Promoting Collective Action Towards Total Sanitation

Process Documentation (Community Led Total Sanitation)

CARE Nepal
Community Support (ASHA) Program
Nepalgunj
July 2009
Promoting Collective Action towards Total Sanitation
Process Documentation on Community Led Total Sanitation, July 2009
CSP-ASHA program CARE Nepal

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Foreword from Country Director

CARE Nepal has been working in Nepal since 1978 aligning its efforts with the broader development issues in the country. In the past few years, the political context within Nepal has evolved rapidly with the people’s movement of April 2006 and the peace accord signed between contemporary government and the Maoists in November 2006. After the peace accord, CARE Nepal has also found some opportunities to contribute to the development of a new Nepal, through its development efforts focused on the poorest and most vulnerable and marginalized populations living in difficult areas. Our staff have been playing vital roles in joining hands with different stakeholders to support the different components of development against the ill effects of poor sanitation.

The social, political and economic aspects of the sanitation sector make it very complex. This is one sector where people need to come together for a clean, hygienic and healthy future. The governments of Nepal and donor agencies, different non-governmental organizations as well as different stakeholders are paying serious attention towards this sector.

However, Nepal’s experiences in this sector need to be further strengthened. Nepalese people still have habitations with limited access to water supply and more than half of Nepalese people continue to defecate in the open. But, unless people come together, and work simultaneously on beliefs and practices, with an understanding of health issues, as well as have the means to change their access to facilities, this scenario will not change.

Civil society in CARE-Nepal/CSP-ASHA working area has been demonstrating that people can indeed work together, engineer behavior change and increase their access to safe drinking water and sanitation.

Finally, thanks to the CARE Nepal /CSP-ASHA team who has accomplished this work documented here in this book, at a time which is right for strong action.

I hope this book will serve as a useful document in learning how communities are coming together to achieve the goal of total sanitation.

With regards,

Ms. Alka Pathak
Country Director
CARE Nepal
Notes from Team Leader

Nepal aims to achieve basic sanitation by 2017. Though enjoying sanitation is a fundamental right of all, it is also a responsibility of every citizen to assist from their quarters to ensure that the facility is availed to everyone. Therefore promoting sanitation requires commitment not only from the state, but also from society, family and individual level.

The status of sanitation in Nepal is poor. There are numerous obstacles to achieve the national target on sanitation. Less access of the marginalized people to sanitation facility, gap in the knowledge and practice in sanitation, gap in governments' policy and its implementation, lack of coordination among development agencies, significant gap in subsidy policy among the supportive agencies, less priority to sanitation than other development activities and less political commitment are just to name the few.

It is reported that lack of sanitation facility kills 13,000 children under five years of age every year in Nepal. Therefore, improving sanitation condition of the country is also ensuring its own bright future. It is now imperative for the government of Nepal, non-government organizations, international non-government organization, community organizations, civil society, political activists and the general people to prevent the country from the aftermath of such an epidemic.

CARE/CSP is working in water and sanitation sector and promoting CLTS approaches for sustainable sanitation for sometime. We are promoting different approaches to suit different ecological zone. There still needs a lot to be accomplished, but we are highly encouraged with the results achieved so far. We feel it is equally important to share our learning so that the likeminded agencies who are working in this field and other stakeholders who might be involved in this sector later may have a better understanding of the work and its surroundings. This document tries to capture our process adopted in CLTS and its achievements, best practices and learning. This document is an outcome of relentless effort of Rohit Yadav who willingly accepted our request to assist us in this process. Credit also goes to Umesh Shrestha who involved and helped to develop TOR for the study and processing the information to make this study possible to this extent. Many thanks also goes to Communications and PR Manager at CARE Nepal, Shradha Shah for taking out time to oversee the editorial and formatting part of this document.

Drona Koirala, Team Leader
CARE Nepal
Community Support (ASHA) Program.
Acknowledgement

I would greatly acknowledge and extend my sincere appreciation to all member of Peace Promotion Center (PPC) local resource person, local partner organization who supported and contributed to the study of Total Sanitation initiatives by providing information suggestion and input.

The communities who have made superb efforts to make their villages Open Defecation Free inspire me. Women and children of these communities have distinguished themselves as powerful change makers. This paper greatly benefited from them.

I would like to express my gratitude to Team Leader Mr. Drona Prasad Koirala and Other PMT members who allowed me to carry out this study. I express my sincere acknowledge to IDTO, Mr. Umesh Shrestha for his guidance and endeavor support to the whole cycle of process documentation.

I would like to express my sincere thanks to Chief District officer of Gorkha, Mr Jeevan Prasad Oli, Chief District Officer of Darchula Mr. Khamb Raj Thani, Assistant Chief District Officer Mr Dhan Prasad Sharma Poudel, Local Development Officer, Mr Bishnu Singh Bista, Water Supply Sub Division Engineer Mr. Rabindra Dev, Women Development Officer Mrs Gira Basnet of Darchula, Local Development Officer Mr Shambhu Prasad Luitel, Water Supply Division Chief of Pyuthan Mr Fatta Bdr KC, Chief District Officer of Kalikot Mr Pitamber Ghimire of Pyuthan and Local Development officer Mr Ek Narayan Sharma of Kalikot for their support and cooperation.

Finally, I like to express my deepest gratitude to all member involved in this process from four districts. I would like to thank CARE Nepal and Partners staff as well as partner’s executive members who supported me in collecting the field data and made the process a pleasant experience. Finally, my sincere words of thanks to CARE-Nepal Country Director Mrs. Alka Pathak who foreword on this publication encouragingly.

Rohit Kumar Yadav, Program Support Officer
CARE Nepal
Community Support (ASHA) Program.
Preface

The process documentation on Total Sanitation was carried out by CARE Nepal as a part of Community Support (ASHA) program implemented with the support of DFID Nepal. The total sanitation approach has now empowered rural communities, and it continues to spread the collective action towards Total Sanitation simultaneously at all level. It also utilized some innovative methodologies to achieve total sanitation. This study reflects on internal learning, best practices, and case studies to depict how women and children can lead the total sanitation approach. The program aims to document the best practice and disseminate to the wider audience so it could be instrumental to development activists and likeminded organizations to scale up the total sanitation coverage in Nepal.

The program prepared total sanitation guideline and developed it at the end of April 2008, based on the findings and learnings of the pilot-phase of the Total Sanitation.

Learning of the pilot program is important to analyze the effectiveness and sustainability of the approach. It also helped to identify the options for addressing the issues and challenges concerning poor, vulnerable and socially excluded, and also to upgrade or construct their latrines that met their demand appropriately. Major way of achieving total sanitation is the scaling up and enhancing its present service delivery. It not only needs to speed up services to meet the national and global targets, but also assure that the communities are aware and motivated enough to build and use latrines. Thus, this sanitation sector is a complex combination of technological, social and economic issues. This is the sector where people need to come together for a clean and hygienic future.

To promote Total Sanitation on a larger scale in Nepal, coordination and collaboration efforts are necessary among network alliance for building synergy, promoting and implementing the approach.

TS approach is found to contribute to the effective and noteworthy changes in the sanitation sector; it can be incorporated into national sanitation policy to speed up the universal target of total sanitation by 2017. It is the time to diagnose the challenges, best practices and opportunities from community and replicate it on the favor of sustainable community development. I hope this book will assist to fulfill the demands of the internal and external curiosities about CARE Nepal's best practices on total sanitation to some extent and helps to empower different social activists on how to empower women and children to take leadership in the field of total sanitation. As the Peace Promoting Center a REFLECT class of the program initiated and leads the campaign.

Finally, I would like to thank Mr. Rohit Kumar Yadav who took an additional load to complete this book in a very short period.

Umesh Shrestha, IDTO
CARE Nepal
Community Support (ASHA) Program
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<td>Acute Respiration Infection</td>
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<td>ASHA</td>
<td>Accessing Service to Households of Acham</td>
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<td>CA member</td>
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<td>CBO</td>
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<td>CLTS</td>
<td>Community Led Total Sanitation</td>
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<td>Participatory Rural Appraisal</td>
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<td>Right Based Approach</td>
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1. **Introduction**

Sanitation is one of the critical problems in developing and under developed countries of the world, and Nepal is no exception. During the Rana regime and Panchayat system, Nepal failed to make progress because of the personal interest of the rulers. More than 18 years of the post-first democratic movement, the country did not observe any significant improvement in its water and sanitation situation. The Government and many donor agencies invested lot of physical and financial resources to change the situation due to the lack of participation of local people.

It is a known fact that, epidemic diseases like cholera, diarrhea, dysentery, worm, typhoid and jaundice are caused due to poor water quality that is contaminated through human excreta. The achievements so far have failed to curtail the intensity of diseases significantly. There are very few latrines in rural areas and these are too not used properly. There also seems a lack of proper management of latrines, which has caused them to be very unhygienic. All the observations indicate that there still needs to be change in behavior in communities to bring about positive changes. These are also the outcome of inappropriate strategic planning and approaches adopted by different agencies working in this sector. In addition to this, there is lack of interest in people to use their latrines even after installing them in subsidy.

CARE Nepal, Community Support Program (CSP-ASHA) has prepared an action plan and started this study since 16 May, 2009 to 10th June 2009. During study period, beneficiaries as well as stakeholders gave rise to the ideas that subsidy is not necessary in achieving sanitation coverage. Effective facilitation support is key to sensitize and raise awareness of the community to analyze the situation. If we capacitate the community key persons to analyze local situation, they can encourage the community to take actions on their own, which is more effective. Participants from different districts and communities expressed that “sanitation is not an individual household issue; it requires everyone to obtain the desired health and wellbeing.” This is because even one households defecating openly may cause hazards to rest of the community using toilets. It proves that the approach adopted by CSP-ASHA to raise awareness among the community against open defecation is better than the others.

CSP-ASHA realizes that geo-physical conditions, wellbeing status, socio-cultural issues and different needs negatively affect sanitation status of Nepalese people. Availability of raw materials is not similar for latrines installations in all places; it is different from community to community, district to district as well as area-to-area.
The program made efforts to explore the scope and utility of total sanitation approach. At the initial stages, community, stakeholders, even partner organizations (POs) members and staffs were skeptical regarding the quality and sustainability of CSP-ASHA approach for total sanitation. However, the process began by identifying enthusiastic individuals and some potential area. The intensive exercises explored all possible positive changes that the end of open defecation would have on the community. Thereafter, CSP-ASHA developed a model that was user’s friendly, even for PVSEs, and did not require a lot of water.

This new model received a numerous appreciation. Not only adjoining communities where this model was introduced, but also village development committees started to replicate this model. DFID-CSP in Jumla district and SNV in partnership with KIRDARC-Kalikot replicated the CSP-ASHA’s approach in other districts of Karnali zone. The effective installation and impressive usage of latrines built through this new model was a breakthrough from the old mindset of bringing changes based on subsidizes. Due to new technologies applied in this model, such as making the latrine affordable, user-friendly, based on locally available raw materials, the local people are increasingly using the latrines. CSP-ASHA Program also trained some individuals as point persons in all its districts to install low cost hygienic latrines, which is an additional reinforcement of the approach.

Before the actual implementation, the program organized a workshop to familiarize on the approach, community situation analysis, pros and cons of the approach, risks and opportunity, subsidy and its application procedures. The participants of the workshop were from all its districts partners’ executive members, staffs, point person and CSP-ASHA staffs. By the end of the workshop, participants agreed to launch these hygienic low cost latrines in all of CSP-ASHA’s districts as a pilot phase.

CSP-ASHA has been practicing the approach since 2008 with the aim of total sanitization of pilot phase areas. During the pilot phase, the program decided to provide 90mm diameter 1.2 meter HDP pipe, small plastic sheet for checking the odor and binding wire to fix the plastic in the pipe end. The above materials were expected to fulfill the following objectives:

- There would be no foul odor around the community;
- Environments would be free from contamination;
- Human excreta would be managed so that it was out of direct contact

The CSP ASHA has been improvising its model since its inception to make is more and more practical. It modified its model by end of the same year after EPMT
meetings that generated a lot of suggestions and comments from participants. The team then decided to modify the designs of toilet pan and provide improved system technology that is similar to the shape of ceramic materials. However, priority is still given to fiber glass plastic pan to minimize the transportation cost.

The program provides following materials for the achievement of 100% sanitation:

- 1.2 meter HDP Pipes of 90 mm diameter
- Light weight fiber-pan
- Plastic Sheet (0.5m)
- Binding wire and screw

All the study, people from the sampled districts express their satisfaction over using the latrines as it stops odor and contamination.

2. Background

Only 46 percent of Nepal’s population enjoys toilet facility, and 76 percent drinking water. Similarly, 53 percent urban and 21 percent rural population have sanitation facility. Moreover, majority of people in Nepal have a low understanding of linkages between poor hygiene and diseases. People tend to posses latrine for convenience, privacy and status rather than sanitation and health. Traditional approaches to improving sanitation have focused on technocratic and financial patronage rather than health and hygiene education. Water supply coverage is relatively high, but safe water alone leads to only minor health improvements and does not prevent serious diseases like diarrhea, dysentery and acute respiration infection (ARI).

Low coverage of sanitation facilities, poor hygienic practices, coverage gaps between sanitation and water supply in rural as well as urban areas, poor knowledge and practices are the major characteristic water and sanitation situation in Nepal. The large numbers of support mechanisms have been applying to address these challenges, but it has hindered sanitation promotion in many cases. Nepal started to work towards strategic improvement of the sanitation status of its people since 1994. However, due to lack of political commitment, sanitation issue is receiving less priority, which is in itself very critical and unfortunate.

CSP-ASHA has been implementing the project since 2004 with the financial assistance

2 From a report by UNICEF.
of DFID and in collaboration with different strategic partners. This program covers nine districts: Darchula, Dadeldhura, Doti, Bajhang, Bajura, Acham, Kalikot, Pyuthan and Gorkha. The program encourages the poor, vulnerable and socially excluded communities to demand access and receive control over the local resources. The program also assists them in developing their advocacy skill and knowledge to effectively influence the policy makers and demand the proper implementation of rules and regulations.

This program is designed under livelihood and social inclusion (LSI) framework of DFID. It’s two domains (ACCESS TO ASSETS & SERVICE and VOICE INFLUENCE & AGENCY) of change represented towards empowerment of poor, vulnerable and socially excluded (PVSE) and third domain “rule of the game” acts towards system levels, institution reforms and policy change to remove social barriers and inequalities in the external environment.

CARE Nepal has also adopted Right Based Approach (RBA) since 2000. CSP-ASHA, in its capacity, is working towards realizing the rights of PVSEs. It facilitates PVSE to organize in people’s organizations (PO’s), to transform the system and encourages for their self reliant and dignified life. It addresses the issues of these groups by ensuring their basic rights through empowerment programs and by engaging them in the process to achieve this.

At present, poor sanitation is the burning issue in rural community as well as urban community of Nepal. Due to inadequate sanitation, about 13 thousand children under 5 years are dying because of diarrhea each year. TS is not only limited to the construction of infrastructure of drinking water and toilet. Its areas are use of clean and healthy toilets, develop habits to wash hands, practice to cover food and drinking water, use clean water for all domestic works, disrupt the linkage between mouth and fecal through management of personal, domestic and environmental sanitation. Lack of hygienic environment in house and school level, women and children are accelerating in the vulnerable direction. Nepalese people are loosing productive time and expenditure in the absence of good health caused by different sanitation related diseases. Its expenses have been estimated 11 billion rupees annually, which is equivalent to 45 percent of GDP. Total sanitation approach adopted by CSP-ASHA is based on people centered development approach, and considers the sanitation issue as a major development agenda and implementing this program since early April, 2008.

Some 90 percent of the urban households and 80 percent of the rural households in Nepal have access to drinking water supply facilities. Likewise, only about 37

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3 From Nepal's Population and Health Survey-2064BS.
percent of urban and 20 percent of rural households use improved latrines. To the contrary, administrative records reveal that approximately 77 percent of population has access to drinking water, and 46 percent to proper latrines. Data from different sources may vary, but one fact remains the same i.e. more than 50 percent of Nepalese practice open defecation. Nepal is committed to meet the sanitation target of Millennium Development Goals and achieve the national target of universal sanitation by 2017.

During the study periods different stakeholders pointed out the number of barriers to achieving total sanitation. These are:

- The Government's centralized approach to work even on development issues
- Lack of coordination among different development organizations
- Lack of awareness at community level
- Varying subsidy policies and designs of service providers and supporting organizations
- Less priority to sanitation issues compared to other development activities
- Expensive fixed latrine models that may not be user-friendly considering Nepal's geo physical areas
- Lack of awareness of the community to recognize women's specific sanitation-related needs
- Lack of land to build a toilet for poor people
- Cultural and traditional norms and values of Hindu religion and culture
- Resistance against permanent and sophisticated toilet construction
- Lack of accessibility, especially for children, due to distant positioning
- Lack of commitment from political parties

CSP-ASHA total sanitation approach is an innovative one that empowers local communities to stop open defecation by making latrines without external hardware subsidies and using toilets for defecation. Ignition Participatory Rural Appraisal (IPRA) tools have been utilizing to help the community to understand and motivate the people about poor sanitation and its positive impact on health. The vision of CSP-ASHA total sanitation approach is to make the sanitized community without providing direct subsidies. This program focuses more on local culture, context, materials, creativity and innovations. Local people will be encouraged and respected to come up with their own ideas and actions, more focus will be given to implement them for solutions that suit their needs with existing resources.

The working areas of the program reflect sustainable outcomes with positive impact, such as better hygiene behaviors in local communities, increased toilet use, sanitation for healthy environmental, and replication and scaling up of the activities.
Most of Nepal’s women, children and senior citizens are victims of the poor sanitation and CSP-ASHA sanitation approach succeeds to reach out to their needs. Therefore, many now also call this a women-led total sanitation approach even though it transcends beyond women to men, schoolchildren, teachers and virtually everyone. The program also created a promotional logo to take the community led total sanitation (CLTS) as a campaign. Though the campaign started from schools, CSP-ASHA spearheaded the process through peace promotion centers (PPCs). As the PPCs contain majority of women the whole campaign is termed as Women Led Total Sanitation (WLTS). The program also designed a promotional slogan “Pride of the community is toilet in each house; The Community Led Total Sanitation is Our Campaign”

CSP-ASHA sanitation approach is based on an assumption that once the communities have understood the issues, they are empowered to make commitment and bring about behavioral changes and handle their sanitation problems themselves. Local resource persons, social mobilizers, local skilled-persons, and health motivators assist communities to draw up a behavior focused working definition of total sanitation. Through this approach, communities come to recognize that in the area of sanitation, the individual behavior can directly affect the health of rest of the community. When the communities are mobilized, they plan and implement solutions that best suit their needs. Its such a program that required the elites to work closely with the poor, vulnerable and socially excluded sections to achieve total community coverage.

For wider coverage of the area, CSP-ASHA is working in partnership and networking with different stakeholders. To generate awareness, it has launched many knowledge and skill related workshops. These activities have been creating an enabling environment for peer-pressure group against any relapse into traditional behaviors.
Locals are always the nucleus of any process of CLTS. Campaign movement, entry PRA, women lead practical action, low cost technology, local material based approach, local innovation, choice of model for all age, sex, class, and professional participation are the characteristics of CSP-ASHA’s sanitation approach. These characteristics of the program reinforce the success of total sanitation movement in the far west Nepal.

This approach has succeeded to create ownership among users which is in turn ensures the sustainability of the program. The program has also successfully brought local government bodies, government organizations, non-government organizations, communities based organizations and the community to one platform for the process. The approach has already started to be replicated in areas outside the program. CSP-ASHA continues to organize workshops and seminars to seek suggestions and collaboration from different stakeholders.

3. Methodology of Process Documentation

After decision from CSP-ASHA to document the process, Terms of References was developed explaining the techniques, time frame, and financial aspect with guidance on elements to be incorporated in the process. Documentation typically includes a process summary, detailed process narrative, and a process flow diagram. Each flow diagram includes a legend of shapes used with other explanations. In addition, the diagram will have a list of risks and identified controls that correlate to them on the process flow.
varied and they accurately represent the CSP-ASHA programs. The sanitation situation of program districts is very low and needs substantial efforts from the relevant stakeholders. Also the selection of heterogeneous communities for the study will be helpful for development activists to learn the varying sanitation practices and processes to develop appropriate strategies if they wanted to work in the area in the future.

Several data collection methods and tools were used for the study. For primary data collection tools such as participant observations, open interviews and focused groups’ interviews were used. Secondary sources and existing records were also used for clarifying and supplementing the collected primary data. Secondary sources including different reports, meeting minutes, notices, POs baseline report, program reports, and collected data were also used. The fieldwork for primary data was conducted from 17 May 2009 to 10 June 2009.

4. Key Principle of Total Sanitation Approach in CSP-ASHA

4.1 Integration

CSP-ASHA is designed to address the aftermath of rural poverty and conflict. Therefore, the core components of the program are livelihood implementation plan, skills development, infrastructure development, safe water supply and promotion of environmental sanitation and hygiene. The program integrates its total sanitation approach with other income generation activities. DWSS is main element for the sanitation and the program is trying to integrate the activities with other interventions. As better results are measured with people's involvement on its activities, it is facilitating to empower community for scaling up the activities for sustainable development. Participation:

4.2 Participation

The program requires the participation of the beneficiaries in all program cycle such as identification, planning and monitoring and evaluation processes. Again, this not only develops ownership in the community, but also ensures sustainability in the future. Total sanitation is an initiation of collective efforts for greater and effective change. Communities of entire working districts of CSP-ASHA are taking a leading role to achieve the total sanitation in their area.
The whole communities including the PVSE are actively involved in all stages of sanitation cycle. The community determines the best technical infrastructure option and hygiene promotion and education inputs for better sanitation. The entire districts of CSP-ASHA working program has been applying this principle and facilitating the community about ownership. TS approach’s main objective is to mobilize the local community towards elimination ill hygiene behavior. Therefore, it is difficult to achieve the goal if the community participation is low. The program now believes that effective facilitation plays a vital role to mobilize the community and achieve total sanitation. With this in view, the TS campaign made maximum use of available Media, interest groups, professional groups, women, students and user groups, organizations, intellectual groups, women’s groups' community local faith-healers, priests and opinion leaders for individual, household and environmental sanitation promotional activities. Likewise, school children and women spearheaded the process and developed their leadership quality. Local faith healers and religious leaders played commendable roles in the implementation of its activities.

4.3 Empowerment

Awareness, access to and control over the resources are necessary to derive empowerment. People's capacities, skills and indigenous knowledge are recognized and valued. Support have been provided in the form of capacity building to strengthen the ability of the individuals who emerge as natural leaders to work as catalyst agent of change within the community. Communities act as facilitating agents in their neighboring areas. Empowered communities increase their confidence to analyze and voice their needs constructively to local government agents or other development /supporting agencies. Nepalese society and culture are being led by the Hindu religion. As per religious rule and Nepalese culture, women have very few communities and recreation opportunities. Hence, CSP–ASHA, through total sanitation approach, provides opportunities to participate in info-entertainment social activities and empower themselves in the process.
4.4 Exchange of Learning

CSP-ASHA is working in collaboration with local, national and international organizations. It tries to replicate best practices from one area to the other for impressive results. Program also assists their partners by demonstrating that low cost and sharing can bring about big changes, through different workshops and meetings.

4.5 Role of Media

CSP-ASHA joined hands with the media and many successes were achieved. Print media supports the CLTS campaign by sharing the impacts and innovation to the general people. CSP-ASHA created joint monitoring team comprising government officials, members of different political parties and media persons. This gave ample opportunities for the interested communities to learn and replicate the program on their own.

Case 1 Program has completed periodic agreements with FM radio and broadcasting with total sanitation program for the awareness of the remote people. It assisted to scaling up the sanitation program. Program made agreement Community FM - Pyuthan, Kalapani FM - Darchula, Malika FM Kalikot and Gorkha FM Gorkha.
4.6 Partnership, Alliances & Networking

Alliances and networking is the major component of the CSP-ASHA sanitation approach that encourages social activists to join hand with different development agencies as well as different stakeholders. CSP-ASHA is also promoting public private partnership by launching awareness activities mobilizing five FM radios, government organizations and by developing networks with community leaders to develop them as agents for change. In addition, by implementing local knowledge, skills and experience, the program completed toilet construction on zero subsidies.

CSP-ASHA is supporting to develop local resource persons (LRPs) in all open defecation free (ODF) declared area and training them to support total sanitation campaign. These rural technicians are fulfilling the local requirement of the community regarding pipe fitting, joining, and appropriate plastic setting, lay out and demonstration of the low cost technology.

5. Working Definition of CSP ASHA Total Sanitation Approach

CSP-ASHA has defined sanitation as a development issue and is implementing Community Led Total Sanitation (CLTS) program since January 2008. Total Sanitation is not limited to construction of drinking water and toilets. It also focuses on improving community behavior and practices on hygiene and sanitation, such as use of clean and healthy toilet, washing hands regularly, covering food and drinking water containers, using of clean water for all household works and breaking the contamination linkage between mouth and fecal circulation.

Open Defecation Free (ODF) area is declared by many wards and VDCs of the program districts. In the facilitation and motivation of CSP-ASHA Gorkha, Pyuthan and Kalikot districts developed district level ODF strategy and Darchula is planning to complete the district ODF strategy soon. PPC network worked as a catalyst to develop and operationalize ODF strategy.

CSP-ASHA believes that total sanitation transcends beyond installation of latrines.
and management of source or tap stands in a given area. Therefore, the program staff are assisting the communities to work out behavior focused definition of total sanitation. Major assumptions for 100 percent sanitation are as follows:

1. No open defecation or open/hanging latrine use
2. Effective hand washing after defecation and before taking or handling food
3. Food and water covered
4. Good personal hygiene practices
5. Latrines well managed
6. Using sandals while defecating
7. Clean courtyards and roadsides
8. Garbage disposal in a proper way
9. Clean and safe water use for all domestic purposes
10. Water points well managed
11. Waste water disposal in a hygienic way
12. No spitting in public places

6. Implementing the Approach

The modality of CSP – ASHA in community led total sanitation involves community as leader in all phases of project cycle: situation assessment, planning, implementation, monitoring and evaluation, so that there will be actual success. Community participation also supports the scaling up of the program and its sustainability. Involvement in development activities also personally enriches the individuals. They also learn to build linkages with different stakeholders within cluster level, then go up to VDC and district level. Though the model seems too idealistic, it is practical while working. Following the completion of initial activities, communities are eager enough to start planning and management of subsequent activities. The common processes adopted by the CSP-ASHA are as follows:
7. Stakeholder Analysis

Participation of everyone is crucial in any development activities whether it is for infrastructure or social transformation. The stakeholder analysis is used as a tool for knowing the local level different institutions and organizations. Sanitation group identified opportunity and threats through this analysis tool, and planned accordingly. They started the work in small scale and in cluster level. Then they moved to VDC and district level. Impact area starts form small cluster. There are many small stakeholders like school management committee, forest user group, women group, sanitation group, farmer group, child club, youth club, health post, VDC body, cooperative, and community based organizations and other user groups. For total sanitation, it
is necessary to analyze and link the target groups to VDC and district level for support and to influence the policy makers. There are VDCs, health post, hospital, different government line agencies like DDC, DEO, CDO, WDO and other district based organizations and institution working in development field. Then district team linked to national level and international level for the program and sharing. Similarly, national level linkage and stakeholders are national commission, ministry, donor and other network.

8. Mobilization of Community

CSP-ASHA implements REFLECT centers, popularly known as peace promotion centre (PPC) for community empowerment and transformation process. This is a functional group (generally 25 members) where women or mixed group meet once a week for about four hours and discuss over pertinent issues of the community. PPC's approach reflects participatory empowerment methodology where women get opportunity to meet in a group, find out issues and prepare action plan to conduct
advocacy campaign on some of the prioritized issues such as CLTS, women’s representation, inclusive social structure, budget allocation for women, good governance, access to employment opportunity etc. In the program, these PPCs kept the Community Led Total Sanitation campaign as a center of excellence and promoted the greater community awareness for initiation of the community level campaign. In the leadership of PPC and it’s networks, which are being developed at VDC and district level, have coordinated with government line agencies, NGOs, CBOs and other stakeholders for effectiveness of the total sanitation campaign and community awareness.

Formation and strengthening of REFLECT center for the program is based on the framework popularly known as PPC (adopted name with the previous similar projects/program). CSP-ASHA uses this framework to address the social and livelihoods issues of target groups by empowering them and ensuring their basic rights to contribute to the socio-economic transformation process. The social transformation approach adopted by the program is reflected in the figure below.
CLTS is an innovative approach that empowers local communities to end open defecation by making latrines without external hardware subsidies. Participatory Rural Appraisal (PRA) tools have been used to understand the poor sanitation and realize its impact on health. The process is concentrated on “total sanitized community” through creating self-help – “no direct subsidy and no service delivery from any external agencies”, through the involvement of entire community and a multi-stakeholders participation. The program focuses more on local culture, context, material, creativity and innovation (‘doing and knowing’). It also encourages the local people to come up with their own ideas and actions so that the existing resources are used to meet the needs.

This process led to long lasting outcomes with scaled up results as locals wanted to retain their improved hygiene practice. As a result, the entire villages became free of open defecation. The PPC and Sanitation Action Groups and its networks worked as pressure groups against any relapses into traditional behaviors.

9. Entry into the settlement

The facilitation teams including LRP, sanitation worker and PPC participants visit an identified area and start building rapport with the locals. The teams also share their motives with people and make contacts with the key people or organizations to collect the area information in detail. The facilitators gather people to share the sanitation scenario of the community. This is also an opportunity for the facilitators to incorporate any suggestions from the community. These discussions also focus on the possible solutions to overcome the situation on the individual and community level. Usually, the community urges for collective effort and agrees to form a committee to develop an action plan. After forming the committee, an orientation is organized to discuss on the roles and responsibilities of the committee. This orientation also discusses issues such as environmental sanitation, low cost/affordable toilet technologies, stakeholder identification, utilization of local resources, engagement with local government Institutions and developing community action plan.
Almost all rural settings are poor. Therefore, an analysis of families’ expenditure for treatment purposes is also one of the effective entry points to the communities for raising awareness on sanitation. This helps the community to be aware of the importance of sanitation and educate others to do the same.

Following the analysis, the LRP/motivator encourages the people to study the sanitation status of their community. While visiting the place of open defecation episode ask community people how they feel to observe this sanitation condition. They also demonstrate calculation of feces defecated in the open space by the community people in daily, weekly and monthly basis. They explain different effects of environmental pollution through human excreta and fecal oral transmission. This also has been effective to make people realize the adverse affects of open defecation. There have been many instances where people feel embarrassed to defecate openly even after the first orientation class. Taking the dignity and privacy issue is one of the important entry point against open defecation, which helps to initiate collective actions. Finally, date and venue is set to share what’s learnt with the wider community and this process repeats until total sanitation is achieved.

10. Preparation of Campaign

After the preparation of an action plan regarding resolution of sanitation related issues, the community including the PPC members, LRP, school children, youths as well as senior citizens, makes rally and campaign against it. Sometimes, the campaign is ends within the community and sometimes it is goes up to cluster and VDC level, too. Sanitation issue is chronic and it’s deep rooted. Hence, the community needs more deep-rooted attention towards resolution by developing greater constancy.

11. Implementation of Community Action Plan

The facilitators support locals to implement the actions plan. At the initial stages, the facilitator/LRP explains on how to conduct meetings, rights campaign, implement
an action plan etc. The facilitator also helps the community to identify a venue for all this awareness raising activities. The major issues of discussions on these meetings are hygiene promotion, its necessity, identifying participants for hygiene promotion, process of hygiene promotion, roles of community people in hygiene promotion, etc. Besides, the facilitator also explains the roles and responsibilities of the community to install hardware for sanitation.

Case 2: Nepalese People say that they have no food for living so why do they have to waste the little money that they have on building latrines. Assistant Chief District Officer of Darchula Dhana Prasad Sharma proudly expressed his opinion in a mass meeting that people are not internalizing its importance and utilizing it at convenience but we should empower our countrymen that latrine is one of our basic needs as food, air and water are.

Case 3: "I am Maya Miyan, a 19 years old from Finam VDC ward # 5. I am a Muslim daughter-in-law. My father-in-law is a social activist and a religious person. He expresses and shares his opinion to his fellows saying, “Defecation is a private practice that should not be seen by others. Prestige is as important as health and wellbeing of the community.” Perhaps, this opinion influenced the community, particularly, women and children. Everyone has realized that human excreta are disgusting things. Within Finam VDC of Gorkha, there is a presence of a Muslim community, who are religiously more traditional. Within this community, there are still some proverbs and traditional-cultural beliefs which says that ‘latrine use and defecation is so private that they should not be discussed in meetings; and safe or unsafe defecation is one’s own business, rather than a social responsibility.”

Due to total sanitation campaign and PPC activities, I developed my leadership skill and I can work in any part of the awareness campaign even though I am a Muslim daughter-in-law. If people do pay serious attention towards sanitation, our community may get back to its previous stage.
I developed my leadership quality during the PPC and total sanitation period and I enjoyed every bit of it.

The facilitator encourages different groups in the community including CBO's to evaluate whether the planned safe water access, sanitation and hygiene behavior promotion activities are accomplished. To enhance the capacity of the groups, an intensive and continuous support for capacity building is extended in terms of skill-based training and hands on orientation to achieve the level of awareness and to raise voice to establish their social rights and make decisions. The community is empowered enough to identify and utilize local resources, and demand that the government allocates and ensures sanitation and water supplies to meet the demand of their communities. They also make their local government institutions accountable for providing quality goods and services.
12. Community Situation Analysis

Achievement of total sanitation without providing subsidies is challenging. At present government and many international non-government organizations are providing a lot of subsidies in order to increase total sanitation coverage. Communities too are used to expect subsidies. These subsidies give emphasis on money and toilet structure rather than behavioral changes against open defecation. CSP-ASHA, on the other hand, is widely adopting building pressure groups, strengthening networks and coordination efforts. LRPs, local committee members, POs executives, CLTS monitors and point persons are playing major roles in minimizing the expectation of communities and trying to eliminate some of disruptive ambitions of local people to discard open defecation.

Some development activists as well as government agencies opine that providing subsidies is the only alternative for not being able to create financial opportunities. They also believe that only infrastructure is crucial at the initial stages to prevent communities from defecating openly and that other activities should follow later. To the contrary, CSP-ASHA provides series of workshops, meetings and trainings to eliminate such traditional mindset. At its initial stages, its LRPs /sanitation workers /local leaders and social activists launch several campaigns, hold meetings, make home visits and initiate regular debate to achieve total sanitation. For the smooth implementation, communities with the assistance of the facilitators update the social map in a periodic manner.

13. Tools utilizing in the entry PRA are as follows

Based on action plan developed by PPC management committee, teams of facilitators assist communities to utilize different ignition PRA tools to activate them. After about 2-4 hours of intensive activation exercises in groups, participants start to realize the importance of toilets and gradually start expressing their eagerness to stop open defecation. This is when the planning exercise begins. This spontaneous exercise is moderated by some external sources, LRP and CARE/CSP -ASHA facilitators. As shown in following diagram different PRA tools are used to trigger community members towards ending their open defecation behavior. CLTS is an unsubsidized approach to rural sanitation that facilitates communities to recognize
the problem of open defecation, take collective action towards cleanliness, and declare their area ‘open defecation free’. Activation is the crust of CLTS. Facilitators convene communities and through participatory mapping of households and defecation areas (and by walking through these areas) the problem of ‘defecating in the open’ is soon made visible. The crude local word for defecation such as ‘shit’ is always used and facilitators run exercises that are aimed to shock and disgust the community, for example, calculating the amounts of ‘shit’ produced and analyzing pathways between ‘shit’ and mouth. This provokes the community leaders speak up and resolve to take necessary action. This also triggers action from all quarters of the community. Following section will describe the process to use the PRA tool.

13.1 Transect Walk

CARE/CSP ASHA utilizes this tool in its varied working area to identify different feature of its society in a map. It gives confidence to key personnel and facilitators on community’s geology and environment. This also helps identify different ethnic groups, geology, setting and defecating places and other problems of open defecation, take collective action towards cleanliness, and declare their area ‘open defecation free’. Activation is the crust of CLTS. Facilitators convene communities and through participatory mapping of households and defecation areas (and by walking through these areas) the problem of ‘defecating in the open’ is soon made visible. The crude local word for defecation such as ‘shit’ is always used and facilitators run exercises that are aimed to shock and disgust the community, for example, calculating the amounts of ‘shit’ produced and analyzing pathways between ‘shit’ and mouth. This provokes the community leaders speak up and resolve to take necessary action. This also triggers action from all quarters of the community. Following section will describe the process to use the PRA tool.

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environment of a community. It also helps to raise awareness among beneficiaries on their status on open defecation. Generally, this tool works as a catalyst to ignite spark and provide motivation. It also gives an opportunity to development activists to set conducive environment for the program.

### 13.2 Social Map

This tool is used to establish the number of households, population, water point and latrines in community. During the PPC class, LRP's along with community and PPC participants with the facilitators conducts a mapping exercise to motivate the community. In this session, community maps all the households of the village, and indicates whether they have toilets or not. Next, team visits common open defecation spots and mark them in the map already developed. Facilitators try to incorporate as many visits as possible to identify every open defecation spots. This is a very important tool to assists planners and local committees to implement activities in appropriate places. It also helps to identify in the area that needs more emphasis than the others. It also helps to diagnose numbers of households, tap stands, wells and latrines. The map also reflects the population density of a community and the generally allocated open space for defecation. This map also shows pathways to open defecated area, such as open ground, forest, landslide areas as well as important public places. This also maps defecation areas frequently used by old sick and children during rainy seasons and nights.

### 13.3 Seasonal Calendar

To analyze the availability of water from sources, the map identifies busy and slash period of community. Most of the villagers are farmer and are therefore busy throughout the year. However, sowing and harvest periods are the busiest. This tool analyzes availability of water at source throughout the year, peak period and slash period of the community. This calendar also shows the seasonal migration trend and leisure period of the community. As most of villages are agriculture based, planners facilitate the activities for community as per their work calendar. Facilitators of ASHA working districts develop action plan to install hardware for total sanitation and awareness raising activities during slack period when the community is less busy.
13.4 Problem Tree; Cause Effect Analysis

The community is usually unaware of the ill effects of open defecation. The cause and affect analysis empowers and motivates the community to put an end to poor sanitation. The facilitators help the community understand the linkages between poor sanitation to root causes of different diseases like diarrhea, dysentery and typhoid. Facilitators raise awareness among key informants, natural leaders and other enthusiastic community individuals to initiate a discourse in the community on the ill effects of poor sanitation and the resulting financial burden, especially on PVSEs. During the training, workshop and campaign, the facilitators utilize this tool to provoke the community for actions.

13.5 Defecation Site Visits

The speed and layout of activities totally depend on the level of motivation of the community to bring about positive changes. The team comprising facilitators, projects' staff, LRPs, community key persons and some locals organize a joint walk around the villages to identify open defecation area. During the walk, the groups stop in some places where people generally defecate openly. This is also a good way to instigate embarrassment among community people for having to show such dirty areas to outsiders. There have been instances where the locals attempted to evade several such places. Instead, the facilitators stopped and asked several embarrassing questions such as "which family generally uses this place for defecation? What happens during the diarrhea period? Which places do they use during the night period?" During the question-answer period, all of them close their noses with their hands. Sometimes, during the site-visit, the facilitators as well as community leaders imitate each other to motivate the society for total sanitation. The initial embarrassment experienced by the community during the ‘walk of shame’ gives way to a strong desire to stop open defecation and adhere to cleanliness. When outsiders visit the area, community people give the positive responses and commit to make their villages sanitized. Others who already own a toilet feel a sense of pride and motivate their community to do the same. Facilitators use this principle popularly known as journey of Shameful to pride towards effectively awaken the community.
13.6 Defecation Mobility Map

In presence of maximum community people, the facilitators draw maps on defecation mobility. This map clearly reflects the feces movement in water sources and other important places. It also helps them realize their ignorance for maintaining healthy environment. They gradually start to show their commitments regarding the safe and sanitized environment for their community. Feces mobility chart is developed to identify the routes of fecal transmission and possible oral contaminations. This tool also helps people understand that human hands, feet, animals, birds, flies, etc. are the means through which feces gets transported from the place of defecation directly or indirectly into the human system.

13.7 Calculation Feces

This tool helps to estimate the total amount of feces produced by the community weekly, monthly and annually making open defecation more disgusting. It puts psychological pressure on community to complete the latrine construction within the stipulated time. People are stupefied to see the amount of feces generated each year. This calculation motivates the community towards total sanitation and feces management. The general people of remote areas are not aware of good sanitation and its positive implications. During the period of feces calculation, the facilitators as well as CSP-ASHA staff give serious attention towards motivating the community. They try to incite disgust amount the locals on open defecation by talking extensively about the foul odor that it spreads across the area. They are also intrigued at the amount of feces that they produce. At present, CSP-ASHA has been practicing this approach effectively in all program areas in an efficient manner.
**13.8 Welbeing Ranking**

Wellbeing ranking is very effective tools to analyze the PVSE and the presence of people belonging to different classes & groups in the working community. This tool is assisting the program to allocate the subsidies in different groups' people. CSP-ASHA program facilitates the community and stakeholders not to provide any subsidy in the toilet construction. But for the enhancement of the economic status of the PVSE, well-being ranking has been playing crucial role to provide the external as well as internal subsidy opportunities.

**13.9 Venn diagram**

CARE/CSPASHA enhances the community to identify the key people and institutions that have influenced different aspects of their society. This tool gives a clear picture of different institutions present in the society and the linkages between them. These tools are being utilized to identify influential powers on community decisions making. It also helps analyze stakeholders’ status in the decision-making. This process also identifies the most encouraging and disheartening campaign launched in community.
Case: 4 During the research period, LRP Ms Laxmi Malla from Pyuthan says some people questioned if animals never clean their dung yet give us so much milk, why do people need to wash and clean their feces? Why do we measure the pit of the latrine? Is it good to push our feces in a hole?

Case: 5 : Chief District Officer of Gorkha Mr. Jeevan Prasad Oli asked us to counter negative thinking being provoked in some communities. They say “it is against the religious faith and tradition for father-in-law and daughter-in-law to use the same latrine for defecation.”

These tools are widely used in all CSP-ASHA working districts. The community participates in a feces-flagging exercise of defecation sites where they walk around the village placing paper flags on feces found lying around. People identify the places of defecation and, by the end of this exercise, many flags are visible all around the community making them feel ashamed and disgusted. Moreover, children unite to work in sanitizing their villages by launching whistle blowing sessions and initiating discussions on sanitation.

13.10 The 5-F diagram for transmission of fecal-oral diseases

Almost all the PPC centers of the area consist posters and flip charts demonstrating the chain between mouth and feces. Fecal enters through 5-F diagram (FLUIDS, FOOD, FIELDS, FLIES, and FINGERS) in our mouth and stomach which affect the human health.

13.11 Promotional Activities

Street dramas, Deuda Songs, Debates, School quiz competitions, and whistle blowing and local song competitions are use to promote total sanitation

14. Element to succeed Total Sanitation Campaign

The site observation has showed that most of the families are willing to uplift their sanitation status and made significant progress towards ODF declaration and the journey of ‘Total Sanitation’. Following activities were adopted by different districts to extend the program in an efficient manner:
14.1 Civil Society Mobilization

CSP-ASHA facilitates the civil society to play an effective role in mobilization, monitoring, demonstration and social audit of the intervention. The media, interested groups, professional groups, women, students and user groups are involved in sanitation promotion. The role of community based organization, intellectual groups, women’s groups, community, local faith-healers, priests; opinion leaders are utilized to provide community support for individuals, households and environmental sanitation promotional activities. Similarly, schoolchildren and women are showing their strong leadership on sanitation promotion activities. Local faith healers and religious leaders are also playing vital roles in the implementation of the activities.

14.2 Awareness Rising

Through all the CSPASHA activities, various individuals such as religious leaders, government officials and other noted personalities encouraged the community to achieve total sanitation. They tried to motivate the community to not only construct latrines, but also utilize it for one’s own dignity and prestige. The media, interest groups, professional groups, women, students and user groups, community based organizations, intellectual groups, women, local faith healers, priests; opinion leaders work jointly for sanitation promotion in their villages. Similarly, school children and women are showing their strong leadership regarding sanitation.

The program is holding regular meetings, workshops, campaigns for total sanitation. It is also holding monitoring visits and mass meetings to assess its activities. It is also programs at community level on social songs and street dramas to raise awareness.

14.3 Sharing the Human Truth Story

Community story-tellers of CSP-ASHA working areas’ share their experiences to motivate the mass and community through stories. Sakar community of Dattu uses
the story of using a tea pot for cleaning feces of their guest from the city. Similarly, there is another story of a newly wed bride who saves the prestige of her groom by installing a temporary latrine.

Children are the best and significant actors for the CLTS movement. They seriously implement and try to make others implement the information that they received from the facilitators. They are also instrumental for mass sensitization activities.

### 14.4 Positive culture and Action

Different districts are using local guests who installed toilets recently and are proudly using them. They also share their experience before installing toilets. The program hopes to motivate the community through such stories that reflect positive action.

It is easy to blame the government and its agencies for not providing services to the villages. CSP-ASHA facilitates an environment where district chief officials interact with community leaders. The community then disseminates the minutes of the meeting with all the others in the community. These types of practices create trust among the government officials and the community. It creates synergetic effects towards sanitation.
14.5 Technical Choices

From the start, CSP-ASHA displayed varieties of low cost technologies as a central element in awareness building. The objective behind this was to ensure that every household was aware of available options to meet their needs and resources. As a result, community members are aware that the options for “better” facilities exist when the time comes to replace their existing facility.

14.6 Increase in the Number of Suppliers

CSP-ASHA encourages the community for positive actions through awareness raising on total sanitation. It creates an environment for small-scale entrepreneurship. CSP-ASHA believes that there is visible effect wherever total village sanitation becomes embedded; the local private sector sees a market opportunity and moves into supply materials and choices for community members. In Gorkha district, vendors started to put low cost toilet technology as CSP-ASHA model and community are purchasing them. Similarly, Kalika Pyuthan and KIRDARC Kalikot started Sanitation Cooperative at district level with the leadership of women network for PPC. Other districts also initiating the process to established such cooperatives in collaboration of other agencies in their districts.

14.7 Peer Pressure

Minimum target of the CARE CSP-ASHA total sanitation program is to declare and maintain Open Defecation Free (ODF) community. This is popularly known as Total Sanitation. The concept of self-help – ‘no direct subsidy and no service delivery from an external agency’ - is central to this process, particularly the involvement of the entire community and a multi-stakeholder participation process. Local culture and context-oriented creativity and innovation (‘doing and knowing’/Learning by Doing)
allows people to come up with their own ideas and actions, and to implement solutions that best suit their needs and resources. This is believed to have led to sustainable outcomes, such as wishing to retain hygienic behaviors. The fact is, when the whole village becomes ODF, the peer pressure works against any weaker old behaviors.

14.8 Exposure Visit

Exposure visit has been organizing for the different ASHA Partner’s staff and beneficiaries which are another important beauty of this total sanitation movement. CSP-ASHA staff and POs representative make exposure visit to the successful districts and VDC’s as well as cluster to learn the best practices and lesson. Number of exposure in side district and inter districts have scaled up the campaign. In this regard the community leader, natural leader, LRP’s, community people, DLAs representatives, political leader have visited ODF area like Pyuthan, Acham and Kalikot.

Case 8: Chief District Officer of Darchula Mr. Khamb Raj Thani expressed the community during mass meeting, “Here we need more guardians to empower the community to fight against bad sanitation and play guardians’ role to declare the first ODF village in Darchula.” He added “human who was born first, became father. This is the first organization that sowed a seed of hope in Darchula for the first time.”

Case 9: Ms Parbati Thapa, member of constitution assembly from Gorkha during the VDC level ODF declaration ceremony says, “Empowerment of women, practices of inclusion and practical actions can solve any type of social evils. This campaign is not limited to the declaration. I hope this will actually be implemented in the field.”

14.9 School Education / Students Competition

CSP ASHA launched its activities since its initial phase. After the initiating popular education and total sanitation approach in different areas, software programs have been launched in sanitation focused areas. Program LRP’s and motivators allocated sometime to teach the schoolchildren in coordination with school management committee.
14.10 Wall Painting /Hording Board Display and Posters

These activities have launched in the CSP-ASHA working areas. These make permanent follow up to the community. They refer and acknowledge community people about the key messages. They also encourage the community for replication in the adjoining areas.

14.11 Empowerment of Local Level Political Parties Regarding Sanitation

Political parties are the key actors for the influence and developing rules and regulations at all levels. CSP-ASHA is coordinating all political parties whose presence in the working areas are coordinated and advocate them towards program’s success.

14.12 Exchanging Learning/Scaling up the Program

District EPMT has been organizing different meetings, workshops at district and VDC levels and CSP-ASHA central office are organizing different meetings, workshop for the learning sharing and scaling up the program thrust.

14.13 Rewards and Recognition

Rewards and recognitions are other catalysts for CSP-ASHA Total sanitation campaign. PPC management committee and monitoring community list the names of best workers, implementers and development activists and award them through different means. Sometimes, they are awarded by materials, tools, certificates or sometimes, they are...
awarded with flower bouquets. At other times, the award comes as a participation to a training and excursion opportunities.

14.14 Strategy Formulation and Declaration

CSP-ASHA has been providing technical and financial supports to prepare the district level ODF declaration as per the target of the sanitation related Millennium development Goal. In support of CSP-ASHA, Gorkha, Kalikot and Pyuthan have already completed the ODF strategy and Darchula is in the process.

14.15 Follow up and back ended support

Follow-up and back ended support is the backbone of total sanitation approaches. CSP-ASHA has its own monitoring mechanism with POs staff and stakeholders based on strong monitoring network.

14.16 Distribution of IEC Materials

Distribution of IEC (Information, Education and Communication) material like booklets, bags, leaflets, calendars etc to the community in order to support awareness and triggering process. In this connection the beneficiaries displays posters, banners, signboards on the prominent places. Preparation of slogans and application in the community are also playing important role.

15. Formulation of Different Committee

15.1 PPC Management Committee

PPC Management committees assist the effective implementation of PPC and arrange necessary requirements for the smooth operation of the learning centre. It generates the idea in favor of the community development. These committees play a vital role for creating development environment and raise the awareness of all component of the society. They also play a wider role for advocacy, networking and collaboration building. They also coordinate
Community groups as well as government and non-governmental agencies on improving the hygiene status of their society. The ultimate aim of the group is to assist the community to dignified society.

15.2 Cluster/Tole Committee

Community groups as well as PPC management committee and community level committee form the small committees to address the cluster level issues and implement the action plans at community level. This committee coordinates the community level action or sanitation action plan in the community level. They meet twice a week during the implementation period. But after completion of the action plan, it meets once in a month or as required. It collects the resources and ideas from the community and external agencies. This community explores their resources and technologies for the betterment of the community.

15.3 Women Sanitation Action Committee

Women Sanitation action committee is totally issue-based committee. This committee plays a vital role to improve the sanitation status of the community and household level. It empowers children as well as senior citizens regarding installation of latrines and awareness raising on TS. This committee also assists the PPC members and ODF declaration.
15.4 Children Club

Children play important role in constructing pit-latrines and their proper utilization. When children get the sanitation orientation in the class, they compel their parents and peers to construct and use the latrine for domestic and environmental sanitation. CSP-ASHA encourages children to participate as they are “the agents of change.” They not only work on awareness raising, but also to organize routine village processions, collect baseline information, show and flag defecation sites and disseminates information, especially, to their friends. They influence their parents to build toilets. Children are supporting the community and are leading the behavior change, awareness creation and collection of different data required for the total sanitation. Almost all the districts are mobilizing children to achieve TS. Children are also monitors who blow whistle and punish open defecators at community level. Kalikot has made children's clubs and mobilized them institutionally. Similarly, Gorkha started children's saving credit group and is striving to achieve sustainable sanitation.

15.5 Youth Committee

Youths are significant development activists and different ASHA working districts are mobilizing them in an effective manner. They coordinate with schools, development agencies and community people for latrine installation, for holding street dramas, and support those families that have no financial and physical resources to construct toilets.

15.6 VDC Level Sanitation Committee

To implement the sanitation activities effectively and declare the VDC level ODF, the CSP-ASHA facilitated to form different management committees. The VDC level Sanitation Committee comprises members of different political parties’, VDC's secretary, social leaders, networks members, CBO’s, and VDC level NGO’s. This
committee plays a significant role in the resource collection and mobilization, conflict resolution and effective monitoring including execution of post ODF activities.

15.7 District Sanitation Management Committee

In Government sector, there is Water and Sanitation Committee within the district. Local Development Officer (District Ambassador for Sanitation) is the chairperson and District Water Supply Division is the member secretary. In CSP-ASHA working district, this committee is working but progress is not satisfactory as per the government target to achieve the Millennium Development Goal of universal sanitation. This committee is trying to meet the different agencies in a common platform and facilitate activities for TS. CSP-ASHA is assisting the committee to achieve its objective on sanitation issues.

15.8 Taskforce Committee

CSP-ASHA working district has been assisting its districts to develop a strategy to declare the districts level universal sanitation. CSP-ASHA also assisted to form a taskforce that prepares the draft strategy for Total Sanitation and provide technical support to District Sanitation Management Committee. Such committees were formed in Darchula, Pyuthan and Kaikot districts.

16. Monitoring Mechanisms

In the leadership of Sanitation Action Group, the community’s commitment and action plan will be made to improve sanitation practices. Monitoring mechanisms are also developed by the community to ensure sustainable sanitation practices. The post ODF interventions community originated indicators to measure the position and well-off status of the society. Rewards and punishment mechanisms were also established.

Children’s groups mobilize themselves and chant slogans in the mornings and evenings in the community through posters with hygiene messages. Children cry out loudly and blow whistles to chase away open defecators. Defecation spots are identified by placing colorful flags or cards with the name of the open defecators. The
names of people are public at the community entry points everyday and cartoons are displayed on the notice board. Sanitation and youth committee and civil society rewards the children and provides them moral support. Follow up back ended activities are launched by Sanitation action and PPC management community, school teachers, civil society members and different religious leaders.

LRPs, Sanitation action committee and CSO member verify the baseline data, revise the social map in a timely manner, and display accordingly in hoarding boards. Joint meeting with sanitation action committee, religious groups, LRP and key actors and different stakeholders are held to verify the progress and try to solve the barriers if any.

Gorkha, Pyuthan and Kalikot districts started carrying out activities with the goal of achieving total sanitation coverage all over the districts by the end of 2015, 2013 and 2014 respectively.

To monitor the functions of the VDC level committees, there is a core committee in the district comprising sanitation committee headed by the Local Development Officer. In the same, VDC level sanitation committees are formed which comprise all political parties, PPC Management committee members, local government offices and civil society organization committees and are formed in the following manner:

<table>
<thead>
<tr>
<th>District Level Monitoring Committee</th>
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<tbody>
<tr>
<td>All districts have district level sanitation committee with the LDO as a chairperson. The District Water Supply Division plays secretarial role. Other members of the committee are DTO Chief, EDO and women development officer. Pyuthan, Kalikot and Gaurkha districts have made additional committees for smooth and speedy implementation of the sanitation activities and fast achievement of the target. This committee sits once in a month and reviews the sanitation activities in different corners of the district. This committee also develops different action plans for implementation. They also monitor and inspect works in different Village Development Committees. Darchula has formed a taskforce with an objective to analyze the situation of the district and formulate the district sanitation strategy.</td>
</tr>
</tbody>
</table>
VDC Level Monitoring Committee

For speedy and smooth implantation of the sanitation activities, CSP-ASHA is supporting the community to make VDC level sanitation committee that consists of different political parties’ representatives, CBOs' members, PPC Management Committee Chairperson, LRP s and VDC secretary.

Ward/ Cluster/ Tole Level Monitoring Committee

Each Village Development Committee is further divided into wards/Tole level committees. This committee is the grass-root level committee and is accountable to the village beneficiaries. This committee sits once and twice in a month and submits report to VDC committee meeting.

There are youth committee, children’s committee as well as mothers and CFUGs that assist this committee in the implementation of sanitation related activities.

17. Declaration Process

Based on the action plan of the community, their activities are concentrated to achieve the goal of ‘total sanitation’ through collective action of the community and other facilitators. CSP-ASHA has fixed 12 points common indicators for Total sanitation program. All these are shared and discussed in the community, HHs, schools and different places of the community. CSP-ASHA empowers and initiates the community to put the indicators in common places of the community in hording board.

Before starting the total sanitation program, CSP-ASHA provided the knowledge and skills to develop the advocacy action plan in the social and sanitation issues. As soon as implementation of the action plan, different stakeholders including CLTS monitors, sanitation workers and different community members assessed all personal, domestic and environmental sanitation practices of their community. When all the indicators
were met properly, they moved forward to declare their community ODF.

As soon as the villagers completed construction of toilets and freed their villages from open defecation, they put up boards in front of the village, which expressed in Nepali ‘No one in this village defecates in the open field’. This becomes a time of celebration and communities. This inspires neighboring villages to do the same. Since communities set a deadline for themselves right at the beginning for achieving total sanitation, they immediately start to stop open defecation. Even if all households could not construct a toilet, some of the households allowed sharing the toilets in order to sanitize their village’s in totality.

After all the households stop defecating openly and it is ensured that an ODF free status has been reached in the community the respective community is declared ODF. In the presence of facilitating organization, the community fixes the date, time and venue for celebration. Sanitation Action Committee and PPC management community prepares the letters and sends to invitees of district and local government and non-government organizations, media personnel and community members. In addition, management community invites peoples from surrounding VDC, PPC participants to share and replicate the process. Community people arrange music, songs, dramas and different celebration management committee for declaration ceremony. Along side of ODF declaration, a commitment announced by the committees to sustain the cluster/VDC as total sanitized by putting the hoarding boards at different public places and entry point of the community. In this ceremony good performer of the movement and
committees are awarded by cash prizes. Similarly, District Water Supply Division rewards the community with a certificate in which it is mentioned and certified that that community was ODF village. After declaration of 'Open defecation free status' community themselves sets the norms and declares that the defaulter will be punished. The collected money as fines will be deposited into the community fund and will be used as maintenance and rewarding fund.

18. Post ODF Initiatives

The role of CSP-ASHA has been limited: to initiate awareness raising and to encourage people not to defecate openly. It assists the community to practice good hygiene behavior through trainings and awareness building program and impart different training according to their needs. Once the community is declared open defecation free, they move towards being total sanitization. For sustainability of program community health education classes, classes on importance of kitchen gardening, improved cooking stoves and water point improvement programs are initiated. Based on the need of the community, the committee appoints sanitation masons, community health volunteers and local health motivators. Regular and timely monitoring and follow up visits are carried out while the communities themselves are constantly involved in the process. Likewise, based on the necessity, monitoring and facilitation on hygiene and sanitation are carried out for committee and children’s clubs.

18.1 Behavioral Change Related Activities

At the beginning, the facilitator assists the community people and final responsibility lies with the community. After a certain period, when the community people realize
that the expected behavioral changes are achieved, people are aware, they express their achievements collectively by hanging a signboard indicating - “All of the people are using hygienic latrines in this community,” in a common place which can draw the attention of the visitors. Basically, this initiative increases community people’s dignity when recognition comes from the visitors.

During the visit periods, it is seen that people feel take it as a pride to own a latrine. Such types of internalizing activities and practices were created due to hard work of the LRP and PPC management committee.

Small babies from the Maltadi Village of Kalikot are using toilets and encourage their visitors to do the same. Series of behavior change related activities are launching by the committee. Some important activities are ignition PRA and some people are utilizing the babies to change the behavior of the senior citizens, to provide prizes to whistle blowing and penalty to open defecators.

18.2 Government Involvement for Long Term Sustainability

It should be realised that the key aspect to ensure long-term sustainability of the approach after the withdrawal of the CSP-ASHA support is the involvement of the local government bodies. Training Right Bases Approach, Social Inclusion and Public Auditing (RBA/SI/PA) and Advocacy planning workshops were conducted for DDC, VDC, political parties’ representatives and district education office staff and involved them in the process from the initial phase of the total sanitation campaign. This is also a way to ensure the integration of all the stakeholders working within the VDC so that community level institutions receive support and encouragement from the own local government. It was proven that motivation of the VDC secretary leads to the active promotion of the approach in collaboration with the community level CBO's.

Case: 11: Former VDC Chairperson of Bijuwar utilizes the children to change the open defecation behaviour of their old grand-parents whose age was above 75. He provided the whistle and gave five rupees to each whistle-blowing child. Now grand ma is utilizing the toilet for defecation.
In addition, VDC Sanitation Committee is taking an active part in promoting the approach in the government. Demand is being generated at the community level and supports are being given by the upper-level authorities. Water Supply Division and DDC are playing the key roles to bring communities and sanitation related development actors into a common platform by providing technical supports to promote the campaign in the district and providing enthusiastic encouragement to community people, which reinforce the sustainable management of total sanitation campaign. It also accelerated the movement towards nations’ commitment of universal sanitation by 2017.

18.3 Hand Over Responsibilities To Community And Local Government Institution:

The prime role of the CSP is to facilitate the process to achieve the total sanitation with joint effort of community people and concerned VDCs. This is also a way forward towards sustainability. After achieving the total sanitation in a community, the roles and responsibilities of the CSP supported facilitators starts to change. The CSP role within the community initiates the process for handing over the responsibilities to the community in a formal manner so that they can carry out the essence of total sanitation in the long run and extend their supports to adjoining communities to achieve total sanitation towards improving the quality of livelihood status. Thus, tole/cluster, Ward and VDC-wise coverage is ensured. Finam VDC of Gorkha has achieved total sanitation.

19. Conclusion

Our country is suffering from the epidemic of diarrhea, dysentery and cholera every year. It invests huge resource to control such epidemic. In spite of efforts made by the government of Nepal and other development agencies, thousand of people continue to loose their lives every year by this epidemic. Consequently, open defecation practices were the root cause of this endemic. CSP-ASHA initiated the total sanitation initiative from last year, which is participatory, and people based initiatives. There is a real sense of ownership and responsibility for the changes made in the community. Communities are taking leading role as promoters for other communities to widely disseminate and extend the community led total sanitation approach. Total Sanitation
is a more sustainable method for promoting 100 percent sanitation on a long run. Everyone is important and everyone has a part to play. All the political bodies, local government bodies, community leaders to general residents are the most long-lasting actors in the process. There are lot of challenges to launch this approach, but with the government’s priority and eagerness of donor communities there are ample opportunities to extend this approach widely throughout the country.

20. Lessons Learnt

Following are the lessons learned after the completion of the research study:

1. Empowered community generates the effective campaign and innovates numerous options on implementing technologies.

2. Sustainable behavioral change is possible through effective community involvement.

3. Availability of low cost technology in local market is very effective for achieving total sanitation goal.

4. By creating awareness within communities, a traditional mindset can be changed.

5. The old mindset of promoting a limited model approach is not applicable. Communities can be innovative if they are provided opportunities. Majority of the households from the communities are accepting low-cost model latrine construction.

6. The effect of peer pressure and participatory monitoring systems has ensured sustainability. Innovative systems are being used to penalise open defecation.

7. Monitoring by children’s groups is more successful.

8. The refusal of families to allow their daughters to marry into households without sanitation systems is an effective incentive for encouraging total sanitation practices. Indra Danda of Pyuthan, Jinjedi of Kalikot's communities are the examples.

9. The varieties of sanitation equipments on sale in the roadside shops indicate that there is a significant demand in the area. The introduction of cheaper materials and of multiple technology options has increased the demand as a growing number of users are able to enter the market.
10. Ignition PRA tools are found to be effective for raising awareness and inciting action.

11. Children can play significant role in scaling up the sanitation coverage.

12. If women and children can get training and leadership opportunities, they can transform the society.

13. Monitoring board and notice board are effective tools to sensitize and generate awareness in the community.

14. Rewards and recognitions are very important for the total sanitation.

15. Toilets which are linked with the dignity of the community are effective.

16. Role of media is important for effective dissemination of learning and best practices towards scaling up the process.

17. Sanitation programs integrated with other programs like livelihood and empowerment are more effective.

18. The total sanitation approach helps to make the community inclusive and build harmonious society.

19. School children are playing crucial roles not only at schools but also in all the community activities.

20. Campaigns, rallies and mass meetings with the involvement of teachers, school children, PPC participants and community are very effective to create awareness in the community.

21. Communicating messages through community is more effective than external intervention. Multi-party committee regarding sanitation is more effective at VDC levels.

22. Sanitation programs are more effective where more women were involved in training and meetings.

23. Regular awareness programs are necessary for the knowledge and behavior development through local persons.

24. Street dramas are daudha (cultural program in western part of Nepal) are very effective for implementation of the sanitation program.
List of Key References


   Nepal country paper for the third south Asia conference on sanitation 16-21, November 2008


