

Report on the V SACOSAN Conference
South Asian Conference on Sanitation

"Sanitation for All: All for Sanitation"

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INTRODUCTION

The conference

The fifth South Asian Conference on Sanitation –[SACOSAN V](#)– kicked off on the 22 October 2013 in Kathmandu, Nepal. SACOSAN is a biennial convention providing a platform for interaction on sanitation to South Asian countries, enabling learning from past experiences and setting actions for the future. The participating countries are Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka



During four days, 400 delegates from all over the world, though the vast majority from South Asia, had the opportunity to learn about the sanitation campaigns in each country through the country paper presentations, to reflect and discuss specific topics in the technical focus sessions (Sanitation and Health, Community Wide Sanitation and Sustainability, School Sanitation, Reaching the Unreached, Sanitation Technology and Marketing, Media Advocacy and Sanitation, Urban Sanitation, and Knowledge Management and Networking) and to participate in several side events and field visits. Moreover, there were institutional sessions, where the future regional political commitments were discussed.



CLTS was also present at SACOSAN V, and not only for being mentioned in some of the conference presentations. The CLTS Knowledge Hub from the Institute of Development Studies, in collaboration with the CLTS Foundation, organised two informal side events –one on urban CLTS and one called ‘Transforming Sanitation: CLTS around the world’– and set up a stall for all CLTS practitioners, where a lot of materials were distributed and interesting conversations were held.



This report

I was supporting the CLTS Knowledge Hub in the SACOSAN V and had the opportunity to attend a few presentations; my observations during these days are summarised in this report. It is not a synthesis of the whole conference, not even of the most interesting presentations, as it is limited by the presentations I attended and is biased towards CLTS issues. Neither is it a purely objective report (is that possible at all?) as I try to add here and there my impressions and personal reflections, which are shaped by my identity and inspired primarily by my field research on CLTS in India.

The report starts with some insights from the conference sessions: firstly, I focus on the recent developments in sanitation in Nepal based on its country paper presentation and secondly on the 'reaching the unreached' technical focus session. The second section of the report deals with the two CLTS side events (CLTS around the world and urban CLTS), and some closing ideas follow.

INSIGHTS FROM THE CONFERENCE SESSIONS

Nepal country paper

All the South Asian countries presented their country papers, which are available at the [SACOSAN V website](#). I attended the one from Nepal, which I found very inspiring.

Despite several policy provisions since the 1980s, until recently sanitation in Nepal remained donor-led, fragmented, under-funded and hardware focused, yielding poor results: latrine coverage increased at a yearly rate below 2% between 1990 (6% coverage) and 2010 (43% coverage). However, things have started to change in the last few years. In 2009, sanitation became a stand-alone programme and two years later, the Sanitation and Hygiene Master Plan was approved, aiming to achieve universal coverage by 2017. For that purpose, it intends to bring multiple stakeholders together, coordinated through WASH Coordination Committees at all the administrative levels. Moreover, sanitation promotion becomes fully demand-led (zero centrally funded subsidies) and is understood as a social movement, driven by local government bodies. Open defecation free (ODF) is the bottom line of the policy, which aims at achieving further hygienic behaviours. In addition, it has a Millennium Development Goals acceleration framework, with bottleneck analysis and remedial measures. As Nepal is undergoing rapid urbanisation, the plan also has a 'Clean City Programme', aiming at reaching the 4.5 million urban population.

As a result of these changes, coverage has reached 75% of the 26 million Nepalese people, according to the information the presenter of the country paper had (which has not been published yet), who believes Nepal could reach universal coverage even before the target set (2017). Over 25% of the 3913 VDCs in the country have become open defecation free (VDC stands for Village Development Committee and is the lowest administrative body of the Local Development Ministry, generally involving several villages). It must be noted that for positive verification of ODF status, it is required that toilets are permanent at least up to the plinth level. Moreover, 10 out of 75 districts, 12 out of 99 municipalities and 3000 school catchment areas were declared ODF, too. Current school water supply coverage is 78%, while sanitation coverage is 80%, 65% having separate toilets for girls. Indicators show that with increasing coverage, the number of medical visits is decreasing.

There are still some challenges, especially to what concerns the strong divide between rich and poor, with the lowest quintile stuck in 4% toilet coverage. Disparities across regions are also noteworthy: in the Terai districts (in the plains neighbouring with Bihar, India) coverage is just 27%, short over a third of the national average. Remote hilly areas also pose difficulties in terms of availability and transportation of materials.

One initial concern I had when I saw the progress data is that there may be a lot of over-reporting, as the ODF verification system in Nepal relies to a big extent on the same department which implements the campaign. This has proved elsewhere –especially in India– to make the monitoring system vulnerable to exaggeration of results, especially when combined with rigid targets. There are two aspects in the case of Nepal, nevertheless, which may neutralise interests in over-reporting. Firstly, the absence of subsidy closes down the opportunities for corruption, so there is no scope for reporting toilets built and pocketing the money. Secondly, the political priority and the permanent presence of the WASH coordination committees may persuade people that over-reporting will be detected and have consequences.

So I still believe that there may well be over-reporting, but not massively. And, independently of that, I have no doubt that the leap forward made by Nepal is very significant. But, what are the key elements enabling this significant change?

The presenter said that the approaches tried before in the country, like CLTS and SLTS did not fully work; success at scale has only arrived with the leadership of local bodies, which are in charge of coordination, planning, implementation, monitoring and follow-up. The local strategic plans –with clear target, roles and resources– have been effective for realising this leadership. In the end, when there is commitment of governments, government officers and grassroots people, it is easy to move forward. To recognise and encourage this commitment, ODF declaration ceremonies have become valued festivals and a means of emotional unity. Another supportive element of the policy is the many learning and sharing platforms. Apart of the coordination committees, there were also multiple workshops and conferences at the different administrative levels. In addition, research and dissemination were promoted, and several publications and a newsletter were prepared. Finally, the visibility of sanitation in the media has been important too. The involvement of the media has been promoted by establishing partnerships and through a national sanitation action week.

The overall impression I got was that the Master Plan has created an enabling environment for the promotion of collective behaviour change and has succeeded in putting all the stakeholders together and making them work in a coherent manner. It is indeed a very good example on how to make sanitation policy work, from which other South Asian countries should seek inspiration.

Reaching the unreached

One of the many [technical focus sessions](#) had a very appealing title: 'Reaching the unreached'. It dealt with equity and inclusion, which I found very adequate for the conference's motto "Sanitation for All: All for Sanitation".

The first presentation, by Esmail Ibrahim (UNICEF), was about **sanitation and polio** in Afghanistan. The mountain and border areas of the country host many children unreached by polio vaccinations, due to remoteness, violence and population movements. These areas generally have low sanitation coverage, factor that reinforces the exclusion from polio vaccination, as diarrhoea can result in dose excretion before immunization. In addition, people are more vulnerable to polio where there is open defecation, as there is transmission through contact with the stool of the infected person.

Afterwards, Siddhartha Das (FANSA) presented recommendations for targeting **vulnerable groups**, based on a study of key barriers and best practices in 5 countries. The groups analysed included people living in water-logged areas in Bangladesh and in plantations in Sri Lanka, elderly people in Nepal, people with disabilities in Pakistan and school children with disabilities in India. Some of the recommendations of the study (which is available [online](#)) follow:

- Devise special legal instruments to ensure that sanitation rights of the poor are protected
- Elaborate special plans and budgets for excluded populations.
- Ensure toilets are accessible for people with disabilities (which represent a relevant share of the population in South Asia) by making it mandatory for service providers and establishing punitive measures. This is especially important in the case of schools.
- Include in labour laws the need to provide adequate sanitation for workers (including temporary ones).

- Sanitation needs to be integrated in disaster preparedness, climate change resilience programmes and post disaster relief and rehabilitation.
- Set up reliable baseline data and a robust reporting and monitoring system to track the progress of sanitation provision to the poor and marginalised.
- Capacity building of service providers should be promoted.
- Civil society should prioritise awareness raising of people with disabilities.
- Engage media to raise awareness and to bring up these issues.

In the third presentation, **disability** activist and wheelchair user Amrita Gyawali from WaterAid Nepal recounted her personal experience and showed a [short video, with further experiences from Kathmandu](#). She emphasized that sanitation is a right and a private matter and that she wants to ‘do it’ on her own, not with help. She is continuously challenged by the lack of sanitation facilities that are friendly to people with disabilities, and has had problems for these reasons since childhood, up to the point that she stopped attending her lessons at school and at college for long periods. Moreover, when going out with friends, she controls how much she eats or drinks so that she does not need to go to the toilet. Being a woman makes it even more difficult; during menstruation, for instance, she stops going out because she knows there won’t be any accessible facility for changing her pads.



All these situations made her feel unhappy for many years and still affect her on a daily basis... but now she knows that the problem is not in her, but in the infrastructure. Actually, none of the public toilets in Kathmandu is disability friendly, despite the fact that 2% of the population in Nepal has some kind of disability. This happens in spite of a national law stating that facilities must be inclusive... but which is not effectively implemented. People in rural areas have it even more difficult as toilets are generally constructed at a certain distance of the households, increasing the accessibility barriers. If more arguments are needed, it is good to remember that accessible toilets won’t only benefit people with disabilities, but also pregnant women and the elderly.

Her presentation was very powerful and touched all the participants, as many pointed out during the discussion that followed. It was an eye-opener for me, or rather a ‘heart-opener’; I had read several documents about sanitation and disabilities and ‘knew’ about the challenges people with disabilities were facing... but thanks to Amrita I was ‘feeling’ these problems for the first time. And I must say that the issue acquires a new dimension when you engage with it through your emotions and not only rationally. It has changed my perspective in terms of the importance and urgency of making sanitation truly “for all”.

CLTS SIDE EVENTS

Transforming sanitation: CLTS around the world

The CLTS Knowledge Hub from the Institute of Development Studies and the CLTS Foundation organised an informal side event called 'Transforming Sanitation: CLTS around the world', which attracted around 35 participants. Kamal Kar (CLTS Foundation), Deepak Sanan (CLTS Foundation), Robert Chambers (Institute of Development Studies) and Chris Williams (WSSCC Executive Director) shared their views on how CLTS has evolved and influenced the sanitation sector. A medley of what they shared follows:

CLTS started in Bangladesh more than a decade ago, and since then has spread to many countries, being part of the national sanitation strategies in many or them. On the way, a lot of challenges and lessons emerged. Two of these lessons have contributed to re-shape the sanitation sector internationally.

The first one is the idea that 'they can do it'. More or less affluent, more or less educated, we are all human beings, and thus don't want to eat shit. If adequately facilitated, communities will analyse the situation and take action to change it. Sanitation (especially rural sanitation) is not rocket science, so the communities know how to build latrines and can do it with their own resources.

The second one is the concept of open defecation free (ODF), coined in India in 2003 during a CLTS activity. It has generated a shift from counting latrines to counting ODF communities, from individual latrines to collective behaviour change, which has clearly pervaded to the whole sector.

These and other contributions to the sector are not always acknowledged as originating from CLTS, fact which is more a sign of the maturity of the approach than something to worry about. For instance, there was almost no mention to CLTS in the conference's country paper presentations, but CLTS principles were present in many. Firstly, almost every country and experience presented its outcomes in terms of ODF communities, instead of exclusively in percentage of sanitation coverage. Moreover, the two countries which have apparently achieved more remarkable progress over the past years, Nepal and Bangladesh, have adopted policies that are to a great extent aligned with the CLTS approach: focus on collective behaviour change, local leadership and no subsidies coming from the central government based on national poverty classification.

But the spread of CLTS also brought tensions and contradictions when trying to go to scale: compromises in the approach (and misuse of the CLTS label), pressures to spend a lot of money, capacity issues... It is important to be aware of these and to wait until the CLTS process within a country has arrived to the point where it is possible to go to scale with quality. For instance, a critical mass of master trainers should have been trained and the capacity to adequately implement and monitor the campaign should be in place, too. In general, institutional transformation is necessary for going to scale with quality; it is important to get the government on board (champions are crucial!), coordinate all the stakeholders and create a sanitation policy based on empowerment, with adequate monitoring and verification and a coherent institutional framework.

Still nowadays, CLTS is evolving and there are lots of innovations taking place on the ground in different countries, where practitioners are pushing the new frontiers of CLTS forward. The CLTS Knowledge Hub at IDS has just launched a [new publications series](#) on these topics, with short notes on recent innovations and insights in terms of methods, approaches and thinking.



In the open round of intervention there was some debate regarding the subsidy issue. It had been stated that the hardware subsidy or incentive breaks the collective perspective, as it diverts the entire machinery towards disbursing funds and building and counting latrines; therefore subsidisation is incompatible with CLTS and there should be no compromise on the zero-subsidy principle. A couple of participants defended the use of subsidies for reaching the least able and highlighted that Nepal and Bangladesh, put as an example of CLTS inspired policies, have used subsidies in their national campaigns. Other participants then clarified that subsidisation in Nepal and Bangladesh takes place at a late stage, when there are households that cannot build a latrine on their own. Identification of these household is done locally, and not according to national level poverty data.

Urban CLTS

The second side event took place on Thursday at the CLTS stall and dealt with urban CLTS. We were around 20 participants, coming from different organisations: EMPHO, Lumanti, Community Development Forum, UEMS, WaterAid, UN HABITAT, Practical Action, Institute of Development Studies... Each participant shared his or her insights and experience in adapting CLTS to urban areas.

The participant from Practical Action shared the experience in the low income areas of the city of Nakuru, Kenya. One difference towards rural areas is that there are many actors involved, which makes it difficult to achieve the collective behaviour in one time. For instance, the residents in those areas are tenants, but there is need to involve the landlords, as they are the ones that can decide about latrine construction. There are also difficulties for triggering: for one thing, people are not easy to reach, as they are out during the day; for another thing, neighbours do not generally have a feeling of 'community', making it difficult to address the collective. As a consequence, Practical Action is not using the triggering so much, but has instead trained community volunteers which go house to house promoting behaviour change. Their idea now is to go block by block (generally one block belongs to one landlord), get one ODF and then try to spread progressively to neighbouring blocks, expanding the ODF area. There is more information from a visit to Nakuru [in the CLTS blog](#).

Lumanti is using CLTS in Inaruwa and Itari wards in Biratnagar municipality, Nepal. They are using triggering tools and the transect walk seems to be the most effective one. They also take the group

to the best and the worst areas of the ward and use the glass of water and similar tools, including some they innovated (talking about the dignity of wives, religious issues, etc.) in their efforts to adapt to the specific communities targeted. Natural Leaders that emerge are then taking the process forward, with the support of Lumanti volunteers, in charge of following up regularly. Households are expected to build latrines with their own resources, but for those with major problems for constructing –for instance those with no land tenure or extremely poor– there is a negotiation with the local government and citizen forums, who jointly decide what to do in such cases and how to support them. Finally, a problem they have faced is that the intervention is ward-focused, but there are people from elsewhere who defecate in the ward on their way through.

EMPHO is working in an urban area in Nepal which has a rather rural setup. One of their innovations is the use of a sanitation card, which is given to each household using latrine. Those having the card get preferential attention from the local government (VDC), making it easier for them to get a citizens certificate or apply for locally managed services or schemes. Not having the card does not impede accessing these, just makes it comparatively more difficult. Moreover, having the card has also become a matter of pride. Other motivational tools used include street dramas (with youth groups) and documentary drama films (distributed in CD) with popular TV stars.

Several organisations are involved in the Nepalese district of Bhaktapur, which has been declared ODF. However, there are some problems in the municipalities. In one of them, the drainage system pours all the excreta into the river. In the second one, there is an unrecognised settlement in government land, and therefore the municipality does not want to engage with them. One way used elsewhere in Nepal to go round this problem is to address the school, who can lead the process in its catchment area. CLTS triggering tools were not used; instead, the VCD went round chanting slogans, which was effective for motivating the households, partly because most of them had latrines but were not using them. One lesson learnt in Bhaktapur is that it is important to get the government on board and also involve the political parties in the process, which will allow including ‘unreachable’ group. Moreover, it was found that sanitation marketing is needed for addressing the supply side. In the Terai, for instance, where water table is very high, there is no consistent supply of lining rings, more adequate to that setting.



The general feeling from the side event was that CLTS works in urban areas, but always needs adaptations due to their dissimilarities towards rural areas, where CLTS was developed. The main difference is that there are many actors involved and with which it will be necessary to engage: landlords, tenants, slum dwellers, several government departments or local entrepreneurs. Other typical characteristics are dense settlement patterns, land tenure issues and a high share of floating population. One participant pointed out that is worth differentiating between slums and peri-urban areas, as the dynamics vary considerable between both settings. But we always have to bear in mind that still within these categories there is a broad range of situations, and the intervention will have to be adapted to the specific case at hand.

I find that the use of local drama and door to door visits –instead of the ‘regular’ triggering methods– are interesting adaptations. These tools share with CLTS tools the goal of engaging with people’s emotions instead of having a purely rational approach to behaviour, which is what makes them effective, from my point of view.

A final valuable suggestion was to establish two levels of ODF in urban areas: one when nobody is defecating in the open and another when the wastewater is not anymore discharged directly into water bodies.

CLOSING REMARKS

The V SACOSAN conference was a very good opportunity for learning and sharing about sanitation in South Asia. Due to the CLTS [pre-conference workshop](#), the stall and the informal side events, it was also a great learning opportunity about Community-Led Total Sanitation.

There was also space for more institutional sessions, leading to relevant political commitments, captured in the Kathmandu Declaration. Interestingly, a participatory session was held in which participants could contribute to the declaration draft. The content of the declaration is [available online](#), but I would like to highlight some parts:

First, the recognition of...

“sanitation as a matter of justice and equity, with a powerful multiplier effect that unlocks measurable benefits in health, nutrition, education, poverty eradication, economic growth and tourism while also reducing discrimination and empowering communities, especially infants, children, adolescent girls, women, the elderly and people with disabilities, in rural and urban areas;”

and then three of the commitments:

“III. Given that sanitation is about changing social norms, demand creation, We commit to addressing diversity in service provision for infants, children, youth, adolescent girls, women and men, people with disabilities, chronically ill and elderly in rural areas and people affected by poverty and disasters further exacerbated by climate change.”

“V. Prioritize and promote child and disabled friendly services and menstrual hygiene management in all public buildings and especially schools, health clinics and reflect and monitor this in standards, design, delivery and monitoring.”

“VIII. Engage the Health sector at all levels in sanitation and hygiene promotion as critical agents of preventive healthcare.”

As these extracts show, the declaration points a very exciting way forward. To travel that path will require concerted efforts and loads of political priority. And that is another valuable contribution of SACOSAN; its high profile makes these conferences a very relevant event in the region and contributes to moving up sanitation in the priority list of the governments.

Among the things that should be improved for the next SACOSAN, I would highlight the need to make attendance to the conference less restrictive, especially for those working at the grassroots.