Sanitation for All: All for Sanitation
Content
Nepal ................................................................. 1
Introduction ............................................................... 3
Institutional Setup for the Sanitation Sector ................................. 3
State of Sanitation ........................................................... 4
Policies and Strategies on Sanitation ........................................... 4
Sanitation Monitoring System: .................................................. 6
Sanitation Promotion Approaches .............................................. 6
Different Aspects of Sanitation .................................................... 8
Best Practices ................................................................. 13
Future Plan for Meeting National Targets : ................................ 15
SACOSAN Commitments ..................................................... 15
Contacts ............................................................................. 17
Introduction

Nepal lies between two giant countries India in the south, east and west and China in the north. Nepal stretches about 855 km from the north-west to the south-east and its width varies from around 145 to 241 km. The total land area is 147,181 square kilometers. Nepal consists broadly of five physiographic regions which occur in the following order from south to north: the Terai (14 % of the total land area); the Siwaliks (13 %); the Midhills (30 %); the High Mountains (20 %) and the High Himalayas (23 %).

It has a population of 26.66 million (CBS 2011) with an annual growth rate of 1.35 per cent. The population density is 180 per square km and the literacy rate is 65.9 per cent. The male literacy is 75.1 per cent and female 57.4 per cent. The life expectancy rate of males is 68 years and that of females 69 years.

Nepal is a multi-ethnic, multi-cultural, multi-religious and multi-lingual country. More than 126 caste/ethnic groups dwell in the country. Nepali language is the lingua franca with 123 dialects.

Administratively, Nepal is divided into five development regions (Eastern, Central, Western, Mid-western and Far-western). 14 zones (Mechi, Koshi, Sagarmatha, Janakpur, Narayani, Bagmati, Lumbini, Dhawalagiri, Gandaki, Rapti, Bheri, Karnali, Seti, Mahakali,) and 75 districts (58 municipalities and 3915 Village Development Committees (VDCs)).

Institutional Setup for the Sanitation Sector

The Department of Water Supply and Sewerage (DWSS), under the Ministry of Urban Development (MoUD) is the lead Department of Drinking Water Supply and Sanitation. It is functioning in all 75 districts through its Division/Sub-division Offices (WSSD/SDOs). Regional Offices in five Development Regions are established for monitoring. The Ministry of Federal Affairs and Local Development also works on Water and Sanitation in all the 75 districts through its Technical Department named Department of Local Infrastructure Development and Agricultural Roads (DoLIDAR) whose district unit is called District Technical Offices (DTO). The District Development Committee (DDC) is the local body at the district level. The District Water Supply, Sanitation and Hygiene Coordination Committee (D-WASH-CC) has been formed with DDC Chairperson as the chair and chief of WSSD/SDOs as the Member Secretary and other key sector agencies as members. This committee develops the District Level Strategy for Sanitation promotion. All the concerned agencies work collectively. For open defecation free (ODF) and Total Sanitation promotion movement the Municipality and VDC level WASH Coordination Committees (M/V-WASH-CC) have been formed. Similarly, The Regional WASH Coordination Committees (R-WASH-CC) have been formed in the five Regions. A National Sanitation and Hygiene Coordination Committee (NSHCC) has been formed at the central level to coordinate partners. Above that the National Sanitation and Hygiene Steering Committee (NSHSC) comprising related Ministries has been formed as the directing body.
State of Sanitation:

Sanitation is generally understood as the access to toilet and cleanliness of household and enclosures, process and system that keeps places clean, especially by removing human waste. The sanitation status also denotes the hygienic condition in the given place and time. Sanitation coverage is expressed in terms of toilets. In 1990, the national sanitation coverage was mere 6% of the population. The coverage reached 62% in 2011 (CBS 2011). The sanitation situation of the country is unevenly distributed across the development and ecological regions as well as rural and urban areas.

The current nation-wide movement in sanitation is measured in terms of ODF Municipalities and VDCs. As of March 2013, 748 VDCs and 6 Municipalities have been declared as ODF areas. Five districts (Kaski, Chitwan, Tanahun Myagdi and Pyuthan) have achieved 100% sanitation coverage and they have been declared as ODF Districts.

Table 1 presents key indicators for the status of status of sanitation in the country.

Table 1 Status of Sanitation in Nepal

<table>
<thead>
<tr>
<th>SN</th>
<th>Indicator Area</th>
<th>Selected Indicators</th>
<th>Source</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Access/Practice</td>
<td>% of household using improved sanitation</td>
<td>CBS</td>
<td>62</td>
</tr>
<tr>
<td></td>
<td></td>
<td>% of household practicing open defecation</td>
<td>CBS</td>
<td>38</td>
</tr>
<tr>
<td>2.</td>
<td>Health and Education</td>
<td>% of schools with functional toilets separate for boys and girls</td>
<td>NLSS</td>
<td>65</td>
</tr>
<tr>
<td></td>
<td></td>
<td>% of schools having functional hand washing facilities</td>
<td>NLSS</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Equity</td>
<td>There is gap in improved sanitation coverage by wealth quintile</td>
<td>NLSS</td>
<td>38 (6 - 44)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>% of total sanitation budget allocated and utilized for poor and marginalized</td>
<td>DWSS</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Finance</td>
<td>% of total sector budget allocation to sanitation and hygiene</td>
<td>DWSS</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>% of total sanitation and hygiene budget utilization</td>
<td>DWSS</td>
<td>About 90 %</td>
</tr>
</tbody>
</table>

Policies and Strategies on Sanitation:

For the first time, the Government of Nepal (GoN) enforced the Nepal National Sanitation Policy and Guidelines for Planning and Implementation of the Sanitation Programme in 1994. The policy envisages the holistic attributes of sanitation and states that sanitation should not be understood just as latrine construction alone, but as a package of activities and services related to personal, households and environmental hygiene. The National Solid
Waste Management Policy 1996 aims to make the local bodies competent in the field of management of solid wastes to provide more skilled and effective sanitation services. The National Water Supply Sector Policy (Policies and Strategies) 1998 has highlighted that hygiene and sanitation are integral parts of water supply programmes. It has adopted the philosophy of *some for all rather than more for some*. Formulated in 2004, the Rural Water Supply and Sanitation National Policy and Strategy and Action Plan have made the provision to allocate 20 percent of the Hygiene Improvement Framework budget to health promotion, hygiene behavior change and safe excreta disposal. These policies, strategies and action plan have recognized the roles of the users’ committee, schools and local bodies. The Urban Water Supply and Sanitation Policy 2009 states that safe drinking water supply and sanitation services are fundamental aspects for improving public health and meeting the national poverty reduction objectives. The policy aims for achieving coherent and consistent development of the sector in urban areas with due emphasis on cost (capital) recovery and private sector participation.

Despite policy provisions, the sanitation sector activities in the past remained fragmented, dependency for external hardware supports were proliferated, policy compliance especially for budget allocation remained poor, software aspects of sanitation got little attention and the sector lacked inclusive institutional arrangements to reach the unreached and cater the services in a demand responsive manner. In order to resolve these challenges, the Government of Nepal enforced the *Sanitation and Hygiene Master Plan, 2011* to maintain uniformity and standards in program approaches. The Master Plan aims to unifying stakeholders’ through formation and mobilization of WASH Coordination Committees in the Central, Regional, District, Municipality and VDC levels, fulfill resource gaps in the sector through cost sharing, resource pulling/pooling arrangements and co-funding arrangements at local levels and ultimately achieve universal coverage by 2017.

It also aims to synchronize the historically held fragmented efforts and resolve the problems through effective enforcement of the guiding principles. The Master Plan explicitly states that all the concerned government agencies, local bodies, donors, International/Non Governmental Organizations, and other WASH sector stakeholders should strictly adhere to the guiding principles while planning and implementing hygiene and sanitation programs in all water supply projects, other concerned program packages and projects including approaches and modalities. The guiding principles of the Master Plan are as follows:

- ODF as the bottom line of all sanitation interventions.
- Universal access to sanitation facilities in water supply and sanitation project areas.
- Informed technological choices for household toilets.
- Leadership of the local bodies in sanitation sector activities.
- VDC and Municipality as the minimum basic unit of all sanitation program intervention.
- Locally managed financial support mechanism.
- Mandatory provisions of sanitation facilities in all institutions.
- Mandatory provision of toilets in newly built up buildings.
- Focus on hand washing with soap and other sanitary behaviour
Sanitation Monitoring System:

Monitoring is a process which determines if the program activities are performed in the right way and direction. The monitoring system helps to identify any deviation from the planned one and make corrections accordingly. Likewise, evaluation assesses the relevance, efficiency, effectiveness, impacts and sustainability of the program activities.

The Sector Efficiency Improvement Unit (SEIU) and the Monitoring and Evaluation (ME) Unit have been established under MoUD to harmonize sectoral efforts and systematize effectiveness of the ME system of the WASH sector.

For enhancing the ME mechanism, the Sanitation and Hygiene Master Plan, 2011 focuses on:

a) establishment of a monitoring and evaluation system with different level WASH Coordination Committees,
b) monitoring indicators compatible with WASH, health, education and local development sectors,
c) integration of data and information with monitoring and evaluation unit at MoUD,
d) development of input, process, output, outcome and impact levels indicators,
e) strengthening of documentation and reporting mechanism at the DDC, Municipality and VDC levels,
f) mobilization of the monitoring team at VDC, Municipality, District, Regional and National levels, and

g) declaration and validation of ODF/post-ODF initiatives.

According to the Master Plan there is vertical linkage among NSHSC, NSHCC, R-WASH-CC, D-WASH-CC, M-WASH-CC and V-WASH-CC for monitoring. The Master Plan has made these WASH Coordination Committees accountable to validate the sectoral database and ensure reciprocal feedback as well as vertical and horizontal coordination and communication among different sector stakeholders. The self-monitoring and joint monitoring approaches have given considerable impetus to run the ODF movement in recent years.

Sanitation Promotion Approaches:

In Nepal, the activities on sanitation and hygiene have been promoted mainly through four major ways viz. a) part of water supply projects b) school based independent program packages and c) community-led sanitation d) local body-led sanitation in line with the master plan considering advocacy and community mobilization.

GoN made formal efforts for sanitation promotion after the launch of the International Decade of Drinking Water Supply and Sanitation (1981-1990). Since then, sanitation promotion activities have been held as an add-on activity of drinking water supply projects. Basically, those sanitation interventions were aimed in meeting physical targets of toilets while less attention was given to hygiene behavior promotion and urban sanitation management. In the past, the central Government had the leading role for overall planning, programming, implementation, monitoring and evaluation of sanitation programs. The supply driven tendency was dominant and subsidy was recognized as a major driver of overall sanitation promotion.
From 2000, Nepal launched an annual National Sanitation Action Week (NSAW) campaign to raise awareness on toilet promotion, hand washing and advocacy on sanitation for policy makers. This campaign has significantly contributed in accelerating the sanitation promotional activities across the country.

The School Sanitation and Hygiene Education (SSHE) programme was introduced in 2000. Its success led to the introduction of School-led Total Sanitation (SLTS) in 2006. The SLTS promoted school and community sanitation by merging the core elements of the SSHE and Community-led Total Sanitation (CLTS) approaches. The SLTS approach has contributed in bringing local bodies, teachers, women groups, Community Based Organizations in common forums. It focuses on the sanitary conditions of schools and hygiene behaviors of children and tries to improve sanitation and hygiene condition of the community through collective effort of children’s clubs (CC), school management team and community. So far, SLTS has contributed in achieving ODF status in more than 2000 school’s catchment areas. It has further supported VDC ODF declaration process. In Nepal the concept of total sanitation has been introduced as a continuation of ODF movement. This includes five plus one (5+1) indicators. Five indicators are households centered which include: use of toilet, use of safe water, use of safe food, practice of hand washing and practice of cleaning the house and surroundings. The other indicator is related to environmental cleanliness which includes numbers of sub-indicators to be fixed by communities themselves considering their local conditions and requirements.

The urine diverting toilet was introduced in 2002 based on the principle of ecological approach in sanitation. It has been estimated that some 3000 units of such toilets (both dry and wet types) have been installed in different parts of the country. Along with the introduction of the ecological sanitation approach, other innovations such as ‘organic farming’, ‘eco-farming’ and ‘ecological sanitation village’ have been introduced through the community's own initiatives.

After the introduction of the CLTS approach in the country in 2003, a remarkable shift has been witnessed in terms of program approach, financing modality, capacity development, leadership and targets.

Even without external hardware subsidy, more than 1000 communities across the country could achieve the ODF situation with the application of triggering and mass sensitization activities. In spite of its tangible contributions in sanitation, the approach poorly recognizes the ODF status in community institutions such as schools, VDC buildings and health centers and there is a poor linkage with community institutions, local bodies and community development efforts. Similarly, the Nepal WASH campaign was introduced in 2003. Since then, it has created a good avenue to draw the attention of political leaders and politicians and to mainstream the media sector in the national sanitation campaign.

For a wider sanitation movement, the innovative concept of Sanitation Model District was introduced in 2006 by targeting Chitwan. As a result many districts have developed their strategy for district-wise ODF declaration. Through the implementation of the concept of
model districts, several innovations are in place to vibrate the entire country for aligning the action and propelling the total sanitation movement.

The concept of local body-led community wide total sanitation approach which is in vogue in the country these days duly follows the steps recommended by the Master Plan of institutional strengthening, capacity building, ODF campaign and post-open defecation free campaign/Total Sanitation.

**Different Aspects of Sanitation:**

**School Sanitation:**

In Nepal there are about 28 thousand schools including Primary Schools (1-5), Lower Secondary Schools (1-8) and Secondary Schools (9-12). Children not joining schools in these three levels are 4.9, 13.4 and 69.4%, respectively. Data of 2011 shows that there are water supply facilities only in 76.8% of the schools and sanitation (toilet) facilities in 80 % schools whereas only 65 % schools have separate toilets for girls. The basic requirements in school sanitation are water, sanitation and hygiene education. Schools need to demonstrate them as a role model place for sanitation so that it can influence the nearby communities for better sanitation and hygiene. Many districts in Nepal have initiated the SLTS approach, This empowers school children through child clubs and teachers and parents and promotes total sanitation programs and ODF movements in the school catchment area through the school and community partnership. SLTS has remarkably contributed to scaling up the ODF movement led by VDCs. The Ministry of Education (MoE) has launched dedicated school sanitation programs since 2010. This program includes improvement of the external environment mainly within the school block (child friendly), toilets for girls with consideration of menstrual hygiene, hand washing facilities and water supply facilities. MoE and its agencies are the key members in NSHSC, NSHCC, R-WASH-CC, D-WASH-CC and M/V-WASH-CC. Therefore, the ongoing total sanitation movement in the country has become able to optimally utilize the school’s networks, resources and strengths. The school is the target area of community sanitation as well. UNICEF which is the main support organization for taking initiatives for school sanitation is supporting both WASH and the education sector for sanitation promotion. There are other agencies supporting school sanitation. The key issues in the school sanitation are lack of provision of water for sanitation, inadequate hand washing facilities and lack of toilets suitable for girls and the disabled. Lack of toilets in schools has resulted in girl dropout rates. Recently, the enforcement of the “no WASH no school” policy has been largely emphasized.

**Urban Sanitation:**

According to the 2011 census, 4.52 million people (17% of the population) live in 58 Municipalities in Nepal, but the number does not include the floating population and people living in small towns. The urban population is growing at 3.38 % per annum, which is much higher than the national population growth rate of 1.35 %. Urban sanitation is more complex than rural sanitation because it includes issues such as management of wastewater, storm water and solid waste, and it involves multiple agencies and heterogeneous communities.
In order to address the issue of urban sanitation, GoN has introduced policies such as Urban Water Supply and Sanitation Policy, 2009; Bagmati Action Plan, 2010, and Solid Waste Management Act, 2012. The challenge now is to build the local capacity and implement these polices in coordination. The 2011 census indicates that 91% of urban households have toilets. Six municipalities have been ODF and others are in the process and face some difficulties. Issues in wastewater management are other major concerns because it is often disposed without treatment. According to the census, 30% of the urban households have toilets connected to sewer systems while 47.5% have toilets connected to septic tanks. As almost half of the toilets in urban areas are connected to septic tanks, effective management of septage from septic tanks is also an important issue. Besides wastewater, solid waste is also a major challenge in cities. Some efforts are underway to encourage waste recycling and six cities have built sanitary landfill sites, but much more needs to be done to keep the cities clean and healthy.

GoN with the support from key stakeholders has initiated some initiatives to improve urban sanitation. In Kathmandu Valley, where the situation is most critical, efforts are underway to manage solid waste and clean up the Bagmati River. Similarly, some municipalities such as Dhankuta in Eastern Nepal and Ghorahi in Mid-Western Nepal have set up waste management facilities that include recycling facilities and sanitary landfills. Some municipalities such as Madhyapur Thimi and Dhulikhel have also promoted community managed decentralized wastewater treatment systems. In the days ahead, Nepal will scale up such initiatives to ensure clean environment in cities, with particular emphasis on urban poor.

**Sanitation and Health:**

WHO estimates that improved water supply reduces diarrhoeal morbidity by 21% while improving sanitation by 37.5%. Because diarrhoeal diseases are of faecal origin, interventions that prevent faecal material entering the domestic environment of the susceptible child are likely to be of the greatest significance for public health. Access to sanitation does not automatically equate to use and change in behavior. Therefore, education, empowerment and community-participation are equally critical, as evidenced by the success of CLTS.

The 2006 National Demographic Health Survey data showed that 12% of children under five years suffer from diarrhea, and 5% of them (12%) die due to it (MOHP 2007). The Department of Health Service reported a cumulative total of 114,076 cholera cases from 2005 to 2010, and death of 0.6% of the total cases reported. It was estimated that 700,000 children died due to poor hygiene and sanitation during the last decade. In Nepal 90% people have worms at any time during their life period. 72% of the Nepali people suffer with diseases due to unsafe water and poor sanitation (DHS, 2006).

According to World Health Statistics Reports, in 1990 mortality rate of children under the age of five was estimated to be 142 in among 1000 new born, while it came down to be 50 in 2010. It is also reported that, diarrhoea was one of the major contributors to the child mortality and estimated as high as 20.5% of deaths were because of diarrhoea (in 2000). Now this figure is also coming down dramatically to be 6% (2010 data). Hence referring these data a good correlation between the progress in the access of improved sanitation facility and the reduction of the diarrhoeal diseases and eventually children mortality rate can be accepted.
**Reaching the Unreached:**

GoN has introduced and implemented a number of WASH sector related policies. These policies aim to provide equitable and inclusive sanitation services. These policies and plans have contributed in making significant achievements in expanding the sectoral services to the people of Nepal.

However, a large number of people still remain unreached due to various barriers such as financial, technical, geographical, poor planning, cultural etc. The poor people living in the remote corners of the country, the Janajatis and Dalits in the Tarai, Hills and Mountains, the low income rental families and informal settlers in the cities, girl students and senior and older citizens and differently-able people do not have easy and adequate access to sanitation services. The Nepal Living Standard Survey (NLSS) 2010/11 has shown a wide difference between the poorest and the rich in terms of access to improved sanitation services. Less than 25% of the Tarai Janajatis, Hill and Madhesi Dalits have access to sanitation services. A study has shown that only 80% of the community schools have toilet facilities, and only 65% of the schools have separate toilet facilities for girls. A Study conducted by Lumanti in 392 informal settlements in 19 Municipalities in the country has shown that 51% of the settlements do not have access to toilet facilities. In addition, travelers, pedestrians, street vendors, street children, homeless people living on the road are also unreached due to the lack of and access to public toilets in the central areas.

There is lack of policy compliance regarding inclusion. Lack of adequate resource allocation and unreached focus programme interventions seems to be the key reasons for not successfully reaching the unreached. Existing policies do not clearly speak about the WASH needs and rights of the urban poor, particularly informal settlers. The ownership to land and housing is mandatory for households to have access to WASH services, which has proved to be a big hindrance in reaching them. The resources allocated by MoE for improving toilet facilities in the schools are not reaching to thousands of the unreached schools across the country. There is still a low level of awareness on the special sanitation need of girls, women, Dalits, and senior citizens.

A carefully designed policy, plan and actions are required to reduce the existing gaps in the sanitation services. Mass awareness campaigns on hygiene education, mobilization of private sectors for sharing their resources under their social responsibility scheme, fulfilling the policy gaps such as providing access to sanitation services for the informal settlers, promoting technical options to be appropriate for the differently-able people and senior citizens and Government’s resource allocation to public toilets would largely contribute in improving access of all to sanitation.

**Sanitation Technology and Marketing:**

Due to the diverse socio-economic and ecological set-up of the country, a proper consideration is needed to introduce various sanitation options in order to suit diverse local conditions and needs. The Sanitation and Hygiene Master Plan emphasizes to promote toilets
having permanent structures at least up to the pan (plinth) level. The upgrading of technologies is seen as a continuous process. The plain areas have technical difficulties in the construction of toilets due to the high water table resulting to be less cost-effective as compared to the hills. Single and double twin pit of concrete rings are promoted in such locations. Besides ecological sanitation, biogas connected system are also used in some areas. In the rural areas of the country, the offset pit latrine has been promoted. In many accessible districts transportation of toilet construction material is easier. The triggering tools have been widely applied in those clusters where there is a minimum number of toilets. It generates the demand of toilets. V-WASH-CC comprising various users’ committees such as water users’ and sanitation committees, forest users’ committees, farmer users’ committees and other many more committees and different levels of schools, have been arranging for the supply of construction materials in the local areas. Some committees produce materials on their own, some in partnership with private parties and some are arranging such materials at the local level at the lowest cost covering transportation cost too. Some committees partly cover the cost of materials for the few poorest families from funds raised from donations and the VDC fund. The role of the private sector has become vital in sanitation and hygiene promotion, especially to leverage resources and utilize their marketing expertise. Micro-credit schemes, community based cooperatives, soap manufacture and pan producers are also contributing to scale up hygiene and sanitation.

**Knowledge Management and Networking:**

Sector stakeholders usually communicate by means of meetings, workshops, newsletters. These meetings and workshops are held to meet the outputs of the projects and programmes. Basically newsletters are utilized to disseminate the organization’s plans, programmes and progress.

At the national level, workshops, conferences, sector consultation meetings and trainings are held for wider advocacy, sharing, sensitization and capacity development. The National Information Management Project (NMIP) under DWSS is playing an instrumental role to solicit data, information and knowledge as a repository of the sectoral knowledge base.

A Joint Sector Review (JSR) process has been initiated in the country. It regularly produces the WASH sector status reports through sector stakeholders group (SSG) meetings. It has therefore strengthened learning alliance among inter and intra-sectoral stakeholders.

Local Government Bodies (Metropolitan city, Sub-metropolitan City, Municipalities, DDCs and VDCs) hold multi-party coordination meetings, publish newsletters, maintain libraries, establish resource centers and organize exhibitions. Local agencies are promoting knowledge management activities following the instructions of central level support agencies.

A few forums and networks are also working for the promotion of sanitation and hygiene issues. They have been using different communication channels and knowledge management practices. The Municipal Association of Nepal (Networking and Lobbying), Federation of Drinking Water and Sanitation Users Nepal (Advocacy and Communication), NGO Forum for Urban Water and Sanitation (Advocacy and Communication), WASH Resource Centre.
Network Nepal (Communication and Knowledge Sharing), Global Sanitation Fund Program (Knowledge Management and Media Advocacy), Society of Public Health Engineers (Journal Publication, Dialogue and Discussion on Thematic Issues) are focusing on printing of newsletters, sector news updates, workshops, seminars, formal and informal meetings, public hearings, opinion surveys and demonstrations. However, these initiatives are yet to be expanded at large scale.

The networks of the different level institutional arrangements set forth by the Master Plan should be optimally utilized for an effective flow of information both vertically as well as horizontally.

**Media Advocacy:**

The accelerated movement in sanitation is possible only if the sanitation issues become topmost political priority and a subject beyond sanitation sector players also. Hence media coverage on engagement of celebrities and development leaders deserve high significance. Media can contribute to highlight the issues like equity, inclusion, gender sensitivity and reaching the unreached more prominently.

SHMP launched in 2011 by the Honorable President of Nepal could draw adequate attention for media coverage in sanitation. The Master Plan clearly states the need of a mass media and communication strategy to back up the sanitation movement.

“A village was declared ODF due to courageous move by a lady. She proclaimed she won’t marry unless her village becomes ODF. The result is that village became free from open defecation and the lady got married. This news was published by print media. Media are also bringing up cases where open defecation free situation were declared in a rush and have potential risk of returning back to open defecation again”.

Sanitation as of today is covered by print, audio, television, digital and other social form of media. Local newspapers have wide coverage on sanitation. It has been noticed that print media coverage is increasing over the years. The possible ways to increase media coverage are: media fellowship program, periodic interaction with media persons in understanding the dynamics in sanitation, tracking of media coverage and analysis, media person exchange visits across the SAARC region, etc.

**Local Leadership:**

The local body’s leadership and implementation of joint plans of action on sanitation at the local level are the major crux of the Master Plan. Districts have developed district level Sanitation Strategic Plan/Plan of Action to achieve ODF status in the district within the targeted year of 2017. D-WASH-CC makes plans with roles and responsibilities of all the stakeholders. In addition to the Government's efforts, partners working in the sector take part in the planning process.

All district level sanitation activities are carried out under the institutional umbrella of D-WASH-CC. DDCs often do not have information about ongoing activities, particularly activities run by Non-Governmental Organizations (NGOs). However, these days planning and prioritization takes place at the DDC level, under D-WASH-CC. D-WASH-CC has been
leading in planning and implementing overall hygiene and sanitation activities while the V/M-WASH-CCs are leading sanitation campaigns in the VDCs and municipalities respectively.

All Municipalities and VDCs prepare Municipalities and VDC level strategic plans of action in line with the District Strategic Action Plan. Politicians, teachers, mother groups, Forest User Groups, NGOs, Community Based Organizations (CBOs) working in the Municipalities and VDC work together and make a joint plan of making their Municipalities and VDC area an ODF zone. All the stakeholders are identified, resources are mapped, roles and responsibilities are shared in these local level plans. This has helped in developing ownership and responsibility of the local level stakeholders and ensuring the participation of the less empowered grass-root sections of the population in the planning, execution, monitoring and follow up. When ODF is declared, the Municipality and VDC organize grand ceremonies inviting senior officials and leaders.

**Best Practices**:

**A Practical Sanitation Promotion Model in Morang:**

Morang is one of the 75 districts of Nepal in the eastern development region of Nepal. There are 65 VDCs and one Municipality in the district. District level Strategic Plan/Plan of Action on sanitation has been developed and the concerned stakeholders of the D-WASH-CC have adopted it for declaring the district ODF by 2015. The slogan title "San 2015 Morang Basi Ko Mul Mantra" meaning main hymn of people of Morang is to make Morang ODF by 2015. As of now 4 VDCs have been declared ODF and 12 VDCs are going to be declared by July 2013. Sunsari district is heterogonous in terms of culture, ethnicity and geographical set up. It comprises both the Terai to Mid hill landscapes.

D-WASH-CC has been formed under the chairmanship of LDO with the chief of WSSD/SDO as a member secretary and concerned sector agencies as members. Strategically this year is being mark as the year of Sanitation and the next year will be focused for action for all partners in line with district strategy.

The concerned personnel of all VDCs have been oriented to prepare the VDC level ODF strategy and move accordingly. D-WASH-CC has made necessary arrangements to provide technical support mainly for forming V-WASH-CC, conducting awareness campaigns, supply of IEC materials at local levels based on technology chosen and monitoring and verification of the overall ODF process. Other agencies have been providing technical support to various VDCs.

In the Mirgaulia VDC, there are about 3000 households. A local NGO named "Matri Bhumi" formed by local women groups is working as a facilitator for awareness raising programs. V-WASH-CC chaired by VDC Secretary has been formed with representation from all wards. For each ward, one member has been assigned as a coordinator. Many of these coordinators are women and also members of Matri Bhumi. VDC has circulated a notice (banner) by stating that every household need to construct a toilet in the given time frame otherwise it can affect on receiving administrative services provided by the VDC. At the same time they are motivating people and raising awareness to become a role model in sanitation promotion. The cost for conducting sanitation campaigns including the establishment of a revolving fund, rewards and recognition to be offered during the ODF declaration event, mobilization of CBO, conducting training and local level transportation for staff comes out to be only Rs
In some stage VDC is planning to provide some support to the ultra poor families from the VDC’s own fund. This can be considered as a practical model as envisaged by the Master Plan.

A Message from Gela VDC:

Gela is one of the rural VDCs situated in the remote part of Kalikot district of the Mid-western Development Region of Nepal. Brahmans, Chhetris, and Dalits are the major cultural groups in the VDC. There are 693 households. Prior to intervention of sanitation in this VDC, a few households around 5% were used to toilets. Due to open defecation faeces could be seen on the foot trails, public places, villages, stream banks, around the jungle and school surroundings causing bad odor and smell and health hazards. The local saying like 'Gu Aayo Gaun Aayo' (one finds faeces as s/he enters the village) was the fate of the community people. People used stones, leaves, corn cobs, and mud to clean their anus after defecation. People were innocent and could not understand about the harms of this traditional practice and multifaceted social and economic benefit from using a toilet. Behaviours like hand washing with soap, cleaning utensils in kitchen, proper management of domestic wastes, human excreta, safe handling of water, caring of children's sanitation and health were matters out of their understanding. Various diseases like cholera, worms, diarrhoea were frequent due to which the rate of child deaths under five years was high. But later, the local people overcame these terrible incidences. Now people of this remote village entered into a more secured life making modern sanitation facilities available in their village. Incessant efforts of the local community people, their commitment, strategic action, their collective will power were the major reasons behind this success. Consolidated efforts among other stakeholders at the district level also played an important role but restless efforts of the villagers were much crucial.

The local community people carried out various tasks for achieving the ODF status. First, they organized themselves into a village level task force committee i.e. V-WASH-CC along with representation of women, students, local CBOs, teachers, child club, youth network, representatives of VDC, health post, mass media, cadres of political parties. They also formulated the sub-committee and volunteer groups in each ward/cluster. Along with some bold decisions taken through the various level committees they initiated to overcome the longstanding problems surrounded them. Identifying existing problems and assessing the local needs they organized various campaign activities - orientation programs; trainings; demonstrations on hand washing with soap, use of safe water and food, demonstrations of sample toilets - for sanitation promotion. They decided to promote toilets of any type as per their capacity for managing excreta properly through the use of toilets. They also decided to support ultra poor family who were not able to adopt on their own. They identified the potentiality hidden in their own local materials such as stones, bush, and tree branches for constructing toilets. Interestingly they used stone slates as pans. They also generated funds on their own initiation to enhance the capacity of the local people for building awareness. Consequently, the local people achieved 100% coverage. This way they were successful in declaring their VDC as an ODF village.

For the continuity of ODF moving towards total sanitation they formulated some local level strategies i.e. prohibition of open defecation, fines, regular monitoring, and distribution of identity cards for attaining the state of total sanitation. Due to these measures, now open defecation has been exclusively stopped and prohibited in their village. Diarrhoea cases decreased. They altered their "Guhye Village" (place with shit and filths) into a suitable place to live. Now their village surrounding has become neat and tidy.
Future Plan for Meeting National Targets:

Nepal’s national target is to achieve universal sanitation coverage by 2017. The Master Plan has focused on sustainable changes on hygiene behaviors and proper use of toilets and waste management practices in urban and rural areas. It has set three milestones (milestone-1: toilet coverage of 60% by 2012/13, milestone-2: toilet coverage of 80% by 2014/15 and milestone-3: universal toilet coverage by 2016/17) for achieving the national sanitation target.

Every VDC, Municipality, District and Region will have their own area-wise strategic plan. The main coordination will be at the district where all stakeholders join and help with the strategic plan of D-WASH-CC. Principally, all VDCs and Municipalities will carry out ODF campaign and total sanitation. Technical support will be arranged in the VDCs, municipalities and districts for the initiation of systematic programs. No financial support will be provided for individual private toilets. However, local bodies can mobilize some funds for supporting the ultra poor and families living in extreme difficulties through local decisions. The concept of a revolving fund, sanitation mart, reward, donation and other innovative approaches and financing modalities will be gradually introduced based on requirements and results.

More emphasis will be given to the districts having the lowest coverage. Minimum sanitation facilities beyond ODF Municipalities, VDC/ and districts will be maintained. Urban Sanitation with adequate availability of public toilets will be provided. The M & E system will be institutionalizing standard approved indicators. JSR will be organized regularly in order to achieve a coordinated and harmonized working environment and different sector stakeholders.

SACOSAN Commitments:

In the fourth SACOSAN held in Colombo in Sri Lanka, the SACOSAN member countries had made commitments on various actions for better sanitation. Key commitments were: recognizing the right to sanitation; time bound plan with increasing fund allocation; context specific equitable and inclusive sanitation program; WASH in school, one national body for coordination; monitoring mechanism with indicator and defined roles.

The draft constitution of Nepal has duly accepted the right to sanitation and GoN has a strong realization to achieve universal sanitation coverage by 2017 through country wide sanitation program in line with the Master Plan. The data released by the Central Bureau of Statistics (CBS) in 2012 has indicated 62% coverage in sanitation at the national level. Fund allocation at the center, district and community is increasing gradually. Communities have realized that toilet construction is a prime responsibility of a family and there is a need of community managed fund for supporting the ultra poor. The total sanitation led by VDCs and Municipalities with initial target of ODF condition gives due consideration of inclusion and equity issue in the community. Schools, public buildings and public places are parts and parcel of ODF movement so that school sanitation is specially taken care of by MoE. The concept of one body coordination (WASH Coordination Committee) has been institutionalized at different levels (from centre to local levels) in line with the Master Plan.
D-WASH-CC is the focal body in the district for formulating strategies for district wide sanitation. Self monitoring at school and village levels has become a norm for all sanitation and hygiene interventions. Village level ODF initiatives and toilet standards are monitored by D-WASH-CC. DWSS keeps records of the results of sanitation and disseminate through sectoral publications. The key indicator monitored in the sanitation sector in Nepal at present is 62% of households with access to sanitary toilets, which leads to ODF status in VDCs and Municipalities. A monitoring mechanism with all indicators is yet to be developed in line with the spirit of the Master Plan and SACOSAN Inter Country Working Group meetings.
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