

Community led total sanitation in Nepal getting us back on track

This paper provides a summary of Community Led Total Sanitation (CLTS) initiatives in Nepal.

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WaterAid Nepal/ Sudarson Karki

One of the eight of Millennium Development Goals, targets agreed by all world governments to halve world poverty by 2015, is to halve the proportion of people without access to safe drinking water and sanitation.

The sanitation Millennium Development Goal is way off track. If the current trend persists, more than half a billion people will not get the sanitation they need by 2015; and the goal will only be met in 2026. As a result, in the years from 1990 and 2026 another 10 million children will have needlessly died. Even if the goal is met by 2015, 54 million children will still die.

This paper looks at how Community Led Total Sanitation (CLTS) could help Nepal reach the MDG sooner, rather than later.

WaterAid – water for life
The international NGO dedicated exclusively to the provision of safe domestic water, sanitation and hygiene education to the world's poorest people.



WaterAid/ Liba Taylor

WATER AND SANITATION IN SOUTH ASIA

Open defecation in many countries in South Asia, including Nepal, is the norm.

People's fathers and forefathers did it, and it is perceived as a cheap and easy solution to a natural body function. But as communities grow and forest areas becomes smaller what was, in previous generations, something which was hidden is now becoming very visible on the roads and paths throughout rural and semi-urban Asia. Women in particular suffer the inconvenience of rising before

dawn to defecate. They suffer humiliation of being seen by others. They are also at risk from accidents or abuse when having to travel far from the house to answer the call of nature. The cost to a community's health is also great - increased cases of diarrhoea, worms and other diseases caused by unhygienic practises. People, children in particular, are literally dying through lack of sanitary toilets.²

Poor economic growth of a country is often linked to a lack of water and sanitation.

Income earning opportunities are lost due to illness and time spent on looking after others who are sick, particularly children under five. Health expenditure rises. By investing in water

In Nepal 13,000 children die each year due lack of quality drinking water and poor environmental sanitation and hygiene.¹

¹ UNICEF 2005

² WHO reports that a child dies every 15 seconds from diarrhoea caused largely by poor sanitation and water supply. "Dying for the Toilet The Cost of Missing the Millennium Goals?" WaterAid Report www.wateraid.org/documents/dying_for_the_toilet.pdf.

and sanitation WHO estimate that the 320 million productive days gained world wide in the 15-59 age group, the 272 million extra school attendance days and the added 1.5 billion healthy days for under fives, gained annually, represent a productivity gain of US\$9.9 billion a year. Further, the value of averted deaths, based on discounted future earnings, amounts to US\$3.6 billion a year.³

UNICEF⁴ has reported that:

- a safe water supply can reduce morbidity by 15 percent,
- latrine use can reduce morbidity by 35 percent,
- hand washing practices can reduce morbidity by 43 percent and child mortality by 33 percent.

WaterAid has examined the reasons why the MDG of reducing by halve to halving the proportion of people without access

to basic sanitation is not on target.

WaterAid has found that there are two main reasons: the fact most countries do not have a single institution responsible for sanitation, and secondly, that most countries do not have a budget solely dedicated to sanitation. Interestingly, it has found that donors do not prioritise sanitation in developing countries, despite being well aware that sanitation plays a major role in reducing mortality, especially among children.

WaterAid is calling for action among developed countries to widen their commitment and increase their water and sanitation support to government-led sector investment and delivery plans. WaterAid has also called for developing countries to produce an investment and delivery plan for achieving their water and sanitation targets, with a separate budget for sanitation.



WaterAid Nepal/ Suraj Sharma

³ WHO, 2004 as reported in "Water For Life Making it Happen" joint WHO/UNICEF Report

⁴ UNICEF www.unicef.org



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The situation in Nepal

With the overall sanitation coverage standing at 39% as estimated by the government in the "assessment of the implementation of the tenth plan (PRSP) June 2005, the hygiene and sanitation situation in Nepal is critical. Even this figure is disputed and WaterAid Nepal has been arguing for more reliable estimation on coverage figure.

Recognising that safe water supplies and environmental sanitation are vital for improving health conditions and alleviating poverty, His Majesty's Government of Nepal (HMG/N) is

committed to providing these essential services to the public. HMG/N has a vision of 100 percent sanitation coverage by 2017⁵ and has put into place three key elements of hygiene and sanitation which will work together holistically to bring about this vision, namely access to hardware, promotion of software and strengthening an enabling environment.

Working towards nationwide sanitation

WaterAid realises that if something is to be done, it must be radical and must happen now.

Health indicators in Nepal

■ Death episode per annum under five children due to diarrhoeal disease (2005)	13,000
■ Infant Mortality Rate (under one year), per 1,000 live births (2003)	61
■ Under Five Mortality Rate, per 1,000 live births (2003)	82
■ Maternal Mortality Rate, per 100,000 live births (adjusted 2000)	740

Source: www.unicef.org/infobycountry/nepal

⁵ Guidelines for Implementation of National Hygiene and Sanitation Policy and Strategies, Draft, HMG Nepal 2061 BS (2004/05 AD)

Statistics of CLTS projects in Nepal

Agency	Partner	District	Status of CLTS village		Number of projects planned for the next three years
			On going (number)	Declared OD free (number)	
WaterAid Nepal	NEWAH	Dhading	-	Karkidanda (1)	-
	NEWAH	Dhading	-	Sulikhola, Bhumisthan (1)	-
	NEWAH	Dhading	-	Deurarli, Bhumisthan (1)	-
	NEWAH	Dhading	-	Devisthan, Bhumisthan (1)	-
	NEWAH	Dhading	Goganpani (1)	-	
	NEWAH	Dhading	Jugekuwa, Bhumisthan (1)	-	
	NEWAH	Gorkha	-	Bhorle (1)	Depends upon the result of the impact assessment planned in 2006
	NEWAH	Morang	-	Dumre Ekta Chowk, Urlabari** (1)	Depends upon the result of the impact assessment planned in 2006
	NEWAH	Morang	-	Prakriti Chowk, Urlabari** (1)	
	NEWAH	Morang	-	Pariwartan Tole (Redcross Chowk), Urlabari** (1)	
DFID Nepal	NEWAH	Banke	-	Rai Tole (1)	
	NEWAH	Banke	-	Bageshwari (1)	
	NEWAH	Banke	Gaughat (1)	-	
Plan Nepal	NEWAH	Sunsari	Khatpe Tole, Babiya (1)	-	60 projects
	NEWAH	Sunsari	Pachira, Bhaluwa (1)	-	
	NEWAH	Sunsari	Simarbona, Tanamuna (1)	-	
	NEWAH	Sunsari	Paschim (Bich) Tole, Aurabani (1)	-	
	NEWAH	Sunsari	Simariya (1)	-	
	NEWAH	Morang	-	Subidhajoda, Urlabari**	
	NEWAH	Morang	-	Pariwartan Tole (Redcross Chowk), Urlabari **	
	NEWAH	Morang	-	Dumre Ekta Chowk, Urlabari **	
	NEWAH	Morang	-	Prakriti Chowk, Urlabari **	
	ECARDS Nepal	Bara	-	Gamar Gawan, Chhatapipra (1)	
	ECARDS Nepal	Bara	Nitanpur, Chhatapipra (1)	-	

Agency	Partner	District	Status of CLTS village		Number of projects planned for the next three years
			On going (number)	Declared OD free (number)	
	ECARDS Nepal	Bara	Goth Gaon, Chhatapipra (1)	-	
	ECARDS Nepal	Bara	Bharwaliya, Barainiya (1)	-	
	ECARDS Nepal	Bara	Bhalui, Bhalui Bharwaliya (1)	-	
	ECARDS Nepal	Bara	Fulbariya, Purainiya (1)	-	
	RUWSAPS Nepal	Rauthat	Chetnagar, Dumariya (1)	-	
	RADO Nepal	Makawanpur	Sano Sukaule, Churiyamai (1)	-	
	RADO Nepal	Makawanpur	Naya Basti, Churiyamai (1)	-	
	RADO Nepal	Makawanpur	Pokhari, Bhainse (1)	-	
	IDS Nepal	Banke	-	Amritpur, Ganapur (1)	
	IDS Nepal	Banke	-	Shivapuri, Sahigaon (1)	
Rural Reconstruction Nepal	Caritas Austria and ECHO	Salyan	Tallo Marke, Cejuwaltakura (1)	-	Not finalized but CLTS components will appear in future projects
Oxfam Nepal	-	-	-	-	10 projects
Total			18	14	



School led total sanitation (SLTS)

Adapting the innovative ideas within CLTS to their own ongoing sanitation projects, UNICEF and Nepal Red Cross used CLTS guidelines to develop a School Led Total Sanitation (SLTS) programme. Nepal Red Cross has implemented SLTS projects in all of their working districts while UNICEF are building on their existing school sanitation programmes, School Sanitation and Hygiene Education (SSHE), and incorporating SLTS

guidelines in over 50 schools in 15 districts. In February of 2006 the first school, Panch Kanya Primary, within UNICEF's new programme was declared Open Defecation Free. Within the school's catchment area of two settlements within Bajalpur VDC, Kapilvastu District, 305 latrines have been constructed and, in keeping with the SLTS goals, both settlements are Open Defecation Free.



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Statistics of SLTS Projects in Nepal

Agency	District	Coverage	Status of Project		Future plan (number of projects planned within the next three years)
			On going	Declared OD Free	
UNICEF / DWSS	15 DACAW supported districts	50 schools	yes	One school catchments area settlements and two	800 schools
Nepal Red Cross	Tanahun		yes	-	60 schools
	Chitwan	60 schools	yes	-	-
	Nawalparasi		yes	-	-
WaterAid Nepal/ NEWAH	Chitwan	2 schools	yes	-	-

CLTS - experience so far

Karkidanda is a village of 70 households from mixed castes in the Central Region of Nepal, twenty minutes walk from the road head and a largish market town. Within the community many families are from disadvantaged castes, such as Dalit and Janjati. In addition, within most households there are family members who have migrated for work and returned, as well as those who are currently employed away from the community, both within and outside of Nepal. Very few households had latrines prior to the project.

On 2nd Dec 2004 Karkidanda was declared an Open Defecation Free community with the installation of 62 latrines, mainly of substantial and sustainable design, into the 70 households (some latrines are shared between households). This was achieved by igniting the community to declare it would halt open defecation, along with a programme of health awareness training, which included gender training, latrine building, kitchen garden training and the forming of a Child Health Awareness Committee and child to child classes.



Child centred approach: Dumre, Ekta Chowk, Morang district

Dumre Ekta Chowk, Urlabari VDC, Morang District, is situated close to a major highway and consists of 70 households of mixed origin migrants who cleared the forest in order to form their village. The members of this community are very poor, with no one

having outside employment and only one person having passed the School Leaving Certificate (SLC). Very few households had latrines prior to the project. Ignition PRA activities started in August 2004 and within three months the community was declared Open Defecation Free.

“Our club started around the same time NEWAH first came to our village. They gave us training about hand washing, nail cutting, how to dry dishes properly and other health related messages. Our most difficult task was to convince our elders that these are good habits. In my house there was a latrine from before I was born so for me it is second nature but I am glad I don't have to run home now if I need the toilet when visiting friends.”

**Arjun Bastola, 12,
Secretary, Children's Club
Dumre Ekta Chowk, Morang.**

The methods used to ignite the community were the same as those used in Karkidanda. It was also decided that a child centred approach be adopted for this community following five basic processes: emersion, situation assessment, social mobilisation, implementation and evaluation.

Children played an important role in motivating their elders through chanting pro-sanitation slogans and ensuring no one defecated in the open through a process of blowing whistles should someone be seen and publicly publishing the names of the "offenders".





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Igniting change

CLTS uses a participatory "ignition process" to bring about a change in people's thinking and behaviour. This includes innovative and effective motivational tools in the following components which have also been successfully used in Nepal:

- walk of shame - visit to open defecation areas;
- social mapping of village;
- defecation mapping - showing where people openly defecate;
- contamination mapping - showing contamination routes from open defecation areas to water and food supplies;
- excreta calculation - calculating how much excreta is deposited in the village through open defecation, and
- group discussions on diseases due to open defecation and cost of medicines to treat these.

Impact of CLTS

Social transformation

From the ignition phase to being declared Open Defecation Free (ODF), with CLTS the whole community becomes involved regardless of gender, ethnic background, age or caste.

- It was observed women and children were involved in the whole process in all the pilot sites.
- It was reported that men and women equally shared the cleaning of latrines.
- All economic, ethnic and caste groups participated equally in the process to become an ODF community.

[These initial tools will ignite the community and trigger change.]



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- Areas previously used for open defecation are now used for social gatherings such as festivals and sports events (for example in the case of Karki Danda and Dumre Ekta chowk).
- Community members were seen to be working together as one.
- Paths and roads through and around all pilot sites were seen to be free of faeces.
- It was observed that community members took pride in their village's appearance.
- Community members from ODF communities were observed to be eager to pass the message on to neighbours.
- At Dumre Ekta Chowk the woman's group has been so enabled through their involvement with CLTS they have started an anti-alcohol campaign.
- In Borle, kitchen garden training was included in the CLTS project for long term sustainable income generation.

Hygiene behaviour transformation

The cost in terms of inconvenience and embarrassment of not having a latrine in or nearby the household is high. The cost in terms of health indicators is higher still.

- Community members of Karkidanda were seen to have fully internalised health and hygiene messages including hand washing practises.
- Members of the children's club at Dumre Ekta Chowk were also seen to have internalised health and hygiene messages and were putting them into practise.
- Community members at all pilot sites reported to understand the value of hand washing with soap or ash.
- At both Dumre Ekta Chowk and Karkidanda it was observed that almost all livestock was kept away from water sources and pathways.
- Villagers at all pilot sites professed to understand why latrines should be constructed at least 20 metres from water sources.
- It was observed that children at all the pilot study areas were neat and clean.
- It was observed that the school in Karkidanda was Open Defecation Free and that the latrines were in good working order.
- Only one child in Karkidanda was observed to have the appearance of suffering from stomach worms. It was found the child's family had only migrated to the village very recently.



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LESSONS LEARNED

- Differences in caste, ethnicity, language, local customs and location need to be taken into account and the necessary adjustments made in order that CLTS projects succeed nationwide. It was observed in all six pilots, and in communities who were ignited or were in the process of being ignited for CLTS during the time frame of this report, that migrant communities were more open to behavioural change. Traditional communities were reluctant to bring about change particularly if the village elders were against it. Discussions with the implementing NGO brought out the question of language usage. Where the local language can be employed then the community may internalise health and sanitation lessons more quickly. Also, the role of children and a good facilitator was seen to be very important.
- Attention needs to be paid to the length of time spent in each community in order that the inhabitants internalise good health and sanitation habits. Within the Government's Guidelines for Implementation of National Hygiene and Sanitation Policy and Strategies, under the section relating to School Led Total Sanitation, the Guidelines recommend an 18 month period to achieve 100 percent sanitised catchments or communities.
- One of the core values of CLTS is the fact that subsidies are not given. This has the potential to be problematic as many communities are used to receiving or know of other communities who have received subsidies for sanitation or other programmes. Again within the National Hygiene and Sanitation Guidelines there is provision for a



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revolving fund or award for the community. This may encourage the community towards becoming ODF and enable them, as we saw in Prakriti Chowk, to construct sustainable latrines, without damaging the core value of CLTS.

- Sustainable toilets need to be encouraged in order that the long term sanitation of the community is achieved. However, without subsidies, some families may find it difficult to construct latrines due to financial restraints. It was found in Dumre Ekta Chowk and Prakriti Chowk that during the project period a substantial number of latrines were constructed with materials which would have a short life span. With the initial enthusiasm householders will feel at the start of a CLTS project, it is to be expected they will construct latrines with whatever
- materials are easiest, cheapest, most readily available etc. Yet, in order to sustain the community as ODF in the long term sustainable latrines are required as they are durable over several years.
- Backstopping/follow up visits are essential to ensure the sustainability of sanitation within a community. Regular monitoring is also important to ensure the continued good habits and people move up the sanitation ladder. The maintenance of links with local sanitation committees, child clubs and other local agencies is also important.
- While schools that fall within the CLTS community become involved in the process, the problem of schools which are attended by children from a CLTS community but are located outwith the project area, needs to be

A Summary of Key Do's and Don'ts

Do's

- Facilitate
- Let them realise for themselves
- Trigger local action
- Let people innovate simple latrines
- Hand over to local leaders
- Trigger self-mobilisation through good facilitation

Don'ts

- Educate
- Tell people what is good and bad
- Offer subsidy
- Promote particular latrine designs
- Be in charge
- Push for, or demand, action

addressed. This was demonstrated in Tanamuna VDC, Sunsari District. The village of Bhalauwa was already undergoing change through CLTS but their children had to attend a school outside the CLTS project area where the toilets were blocked, filthy, and in disrepair resulting in the fact children had to use waste ground as an open toilet.

- It has been seen that supporting opportunities to improve livelihoods can bring about greater enthusiasm towards CLTS projects. Income generating schemes could also be built in, ensuring the continued enthusiasm of householders towards their new sanitation behaviour through the provision of a better life style.
- Coordination between agencies, partners and others working at all levels in the field of water and sanitation is important to forward CLTS in Nepal.

THE WAY FORWARD

WaterAid Nepal and Plan Nepal have taken the first steps. Currently scaling-up of CLTS is underway, and although Nepal is still on a learning curve for CLTS, there is certainly a lot of scope for other agencies to implement CLTS in their project areas.

- Let's reignite ourselves through discussions and networking.
- Let's build up a core group of good facilitators to implement and advocate for CLTS, developing village cadres for the promotion and replication countrywide.
- Let's develop a user-friendly pictorial manual for the CLTS which can easily explain CLTS process to our stakeholders and beneficiaries.
- Let's fully develop the CLTS process, bearing in mind Nepal's National Policy Guidelines and the Millennium Development Goals.

[Together we can make Nepal totally open defecation free!]



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