

People's perception on sanitation: Findings from Nepal



This document provides people’s insights on why some sanitation interventions successes and others fail. The study showed that awareness among the people about the importance of sanitation and hygiene for better health was higher than expected. Therefore, ignorance of community members cannot be an excuse for not investing in sanitation. The results of the national research, which has been conducted as part of a regional study to gauge people’s perception about water, sanitation and hygiene, emphasis that active engagement of community members coupled with responsive leadership and a strong management—including aspects of monitoring and evaluation—is essential for the sustainability of any sanitation intervention. Access to sanitation is directly related with self-esteem.

The production of this document was led by Mr Rabin Lal Shrestha from WaterAid in Nepal with support of Advocacy Team Members comprising of Ms Shikha Shrestha, Ms Anita Pradhan and Mr Govind Bahadur Shrestha. Colleagues from WaterAid’s partners in Nepal Federation of Drinking Water and Sanitation Users Nepal, Lumanti Support Group for Shelter and Nepal Water for Health contributed in the collection of cases. Mr Bipin Acharya supported in compiling the national report which was later edited by Mr Abhaya Joshi.

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WaterAid transforms lives by improving access to safe water, hygiene and sanitation in the world’s poorest communities. We work with partners and influence decision-makers to maximise our impact.

Cover picture:

Collecting perception of people living in Humla District - Interviewing Mr Karna Bahadur Bhandar, resident at Thehe, Ward Number 6.

Picture: FEDWASUN

Contents

Abbreviation	iv
Executive summary	v
Section 1: Introduction to people’s perception research	1
1.1 Background	1
1.2 Objectives	3
1.3 Approach, methodology and limitations	3
Section 2: Overview of sanitation and water sector in Nepal	4
2.1. Coverage of water and sanitation	4
2.2. Institutional mechanism	5
2.3. Sector financing trends	6
Section 3: Glimpse of people’s perception	8
3.1 Knowledge not a barrier in promoting sanitation and hygiene	8
3.2 Water and sanitation as human rights	9
3.3 Peoples’ participation is the key	10
3.4 State of toilets in schools	11
3.5 Sanitation initiatives, the changes they bring	11
3.6 Overcoming caste and ethnic lines	13
3.7 Persons with disability seek thier share	13
3.8 Motivation and struggles from gender perspective	14
Section 4: Reiterating determinants of success	15
4.1. Community engagement	15
4.2. Contextualised holistic planning	16
4.3. Transparency in finances matters	17
4.4. Close look at maintenance and monitoring	17
4.5. Promoting collaboration and trust	18
4.6. Accountability and responsiveness	18
Annex 1: Narratives of community leaders	20
Annex 2: Description of representative cases	63
Annex 3: Cases by categories, districts and number of similar cases	64

Abbreviation

ADB	Asian Development Bank
CBO	Community-Based Organisation
CBWSSP	Community Based Water Supply and Sanitation Project
CFUG	Community Forest User Group
DDC	District Development Committee
DFID	Department for International Development
DHS	Demographic and Health Survey
DTOs	District Technical Offices
DWSS	Department of Water Supply and Sewerage
FEDWASUN	Federation of Water and Sanitation Users in Nepal
JMP	WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation
KUKL	Kathmandu Upatyaka Khanepani Limited
MDG	Millennium Development Goal
MoLD	Ministry of Local Development
MPPW	Ministry of Physical Planning and Works
NEWAH	Nepal Water for Health
NMIP	National Management Information Project
NPC	National Planning Commission
NGO	Non Governmental Organisation
NWSC	Nepal Water Supply and Sewerage Corporation
PWD	Persons With Disability
RWSSFDB	Rural Water Supply and Sanitation Fund Development Board
SLC	School Leaving Certificate
SACOSAN	South Asian Conference on Sanitation
VDC	Village Development Committee
WASH	Water, Sanitation and Hygiene
WB	World Bank
WHO	World Health Organisation
WSSCC	Water Supply and Sanitation Collaborative Council

Executive summary

Community leaders in both rural and urban settings, regardless of their age, gender and caste/ethnicity, have been found to be well-versed with the importance of sanitation and hygiene — both personal and public. They were well aware that access to safe drinking water and proper sanitation is a basic human right. The leaders have pointed out the need to target the disadvantaged and the vulnerable while rendering drinking water and sanitation services.

Based on their existing knowledge on sanitation and hygiene, they have reported that people are suffering from several waterborne ailments in absence of safe drinking water and proper sanitation. Consequently, their standard of living has declined. Some of the ailments are: dysentery, diarrhoea, skin allergies, jaundice, acute fever, pneumonia, cold and cough, headache, eye infections, tuberculosis, polio, hysteria, diabetes, hypertension, stone in gallbladder and kidney, asthma, leprosy and digestive disorders.

It has been found that only those health and sanitation programmes which could garner active participation and cooperation from the community and inculcate the sense of ownership among the locals have been successful. Meanwhile, those programmes that turned a blind eye on local needs and lacked accountability have proven to be futile.

Successful sanitation programmes were found to be according equal emphasis to formulation of plans as well as their implementation. Community leaders said that a well-designed monitoring mechanism was a common feature of successful initiatives. Only such activities have a positive impact on people's self-esteem and can stand the test of time, they said.

Community leaders suggested that development of infrastructure alone will not be enough to bring changes in people's sanitation-related habits. In addition to this, principles of sanitation and hygiene also need to be translated into real life situations. According to them, sanitation improvement programmes begin to crumble when the implementing agency loses track of the situation on the ground, stops taking the initiative and shuns accountability.

In addition to that, the vested interests of local community leaders and the VDC/ municipality authorities also lead to the project's failure.

Some community leaders were found to have a notion that local authorities and user groups lack the capacity to cash in on external support. In this regard, they have pointed out the need to increase awareness among the local people, ensure their active participation in lobbying and advocacy and create a favourable environment for investors by developing a suitable reward and punishment mechanism. A mechanism is also needed to monitor the people's participation.

Community leaders have sought sanitation programmes for areas which are yet to see such initiatives. They have further suggested that programmes must first create awareness among the people, help construct public and private toilets and then involve them in monitoring and maintaining the progress made. This is crucial to develop a sense of ownership among the people. Sanitation projects which are successful in developing a sense of ownership among users tend to be more sustainable.

During the study, it was observed that majority of the schools had separate toilets for boys and girls. However, some schools have not paid sufficient attention to the needs of girls and small children. It was also found that state of toilets varied with the setting—urban or rural; level of education they have been providing—primary, secondary and higher secondary; and ownership—public and private.

Differences in sanitary behaviour during menstruation have also been reported. Practices during menstruation are linked with the concepts of purity and pollution. However, the extent to which these ideas were put into practice varied across societies. But despite the differences, changes in the way people deal with menstruation can only be brought when the issue is taken into account during the designing, implementing and monitoring of sanitation programmes.

As life-threatening waterborne diseases and other health problems are becoming less of a threat, local household's finances is also faring better. They now need to spend less on medicine. Children are attending schools more regularly and adults their work.

The community leaders have shared that improved sanitation have boosted their self-esteem. They have now become role-models for other communities, they shared.

The sociocultural factors— a complex set of social values and norms, perceptions and lifestyle— play an important role in determining the success and failure of sanitation programmes. The economic factors play the most decisive role. People

living below the poverty line are unable to build toilets and drainage systems on their own. They do not have the means to buy tube-wells for their homes.

The VDCs and municipalities also do not give priority to their problems. They are reluctant to disburse sufficient funds. The situation underscores the need to revise policies and guidelines so that access to fresh water, sanitation and hygiene are recognised as basic human rights. However, the socio-political environment has not been favourable in this regard.

Political leaders, who are part of the all-party mechanisms (*sarbadaliya samyantra*), are bent on disbursing a sizeable budget for construction of roads and other physical infrastructure. Differing views along the political spectrum also makes it difficult for local leaders to agree on any type of collective action.

Institutional factors such as organisational support, social mobilisation and community participation play a vital role for the successful completion of the sanitation-related programmes, its operation, maintenance and sustainability in the long run.

Similarly, the disbursement of funds and the degree of transparency in the use of funds and resources have serious implications on the completion and durability of sanitation projects. Funds have been reported to have been misappropriated in communities where public auditing and hearing were not conducted.

Although a considerable number of men and women are aware of the importance of sanitation, they are reluctant to take the initiative. At the root of the problem is the tendency to depend upon others. Villagers expect the government and NGOs to take the lead, which they can follow.

In communities where people are made aware and mobilised by NGOs, they have been active in implementing water and sanitation projects. Locals have been maintaining both private and public sanitary systems. According to the community leaders, constructive dialogue, cooperation and collaboration among different stakeholders are needed for monitoring sanitation initiatives at the local level.

The tendency to depend on external help is rife in remote areas. While conducting water and sanitation-related programmes in rural areas, contextual planning and financing based on awareness, exposure and networking capacity of the community should be considered. This should be done by implementing context-specific, holistic and coordinated models of water, sanitation and hygiene.

Section 1

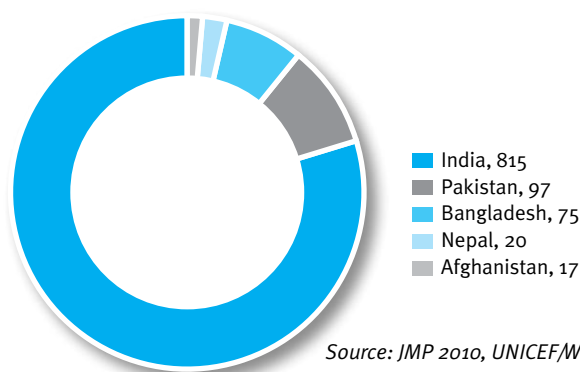
Introduction to people's perception research

1.1 Background

A dignified life is possible only when people have access to safe water and sanitation. It is estimated that of the 1.595 people living in South Asia, 1.027 billion (64 per cent) are deprived of improved sanitation. The story does not end there. Almost two-thirds of the population in the region defecate in the open. They not only pollute the surroundings but also expose themselves to severe health risks.

Access to sanitation varies in urban and rural areas. The disparity is high in countries such as Pakistan, Bhutan, India, Afghanistan and Nepal. The divide coupled with a slow pace of progress is a huge challenge for countries in the region.

Graph 1 | Distribution of South Asians deprived of improved sanitation (millions)¹



Lack of access to sanitation and safe drinking water has multiple ramifications on people's finances. For example, when they are infected with waterborne ailments, they need to spend their hard-earned money on medicine. Similarly, the illness keeps them from going to work and stifles their income .

It has been estimated that at any given time, more than half of the poor in the developing world are ill from causes related to hygiene, sanitation and water

¹ JMP 2010. UNICEF/WHO

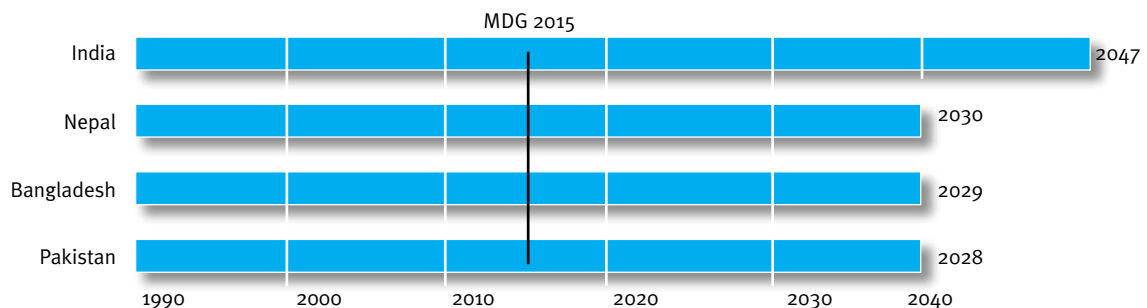
supply². According to WHO, US\$ 1 invested in water and sanitation gives back returns worth US\$ 9.³

It has been estimated that 443 million school days are lost each year in the world due to waterborne diseases.⁴ A UK DFID study revealed that attendance of girls increased by 11 per cent when sanitation facilities were available. Studies also reveal that around 53 per cent adolescents are absent from school during their menstruation period. Improved access to drinking water was also seen to enable girls to attend school more regularly as women and girls are the ones who are given the responsibility to fetch water from distant places.

Progress in improving people’s access to sanitation in the region has been sluggish. People are compelled to defecate in the open. They are infected with diseases, which could have been prevented if there were adequate sanitation and safe drinking water.

Achieving the sanitation goal under the MDGs — to meet the sanitation needs of half of the population — seems to be a far-fetched one for most of the countries in South Asia.

Graph 2 | South Asia’s journey towards meeting MDG sanitation target ⁵



The South Asian Conference on Sanitation (SACOSAN) has emerged as a good political forum for garnering political commitment towards actions to step up progress in sector in the region.

South Asia’s efforts in improving the sanitary condition for its people are a mixed bag of successes and failures. The People’s Perspective Research was conducted to take stock of people’s insights into these successes and failures.

2 Water Supply and Sanitation Collaborative Council (WSSCC). 2008. A Guide to Investigating One of the Biggest Scandals of the Last 50 Years.
 3 WHO.2008. Sanitation generates economic benefits, fact sheet. http://esa.un.org/iys/docs/2%20fact-sheet_economic%20benefits.pdf
 4 http://www.wateraid.org/uk/what_we_do/statistics/default.asp
 5 Sanitation Crisis Continues in South Asia, WaterAid 2010

1.2 Objectives

The main objective of the People's Perception Research was to analyse how people feel about the overall scenario of sanitation in their community. The other objectives are as follows:

- To highlight the factors that have contributed to the success and failure of sanitation and hygiene improvement programmes, as per people's perspective
- To identify key challenges and issues related to sustainable implementation of sanitation programmes in the South Asia
- To provide input for the pre-SACOSAN 4 CSO meet in Colombo in 2011 and the official SACOSAN 4 meet

1.3 Approach, methodology and limitations

People's Perception Research is a qualitative research based on 109 cases from 15 of the 75 districts in Nepal. Interview method was used to obtain primary data from selected areas, which was spread over both rural and urban settings. The following categories were taken into consideration during site selection:

- Areas with successful sanitation efforts
- Areas in which sanitation interventions failed to pass the sustainability test
- Areas which are yet to be covered by sanitation programme

The major limitation of the study was that respondents were selected only from a few districts. They were made a part of the research after consulting local partners. Various socio-demographic factors such as age, gender, setting (urban or rural), caste and ethnicity were given due consideration. Efforts were also made to include disabled and other excluded groups such as people with HIV. Enumerators were trained using Nepali language so that they could easily collect data. Questionnaires were further elaborated to facilitate collection of data.

In addition to that, the data collected by enumerators were compiled in a uniform format.

The study is a result of combined efforts from different organisations. The Federation of Water and Sanitation Users in Nepal (FEDWASUN) and Nepal Water for Health (NEWAH) were responsible for gathering data in rural areas while Lumanti collected data from urban areas. A consultant was hired to compile and analyse the questionnaires and narratives to prepare a report by selecting representative cases.

Section 2

Overview of sanitation and water sector in Nepal

2.1. Coverage of water and sanitation

Access to safe drinking water and sanitation is not only a fundamental right but also a pre-requisite for sustainable social and economic development.

Although government figures show that 13 million Nepalis have access to some kind of water supply, only around five-and-a-half million have access to safe drinking water. Similarly, 16 million people are deprived of sanitation facilities in Nepal. If JMP 2010 figures are to be believed, then the figure crosses 18 million. Of the 3,915 Village Development Committees (VDCs), which govern the country at the grass roots, only 224 have been declared as open-defecation-free zones. Kaski is the first district to be declared open defecation free district.

It has been estimated that rich people are 8 times more likely to have access to sanitation than their poor counterparts. Similarly, the well off population is 13 times more likely to have access to safe drinking water. This leads to the conclusion that access to sanitation and safe drinking water has severe implications on the dignity of poor people.

It has been found that around 88 per cent of diarrhoea cases worldwide are caused by drinking of contaminated water, inadequate sanitation or insufficient hygiene.⁶ The disease is the second leading cause of child mortality in Nepal.

WASH related diseases are the major cause of deaths and disability (as shown in Table 1). It has been estimated that 10,500 Nepali children below the age of 5 die due to water-borne diseases⁷.

Table 1 | Statistics on death and disability from WASH related diseases⁸

	Total WASH-related deaths or DALYs	
	DEATHS	DALY
Nepal	17,900 (7.5%)	835,000 (10.7%)
SEAR-D Sub-region	681,231 (5.4%)	30,571,650 (8.2%)
World	2,461,811 (8.4%)	103,232,988 (6.8%)

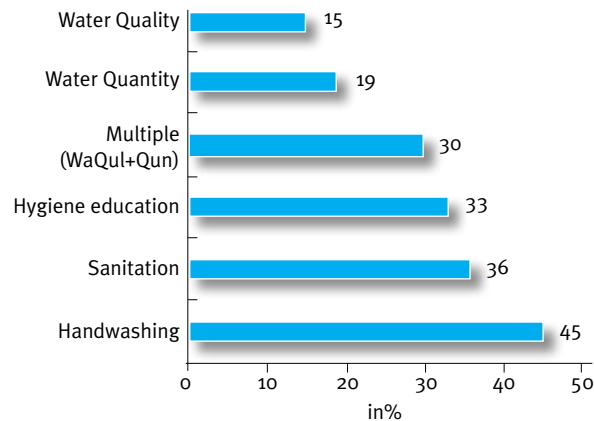
⁶ Water Supply and Sanitation Collaborative Council (WSSCC). 2008. A Guide to Investigating One of the Biggest Scandals of the Last 50 Years.

⁷ Water Aid Nepal estimated figure based on Nepal Demographic Health Survey.2006.

⁸ WHO.2008

The number of diarrhoea cases increase with the onset of summer. In 2009 alone, diarrhoea infected more than 46,000 Nepalis and killed more than 300 in the mid-western part of the country, where people lack access to sanitation.

Graph 3| Prevention strategies for Diarrhoea



The relationship between sanitation coverage and number of diarrhoea cases is clear — the more the coverage, fewer instances of the disease are reported.

It has been proven that simple act of washing of hands can slash incidence of diarrhoea by 45 per cent. Access to sanitation can reduce the incidence of diarrhoea 36%. Hygiene education is reported to have cut the incidence of the disease by 33 per cent.

2.2. Institutional mechanism

Various agencies are involved in water and sanitation sector in Nepal. The Ministry of Finance is responsible for allocating budget to the ministries involved. Ministry of Physical Planning and Works (MPPW) is the lead sector ministry. Working with the National Planning Commission (NPC), MPPW formulates policies, plans and strategies. It has two operational arms: the Department of Water Supply and Sewerage (DWSS) and the Nepal Water Supply and Sewerage Corporation (NWSC).

DWSS is responsible for supplying water to small towns and rural areas. The 2004 RWSS policy sought to shift responsibility of implementing drinking water projects to local authorities and communities and redefine the department's role as an agency responsible for facilitating local authorities and maintaining oversight.

However, the proposal is yet to be put into practice. A proposal backed by ADB has outlined specific strategies for DWSS. It calls for the formation of a reform unit within the department to facilitate and monitor government projects and advise the government on ways to and restructure the department.

The Local Self Governance Act (1999) authorises local authorities to plan and manage WSS. The Ministry of Local Development (MoLD) is responsible for supporting District Development Committees (DDCs) and Village Development Committees (VDCs) to conduct small-scale water supply and sanitation projects.

MoLD has established District Technical Offices (DTOs) to provide technical support to local authorities. However, the decade-long armed conflict has taken a toll on the local bodies' capacity to deliver services. In addition to that, the authorities have been working without elected officials.

Community management is the most preferred model for managing water supply services in rural areas. But, it too is not without its own limitations. There are technical and financial constraints to the community's capacity to manage drinking water supplies. NWSC is responsible for supplying water and providing sewerage and drainage services in the municipalities and 23 sub-metropolitan areas outside the Kathmandu valley.

The Valley's water services are now under the Kathmandu Valley Water Supply Management Board operated by Kathmandu Upatkyia Khanepani Limited (KUKL) — a company established under public-private partnership. NWSC, which was unable to manage services effectively, will hand over its assets to municipalities.

Other major stakeholders in the sector include: WB, which supports rural sector water-related programmes through the semiautonomous Fund Board (RWSSFDB2), and ADB, which has invested over \$300 million in both rural and urban water supply projects in Nepal since 1984. It has supported MPPW in national-level policy development for the sector. ADB currently supports DWSS' efforts to implement Community Based Water Supply and Sanitation Project (CBWSSP) and the Secondary Towns Urban Environment Improvement Project.

These two projects aim to improve services in small towns and urban communities and assist DWSS to carry out further reforms. The two agencies — ADB and WB — also support the Melamchi Drinking Water Project — a major source replenishment plan (worth \$500 m) for the Kathmandu valley — and other urban water management projects.

Despite continuous efforts, progress has been slow and the projects have constantly been modified due to local resistance.

2.3. Sector financing trends

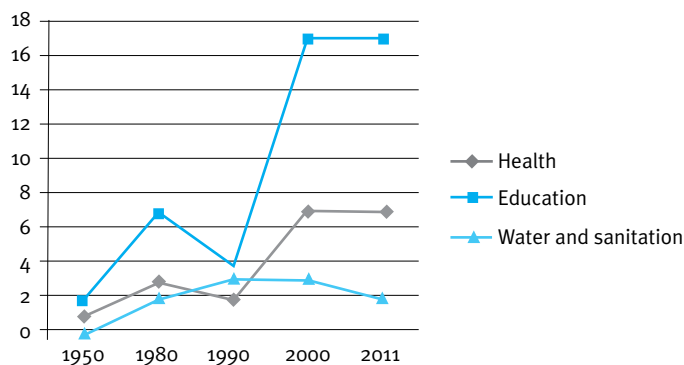
During the last four decades and the current year, (1970's to 2011/12), the government allocated about Rs 86 billion for the drinking water and sanitation sector. At present, the per capita budget allocation in the sector is stands at around Rs 3000. However, if the budget allocated for the Melamchi project and that for institutional reforms are to be excluded, only Rs 48 billion has been

allocated for the sector in four decades and the current year — a per capita budget of around Rs 1,700.⁹

A total of Rs. 9 billion (US\$ 125 million) has been allotted for the sector in FY2011/12. Again, only Rs 4.3 billion was allotted for projects not related to Melamchi or sector reforms.

A trend analysis of the budgetary allocation for the last four decades and the current year reveals that the percentage of budget allocated for the water sanitation sector against total national budget shows declining trend from 2000. This is in contrast with the percentage of budget allocated for education and health in those years. However, the budget allocated for sanitation programmes, which was Rs 21 crore last year, has been increased to 32 crore this year that shows linear growth of 53%.

Graph 4 | Comparative analysis of social sector budget¹⁰



Ministry of Physical Planning and Works has the biggest budget in the sector. It encompassed 81% of the total water and sanitation sector budget. It is followed by 15% of Ministry of Finance and 4% of Ministry of Local Development.

There is not any slogans on sanitation and drinking water in this year's budget speech. However, according to the budget speech of 2010/11, the government will make it mandatory for all community schools to have separate toilets for girls. Stake holders of the sector, who have seen the "One House One Toilet Policy" stated in 2009/10 being phased out without making an impact, believe that there is not much significance of these slogans in the budget except it does boost motivation of

The state of drinking water and sanitation sector is not uniform across all districts in Nepal. Districts such as Bajura, Bajhang, Salyan, Darchula, Mahottari and Sarlahi lag far behind in terms of access to sanitation. These districts have been accorded the highest priority so that they can address their sanitation issues before taking strides in health, education and livelihood sectors.

⁹ Draft Global Flagship Report, Nepal section, WaterAid Nepal.2011

¹⁰ Budget speech annexes. 2011/12 http://www.mof.gov.np/publication/speech/2010_1/pdf/annex_english.pdf

Section 3

Glimpse of people's perception

This section is based on narratives of marginalised people and community leaders on diverse issues related to sanitation ranging from people's participation to institutional arrangement and accountability.

Community leaders have mentioned that both individuals and the community at large are suffering due to lack of access to sanitation. Locals have been defecating in the open, pigs and dogs roam public places. The kitchen gardens and home yards are polluted with human and animal excreta, they share.

According to them, water in public ponds and canals is contaminated. Houseflies and other have infested homes and women are facing problems during menstruation due to lack of toilets. Waterborne diseases are taking a toll on children, especially during late spring, monsoon and early autumn, they inform.

3.1 Knowledge not a barrier in promoting sanitation and hygiene

Regardless of gender, caste/ethnicity and where they live (urban or rural area), all community leaders have been found to be acquainted with the importance of sanitation and hygiene. They know what practices comprise personal and public hygiene.



Indicators for Universal Sanitation

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“We can remain healthy and protect ourselves from diseases by following the principles of hygiene” was a common statement. Drinking of uncontaminated water and taking sanitary precautions keep diseases such as dysentery, diarrhoea, skin allergies and jaundice at bay, they say. Besides, pneumonia, cold and

cough, headache, eye infections, tuberculosis, polio, hysteria, diabetes, hypertension, stone in gallbladder and kidney, asthma, leprosy, elephantiasis and digestion disorders were the other common ailments reported by community leaders.

It was also noticed that the educated male community leaders in rural areas and all community leaders in urban areas can name specific diseases (both in Nepali and English).

According to them, hygiene and education are interrelated. This is because education teaches a person the basics of sanitation and hygiene. Similarly, those who are aware of basic hygiene remain healthy and can pursue education better.

The community leaders know that following basic hygiene rules can help people come out of the vicious circle of poverty. Healthy people are able to work better. However, if someone is infected by disease, s/he has to spend a fortune on treatment.

Basic hygiene, as they perceive it, helps enhance self-esteem. Those who are tidy, clean and healthy are respected in society. They have further said that those who do not have toilets at home feel inferior to those who have toilets at home. Community leaders, share that they feel humiliated when outsiders come to their village and witness the pollution and dirty environment.

The study found that the depth of knowledge of sanitation related issues among community leaders was directly related to the level of education s/he had received.

3.2 Water and sanitation as human rights

Community leaders, who expressed their views in simple language, say they know nothing about how ministers and bureaucrats view their problems but only know that drinking safe water and following the rules of hygiene keeps one healthy.

The majority of the leaders were quite aware of the people's right to have access to safe drinking water and sanitation.



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They know that human beings, like other animals and plants, cannot survive without water. In the absence of safe drinking water and sanitation, people are infected with various ailments. This degrades their standard of living.

Some community leaders remarked that simply declaring access to safe drinking water and sanitation as human rights was worthless until it was implemented at the grassroots.

They have also pointed out the need for targeting the disadvantaged and vulnerable while rendering drinking water and sanitation services as they are the most needy ones who themselves cannot afford to do so.

Some community leaders, who have obtained higher education, and those who have worked with external agencies were been found to be more knowledgeable regarding the UN General Assembly's declaration that access to water and sanitation is a human right and that Nepal has endorsed the declaration.

3.3 Peoples' participation is the key

Despite being aware of the importance of sanitation locals were found to be reluctant to take initiatives themselves. They expect the government and the NGOs to take the lead.

A cursory view suggests that the people are incapable of taking the initiatives. However, a more microscopic view suggests that the problems are more complex and deeply entrenched in society. According to the respondents, the problems lie in the political, socio-cultural, technical, economic and legal aspects and a solution that can address all the above aspects can only be a viable one.

People need to rise above personal and group interests, they opine.

To ameliorate the situation in the real sense, people from different class, caste, creed and political orientation need to be made aware of the pros and cons of a programme so that they do not feel they are being coerced into doing something.

In communities where people are working with NGOs, locals have been actively participating in water and sanitation related projects. They are responding well to the water and sanitation related activities. People were also found to be managing both the private and public sanitary systems well.

However, dependency syndrome, as reflected in the narratives, is still rife among local people, especially in rural areas. They are still of the belief that the government and NGOs are responsible for improving water supply and sanitary conditions in their locality. It has also been observed that that communities which have been exposed to development interventions are less dependent on others to improve access to drinking water and sanitation, compared to ones which have not been covered by development programmes.

Therefore, a ‘blanket approach’ to do away with funding support is likely to aggravate the situation in remote and marginalised areas.

Local government bodies (DDC, VDC and municipalities) have not been disbursing sufficient funds for water and sanitation related programmes that target the marginalised people. There is an urgent need to revise policies and guidelines so the people’s rights to that water, sanitation and hygiene are assured. Moreover, the policy should also assign specific roles to concerned stakeholders in order to efficiently mobilise human, physical and financial resources.

3.4 State of toilets in schools

In almost all the places, both urban and rural, schools were found to have built toilets for students. The majority of the schools even had separate toilets for boys and girls. Community leaders allege that some schools have not paid sufficient attention to the needs of small children while constructing toilets.

It was found that factors such as setting of the school (rural or urban), their type (primary, secondary or higher secondary) and, ownership (public or private) determine, to a large extent, the nature of sanitation facilities, especially toilets.



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Some schools in rural areas had toilets but were in need of repair. Due to lack of sufficient running water, condition of toilets in urban areas is also not satisfactory. Although a few public schools had better toilets, toilets in the private schools were better in general.

Community leaders’ have also revealed that secondary and higher secondary schools have better toilets than primary schools. In some places, they reported that toilets in some public schools, which were in satisfactory condition in the past, have now become defunct due to the school’s failure to carry out timely maintenance.

3.5 Sanitation initiatives, the changes they bring

In most communities where better sanitation conditions were reported, involvement of government and non-governmental organisations has been found. A number



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of cases reveal that sanitation programmes have been successful in making the people aware about sanitation, and engaging them in infrastructure development and monitoring.

The programmes have been found to be focused on promoting awareness and supporting communities build toilets, drainage systems, tube-wells and water supplies.

Barring a few cases, almost all of these programmes have been reported to have been instrumental in bringing about positive changes. People have learned to use toilets and keep their environment clean.

They have learned the basics of sanitation and hygiene. Many of the rural and urban communities have declared their communities open-defecation-free zones.

They have learned the importance of safe drinking water and consequently started to purify water using various methods. People now know the importance of collective action to manage water as a 'common pool resource' and have begun harvesting water, that was going to waste. They have also been made aware of child health. Community members have begun managing solid waste using improved methods. Some communities have even begun microfinance operations through saving/credit groups.

Community leaders say that sanitation programmes have brought many visible changes in their area. The main and long-lasting impact of the programmes is that people have learned to live a hygienic life. Their children have become healthier and cases of water-borne diseases have declined. People's perception and behaviour during menstruation have also been reported to have been changed.

One of the major impacts of the sanitation programmes, is that people are less vulnerable to life-threatening water-borne diseases and other health problems. This has improved their financial standing as they now need to spend less on treatment and drugs. Children have been able to attend class more regularly and adults their work .

Another major impact of sanitation programme, according to community leaders, is that people's self-esteem has also been enhanced.



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3.6 Overcoming caste and ethnic lines

Community leaders shared that inter-caste and intra-caste hierarchies and relationships, patron-client relationships, distance between caste/ethnic groups, individual and group esteem, perception of ‘caste/ethnic self’ and ‘others’ and unhealthy lifestyle are the major hinderances to successful sanitation interventions.

Concepts like cultural relativism, historical particularism, multivocality, social inclusion and equity need to be taken into consideration while assessing community-specific needs, designing sanitation programmes, mobilising resources, working with people and monitoring and evaluating the outcomes.

3.7 Persons with disability seek thier share

Narratives from persons with disability (PWD) indicate that saniation programmes have had a greate impact on their lives. However, there is still the need to do away with the traditional ‘bio-medical’ model of disability that ignores the socio-cultural aspects of disability.

They have clearly stated that their concerns should be addressed while carrying out water, sanitation and hygiene interventions. They have demanded their voices be represented while designing development plans.



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3.8 Motivation and struggles from gender perspective

It was found that women have played a crucial role mobilising local communities. Mothers' group, popularly known as *aama samuha*, have been actively engaged in drinking water and sanitation programmes, especially in rural communities.

Improvement in drinking water and sanitation has reduced the women's workload and drudgery related to household chores. Many of the programmes have been reported success through the active participation of women. Their role in mobilising local resources, creating awareness and

lobbying for the cause was found more effective than that of their male counterparts. Even in children's clubs, girls were reported to be more active than boys.

In addition to maintaining sanitation infrastructure, especially toilets, in their household, women have been also resolving everyday disputes such as those related to drinking water supply through their groups.

However, there are relatively few programmes that focus on women's concerns such as menstruation hygiene management. As Nepali society consists of a number of cultural groups, there are varieties of sanitary practices during menstruation. One of the dalit community leaders of Doti district mentioned that women are still kept in isolation in animal-sheds, under the *chhaupadi* system.

During menstruation, women cannot enter their own house; touch other people, water and utensils. They are vulnerable to health risks due to poor sanitation in the animal-sheds. Women are deprived of nutritious food and are not permitted to drink milk.

Community leaders are aware that such practices are against the women's right to freedom and sanitation. They say that such practices are not a part of the culture of in other communities such as the Tharu community.

However, women are still believed to be untouchable during their menses among Brahmans, Chhetri and Dalits.

Therefore, drinking water and sanitation programmes should seek active participation of women so that their concerns are not neglected. They naturally care, rear and nurture other family members as well as communities. Sanitation programmes and initiatives must acknowledge their role in this regard.

Section 4

Reiterating determinants of success

Narratives collected from the community leaders shows that there are a number of factors affecting the success and failure of sanitation programmes such as sociocultural, socio-economic, and socio-political ones. These factors are again associated with the organisational/institutional, financial, technical and psychological aspects of the programmes

4.1. Community engagement

The institutional factors are the combination of internal and external conditions that comprise organisational support, social mobilisation. It also consists of on the public awareness and participation, formation of user committees and definition of specific roles for stakeholders.

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All these factors are crucial in making sanitation systems function well. Contrary to this, the failure to identify local people's needs and mobilisation renders an intervention unsuccessful. Similarly, lack of accountability and responsiveness of local leaders and lack of ownership among the people cause failure of the project.

Locals who possess knowledge about sanitation are reluctant to put their knowledge into practice. Community leaders have also pointed out the need for active participation of local people in lobbying, for a strong monitoring mechanism to oversee progress.

Paying little attention to community mobilisation and management may cause a project to fail. Some community leaders shared that local bodies and user committees are not active enough even after receiving external support. There are some communities members who create hurdles and do not cooperate with the majority of poor and disadvantaged groups.

Such people do not allow their land to be used in building drainage systems despite requests from other members.

4.2. Contextualised holistic planning

Sanitation and drinking water were not integrated with one another until a decade ago. Even today, sanitation is often overlooked by many policy makers, planners. They believe that sanitation programmes address the urgent needs of the people.

Sanitation has now been recognised as a basic human right and the sector is attracting the attention of planners gradually.

However, the sector is rife with hurdles. People are not willing to change their culturally embedded and sanctioned behaviour which at times are against the basics of sanitation. They are reluctant even to discuss the pros and cons of the socially prescribe behaviour. For example, efforts to eradicate the *chaupadi* system are yet to convince people to do away with the practice.

It is now proven that a 'blanket approach' is futile for sanitation and drinking water initiatives. For programmes to be successful, planners need to keep in mind the local culture, people's perceptions and mindsets. Planning should be based on the ground reality and be holistic. Plans need to ensure the constant engagement of local residents and develop a sense of ownership in them.

Programmes in the urban areas will differ from those in rural areas. Urban and rural contexts are entirely different so different approaches needed to adopted accordingly. In urban areas managing and sustaining sanitation infrastructure like

drainage and public toilets is the main challenge. But in rural areas buldong of those infrastructures is the major objective.

In communities where partner NGOs have paid sufficient attention to exploring the internal dynamics of social, cultural, economic and political realities and have been successful in orienting and mobilising people for sanitation and hygiene related activities, and ensuring the sustainability of the systems so developed.

4.3. Transparency in finances matters

Economic factors play a decisive role in the success or failure of a sanitation programme. Most communities where people live below the poverty line, are unable to construct toilets and drainage systems or tube-wells.

VDCs and municipalities also do not give priority to their problems and do not disburse sufficient funds. It is clear from this study that people living remote parts are the ones who desperately want external support. Therefore, a ‘blanket approach’ to deny funding for sanitation is not suitable in this context.

Community leaders have noted that better transparency in the use of funds and resources has led to the successful completion and maintenance of the sanitation system. In communities where the working of user committees are not transparent and public auditing is not carried out, the funds have been reported to have been missappropriated.

4.4. Close look at maintenance and monitoring

Water and sanitation related package programmes have not yet covered all areas, community leaders say. In a few places, local NGOs have taken the initiative for constructing make-shift toilets. Some local schools have toilet facilities. In some areas community forest user groups (CFUGs) have contributed to drinking water and sanitation programmes. However, most of the water systems lack proper maintenance.



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According to the leaders, constructive dialogue, cooperation and collaboration between different stakeholders — the government, NGOs, international agencies, private sectors, leaders and the community is needed for monitoring sanitation initiatives at the local level.

Though some civil society bodies such as CFUGs, local clubs, women groups are engaged in water and sanitation related activities, there are a number of problems associated with monitoring.

The stakeholders involved may be facing different hindrances. Therefore, actors of all levels need to be encouraged to analyse the situation through regular monitoring. This will ensure that the programmes are effective, efficient, sustainable and equitable.

4.5. Promoting collaboration and trust

The growing mistrust between the public and private sector institutions is taking a toll on sanitation and drinking water efforts. This is hindering the mobilisation of resources to cater to the needs of local communities.

There is a lack of coordination among the stakeholders and programmes are not reaching the places where they are required the most. Different stakeholders think that sanitation is associated with drinking water sector alone. As a consequence, their programmes do not reach the peripheries, where the most vulnerable live. Even the local bodies, health posts, schools, etc. are turning a blind eye over the sanitary issues.

The stakeholders should reach consensus to solve the problem in sustainable way at individual, households and community levels. It would be better to develop a democratic and transparent modus operandi for rational intervention at every level in participatory manner.

There should be proper consultation among these stakeholders at district level to ensure minimum standard of uniform approach with proper consultation with concerned community members. Better coordination also helps reduce costs.

4.6. Accountability and responsiveness

The socio-political environment in rural as well as urban communities are not favourable to accountability and responsiveness. Political leaders in the all-party mechanisms (*sarbadaliya samyantra*) pay attention to getting budget for road construction and other physical infrastructure bowing to their vested political interests.

However, local people in the communities, except in a few cases, are not organised and they cannot claim their rights. The programmes need to train the people in this area during the various phases of the project cycle of project.

People need to be clear about their responsibility, and the pros and cons of the project. The state should create an enabling environment for accelerating pace of development through appropriate policies and mobilise resources to translating policies into actions. It should sensitise the actors at different levels and people in need of sanitation and ensure proper coordination mechanism.

The community should play a pivotal role in activating all people, especially the excluded and deprived ones, so that their concerns are well addressed. There should be proper mobilisation of human and local resources to address sanitation and water problems. The community should take the lead in declaring their area open-defecation-free zone and sustained the achievement.

NGOs should work towards ascertaining public welfare as per the policy direction of the government in the sector of drinking water and sanitation. They should assist and complement government to reach previously unreached communities.

Supporting agencies, donors, international agencies, private sectors and leaders should stand up as active stakeholders in ensuring people's demand-based programmes adopt principles of participatory planning and monitoring.



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Annex 1

Narratives of community leaders

This section includes the cases/narratives obtained from the community leaders who are directly and indirectly engaged in sanitation initiatives. The community leaders can also be considered as key informants who know the overall situation of their communities and can represent the voices of the locals .

The cases/narratives presented here represent the following physio-geographic, socio-demographic, and socio-economic features of the country:

- Rural and Urban Differences
- Caste/Ethnic Variations
- Hill and Tarai Communities
- Age and Gender Differences

As discussed in section 1.3, the cases/narratives have also represented the different conditions/status of sanitation as follows:

- Successful sanitation efforts
- Failure interventions of sanitation or sanitation effort success followed by relapse in increased open defecation or in case of urban dysfunctional sanitation system
- No sanitation efforts/interventions

Representative case 1

Poverty and innocence matter

Makawanpurgadhi, a village in Makawanpur district, is resided by Brahmans, Chhetris, Magars and Dalits. It has two secondary, five lower secondary and 10 primary schools. Agriculture is the main occupation for 85 per cent of the people. Only 25 around per cent of the households have toilets.

Shiva Ram Rimal (51), a community leader at Makawanpurgadhi-7, has passed eighth grade and is well aware of the importance of sanitation for human health and well being of the environment. He also knows that access to safe drinking water and sanitation is a basic human right.

According to Rimal, sanitary measures include washing of hands before and after meals and after defecating. He also says that washing clothes and utensils, keeping food items covered, using toilets and keeping homes and public places clean — all constitute sanitary practices.

The level of awareness level about the importance of sanitation and safe drinking water is low among the members, he informs.

Defecation in the open has become a major problem in the community, he shares. Villagers cannot afford to build toilets in homes. They need external help to gain access to safe drinking water and sanitation. But things are changing for the better, he remarked. People are gradually learning to wash their hands, and have also started keeping their homes clean.

Rimal thinks that to successfully achieve sanitation outcomes in his community, stakeholders, including locals themselves, need to be aware. The community should not only be provided support for sanitary infrastructure development but regular monitoring of the progress made should also be done.

Representative case 2



People need a helping hand

Raigaun is located in the foothills of the Siwaliks on the basin of the Bagmati River. Rais, Danuwars, Tamangs and the Paharis are in majority the village, which is located near the district's border with Sindhuli and Rautahat district.

The village, one of the most remote in the district, not only lacks electricity, but is also not connected to the road network.

No sanitation programme has ever been conducted in the area. The village's open areas, especially the foot trails, are polluted with human and animal excreta. According to Sanjaya Rai (47), a community leader who knows how to read and write, sanitation involves washing of hands, bathing, washing clothes and using toilet. He believes that improvements in the village's sanitary conditions will only be possible through a long-term and well-planned approach that focuses on people's participation.

He says CBOs and NGOs have a crucial role to play in making the local people aware and mobilising them to inculcate the sense of ownership in them. Similarly, he points out the need for external support, especially to develop water and sanitation-related infrastructure. Rai suggests that the resources be used transparently.

Representative case 3

Local initiatives ensure external support

Hatiya, Chisapani is a village situated to the east of Hetauda -- the district headquarters of Makawanpur. The village has around 475 households, mostly belong to Brahman, Chhetri, Dalit, Danuwar, Chepang and Newar communities.

Kanchhi Danuwar (60), an illiterate community leader, says she knows the basics of sanitation. She recounts the story of how the villagers, through their combined efforts, were able to get the Drinking Water and Sanitation Office to give them 75 latrine pans. She also shares how locals were able to install 312 water taps in the village. According to her, every household in the area now has a toilet.

Danuwar says support from the drinking water and sanitation office and participation of locals were the main reasons for the success of the programme. She mentioned that villagers are now able to grow seasonal vegetables using the water being supplied to their homes. They have also been keeping their homes and public places clean, she adds.

Community members are well aware of the importance of sanitation. Various consumer groups and committees are spreading awareness about sustaining progress made in sanitation. Danuwar said the initiatives, like those launched in her village, will be fruitful for other villages as well.

Representative case 4

Relevance, efficiency and sustainability matter



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Majority of the denizens in Padampokhari in Makawanpur are Tamangs. The village has a health post, three secondary and seven primary schools. Ganga Kumari Gole (25) of Lamatole-3, who is simply literate, is a community leader. She knows how important sanitation and drinking water are.

Gole recounts how one sanitation programme scored initial successes but failed in the long run.

According to her, a NGO had conducted a sanitation improvement programme three years ago. Sanitation became a top priority for villagers and the area was declared an open-defecation-free zone. However, villagers got back to their old ways after the project was phased out.

The leader said the project failed because it could not garner the active involvement of local user committees. It also could not improve people's access to safe drinking water. The project did teach villagers the basics of sanitation but failed to show them how to put the things that they have learned into practice. Scarcity of water didn't help either.

The village needs a drinking water and sanitation improvement programme which mobilises people by getting them to have a sense of ownership for the endeavour.

Representative case 5

Change is not impossible

There are 601 people living in 75 households in Chhotipaliya Village, Kailali district. A total of 73 households belong to the Tharu community and a household each belongs to the Rai and the Brahman community.

The sanitary situation of the village was poor a few years ago. Villagers were defecating in the open. They were disposing solid waste haphazardly and not paying adequate attention to sanitation. They were also not adopting sanitary measures while rearing birds, pigs and other animals.

Consequently, locals used to frequently suffer from fever, diarrhoea, cholera, common cold and dysentery.

Despite the gravity of the situation, the community was yet to attract the attention of the government and the NGOs until 2007/08. The villagers were despised by villagers of neighbouring villages due to the sanitary problems. Nobody took the initiative to solve the problem.

But things changed around four years ago. According to community leader Maya Chaudhari, 18, the local club approached some NGOs asking for support. The NGOs first assessed the need of the community and approved a plan to work with the community and CBOs.

The NGO ensured the participation of locals and made its operations transparent, said Chaudhari.

People were encouraged to form a consumer group and they were trained in health and sanitation education. The villagers then built a safe and reliable drinking water supply system.

They also conducted a health and sanitation education drive. All the households have constructed at least a make-shift toilet. Now there is no problem of open defecation and urination in the community. The villagers have dug pits for to dispose degradable solid wastes.

Every household has made a rack of wood or bamboo for kitchen utensils beyond the reach of children or any birds or animals.

NGO staffers have persuaded villagers to consider sanitation measures while raising the livestock. Before the intervention, the villagers used to think that water, which looked clean, was safe for drinking.

But now the villagers stand convinced that water that appears to be clean may also contain pathogens. They now boil water, chemically treat it or adopt *sodis* method before drinking.

The village has gone through an incredible change. Due to improved sanitary conditions in short duration of time, prestige of the villagers has been augmented among neighbouring settlements. The village is an example of how change is possible when people really want it.

Representative case 6

Way out from dependency syndrome

There are 525 people living in 75 households in Bangara of Dhangadhi Municipality. It is a heterogeneous area comprising three major caste/ethnic groups-- Tharu, Dalit and Brahman. People of the area follow Hinduism and Christianity.

The community has a public primary school. Most residents know how to read and write.



Maya Chaudhari

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A total of 25 households in the community do not have toilets and are compelled to defecate in the open.

Radheshyam Chaudhari (37), a local resident, is of the opinion that sanitation is concerned with activities such as washing hands, eating hygienic foods and cleaning houses and surroundings.

According to him, if all actors realise this importance of sanitation and drinking water and become more accountable and committed, positive outcomes can be achieved.

People need to cooperate with the institutions that are working to address the community's long felt sanitation needs, says Chaudhari. He also pointed out the need for constructive dialogue, cooperation and collaboration among different stakeholders.



Representative case 7

Need for collective efforts

Bhadrapur is a predominantly Tharu settlement in Dhangadhi Municipality. A total of 302 people live in 28 households in the area. Majority of them follow Hinduism. The community is yet to have a school. Except for homesteads, none of the households own any land for cultivation. Women in this community live a normal life during menstruation.

Open defecation and ill management of solid waste are some of the problems plaguing the area. Lack of education and local leadership are the main reasons behind the sanitary situation that is prevailing in the area.

According to community leader Tek Bahadur Chaudhari (30), bathing on a regular basis, eating clean food and keeping the house and its surroundings clean refers to sanitation. Despite their knowledge and positive attitude, the community lags far behind when it comes to following sanitary and hygienic practices.

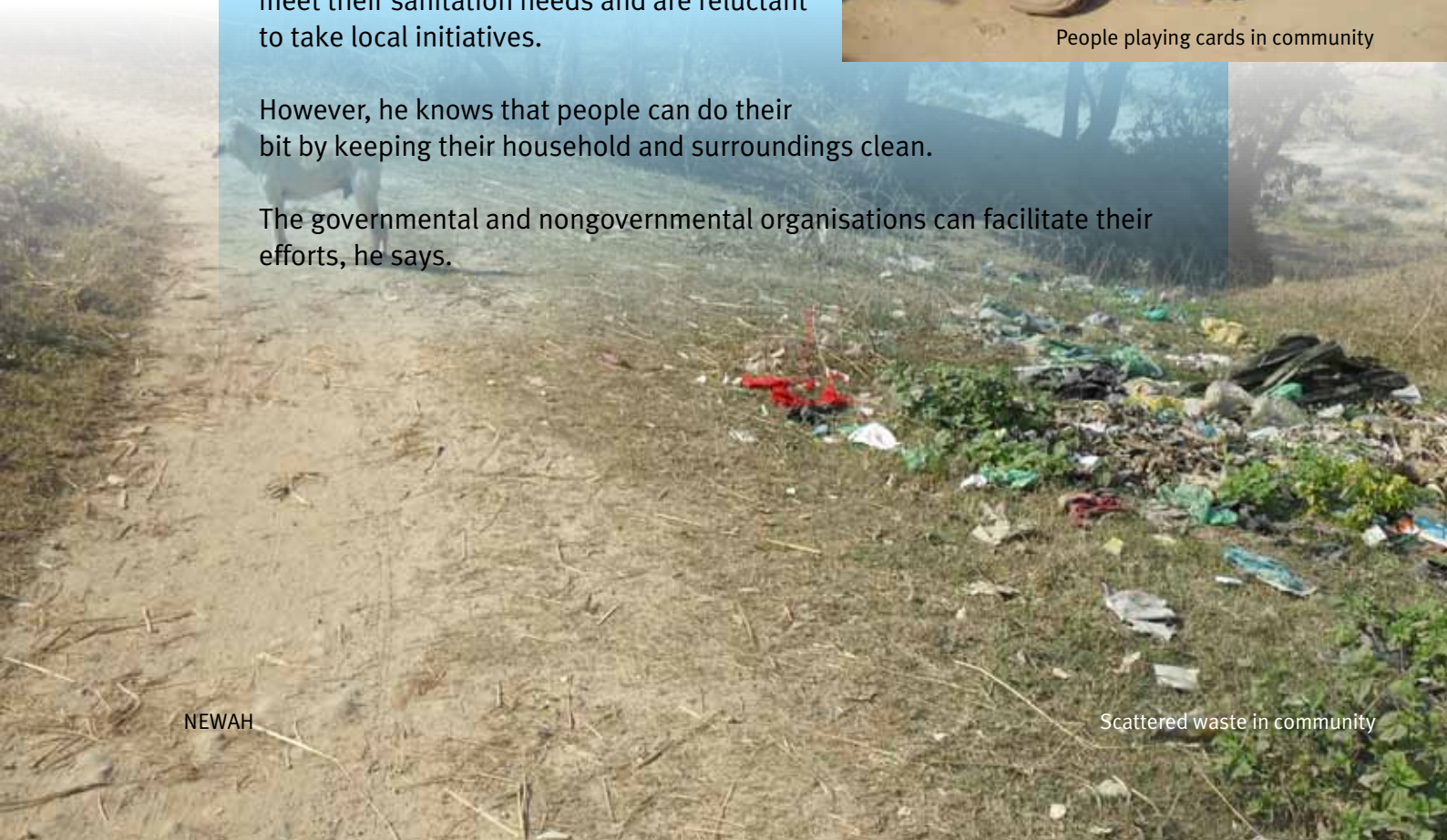
According to him, people expect support from government agencies and NGOs to meet their sanitation needs and are reluctant to take local initiatives.

However, he knows that people can do their bit by keeping their household and surroundings clean.

The governmental and nongovernmental organisations can facilitate their efforts, he says.



People playing cards in community



Scattered waste in community

Representative case 8

Sanitary problems persist even after the intervention

Gohawa village of Rajhena VDC in Banke district is an example of how a safe drinking water and sanitation programme can fail.

A total of 1,303 people live in 190 households in the area. The major caste/ethnic groups are: Tharu, Dalit, and Brahman. The people follow Hinduism and Christianity.

There is a primary school in the area. Except for the Brahmans, households do not keep their women in separate huts during menstruation. The dalits have been practicing early marriage.

Before 2007, the village's sanitary condition was dreadful and was not safe in terms of sanitation and health before the intervention from a NGO during 2007/8. Open defecation, littering and unhygienic rearing of birds and animals were the non-sanitary practices prevalent in the community. As a result, the villagers were more likely to be infected with diseases such as fever, cholera, diarrhoea, common cold, abdominal pain, etc.

By realising the situation and need of the community, the NGO launched a safe drinking water, health and sanitation programme in 2007/8.

During the project period, the people followed the instructions of the staffers. However, after the NGO left, the villagers returned to their old ways. In this way, the project failed and the investment became futile.

What may be the reason behind the failure?

The answers may be various. The project was based on subsidy approach and the people did not feel the sense of ownership of the project.

They were highly dependent on external support. They did not have a clear view about the objectives of the programme. Even the user committee did not participate actively.

This case is a proof that community-based institutional development is necessary making development activities successful.

Some opine that because of poverty villagers are compelled to think only about eking out a living for their families. They are least bothered about the long term development of the community. Therefore, the intervention failed.

The locals are not the only ones who were behind the failure of the programme; the donor agencies, partner NGO/CBOs and the local agents were also culpable as they could not coordinate well with the government agencies, local leaders, and other stakeholders.

Another lesson that is learnt from this case is that such types of projects also need follow up schemes to maintain the level of enthusiasm among locals.

Representative case 9

External support is not enough



Lumanti

There are 29 households in Janapriya Tole of Biratnagar Municipality-7, where a NGO has been running the “Integrated Drinking Water, Health and Environmental Sanitation programme” in collaboration with Biratnagar Municipality for the last two years.

Micro-finance and child care are the project’s other initiatives.

Community leader Goma Chaudhari (37), a widow, has passed School Leaving Certificate (SLC). She knows that sanitation is a combination of cleanliness of human body, home yards, public places and the whole ‘environment’. She is also aware that sanitation is essential for the promotion of human health and prevention from diseases. She also knows that a person who keeps her/himself neat and clean becomes a role model in society and her/his self-esteem and dignity are enhanced.

She finds sanitation as one of the fundamental human rights and everybody must have access to water and sanitation.

She has mentioned cold and coughs, skin diseases, eye infections as the major health problems in her community. In her community, almost all households have toilets but the sewage and drainage system is open and poorly managed. She mentions that some people, especially children, still defecate in the open.

Regarding awareness about sanitation, hygiene and health, she perceives that knowledge alone is not sufficient unless it is put to practice. For example, people in her community have not paid sufficient attention toward the sanitation of public places. Regarding sanitary practices during menstruation, she has found women of richer families using sanitary-pads and her observation is that the girls have been facing problems due to lack of convenient toilet in schools.

Chaudhari perceives that local bodies and user committees are not active enough to bring better results even after local people have received external support.

There are some people in the community having who have a superiority complex who do not cooperate with the majority of poor and disadvantaged groups.

In her community a local person has not cooperated with the project and refused in allowing locals to use his land for drainage. They were involved in series of meetings and dialogues, and protests. The task of constructing drainage is incomplete till date. Local people are waiting to press legal action against the person.

This indicates that it is not necessary that a person who possesses knowledge about sanitation do has a positive attitude towards putting the ideas into practice.

She has also pointed out the need for active participation of local people to monitor these sanitation programmes.

Representative case 10

When community cooperates

A NGO has worked to improve the sanitary condition in Pashupati Tole, Biratnagar Municipality-19 in collaboration with the municipality for the last two years. Under “Integrated Drinking Water, Health and Environmental Sanitation programme” it has supported construction of toilets and helped 72 households.

The project also taught locals the importance of sanitation. It helped install tube-wells for the purpose of drinking water. Programmes for micro-finance, public awareness, advocacy and childhood development were also implemented.

According to Omkar Acharya (28), a community Leader who has an MSc degree, there are two privately run schools in the area. The sanitation situation in both the schools is good, he says. They have separate toilets for boys and girls.

Acharya is quite knowledgeable regarding health and hygiene. He is also aware that access to drinking water, health and sanitation is one of the basic human rights.

He says that each household in his hamlet has a toilet. In addition to that, people first segregate their degradable waste from the non-degradable and put them in separate containers.

Open defecation is no longer seen in the hamlet, he informs. People of the area wash their hands before and after work, and before and after every meal. They purify water using different methods like boiling, filtration, and *sodis*. Denizens wash raw vegetables before cooking. They wash their utensils with soap. However, the area lacks a proper drainage system.

Acharya believes that commitment from supporting organisations, active participation of the community, sense of ownership among the locals, accountable and responsive leadership, mutual cooperation and positive attitude towards health and sanitation were the factors that made the sanitation programme successful.

The sanitation programme, according to him, has helped raise people's self-esteem and dignity. After the programme was implemented, students in local schools are attending classes on a more regular basis.

In his view, such efforts can be sustained only through increased awareness, need-based activities, and proportionate investment of the community and the external support organisations in the project. He also said that a well-designed monitoring system is also crucial sustainability of such interventions.

Representative case 11

The politics and pollution

There are 190 households in Hadtali Hat Tole of Biratnagar Municipality-19.

The Biratnagar Municipality Office and Biratnagar Jute Mills Ltd had constructed public toilets for households in the area that did not have their own toilets. The toilets were being maintained by the Jute Mills.

However, after the Jute Mills was closed, the toilet has been out of order. Although each household using the toilet pays Rs 5-10 per week, it is not well maintained. The toilet was used by almost all the households in the past when households were few in number and did not have private toilets. Now almost all the households have toilets.

But still, around 40 per cent people in the area, mostly slum dwellers, still use the public toilets. The Support to Housing programme has supported the renovation of the public toilets. The renovation work not yet been completed.

Bharat Lama (32), who has studied up to higher secondary level, remarks that although the households have private toilets, the area still does not have a sewage system and the area relies on tube-wells, which are not the best source, for drinking water. Lama says they are far from enjoying their right to safe drinking water and sanitation.

Representative case 12

Accountability, participation and commitment essential for sustainability

The Bank Road in Biratnagar Municipality-19 has 72 households. All of the households use toilets. They also have drainage and waste disposal facilities.

None of the people defecate in the open. A NGO, in cooperation with Biratnagar Municipality, has worked in the sanitation sector for the last two years and has supported construction of toilets.

Besides, the project has also worked in the field of micro-finance and infrastructure development in the community.

According to Kalpana Shrestha (50), a community leader who has passed SLC, responsive and accountable community leadership, active participation and cooperation from the members of the community—especially women—, equity based benefit sharing, use of locally viable technology and continued external support has ensured success for the intervention.

Although not highly educated, Shrestha is aware of the causes and consequences of pollution and contaminations. She knows about the importance of sanitation and hygiene and that access to sanitation and water is a basic human right.

According to her, locals in her community have participated in various trainings related to sanitation. As a result, they purify water before drinking it and wash their hands regularly. Some women use sanitary pads and some use clean cotton cloths during menstruation. There are separate toilets for girls in schools.

In her opinion, doing away with unhealthy habits, creating a sense of ownership towards the physical infrastructure, and regular participatory monitoring are essential elements for sustaining community development initiatives.

Representative case 13

Success is a common end

Manju Chaudhari (27), a simply literate community leader, lives in Bramhapura Tole of Biratnagar Municipality-7. She is well versed about the importance of safe drinking water and sanitation.

She reports that a NGO has been working in sanitation sector for the last two years and has supported construction of toilets in cooperation with Biratnagar Municipality. Every household in the area now has a toilet.

However, the streets still lack a drainage system. It is flooded with water during the rainy season. According to her, schools in the area have provisioned separate toilet for girls and boys.

The organisation has also sensitised the students and teachers in these schools regarding the importance of sanitation. She says that it is the

people's cooperation that has made the mission for making the hamlet pollution-free a success. In addition, accountable and responsive support from the NGO and the municipality and increased awareness of community people has also been crucial.

She concludes that regular monitoring and evaluation of the sanitation initiatives and awareness campaigns are essential for achieving sustainable benefits from safe drinking water and sanitation programmes.

Representative case 14

First educate, then implement

Romila Rajbhandari (32), a simply literate community leader, lives in Swayambhu Tole, Biratnagar Municipality-18. Ms Rajbhandari knows the importance of safe drinking water and sanitation.

She considers access to safe drinking water and sanitation as a fundamental human right.

There are 35 households in the area, almost half of which are landless. Fifteen households have toilet and the rest defecate in the open.

Chaudhari opines that locals are not fully aware of the importance of sanitation. There are those who do not purify water before drinking nor wash their hands with soap. Women store the cloths used during menstruation in dark corners of the house. Majority of the girls do not go to school during menstruation period.

There is one college which runs Masters level programme in science and the college has separate toilets for girl and boys. There are no other schools.

Chaudhari says she is not satisfied with the sanitary condition of her community. She says that children, who suffer from diseases such as dysentery, diarrhoea, cholera, meningitis, are victimised the most.

Most of the adult males residing in the hamlet are rickshaw-pullers and people in the community are not educated. No sanitation programme has ever been implemented in the community.

She asks for programmes that would first teach the community about the importance of sanitation, and then help construct toilets. Chaudhari opines that participation of the local people is necessary for the success of any programme.

Representative case 15

Lessons to adopt community led sanitation approach

Lakhanawar village in Kohalpur-6, Banke is inhabited by Tharus and Dalits, who follow Hinduism. There is a primary school in the village.

However, the community is fraught with sanitation problems, says Thagga Tharu Chaudhari (40). According to him, locals are unaware of sanitation. They defecation in the open and do not adopt sanitation measures while rearing birds and animals. As a result, people fall ill more often and death rate is high.



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The most common ailments are: fever, cholera, diarrhoea, dysentery, filarial and typhoid. Taking the gravity of the problems into consideration, a NGO had launched a safe drinking water, health and sanitation programme in the community.

According to Chaudhari, the community hoped that the situation would improve. However, it has been difficult for the people to let go of their old habits. Unfortunately, even after conclusion of the project, no considerable behaviour change has been seen.

Why did the project fail? A local man, who has passed School Leaving Certificate, remarks the inactiveness of the user committee members was the main cause.

He said, "They could not understand what the project was about." A cursory view shows that inadequate understanding of traditional ongoing practices and beliefs might be one of the causes of the unexpected result.

This incident was the learning for the implementing agency as they realized impact of success was heavily based on the community engagement. Again, community engagement was possible when these people were convinced about the relevance of these projects in promoting their life

condition. Thus, all the feasible future projects embedded the approach of community led total sanitation.



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Representative case 16

Enlightened by NGO's programme

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Discussing with Durbesh Chaudhari

Tilakhanipur of Pahalmanpur VDC is situated in Kailali district. A total of 575 people live in 88 households in the community.

All of them belong to the Tharu community and observe the rites and rituals of Hinduism. The women lead a normal life during menstruation.

The community is far from development and modern sanitary practices. According to Durbesh Chaudhari, locals believe that sanitation is only related to washing hands and mouths.

There was some sort of gap between their customary knowledge, their practical lapses and the scientifically preferred ways. Defecation in the open, littering, rearing birds and animals without adopting sanitary measures was helping diseases spread.

The days of the non-sanitary practices are gone in the community now. People practice scientific ways of sanitation, wash hands with soap after using latrines. They are sensitive towards sanitary and hygienic issues.

The credit for the change goes to the safe drinking water, health and sanitation programme conducted by a NGO. These days, each household in the programme area has a safe pit for solid waste management.

The households have made a rack with wood or bamboo to place the cleaned kitchen wares. They are above the reach of children and rodents.

Before the programme was implemented, the locals considered water that appeared clean as safe for drinking. But the social mobilisers have taught them that such water can contain harmful pathogens.

As a result, they only drink purified water. "These are some simple but necessary changes we people need for longevity. Such changes can really decrease health risks," of the local said.

"The programme opened our eyes. We are happy now" she added.



Water access in the village



Toilet with water access

NEWAH

Representative case 17

Awareness campaigns are essential

Most of the inhabitants of Banlek VDC, Doti are Chhetris and Dalits. There are nine schools – a higher secondary, a lower secondary, six primary and a private schools area.

There were 81 households in the village. Out of them, only 29 households have built toilets — only 23 households use them regularly. The evaluators were puzzled why the people were reluctant to build and use toilet. One intellectual suggested that the settlements are scattered and there is lot of open space in the area.

Some people suggested that there is a need of awareness campaign. It is not difficult to understand local people and it is not always true that they would not be convinced by local change agents. They need some technical and material (pan, cement, etc.) support from outsiders.

Above all, there in unanimity among all that they need a campaign to raise awareness among the people to make the village an open defecation-free area.



Water access in the village

NEWAH

Representative case 18

Some sanitation programmes are partially successful

An NGO launched a safe drinking water, health and sanitation programme in Lataula village of Banlek VDC, Doti in 2002.

As a consequence, a drinking water supply system has been installed in the village; numerous toilets have been built, safe pits for solid waste management dug.

According to Man Bahadur Raut, the programme has brought other direct and indirect changes in the project area. Decrease in communicable diseases, control in population growth, and increment in self- confidence among the people, and augmentation in the prestige of the villagers were the changes brought about by the programme.

The success of the programme can be attributed to tactful leadership, the programme's ability to develop a sense of ownership among the people, including women and dalits.

However, the programme also did have some shortcomings. The programme could not reach out to everyone in the area and marginalised people could not have their say in the programme. To gain the support of the marginalised, intensive awareness programme, exposure visits and health and sanitation education need to be integrated with income generating activities.

Even after a NGO-supported project is phased-out, VDCs can still allocate funds for the purpose annually. The health post can also run awareness campaign on sanitation as preventive measure. Political leaders can mobilise their cadres for sanitation and occasional public hearing programmes.

Representative case 19

Local leaders have a crucial role to play

Dil Bahadur Khati is a resident of Kalena-6, Doti. He has been actively working for the development of drinking water supply and sanitation system in his village.

Before 2002, waterborne diseases used to take a toll on villagers during the summer. But nobody would take the initiative to address the problems pertaining to drinking water and sanitation. People used to dispose waste haphazardly. Defecation in the open was common.

After carrying out a need assessment, a NGO decided to launch a safe drinking water and sanitation programme in the village in 2002. The approach of the programme was to mobilise the community for its own development.

That ensured people's participation and the impact has been sustainable. Dil Bahadur came easily on the fore from the beginning of the intervention. A user committee was formed in the first place. Local people nominated him as a secretary of the committee. Frequent meeting, interactions, and trainings with the NGO, partner CBOs, and local stakeholders capacitated him for leadership.

As a part of the programme, 87 toilets have been constructed in the village. Each household dug a pit for disposing degradable waste. Every household made a rack for keeping the cleaned kitchen wares near their courtyard.

The villagers gave up the habit of defecating in the open. To condition the fellow being for using toilets, they made provisions to punish those who don't use toilets. The contamination of communicable and other diseases has been rare. By seeing their success; the neighbouring villagers also have started to construct toilet and make their community clean.

Dil Bahadur is still active to extend the campaign to other parts of the village. Whenever he meets women, dalits and excluded, he tries to sensitise them for sanitation and need for participation in such programmes. He opines that frequent public hearings can make the stakeholders pay attention to genuine issues and concerns of the rural people.

Representative case 20

Female health volunteer speaks up

Khima Devi Raut is a female health volunteer. She is a resident of Banlek VDC-3, Doti. Her prime duties are to make people aware about sanitation, health and nutrition, teach mothers ways to cope with their and children's health

After a safe drinking water and sanitation programme was initiated in her village in 2002, she also became active. She was selected as a member of the users' committee. During the project cycle, she regularly took part in meetings, interactions, trainings and campaigns in the community.

Despite her workload, she encouraged local people to construct 29 toilets, and safe pits for disposing degradable waste.

However, the programme failed to meet its objectives. She is sad due to the result. The reason behind the failure was the lack of participation of women, poor and Dalits.

Due to her involvement in farming, household chores, and other social duties, she said she could not devote adequate time to the programme. However, she would contribute more time and energy for such programmes in the days to come. She accepts that her solo efforts will not be able to bring changes overnight and says collaboration between stakeholders will be crucial.

Representative case 21

People's participation is a gradual process

Pari Auji is a resident of Kalena-6, Doti. As an illiterate Dalit woman, she did not properly understand the importance of safe drinking water and sanitation programme launched in the village.

She was more occupied with making her family's ends meet and had no time to think about sanitation. She had no knowledge about urgency of the situation.

But now the importance of sanitation has dawned on her after a NGO's intervention in the village. She has mentioned that a drinking water supply system has been installed in the village. The trend of constructing and using toilets has been on the rise. Households have dug pits to dispose degradable waste. They have also installed racks for keeping cleaned kitchen ware out of the reach of the children, birds and animals.

"If some governmental or non-governmental organisation brings similar programmes, I will definitely participate," she remarks.

Due to the change in the mentality of a poor dalit woman like Pari, it can be inferred that it takes time for people to identify and realise their own needs. But when they do understand the issue and the process completely, people cannot help participating in any programme intended for their welfare.

Representative case 22

Poverty impedes progress

Ashwara community lies in Tulsinagar Municipality-11, Dang district. Different caste/ethnic groups reside in the area. Majority of the people depend on agriculture for subsistence.

The community has formed a Drinking Water and Sanitation Committee. Lal Bahadur Dagi, the chairperson of the committee, has completed lower secondary education and has been running a grocery shop in his own house.

People in the community are not aware of the importance of sanitation, Dagi shares. Only 40 per cent households have toilets. People defecate in the open, especially near canals, stream and foot trails.

Although the Drinking Water Division Office helped build private toilets in the squatters' settlement, most of the structures are dilapidated due to the lack of proper monitoring and low quality of materials used for construction.

It seems that the people in these squatter areas are less aware of sanitation and hygiene. From this fiscal year, District Drinking Water and Sanitation Office has been providing one pan for the purpose of toilet construction in these squatter settlements. Toilets in the schools are also degraded and almost defunct.

Locals think safe drinking water and sanitation are basic human rights but are reluctant to keep their community clean. Their attitude has been found highly dependent and they are less aware about their own responsibility for sanitation.

They believe, that it is the responsibility of GOs and NGOs to construct toilet and keep their community clean.

The situation clearly suggests that they have yet to be sensitised to realise their responsibility, and take their own leadership for and ownership of the sanitation programme.

Representative case 23

Participation and contribution go a long way

Bayale lies in Pawan Nagar VDC of Dang district. People of different caste/ethnic groups reside in the area. The community has a drinking water and sanitation committee. Maniram Subedi (55) is the Chairperson of Navadurga Community Forest Users' group. Though simply literate, Subedi is against the practice of untouchability and other types of superstitious beliefs and customs.

According to Subedi, drinking water is scarce during summer. Almost all the households use toilet though they have made temporary toilet made of wood and mud due to their inability to construct concrete ones.

Locals know the importance of sanitation. They do not throw solid waste like plastic wares in public places.

They are also aware that access to safe drinking water and sanitation is a human right. All households have begun constructing toilets this year as each household received support for a latrine and pipe .

Realisation of need for sanitation, active participation of the community and accountable and responsive leadership and sense of ownership among the locals made the sanitation programme successful.

Subedi further opines that local people's participation in and contribution to the sanitation programme is crucial for sustainability of the sanitation initiatives. Besides, governmental and non-governmental stakeholders are also responsible for rendering essential support and monitoring the programmes.

Representative case 24

People's participation and sense of ownership for better results

Shantipur lies in Shantipur VDC – 7 and 8 in Dang district. The community comprises heterogeneous caste/ethnic groups. Devi Pari (60) is illiterate and is widowed. She is active in doing both household chores and social work.

Pari also looks after her five grand children. According to her, 80 per cent of the households in her community have toilet. They have built temporary toilets using local materials as they cannot afford to construct concrete and permanent ones.

She says that almost all the community members know about basics of the sanitation and hygiene. They also know that access to safe drinking water and sanitation is a basic human right.

Since 2003, locals have been getting for a pan and five cube-feet wood to build toilets. After the Ex-Army's Association supported the drinking water supply, the village has sufficient water.

Pari says that it is local people's active participation, appropriate technical and material support received from support organisations, proper use of resources, increased awareness, increased sense of ownership and responsibility and, strong social unity as well as consensus among the people that have ensured better sanitation status of the community.

Consequently, both the private and public places have become clean and people say waterborne diseases are less prevalent compared to the past.

Representative case 25

Need for an integrated approach

Gajurmukhi VDC lies to the west of Ilam. There are six community schools in the area. Ward No 4 of this VDC is resided by people from various castes.

Tulsi Bhattarai (39), has completed secondary level education and works in Mahendrodya Higher Secondary School. He knows the basics of sanitation and hygiene and considers it as one of the basic human rights.

He has reported that the District Drinking Water office initiated a drinking water and sanitation programme in 1993. However, the programme was not effective as it excessively focused only on drinking water sector and ignored the sanitation aspect.

Lack of public awareness regarding sanitation, improper use of scarce resources and lack of sufficient water and inefficiency of the project staff resulted in the failure, he says. Bhattarai further stated that some people in his community are not yet aware of the importance of basic sanitation and hygiene.

According to him, local people must be made aware regarding the importance of sanitation and hygiene. Then only they can understand their roles and responsibilities while designing and implementing sanitation programmes.

Representative case 26

Challenges in making sanitation programme successful

A community in Ward 5 of Ilam Municipality has 40 households. The people belong to various castes such as Brahman, Chhetri and Dalit. The number of dalit households is more than others. There is one primary school in the area.

Sita Magarati (26) is simply literate. She possesses basic knowledge about sanitation and considers access to drinking water as a basic human right.

She has reported that a sanitation sector improvement programme has been implemented in Ilam Municipality for the last two years in cooperation with the municipality office.

The project has helped declare the municipality as plastics/polythene bag-free area. Due to the programme, majority of households now use toilets. Some families are yet to build toilets citing economic reasons; while others say they do not have enough space in their homes.

Magarati also states that the community has taken strides in sanitation. However, there are still some problems related to sanitation and hygiene. She further says that the people do not have adequate space to build toilets as most of the people living in the community are landless.

Representative case 27

Waiting for support

Phuyetappa VDC lies in Ilam district. Various caste/ethnic groups such as Limbu, Brahman, Dalit and the Tamang have been residing in the area. There are two secondary, five primary public/community schools and one private school in the village. Ward No 2 of this VDC is predominantly inhabited by the Limbus.

Manasingh Limbu, a community leader, says that no sanitation programme has ever been launched in the community. He has some idea about the basics of sanitation and hygiene and considers access to safe drinking water as a basic human right.

He knows little about why people are not aware about sanitation and hygiene. It is the responsibility of the government and the NGOs to help us build sanitation infrastructure like toilets and drinking water supply, he adds. Moreover, he believes that it is their job to make the community aware of the importance of sanitation.

Representative case 28

Not actually disabled, but differently-abled



Namsaling VDC lies in Ilam district. Limbus, Brahmans, Chhetris and Dalits live in ward No 4, 5 and 9 of the village.

Jeevan Dhakal is a resident of Ward No 7, who has a physical disability. He has passed SLC.

Dhakal knows the basics of sanitation and hygiene. He thinks that safe drinking water is a must for healthy life. He believes that using toilets not only helps prevent diseases but also keep the environment clean.

He remarks that the government should put in place a long term-campaign to ensure safe drinking water and sanitation for all.

Dhakal has reported that a NGO has been supporting the community for the last two years in drinking water and sanitation. The NGO has made people aware of the importance of sanitation. As a result, all the households have started using permanent toilets.

The village has experienced a decline in the prevalence of waterborne diseases. Dhakal opines that active participation of the, responsive and accountable community leadership, increased awareness about the importance of sanitation, and sense of ownership among the locals have contributed to the success of the sanitation programme.

He mentioned that the role of external agencies is to create awareness, work with community in a collaborative way, develop and capacitate local people to take initiatives and leadership and engage local people in participatory monitoring of the programmes to make the drinking water and sanitation programme successful.

Community leadership should be promoted to sustain sanitation initiatives. The people at the grass root ground should be given responsibility of monitoring and evaluating progress to ensure fair judgment based on community requirements. Mobilisation of community members and fostering a sense of ownership are essential to change behaviour and sustain sanitation progress and performance.

Representative case 29

City life experience worse than rural life?

Janasewa Tole in ward 7 of Itahari Municipality, Sunsari district has 240 people living in 48 households. The hamlet is close to the Itahari bazaar. Sardar and Chawdhari (the Tharu) and dalit are the caste/ethnic groups living in the community.

Subsistence agriculture and waged labouring are the major occupations in the area. This is why the hamlet is also known as a ‘poor hamlet within a city’.

Although, most of the adults are illiterate, literacy is high among children. According to Mr Budhnarayan Chaudhari, the village’s sanitation situation has not improved despite the increasing literacy. People still shun using toilets and prevalence of waterborne diseases is high, especially during summer.



Ujuru Sardar (25), has been living with physical disability. Both of his legs do not work. He has passed SLC and knows well about people’s right to safe drinking water and sanitation. He is well aware of the importance of sanitation and hygiene.

Only three households in the area use toilets. Children defecate on the sides of the roads and the

whole community is polluted. With the onset of rainy season, the roads are water logged as there is no proper drainage system in the streets.

A few years ago, an organisation named MCDS tried implementing a sanitation and hygiene programme in the community. The people, however, did not accept the support of that organisation because they believed that the organisation’s main mission was to convert Hindus into Christians.

Sabita Chaudhari, another local, said she does not know anything about the use of sanitary pads and other sanitary measures during menstruation.

Tharu women feel fewer restrictions during menstruation based on the concept of ‘purity and pollution’ but the dalit women have been experiencing

higher level of restrictions and they are compelled to live in others' house due to the traditionally embedded value that they should not be exposed to male members of their family during the period of menstruation.

Chaudhari also says that even schools and colleges have not made special provisions for the girl students.

According to all these community representatives, their community has been marginalised in terms of developmental initiatives including sanitation due to the lack of efficient elites and leaders in their community, lack of political access to municipality, preference given by government and NGOs to other places especially squatter areas and due to higher level of poverty among the people.

They have concluded that external support for drinking water and sanitation infrastructure, development and capacity building of local leadership, awareness programme are a must for bringing change in their community.

Representative case 30

Support to infrastructure alone is not enough

Dinabhadri Tole lies in ward 6 of Itahari Municipality in Sunsari district. There 200 people living in 35 households in the area. Only three of the households belong to the Tharu community and the rest are Mushahars.

Almost all the households earn a living by doing labour work such as agriculture and rickshaw-pulling Jaso Sada (80) years, is illiterate. According to her, diarrhoea, typhoid and eye infections are ailments common to the area.

She knows the basics of sanitation and hygiene and has reported that NGOs have been running sanitation programmes in their community since April 2009. Though the organisation supports people to construct toilets, it does not help build a drainage system. This is why people have continued to defecate in the open.

She opines that most adults in the community are alcoholics and pay little attention to sanitation and hygiene. People from other wards also come to their community to defecate and urinate in the open. Consequently, the area has become polluted.

People living in the community, according to her, lack awareness regarding the importance of sanitation and hygiene for healthy living.

She remarks that changing the age-old habit of defecating in the open is a long-term challenge. Poverty is another reason behind the failure of the programme because a hungry stomach demands food first not toilet or other infrastructure.

According to Sada, adequate attention was not paid to making the public aware. There was also a lack of leadership and the people did not develop a sense of ownership for the project. This led to the programmes failure. She was of the view that only an integrated effort, which focuses on livelihood enhancement, can bring about change in sanitary habits of the people in her community.

Representative case 31

A helping hand makes the difference

Simle lies in the Dasharathpur VDC of Surkhet district. There are 266 people living in 39 households in the area. The settlement comprises various ethnic groups and castes. The main occupation of the people is agriculture. There is one community school in the area.

According to Amrita Sunar (33), a dalit woman who is simply literate people of Simle suffer from waterborne diseases such as typhoid, diarrhoea and dysentery during the summer, each year. Sunar, who is also the vice-chair of the local Drinking Water and Sanitation Committee, knows the basics of sanitation and hygiene.

She is aware that access to safe drinking water and sanitation is a basic human right. According to her, a NGO has been working for sanitation and drinking water in the community for the last two years.

As a result, all households in her community have toilets, a separate pit for composting and some households have been using bio-gas. The community has been declared as open-defecation-free zone.

She attributed the success of the programme to the active participation of the community and strong sense of ownership among the community people. The sanitation programme, according to her, has brought about a number of direct and indirect changes in their lives.

However, Sunar has also reported that the local school in her community does not have a separate toilet for the boys and girls and small children have difficulty using the toilets.

Representative case 32

Senior citizen recounts success



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Dahachaur VDC in Surkhet has 3500 people living in 775 households. No particular ethnic group is in majority in the area.

Majority of the households depend on agriculture for survival. Some households have sent their family members abroad for employment. There are altogether nine community schools in the VDC. The VDC is the first in Surkhet district to be declared an open defecation-free zone. All the households have access to safe drinking water.

Nanda Bahadur Chand (88), lives in Jyamire in Dahachaur VDC-2. He is simply literate and physically disabled. He knows the fundamentals of sanitation and hygiene and knows that access to safe drinking water and sanitation is a human right.

He has reported that a NGO has been working in the area for the last two years. All the households in his community use toilets. They have dug compost pits near the kitchen garden to manage degradable solid waste.

The schools, he says, have provided toilet facilities; however, these are not suitable for small children and girls.

Chand further states implementing NGO has paid sufficient attention in raising awareness about the importance of sanitation and hygiene. The Drinking Water and Sanitation Committee, which is very active in the community, has made a provision of charging Rs. 50 for those who defecate in the open.

The children's clubs are also very much active in the community.

Representative case 33

Water taps out of order, Who is responsible?

Kalapani Gaun lies in Lekparajul VDC -3 of Surkhet district. A total of 250 people live in 90 households of the village. Majority of the people are migrants from neighbouring districts such as Jumla, Kalikot, Humla and Mugu.

However, no caste is in the majority. Male members of around three quarters of the households seasonally migrate to different places of India and abroad for employment.



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Ram Bahadur Budha (13), studies in eighth grade. He is quite knowledgeable about the fundamentals of sanitation and hygiene, and people's right to safe drinking water and sanitation.

According to him, diarrhoea, typhoid, pneumonia and tuberculosis are the common diseases in his community. There are few water taps made by District Drinking Water Office in 2007. Of the total 10 water-taps, only three are functioning and according to him, local people have not paid attention to construct toilets due to the lack of sufficient water.

Only 30 per cent of the households have toilet and the rest defecate in the open. Of the total seven community schools in the village only three of them have toilet facilities. But the toilets are not suitable for small children and girls. Budha says that the government agencies and NGOs should provide support for infrastructure related to drinking water and sanitation. Local people should cooperate and actively participate and monitor drinking water and sanitation systems, he adds.

Representative case 34

Call for a long-term programme

Bhukahako Kalbhairav VDC lies in Dailekh district. Ward 4 of this VDC has 194 households with a total population of 335 persons.

The village comprises different caste/ethnic groups. There is one community school and one child education centre.

People in the village suffer from common health problems such as diarrhoea, typhoid, dysentery, cold and coughs, and tuberculosis.

Bhim Kumari Neupane (18), is a person with disability. She studies in grade ten. She is quite aware of sanitation and hygiene and knows that safe drinking water and sanitation are the basic human rights.

She has reported that only 40 per cent of the households in her community use toilet and the rest defecate openly. They have not developed any improved system of composting and throw waste here and there.

As a result, the community is polluted. Those who have been using toilet have constructed their toilet themselves. Almost all the schools have constructed toilets but they are not suitable for small children and girls. *Chhapadi* system is still prevalent in the community.

Neupane has stated that traditional beliefs and superstitions, lack of awareness and negligence of locals are the reason why the sanitary condition of the village is not satisfactory.

She further points out the need for a long-term awareness programme to do away with the sanitation problems.

Representative case 35

A decade- long intervention

Gobarhiya lies in the Sarawan VDC-7 of Nawalparasi district. There are 135 households in this community.

Tharus and other caste/ethnic groups reside in the community. There is only one lower secondary school in the area. Suladi Prasad Chaudhari (36), a Tharu who lives in ward 7 of the VDC, has passed Bachelors degree in Education.

He is well aware of the fundamental aspects of sanitation and hygiene and opines that safe drinking water and sanitation are the basic human rights.

Chaudhari reported that an organisation worked with the community for about 10 years in the field of sanitation and drinking water. The programme, which has now been phased-out, has been partially successful. According to him, 65 households use toilets.

He remarks that people have become more aware due to the agency's support to sanitation programme. It has improved people's habits related to sanitation and hygiene. He has suggested that concerned organisations, working in the sector need to focus on increasing awareness and sense of ownership for the project among locals.

Representative case 36

Out of sight, out of mind

Dhanagadhawa lies in ward 8 and 9 of the Badahara Dhudhauriya VDC of Nawalparasi district. A total of 945 people live in 185 households in the area.

Tharus, Bajis, Chamars, Mushahars, Dhobis are the major inhabitants of the village. There is one primary school and one *madarasa*.

Satya Narayan Chaudhari (65) is simply literate. He is well versed in basics of sanitation, hygiene and health and considers access to safe drinking water and sanitation as a basic human right.

According to him, sanitation programme was first implemented in his community in 1999.

The project was phased out and the District Development Committee also did not put emphasis to continue the sanitation programme. He says that people of his community need additional literacy programme related to sanitation.

Chaudhari thinks that lack of education and awareness are the main causes behind the failure of the sanitation programme in his community.

He thinks that both the government and NGOs have to pay sufficient attention to make people aware about their right to safe drinking water and sanitation, their responsibility to implement and monitor the sanitation programmes, the need for and importance of sanitation and hygiene, identify actual needs of the community, and they have to work 'with' people to increase their sense of ownership of the sanitation and drinking water systems.

Representative case 37

People waiting for support

Jitpur Tole lies in the Badahara Dubauliya VDC ward No 7 of Nawalparasi district. A total of 155 people live in 27 households in the community.

Caste/ethnic groups like Harijan, Rajbhar, and Yadav live in the community. There is not any school in this ward and children have to walk at least three kilometres to reach the primary school.

According to Ram Lakhan Harijan(39), who has completed SLC level education, only one family in his community has a toilet. Harijan knows about the basics of sanitation and hygiene. He opines, use of safe drinking water, use of toilet, management of animal excreta in compost pit, consumption of fresh foods and edibles, washing hands before and after meal are the basic things related to sanitation and hygiene. He has reported that none of the organisations have ever implemented any sanitation and drinking water programme in their community.

Harijan also reported that people get involved in a number of community level disputes due to open defecation.

They have also been suffering from various waterborne diseases such as diarrhoea and dysentery.

Representative case 38

CBOs are the best catalysts

Dhamena VDC lies nearby Chainpur, the District headquarters of Bajhang district. The Dhamenas are the majority in the area, which also has Brahman and Chhetri households. Dalits also live in ward No 5 of the VDC.

Sunita Auji (20) has passed higher secondary level and lives in ward No 5 of the Dhamena VDC. She knows the fundamentals of sanitation and hygiene and considers access to safe drinking water and sanitation as a basic human right.



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According to her, a programme on drinking water and sanitation is being implemented in collaboration of District Development Committee, VDC and NGOs in the area.

As a result, all the households have toilets. Mothers' Group (*ama samuha*) and other community based organisations have been actively involved in making the community open defecation-free area.

Demand-responsive and efficient support from the external organisations, local people's strong commitment and cooperation has made the programme successful.

Auju has further mentioned that the sanitation programme has had a positive impact on the everyday life of the community people.

They have been keeping their house and home-yards, and public places clean. Regular monitoring and maintenance of the drinking water and sanitation systems are keys to make the achievements sustainable.

Besides, all the concerned stakeholders have to pay sufficient attention to make people aware about the importance of safe drinking water and sanitation.

Representative case 39

Ignorance of societal aspects limits the achievements

Rilu VDC lies in one of the remotest parts of Bajhang district. The VDC is resided by various caste/ethnic groups. There is one lower secondary school in the area.

Dhan Bahadur Bohara (22), is studying Bachelor of Arts (BA) and has also been working as a health worker.

Bohara is quite aware of the importance of safe drinking water. According to him, cold and cough, diarrhoea and dysentery are the common health problems in the area.

Bohara has reported that RVWRMP, a NGO, had implemented a sanitation programme in his community. But after the project was phased out, sanitation status of the community has again deteriorated. According to him, only 20 per cent households use toilets.

He opines that the lack of sufficient knowledge and awareness regarding sanitation among the people and extreme poverty are the main reasons behind the failure of sanitation programme.

Bohara suggests that the government and NGOs should support sanitation efforts, local political parties should monitor the programmes in cooperation with the community, and local people have to develop a sense of ownership of the programme and should participate actively for the success of a programme.

Representative case 40

Poverty is waiting for external support

Devalbajh village lies in Parakatne VDC-9 of Bajhang district. Brahman, Chhetri and Dalit people live in the community.

Literacy status of the dalits is low compared to national and district averages. People have been suffering from various health problems due to lack of awareness about sanitation.

Ganesh Raj Upadhyay (24) is from the Brahman community and has passed SLC. He has good knowledge about sanitation and hygiene. He has reported that no sanitation and drinking water programme has been ever launched in his community.

He has further mentioned that the lack of external support for drinking water and sanitation infrastructure, lower level of literacy and awareness, and poverty are the major causes that have constrained changes in sanitary behaviour of the people.

As a result, whole community environment is polluted; children and elderly people are being suffered most from waterborne diseases. Children's attendance in school is very low due to their poor health.

Upadhyay calls for government and NGOs' support for drinking water and sanitation infrastructure. He thinks that local people will cooperate if they are made literate about the importance of sanitation for human as well as environmental health. VDC, local political parties and CBOs, according to him, are the most crucial stakeholders that are to be engaged in the process.

Representative case 41

Collective action yields results

A total of 740 people live in 105 households in Parvati Nagar of Birgunj Sub-Metropolitan City ward No 1. Sonar, Tatma, Harijan, Brahman, Turaha, Rajput and Koiri are the major caste/ethnic groups of the settlement.

There is one lower secondary school in the community. It has a toilet for the teachers only and the students are compelled to defecate in the open.

However, the community can be said satisfactory as very few households used open space for defecation, the solid waste are either decomposed or burnt, municipality has managed to dump when the toilets are filled, and most of the people living in the community have better knowledge of and attitude toward sanitation.

Ms Sabita Devi (35) knows that sanitation and hygiene are basic human rights. She has reported that the community can be regarded as a model of sanitation programme.

The reasons behind success of the sanitation scheme that started in 2007 are primarily group approach.

They collectively approached concerned government agencies and concerned NGOs to prepare integrated approach/package. People engaged themselves in toilet construction, they planted trees in and around the settlement, some hand-pumps were distributed and installed, roads in the vicinity were black-topped, and people involved in saving/credit (microfinance) activities.

Representative case 42

Sanitation and drinking water go hand in hand

Nilkantha VDC is the district headquarters of Dhading district. It is one of the most developed areas of the district. However, Khanigaun, ward No 1 of the VDC, is an exception.

None of the development agencies has paid attention to the problems faced by the community.

The inhabitants comprise of different caste/ethnic groups like the Brahman, Chhetri, Dalit, Newar, Gurung and Tamang.

The level of awareness among the people is satisfactory. However, lack of toilets, indiscriminate disposal of wastes, bad smell of urine and stool along the foot-trails and high prevalence of diseases such as diarrhoea, cholera, typhoid, etc. all indicate the plight of the community.

District Water Supply and Sanitation Office had once supported the community to install drinking water supply system in 1983.

Then the sanitation component was not incorporated in the project. Now, even the drinking water supply system is in urgent need of operation and maintenance. The local people due to their limitations of different kinds cannot take initiatives themselves only.

Representative case 43

Local dispute takes a toll

People from diverse backgrounds reside in ward No 5 of Nilkantha VDC, Dhading. There are three primary, four lower secondary and three secondary and three higher secondary and two colleges in the VDC. As it lies in the district headquarters, most of the people residing in the community are educated and the level of awareness about sanitation is also high.

Laxmi Shrestha (39) is simply literate. She has reported that in the past, the settlement used to be neat and clean. Unfortunately, the sanitary condition of area has been degraded these days. The main problem is the debate over the dumping site. The central drinking water and sanitation committee used to send containers to collect waste from households and dump it somewhere.

Nowadays the committee has been also paralysed. According to Shrestha, the community is polluted. The awareness and initiation of people is not sufficient to alter the situation. People dispose wastes on the road sides, canal and public places. The water being supplied is not safe to feed animals and wash cloths.

The risk of contamination has been increasing by the day. The development agencies have their own corporate plans and schemes. People are amazed by their rigid bureaucratic and irresponsive trend in the context of so-called democratization.

Representative case 44

Awareness of sanitation, a far cry

People like Brahman, Chhetri, Dalit, Newar, Magar, Bhujel, Nagarkoti, etc. have been residing in the Keurinitar of Kalleri VDC-4 in Dhading district.

About 30 per cent people are literate. Health of women is reported more pathetic. Ram Chandra Khatiwada (50), is a community leader who has passed SLC. According to him, the sanitary condition of the village is not in a good state.

The use of open space for defecation, according to him, has many problems associated with it. The problems are: risks from beasts and snakes and loss of prestige among others. Even the local schools have no toilet facilities.

Khatiwada, who is knowledgeable about the need and importance of sanitation, hygiene and safe drinking water as basic human rights, says that practices observed in his community clearly shows that people in his area are unaware of sanitation.

People do not cover the water vessels and kitchen wares used for cooking, and they neglect to wash hands.

In order to curb the problem, according to him, needs an integrated approach which would first identify local needs and problems, create awareness among the people, mobilise them actively, and monitor the activities.

Representative case 45

Honesty is the best policy

Piple village of Thakre VDC Ward No 2 of Dhading district is a community of Brahman, Chhetri, Dalits, and other ethnic groups. Most of the villagers are Hindus and Buddhists. The health situation of the dwellers is found satisfactory.

According to Dhan Prasad Subedi (59), a simply literate and physically disabled community leader, the level of awareness of the people regarding the needs of safe drinking water and sanitation of individual, households and community levels is found heightened.

The corresponding behavioural and physical changes in the village have been the result of the praiseworthy intervention by a NGO in 1997.

The local people's activeness in many ways was also laudable for the pleasing change. Putting decently, the enthusiastic actions of the women and rest of the users have been instrumental for safe toilets, drinking water system, neat and clean surrounding.

Successes of sanitation interventions are possible because of ownership and community engagement. The aspiring involvement of community during planning phase assured needs of differently able people residing there.

They were able to participate in awareness raising and sensitising camps that supported in internalising relevance of sanitation and hygienic behaviour for ensuring healthy lives.

Participation in these planning meetings provided them space to share their needs and helped in the process of acquiring ownership towards the sanitation programmes.

Fulfilment of sanitation as basic human right has multiplier effects. The village has been pleasing and the people have been healthy. It has reduces the expenses on the health, siphoning off the resources to other productive sectors.

Therefore, the local people and the service providers need to perform their roles with a true spirit of service and integrity. Simultaneously, necessary measures have been employed for sustainability of the changes from the very beginning.

Representative case 46

External support can accelerate change

Majority of the residents in the Rodikot VDC ward No 7 of Humla district are Thakuris and Chhetris. Level of social solidarity is said to be higher among them.

There are some service providers like schools, and sub-health post. Chandra Karki (45) is quite aware of sanitation and health as basic human right and says that almost all the community people are knowledgeable about sanitation and hygiene.

According to Karki, the stakeholders and service providers of sanitation and drinking water sector have not prioritised any programme in their community. Despite the ignorance of the service providers, the situation of sanitation and

well-being of the people in general is not that bad. Some changes have been introduced through gradual awareness among community people, but the tempo and quality of change has not been perceived satisfactory.

Karki further has stressed on the need for external support which could tune with the local interest and expectations.



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This would further motivate local people for more admirable changes.

Representative case 47

In-depth understanding facilitates change

Chhetris are in the majority in Shreemasta-5 VDC of Humla district. There are four schools and one sub-health post in the village. About 20 per cent of the people are literate. According to Ratna Bahadur Rawal (28), a SLC passed community leader, the people in his community have positive attitude and satisfactory level of awareness about sanitation. They have constructed toilets near their houses and have managed waste properly. The sanitary condition of the villagers is, on an average, satisfactory. Their health condition has also improved compared to earlier days.

Rawal reported that the overall sanitation condition has been improved in comparison to the worse sanitary habits of the past.

To be specific, the households using toilet were rare, the human excreta was found on the road and canal sides and the community was highly polluted. The causative factor for such positive alteration can be many.

The active involvement of women and even children made possible to initiate safe drinking water and sanitation systems. The secret of the success lies truly in the in-depth understanding of the change agents of community dynamics and the catalytic role they played.

Representative case 48

No external support, no local initiatives

Chhipra VDC-5 in Humla district has people from various castes and ethnicities. The village has one child development centre, three primary schools and one lower secondary school.

Dalbir Rokaya (27), a community leader, has passed lower secondary level. He knows the basics of sanitation and hygiene. He is well aware that safe drinking water is a basic human right.

According to Rokaya, of the total 232 households in the ward, only five per cent have toilets and the rest defecate in the open. This is why, he says, the public places in the area are polluted, roadsides are dirty and water is contaminated. He has further reported that none of the development actors has taken initiative to improve the sanitation and drinking water condition of the community.

Although people are gradually becoming educated, changes in sanitary habits have not been observed.

Rokaya calls for an integrated effort to launch drinking water and sanitation programme in his community.

Annex 2

Description of representative cases

Case #	Geo- Area	District	Place	Social identity of the community leaders				
				Age	Sex	Caste and ethnicity	Education	Special category
1	Mid-hill	Makawanpur		51	Male	Brahman	Grade 8	
2	Siwalik	Makawanpur		47	Male	Danuwar	SL	
3	Mid-hill	Makawanpur		60	Female	Danuwar	Illiterate	SC
4	Siwalik	Makawanpur		25	Female	Tamang	SL	
5	Tarai	Kailali		18	Female	Tharu	SL	
6	Tarai	Kailali		37	Male	Tharu	SL	
7	Tarai	Kailali		30	Male	Tharu	SL	
8	Tarai	Banke		-	-	-	-	
9	Tarai	Morang	Urban	37	Female	Tharu	SLC	Widow
10	Tarai	Morang	Urban	28	Male	Brahman	MSc	
11	Tarai	Morang	Urban	32	Male	Tamang	HS	
12	Tarai	Morang	Urban	50	Female	Newar	SLC	
13	Tarai	Morang	Urban	27	Female	Tharu	SL	
14	Tarai	Morang	Urban	32	Female	Newar	SL	
15	Tarai	Banke	Rural	40	Male	Tharu	SL	
16	Tarai	Kailali	Rural	-	Male	Tharu	SL	
17	Mid-hill	Doti	Rural	-	-	-	-	
18	Mid-hill	Doti	Rural	-	Male	Chhetri	-	
19	Mid-hill	Doti	Rural	-	Male	Chhetri	-	
20	Mid-hill	Doti	Rural	-	Female	Chhetri	-	
21	Mid-hill	Doti	Rural	-	Female	Dalit	-	
22	Siwalik	Dang	Urban	-	Male	Chhetri	LS	
23	Siwalik	Dang	Rural	55	Male	Brahman	SL	
24	Siwalik	Dang	Rural	60	Female	-	Illiterate	SC
25	Mid-hill	Ilam	Rural	39	Male	Brahman	HS	
26	Mid-hill	Ilam	Urban	26	Female	Dalit	SL	
27	Mid-hill	Ilam	Rural	-	Male	Limbu	-	PWD
28	Mid-hill	Ilam	Rural	-	Male	Brahman	SLC	PWD
29	Tarai	Sunsari	Urban	-	-	-	-	-
30	Tarai	Sunsari	Urban	80	Female	OBC	Illiterate	SC
31	Mid-hill	Surkhet	Rural	33	female	Dalit	SL	
32	Mid-hill	Surkhet	Rural	88	Male	Chhetri	SL	SC/PWD
33	Mid-hill	Surkhet	Rural	13	Male	Magar	Grade 8	Student
34	Mid-hill	Surkhet	Rural	18	Female	Brahman	Grade 10	PWD
35	Tarai	Nawalparasi	Rural	36	Male	Tharu	BEd	
36	Tarai	Nawalparasi	Rural	65	Male	Tharu	SL	SC
37	Tarai	Nawalparasi	Rural	39	Male	Dalit	SLC	
38	High-hill	Bajhang	Rural	20	Female	Dalit	HS	
39	High-hill	Bajhang	Rural	22	Male	Chhetri	BA	
40	High-hill	Bajhang	Rural	24	Male	Brahman	SLC	
41	Tarai	Parsa	Urban	35	Female	-	SL	
42	Mid-hill	Dhading	Rural	-	-	-	-	
43	Mid-hill	Dhading	Rural	39	Female	Newar	SL	
44	Mid-hill	Dhading	Rural	50	Male	Brahman	SLC	
45	Mid-hill	Dhading	Rural	59	Male	Brahman	SL	PWD
46	High-hill	Humla	Rural	45	Male	Chhetri	-	
47	High-hill	Humla	Rural	28	Male	Chhetri	SLC	
48	High-hill	Humla	Rural	27	Male	Chhetri	LS	

Note:

BA= Bachelor of Arts, Bed= Bachelor of Education, HS=Higher Secondary, LS= Lower Secondary, MSc= Master of Science, PWD= Person with Disability, SC= Senior Citizen, SL= Simply Literate, and SLC= School Leaving Certificate

Annex 3

Cases by categories, districts and number of similar cases

Case	Category/ Type of case	District	# of Similar cases
1.	No Sanitation Efforts	Makawanpur	-
2.	No Sanitation Efforts	Makawanpur	3
3.	Successful Sanitation Efforts	Makawanpur	4
4.	Failure/Partially Successful Sanitation Efforts	Makawanpur	-
5.	Successful Sanitation Efforts	Kailali	5
6.	No Sanitation Efforts	Kailali	-
7.	No Sanitation Efforts	Kailali	-
8.	Failure/Partially Successful Sanitation Efforts	Banke	2
9.	Failure/Partially Successful Sanitation Efforts	Morang	-
10.	Successful Sanitation Efforts	Morang	1
11.	Failure/Partially Successful Sanitation Efforts	Morang	1
12.	Successful Sanitation Efforts	Morang	-
13.	Successful Sanitation Efforts	Morang	-
14.	No Sanitation Efforts	Morang	-
15.	Failure/Partially Successful Sanitation Efforts	Banke	-
16.	Successful Sanitation Efforts	Kailali	-
17.	Failure/Partially Successful Sanitation Efforts	Doti	1
18.	Successful Sanitation Efforts	Doti	2
19.	Successful Sanitation Efforts	Doti	-
20.	Successful Sanitation Efforts	Doti	-
21.	Successful Sanitation Efforts	Doti	-
22.	Failure/Partially Successful Sanitation Efforts	Dang	1
23.	Successful Sanitation Efforts	Dang	2
24.	Successful Sanitation Efforts	Dang	-
25.	Failure/Partially Successful Sanitation Efforts	Ilam	2
26.	Failure/Partially Successful Sanitation Efforts	Ilam	-
27.	No Sanitation Efforts	Ilam	2
28.	Successful Sanitation Efforts	Ilam	-
29.	Failure/Partially Successful Sanitation Efforts	Sunsari	2
30.	Failure/Partially Successful Sanitation Efforts	Sunsari	-
31.	Successful Sanitation Efforts	Surkhet	2
32.	Successful Sanitation Efforts	Surkhet	-
33.	No Sanitation Efforts	Surkhet	1
34.	No Sanitation Efforts	Dailekh	3
35.	Failure/Partially Successful Sanitation Efforts	Nawalparasi	1
36.	Failure/Partially Successful Sanitation Efforts	Nawalparasi	-
37.	No Sanitation Efforts	Nawalparasi	2
38.	Successful Sanitation Efforts	Bajhang	1
39.	Failure/Partially Successful Sanitation Efforts	Bajhang	1
40.	No Sanitation Efforts	Bajhang	1
41.	Successful Sanitation Efforts	Parsa	3
42.	No Sanitation Efforts	Dhading	-
43.	No Sanitation Efforts	Dhading	-
44.	No Sanitation Efforts	Dhading	5
45.	Successful Sanitation Efforts	Dhading	3
46.	No Sanitation Efforts	Humla	5
47.	Successful Sanitation Efforts	Humla	4
48.	No Sanitation Efforts	Humla	-

Number of Cases of Successful Sanitation Efforts = 20, Number of Cases of Failure/Partially Successful Sanitation Efforts = 14 and Number of Cases of No Sanitation Efforts = 15; Total number of cases presented in the report = 49; Total number of cases collected from the field = 109



WaterAid transforms lives by improving access to safe water, hygiene and sanitation in the world's poorest communities. We work with partners and influence decision-makers to maximise our impact.

For more information, please contact:

WaterAid in Nepal

Kupondole, Lalitpur, Nepal

GPO Box: 20214, Kathmandu, Nepal

Telephone: + 977 1 5552764/ 5552765/ 5011625

Fax: + 977 1 5547420

Email: wateraidnepal@wateraid.org

www.nepal.wateraid.org

