities and accountability, the chance of misunderstanding is less. Publically

displaying the citizen's charter gives people a way to understand the services available and the procedures associated with them. The charter generally shows the range of services, procedures and essential documents that apply. In the government offices within the study area, the citizen's charter has (in a way) maintained a level of transparency about the services provided. Displaying the citizen's charter is 'one of several strategies of the central government's initiative to reform the public service delivery apparatus' (Bhusal, n.d.). At one level, this provision maintains transparency and at another level it secures citizens' right to information. However, this alone is not enough. The provision of drinking water still lacks transparency about how much is allocated and how much is spent in different programmes, who provided the funds and how they are channelled.

To conclude, as the study area consists of different communities and types of service providers, individuals' and households' experiences with those providers vary widely. Still their experiences regarding the bureaucratic delays, corruption and other barriers are similarly perceived. People complain that if they need budget allocations for drinking water management, they need to find prominent people to influence the VDC and other bureaucratic units. This indicates that bureaucratic hurdles have been affecting the budget distribution process as well.

5.5 Public perception of local and central government, and people's expectations

Reflecting the findings of the SLRC quantitative survey (see Figure 13), the majority of respondents in this qualitative study believed that their priorities are not mirrored in the decisions of those in power.

Many people clearly do not feel the state is playing its part. According to Respondent 37 (female, Janajati), the VDC for Liwang 8 has little involvement in regulating water delivery in her area. She says, 'I am not aware what role VDC has played on these services.' Respondent 52 (male) from Liwang argues:

Though we are managing our drinking water service ourselves, the state is supposed to manage basic public services, such as drinking water and health. If the government does not look after us then who will take care of us? Regarding drinking water, I have seen the government offices collecting service charge for drinking water. The point is that if people are paying for the service it must be reliable and well organised.

Respondent 45 (male) from Liwang 4 argues that the VDC fails to regulate and monitor the budget it allocates. In the absence of locally elected government, some of the processes have been changed, yet he claims that 'these new processes are not that complicated'. Previously when the locally elected body was functional, people needed permission from the ward heads to get services, but now they do not need to get such permissions and letters from the political bodies. Though the VDC office has taken on the role of the locally elected political bodies and works with the ex-political representatives, its performance is sluggish. He is dissatisfied with the performance of the government as it just makes policies but fails to implement or monitor. Neglecting these issues has been a major cause of the failure of the government, so the central government must ensure proper monitoring, accountability and transparency of the provided services.

Respondent 42 (male, Chhetri) says,

The DWMC has helped in addressing the need of the people, which is satisfactory. I am not satisfied with how the VDC has been involved in the supervision of the water delivery. I have seen the role of VDC very minimum. The VDC budget is not transparent. VDC Office has not been able to influence the effectiveness and accountability of service provision in local area, its one and only responsibility has been to distribute budget.

Respondent 24 (female, Dalit) from Liwang 5 spoke about administrative hurdles in local government at VDC level, saying,

Mercy on VDC! How could VDC control and regulate the service providers? I am not satisfied with VDC Office for it has not been attentive in the supervision of water delivery. Maybe the VDC lacks human resources. Mercy on the VDC Secretary!! How could he do everything alone? If VDC Office pays attention to how much budget was channelled to drinking water committee and how much is spent, and how good the work has been, the situation would be better.

Respondent 36 (male, Janajati) from Budagaon 1 claims there is not enough public investment:

Local government provides a small budget which is not enough. Drinking water is scarce in this area, but it has not been able to deliver water until now.

He thinks that central government needs to play a stronger role:

Central government may be committed to address people's needs. It allocates budget to local government to implement basic service related programme. I do not think central government is able to exert control over local service providers and ensure that the processes are transparent and accountable.

'It is the responsibility of the local government to fund public services understanding the local needs and possibility of the local resource, while the central government should assist local government', Respondent 32 (male, Janajati) suggests. He goes on to say,

The local sector provides services at the local level that is why they have to be aware and monitor the situations regularly to maintain transparency in the programmes and make the programmes more effective.

Respondent 30 (male) from Budagaon 9 does not believe that the local government has played any significant role in improving the drinking water service in his area:

I guess the local government has received budget under this title as well, but they have not allocated it to this area because there are no people here with political leadership who can bring/bargain budget. . . . If the elected local government was here the situation would have been better, because our relations with local government would be more direct.

He also believes that the central government is not sufficiently committed to ensuring drinking water services are effective:

Central government has not been able to exert control over local service providers and ensure the processes are transparent and accountable.

According to him, if the state is unable to fulfil people's fundamental needs, then it is a 'failed guardian'.

Respondent 39 (female, Chhetri, Liwang 4) argues that the central government is not committed to providing better services, saying, 'If they'd have monitored then wouldn't there be a good quality regular water supply?' Respondent 49 (female, Chhetri) from Budagaon 07 ridicules the central government:

[Laughingly] Yes! There is central government, we have heard of the governments but don't know about them. I have never known of a budget allocation for this area in my lifetime.

Respondent 43 (female, Chhetri) from Liwang 5 says locally elected political leaders (who go to Kathmandu) are responsible for making central government listen to local issues, but sadly she believes,

Kathmandu government has been the centre point of corruption for the political representatives. There is corruption more than programming.

As many of these responses suggest, people are not able to see the central government's link with the local government. Those politicians who are elected by the local people rarely come back to their area. Instead they stay at the urban areas; this has halted service provision in rural areas. Respondent 42 (male, Chhetri) argues,

Local government must provide services because people are familiar with the local government, while the central government's work is on providing a budget and planning. This is central government's responsibility to ensure that people have access to water.

According to Respondent 24 (Dalit, female, from Liwang 5), the state is responsible for fulfilling local people's basic needs. The state, as guardian, should take care of its people. Donor agencies are not people's guardians and have their own interests. The local government should provide public services but the state should invest in them. Public services related to basic needs should be provided free of cost. She says,

Resources like drinking water are available naturally, free of cost, so that state should not make it into a business. If state collects fees for the services like drinking water, why should the state not collect fees for the oxygen that we breathe?

She concludes that the central government ultimately needs to be responsible for ensuring that people have access to water, while local government should be responsible for ensuring adequate water quality and accountability. The central government should help local government with technical and financial assistance.

People in the community also need to be able to monitor how the VDC has been using the budget, how much investment they have made and how much return they have been getting. Respondent 37 (female, Janajati from Liwang) believes that local political leaders were elected, the situation would be different as they could directly meet them and they would be more accountable for service provision. She believes that if the 'state is involved then we can feel secure'. The situation of drinking water in Liwang 8 is not very different than that of the other remote wards of the VDC. People largely manage their own drinking water without local government help: Respondent 32 (male, Janajati) says people do not complain, which is why the local government does not have to pay much attention to their needs. The central government designs programmes but the resources are squeezed out by the time they

reach ground level. A good monitoring mechanism is needed in order to make the programmes effective and efficient. The central government has not been able to maintain transparency either.

Public service delivery governance in Nepal, most often, is referred as 'non-functional, ineffective, too bureaucratic and non-participatory in nature'¹¹ and is negatively perceived. But, actually this is not always true because the public service delivery governance at local level is 'maintaining the presence of the government at the local level'.¹²

The public's perceptions of the government and its assessment of public services offer a picture that could help improve service delivery. According to Paul and Sekhar (1997), public perceptions are important because they reflect experiences regarding the accessibility, reliability, efficiency and adequacy of service. Being the target group for the provided service, the public easily recognizes the specific and problematic factors of that service. At the same time, articulating their recognition and feedback offers the government or service provider an opportunity to analyse the situation in depth and improve accordingly. Articulation of public perception and provision of feedback also pave way for correcting possible misunderstanding. Sometimes the public shapes its perceptions based on its expectations rather than on what the government has been providing. In such a situation, perceptions may reflect a misunderstanding; yet, articulating perceptions provides the solution.

¹¹ Read more at: <http://trn.gorkhapatraonline.com/index.php/op-ed/10512-flaws-in-the-citizen%E2%80%99s-charter-thaneshwar-bhusal.html>.

¹² Ibid.

6 Conclusion

The drinking water service in the remote hills and mountains of Rolpa is poor. The rugged terrain, low rainfall, lack of technical capacity and weak state presence are the main factors hampering access to drinking water. The study area is physically isolated and poor in physical and communications infrastructure.

Most households in the study area are not able to access drinking water either at their house or on their premises (see Figure 4: just 3.5 per cent of households access water at their house, while 88.3 per cent travel up to 30 minutes to fetch water). The 45.9 per cent of households who said water is 'always available' at their drinking water source do not mean that this source is located at their house or premises or that the quality of their water is satisfactory (see Figure 7). This does not bode well in light of ever-growing demand for water. So charting practicable paths for improving water management in the face of increasingly scarce water supplies is important for sustaining local livelihoods. Although access is an important element of the drinking water supply system, other equally important elements are the quality of service, the accountability of service providers, and people's sense of ownership of the service.

As most of the respondents agree and report that the local authorities' claim of narrowing the gap in budget allocation between urban and rural areas is true to some extent, disparities are still significant. The overall drinking water coverage of rural Rolpa lags behind the headquarters/urban areas, thereby revealing a continuing disparity. In addition, a gap persists between the richest and poorest people in the study area. In some places, water resources are plentiful, but poorer people are still using unimproved and unprotected water sources. The poorest households have the lowest level of basic access. Those communities with richer individuals, social elites and politically influential people access improved drinking water supplied from a protected water source through a pipeline. Progress on 'safe and clean' drinking water has been slowest in the least developed wards, where people have low incomes, fewer political connections and limited water resources.

Traditional beliefs around untouchability have largely been eliminated in Rolpa. The legacy of the Maoist insurgency and continuing government initiatives to end discrimination based on castes mean that Rolpa has made much progress in this regard. But importantly, females in the study area are burdened with the responsibility of fetching drinking water, which can hamper other education and livelihood opportunities.

Ensuring good drinking water means improving drinking water sources, investing in infrastructure and safe water storage, promoting water safety awareness and household water treatment, and promoting household storage to harvest rainwater. Efficient water management on a more demand-based footing (that is, expanding water supply, distributing it equitably and controlling leakages) will be a step in the right direction. After observing the overall drinking water service scenario in Rolpa and analysing the data gathered we recommend the concerned authority to consider the following:

- i. Reform the legal barriers.
- ii. Establish water banks and institutions which could manage short-term water transfer in dry season in the arid areas.
- iii. Promote inter-ward/VDC/district and inter-agency cooperation.
- iv. Adjust (economic use) to scarce drinking water in the face of geographical complexity.

7 References

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