



NEPAL

# MDG ACCELERATION FRAMEWORK

*IMPROVING ACCESS TO SANITATION*



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IMPROVING ACCESS TO SANITATION**

January 2013

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# FOREWORD

The Government of Nepal is continuously committed to make efforts to achieve the MDGs. The MDG progress report shows that the progress is satisfactory over the past ten years despite political instability, absence of elected local bodies, energy crisis and post conflict reconstruction and rehabilitation.

The 2011 National Census Survey of the Central Bureau of Statistics has revealed that improved sanitation coverage is 62 percent. The current achievement shows that the MDG 7 target, which is halving proportion of population without sustainable access to improve sanitation, is well on-track. However, the National Planning Commission selected the target on sanitation to apply the MDG Acceleration Framework (MAF) due to the uneven progress of the sanitation target among the developing regions, districts, ecological belts, distribution across poverty quintiles and its direct impact on other MDGs such as on education and health. Although 80 percent of schools have sanitation facilities, the inadequacy and lack of facilities in poor states negatively affect girls of schooling age.

The Government of Nepal has set a national target to achieve 60 percent of sanitation coverage by 2013, 80 percent by 2015 and universal coverage by 2017. Although the 2013 target has already been met in 2011, a Sanitation and Hygiene Master Plan is in place in order to ensure that the 2015 and 2017 national targets will be achieved within the timeline. The ongoing water, sanitation and hygiene sector assessment report has emphasized the need to strengthen the sanitation sub-sector with enhanced sector coordination, institutional capacities and finance in line with the Master Plan.

The MAF process in Nepal – which is a part of the worldwide ongoing efforts of the United Nations to support countries to accelerate MDG progress – has identified high impact sanitation and hygiene interventions, prioritized key bottlenecks that have been preventing the effective implementation of these interventions, identified appropriate solutions to unlock the bottlenecks, and developed a country acceleration action plan to ensure the national targets of sanitation are met across all geographic areas, districts, developing regions and all population groups. The country acceleration action plan which have been validated by wider stakeholders in a validation workshop in Kathmandu in December 2012 are attainable, low cost and implementable within the few years left to meet the national targets of sanitation.

This Acceleration Framework and its action plan are expected to be useful to the relevant ministries, departments, local bodies, donor communities and international, national and local NGOs. Most specifically, this Framework can be used to provide strategic guidelines for the National Sanitation and Hygiene Steering Committee, the National Sanitation and Hygiene Coordination Committee and also for the Regional, District, Village Development Commissions and Municipality level Water, Sanitation and Hygiene Coordination Committees for maintaining, expanding and accelerating the ongoing sanitation and hygiene movement in the country.



**Deependra Bahadur Kshetry**

Vice-Chairman of the National Planning Commission of Nepal

# FOREWORD

Nepal's commitment to the MDGs over the past decade has been impressive despite prolonged instability and low growth. The preparation of the MDG Acceleration Framework is yet another example of the importance Nepal attaches to this global effort.

The MDG Acceleration Framework is a product of the renewed commitment by global leaders on the MDGs at a UN high level summit in 2010. The Framework aims to quicken progress on 'off-track' MDGs in a given country. The Framework offers a systematic way of addressing bottlenecks and implementing high-impact solutions in a concrete plan of action with roles defined for all development partners in the country. The Action Plan builds upon existing knowledge and experience, as well as in-country policy and planning processes.

In Nepal, the Government selected sanitation for the MDG Acceleration Framework. While the 2011 Census shows remarkable improvement in sanitation coverage, the achievement is far below the national target of 80 percent for 2015 set by the Sanitation and Hygiene Master Plan 2011. Moreover, progress has been uneven across caste/ethnicities, geography and economic backgrounds. The sanitation coverage ranges from 99 percent to 20 percent in some areas. For example, Kaski, Kathmandu, Bhaktapur have above 95 percent coverage whereas the coverage of Rautahat, Rolpa, Siraha and Saptari is below 25 percent.

Sanitation has a positive spillover effect on education and health. By improving access to sanitation there is a high possibility to have accelerated progress to meet other MDG goals on health and education. The policy environment for sanitation is also especially favorable, as it has become the Government's priority after the introduction of the Sanitation and Hygiene Master plan.

The four broad strategic interventions identified for the MDG Acceleration Framework cover key aspects of sanitation while taking into consideration the specificities of Nepal's context. Strengthening institutional capacity and coordination at national, district and VDC level is fundamental to success. Human resource development needs high attention particularly for sensitization and behavioral change. The Open Defecation Free campaign has created a nationwide social movement which should be capitalized on and scaled up. Lastly, school sanitation will not only help achieve the sanitation goal but also contribute to increasing girls' enrolment.

While this MDG Acceleration Framework report with its action plan is a milestone in our efforts needless to say, it is just the beginning of the process. The most important milestones will be when the action plan is effectively implemented, and the partnerships and cooperation necessary between all relevant stakeholders are up and running. The MDG Acceleration Framework process was highly participatory with the active involvement of all relevant ministries, development partners, the UN Country Team, INGOs and NGOs. I am confident that this Framework report will be a landmark in our shared goal of profoundly improving the sanitation situation nationwide in Nepal.



**Robert Piper**

UN Resident and Humanitarian Coordinator and  
UNDP Resident Representative

# ACKNOWLEDGEMENT

The process of MDG Acceleration Framework (MAF) for sanitation started at the end of 2011. In the beginning, a MAF Steering Committee and a MAF Technical Committee were formed to facilitate the process. The MAF Steering Committee was represented by the secretaries of National Planning Commission, Ministry of Urban Development, Ministry of Education, Ministry of Federal Affairs and Local Development, Ministry of Health and Population and Ministry of Women, Children and Social Welfare. The MAF Technical Committee was represented by the joint secretaries of the above said five ministries, Department of Water Supply and Sewerage, Department of Local Infrastructure and Agricultural Roads, and representatives from UNICEF, World Bank, Asian Development Bank, WaterAid and NEWAH. The role of the MAF Technical Committee was to carry out the MAF process as well as formulate the country level frameworks to accelerate sanitation in Nepal, whereas, the role of the MAF Steering Committee was to direct and supervise the MAF process undertaken by the MAF technical committee and team.

Mr. Deependra Bahadur Kshetry, Honorable Vice Chairperson of National Planning Commission provided strategic guidance as well as encouragement to the steering committee and technical committee during the entire process. Prof. Dr. Shiba Kumar Rai, Honorable member of National Planning Commission kindly, provided his overall leadership to the MAF process by taking the chairmanship of the MAF Steering Committee. Similarly, Mr. Yuba Raj Bhusal, who is the Member Secretary of National Planning Commission Secretariat and chairperson of the MAF Technical Committee constantly coordinated and held several meetings and workshops with the member organizations to develop the country level MAF action plan to unlock the potential bottlenecks

for acceleration sanitation and hygiene in the country to ensure MDG and national targets are met. Mr. Pushpa Lal Shakya, Joint Secretary and Mr. Aatma Ram Pandey, the then joint Secretary of NPC secretariat have notably contributed to make the MAF process successful by directing the technical and management team.

Mr. Raj Kumar Malla, Joint Secretary of Ministry of Urban Development and also chairperson of national sanitation and hygiene coordination committee, Mr. Dinesh Thapaliya, Joint Secretary of Ministry of Federal Affairs and Local Development, Dr. T.R. Burlakoti, Joint-Secretary of Ministry of Health and Population, Mr. Ishwori Prasad Poudyal, Director General of Department of Water Supply and Sewerage, and Mr. Bhupendra Bahadur Basnet, Director General of Department of Local Infrastructure Development and Agricultural Roads have provided their special contribution to formulate the MAF; their inputs were exemplary.

Mr. Sanjay Khanal and Mr. Yam Lal Bhusal, Programme Directors of National Planning Commission Secretariat, Mr. Ramesh Adhikari, Under-Secretary of Ministry of Federal Affairs and Local Development, Mr. Hari Prasad Lamsal, Under-Secretary of Ministry of Education, Namaste Lal Shrestha and Mr. Madhav Pahari, WASH specialists of UNICEF, Dr. Sudan Panthi, National Officer of WHO and Mr. Kamal Adhikari, Sanitation Sociologist of UN Habitat, have made special contribution of the Framework.

The National Sanitation Task Force have also reviewed the MAF reports and provided their valuable feedback. Most special gratification goes to Mr. Ram Chandra Shah, Chief of the Sanitation Task Force and also Chief of Environmental Sanitation Section of Department of Water Supply

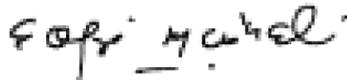
and Sewerage for allowing discussing the MAF agenda at the Sanitation Task Force meetings as well as for supporting in organizing sub-national level bottleneck analysis workshops.

UNDP provided financial and technical support for the entire MAF process. Ms Alessandra Casazza and Mr Taimur Khilji from UNDP Asia Pacific Regional Centre facilitated the national bottleneck analysis workshop in June 2012 and also reviewed country background paper and the draft MAF document. Appreciation also goes to Dr. Lazima Onta-Bhatta, Assistant Country Director, UNDP for her contribution. Mr. Dharma Swarnakar, the programme analyst of UNDP and MAF focal point played an active role in providing inputs and also coordinating the whole process from UNDP side. Dr. Bishwa Nath Tiwari, Deputy Programme Manager of UNDP is to be thanked for his notable presentation in the national validation workshop.

We would like to extend special gratification to the members of District Water, Sanitation and Hygiene Coordination Committees of Tanahu, Bardia, Rautahat and Sunsari for their valuable interaction to explore key bottleneck and appropriate solutions from the districts' specific perspectives. We would like to thank the members of Village Water, Sanitation and Hygiene Coordination Committees of various Village Development Committees and students, teachers, School Management Committees, Parent Teacher Associations of various

schools of the aforementioned districts where the MAF team visited to conduct sub-national level bottleneck analysis. The outcomes of the UNICEF led sanitation bottleneck analysis exercises done in several districts were also referred during this process. Appreciation goes to UNICEF for sharing the very valuable outcomes.

Mr. Gyanendra Kumar Shrestha, National Project Manager of "Strengthening Planning and Monitoring Capacity of NPC" deserves appreciation for supporting the MAF process. We would like to acknowledge special contribution of Mr. Guna Raj Shrestha, who is the MAF Sanitation Technical Expert, for his outstanding expertise in facilitating the whole MAF process from the beginning, coordinating with the MAF Steering Committee, MAF Coordination Committee, the Sanitation Task Force and other various stakeholders and also for assisting in drafting this document.



**Gopi Nath Mainali**

Joint Secretary,  
National Planning Commission Secretariat  
Member Secretary, MAF Steering Committee



# I. MDGs AND MAF – A SNAPSHOT



Photo:UNDP/LRP

## 1.1 PROGRESS TOWARDS MDGS

The Government of Nepal is committed to achieving the Millennium Development Goals (MDGs), which have been incorporated in its development planning and programming since 2000. Specifically, the MDGs have been incorporated into (i) the five-year development plans (2002/3-2006/7), (ii) the three-year interim plans (2007/8-2009/10, 2010/11-2012/13), (iii) the Poverty Reduction Strategy Paper (PRSP), 2003, and other sectoral policy papers. Moreover, three MDG Progress Reports (2002, 2005 and 2010) contributed to assessing progress against the MDGs in Nepal. These efforts were carried out despite the political events of the past decade, including the people's movement, the election for the Constituent Assembly, the constitution-making process, and the absence of elected local

government bodies. Other external and internal shocks that have impacted the country in recent years include the energy crisis and related price hikes as well as the fiscal burden of post-conflict reconstruction and rehabilitation.

Against this social and political backdrop, Nepal has made commendable, steady progress against the MDGs (Table 1). In fact, the country is on track to achieving most of the MDG targets, if prevailing trends persist. However, an extra push is needed on some MDGs. For instance, targets of full productive employment (1.B), universal access to reproductive health (5.B) and access to improved sanitation (7.C2) are unlikely to be met if current trends continue. Furthermore, interventions should be tailored to address persisting disparities in sanitation coverage across districts, development regions, ecological belts, and rural and urban communities.<sup>1</sup>

1. See Chapter 2 for details.

**TABLE 1.1**
**PROGRESS TOWARDS THE MDGS**

| Goals/TargetsGoal   | Will development goal be achieved? |        |                    |          |              |
|---|------------------------------------|--------|--------------------|----------|--------------|
|   | Achieved                           | Likely | Potentially likely | Unlikely | Lack of data |
| <b>MDG 1: Eradicate extreme poverty and hunger</b>  |                                    |        |                    |          |              |
| 1.A: Halve the proportion of people whose income is less than one dollar a day  |                                    |        |                    |          |              |
| 1.B: Achieve full and productive employment and decent work for all   |                                    |        |                    |          |              |
| 1.C: Halve the proportion of people who suffer from hunger  |                                    |        |                    |          |              |
| <b>MDG 2: Achieve universal primary education</b>   |                                    |        |                    |          |              |
| Ensure children everywhere – boys and girls – complete primary schooling  |                                    |        |                    |          |              |
| <b>MDG 3: Promote gender equality and empower women</b>   |                                    |        |                    |          |              |
| Eliminate gender disparity in primary and secondary education by 2005 and in all levels of education no later than 2015 |                                    |        |                    |          |              |
| <b>MDG 4: Reduce child mortality</b>  |                                    |        |                    |          |              |
| Reduce under five mortality by two thirds   |                                    |        |                    |          |              |
| <b>MDG 5: Improve maternal health</b>   |                                    |        |                    |          |              |
| 5.A: Reduce the maternal mortality ratio by three quarters  |                                    |        |                    |          |              |
| 5.B: Achieve universal access to reproductive health  |                                    |        |                    |          |              |
| <b>MDG 6: Combat HIV/AIDS, malaria and other diseases</b>   |                                    |        |                    |          |              |
| 6.A: Halt and reverse the spread of HIV/AIDS  |                                    |        |                    |          |              |
| 6.B: Achieve universal access to treatment for HIV/AIDS for all those who need it                                       |                                    |        |                    |          |              |
| 6.C: Halt and reverse the incidence of malaria and other major diseases   |                                    |        |                    |          |              |

| Goals/TargetsGoal  | Will development goal be achieved? |        |                    |          |              |
|--|------------------------------------|--------|--------------------|----------|--------------|
|  | Achieved                           | Likely | Potentially likely | Unlikely | Lack of data |
| <b>MDG 7: Ensure environmental sustainability</b>  |                                    |        |                    |          |              |
| 7.A: Climate change and GHG emission   |                                    |        |                    |          |              |
| 7.B1: Reverse loss of forest   |                                    |        |                    |          |              |
| 7.B2: Reduce biodiversity loss   |                                    |        |                    |          |              |
| 7.C1: Halve proportion of population without sustainable access to improved water source |                                    |        |                    |          |              |
| 7.C2: Half proportion of population without sustainable access to improved sanitation    |                                    |        |                    | *        |              |
| 7.D: Improve lives of slum dwellers  |                                    |        |                    |          |              |

Note: (\*) This is stated as 'unlikely' in the MDGs progress report 2010. Nevertheless, the national census survey 2011 revealed that the sanitation coverage has reached 62 percent.

Source: Government of Nepal and United Nations Country Team of Nepal 2010.

## 1.2 WHAT IS THE MDG ACCELERATION FRAMEWORK?

The United Nations Development Group (UNDG) conceived and endorsed the MDG Acceleration Framework (MAF) with the primary objective of accelerating progress towards the MDGs, especially on MDGs where progress has been slow. The MAF identifies and analyses the bottlenecks (or constraints) that are causing some MDGs to veer off track, as their rate of progress is insufficient to achieve specific targets.

By identifying and prioritizing bottlenecks and then moving to identify feasible solutions, the MAF methodology helps countries to overcome the constraints on progress. By drawing on country experience and lessons learned (in terms of what has/has not worked),<sup>2</sup> feasible solutions for unlocking bottlenecks and accelerating MDG progress are developed through a broad-based consultative process. To ensure that a realistic and achievable MAF Action Plan is developed, collaboration with clearly defined roles, responsibilities and timelines among relevant government agencies and various stakeholders is critical.

2. See Annex 1 for details.

The MAF Action Plan complements ongoing activities and proposes short-term solutions that are feasible and likely to have the greatest impact. In sum, the MAF exercise helps to:

- Identify priority development issues or MDG goals and targets that are lagging behind
- Identify and prioritize ongoing strategic interventions that are very likely to promote the attainment of the identified goal/s and target/s
- Identify and prioritize the bottlenecks and constraints that prevent priority strategic interventions from being successfully and effectively implemented
- Identify and prioritize actionable, high-impact, short-term and cost-effective solutions to address the bottlenecks and fast-track the achievement of the selected MDG target/s
- Develop a country Action Plan for the implementation of the identified solutions that identifies stakeholders and resources responsible for its implementation
- Implement and monitor the country Action Plan to ensure required impact

## 1.3 MDG ACCELERATION FRAMEWORK IN NEPAL

### 1.3.1 WHY SANITATION FOR MAF?

Nepal has chosen the sanitation MDG to which the MDG Acceleration Framework will be applied and for which the subsequent MAF Action Plan developed. This is a reflection of the strong political commitment to improve the sanitation coverage in the country. The government as well

as all development partners in Nepal consider sanitation coverage to be a key priority. This is demonstrated, for example, by the launch of the National Sanitation and Hygiene Master Plan in August 2011 and the revision of the national MDG target (MDG 7.C2), which aims to halve the proportion of the population living without sustainable access to improved sanitation. This target has important linkages with other MDGs, especially MDGs 2 (education), 3 (gender equality and women empowerment) and 4 (reduction of child mortality), with important implications for human development and human rights. Thus, the NPC, in consultation with the Water, Sanitation and Hygiene (WASH) sector stakeholders group (SSG) in mid-2011, selected sanitation as the area that required increased attention and focus, not only to meet national targets, but also to ensure balanced and inclusive progress.<sup>3</sup>

The MDG 7.C2 target calls for halving the proportion of the population without sustainable access to improved sanitation. To reach this target, 53 percent of the total population of Nepal should gain access to improved sanitation by 2015. However, the Government of Nepal has been more ambitious and revised the MDG target to be in line with national development priorities. Against this, the national target is thus to attain 60 percent improved sanitation coverage by 2013, 80 percent by 2015 and universal coverage by 2017. These revised targets are part of the Sanitation and Hygiene Master Plan and national water and sanitation policies are crafted accordingly. Considering the encouraging achievements in the sanitation area, due to the large national Open Defecation Free (ODF) campaign, the 2015 national target is likely to be met; however, it requires concerted and coordinated efforts by all partners.

3. See Annex 1 for key sectoral lessons learned.

Nepal's ambition is to achieve the national target for sanitation in a balanced way. Despite the steady and strong progress toward eliminating disparities in sanitation coverage, though, such disparities still persist across districts, regions, ecological belts, and rural and urban communities.<sup>4</sup> A more comprehensive analysis of the sanitation sector is taken up in Chapter II.

The sanitation target has important linkages with other MDGs, especially MDGs 2 (education), 3 (gender equality and women empowerment) and 4 (reduction of child mortality), with important implications for human rights. For example, the availability of separate latrines and toilets for girls, especially adolescent girls, improves school attendance. Moreover, improved sanitation reduces the spread of diseases, thus reducing the probability of child mortality.

While there is strong political commitment at the highest levels of government to improve sanitation coverage, the slow implementation of policies and plans remains a critical limitation to progress, especially at the district and VDC/municipality levels. Another constraint likely to persist in the near term are the inconsistent policies on subsidies, which tend to go against the spirit of the Sanitation and Hygiene Master Plan.

### **1.3.2 THE MAF PROCESS AND ACTORS**

On behalf of the Government of Nepal, the NPC formally requested technical and financial assistance from the United Nations Development Programme (UNDP) in 2011 to undertake the MAF exercise to accelerate progress against sanitation coverage (Goal 7.C2) and to achieve the related national targets by 2015 and 2017. The NPC

has led the MAF process, relying and closely consulting with the relevant Water, Sanitation and Hygiene (WASH) sectoral bodies. In May 2012, a concept paper outlined the scope of the MAF exercise and identified stakeholders and experts to be invited as part of the Steering and Technical Committees. These two committees were formed to steer overall direction of the MAF exercise and, where needed, provide technical oversight.

The MAF Steering Committee directed the MAF process and, at various junctures, endorsed the outcomes related to the different steps of the MAF process. The Steering Committee was chaired by the Honourable Member of the NPC and comprised secretaries of the NPC, Ministry of Education (MOE), Ministry of Urban Development (MOUD), Ministry of Federal Affairs and Local Development (MOFALD), Ministry of Health and Population (MOHP) and Ministry of Women, Children and Social Welfare (MWCSW).

The Technical Committee was chaired by the Member Secretary of the NPC and comprised (i) joint secretaries of the MOFALD, MOUD, MOE, MOHP, MWCSW, and Ministry of Finance (MOF); (ii) Directors General (DGs) of the Department of Local Infrastructure Development and Agricultural Roads (DOLIDAR), Department of Water Supply and Sewerage (DWSS), and Department of Education (DOE); and (iii) technical staff from the United Nations Children's Fund (UNICEF), Asian Development Bank (ADB), World Bank, WaterAid and Nepal Water for Health (NEWAH). NPC also appointed a MAF technical expert to facilitate and draft the MAF process.

4. See Chapter 2 for details.

The MAF Steering Committee met for the first time in June 2012 to endorse the MAF process and approve the members of the Technical Committee. The Technical Committee met for the first time in July 2012 to endorse the sector review paper, which formed the basis of the national bottleneck analysis. The two-day national level sanitation bottleneck analysis workshop was organized in Kathmandu at the end of July 2012. Over 40 senior officials from the NPC, ministries, government departments including members of the National Sanitation and Hygiene Coordination Committee, as well as donors, agencies of the United Nations (UN), international and national non-governmental organizations (NGOs) participated in the workshop. The workshop reviewed and prioritized the strategic interventions for achieving sanitation sector targets. It subsequently identified key bottlenecks that impede the successful implementation of interventions that had not been fully or effectively implemented.

Following the national-level bottleneck analysis workshop, 15 bottleneck analysis workshops were organized at the district, municipal, Village Development Committee (VDC), school and community levels during the last two weeks of September 2012. At least one VDC, one municipality, one school and one community-level bottleneck analysis workshop were organized in each district. In coordination with the DWSS, bottleneck analysis workshops were held in the districts of Bardia, Tanahu, Rautahat and Sunsari, ensuring balanced geographical coverage.

These district-level bottleneck analysis workshops were organized with the members of the District Water, Sanitation and Hygiene

Coordination Committee (D-WASH-CC) and other relevant stakeholders. These field-level bottleneck analysis events were conducted to validate the bottlenecks identified during the national level workshop. However, these workshops led to the identification of additional bottlenecks.

Following the national- and subnational-level workshops, the list of bottlenecks identified were compiled and shared with the national-level Sanitation Task Force in October 2012. The Sanitation Task Force comprises staff and personnel from DWSS, UNICEF, NEWAH, Rural Water Supply and Sanitation Fund Development Board (RWSSFDB), WaterAid, Nepal Red Cross Society, World Health Organization (WHO), UN-Habitat and DOLIDAR. This Task Force is also the working group of the National Sanitation and Hygiene Coordination Committee and the National Sanitation and Hygiene Steering Committee.

The joint meeting of the MAF Steering Committee and MAF Technical Committee, held on 30 November 2012, prioritized the key bottlenecks and potential interventions/solutions required to overcome the respective bottlenecks. Subsequently, a national-level validation workshop was held on 26 December 2012 to validate the solutions proposed and consequently finalize the MAF Process, culminating in a MAF Action Plan. The national validation workshop was chaired by the Honourable Member of the NPC and attended by representatives of the MAF Steering Committee, MAF Technical Committee, National Sanitation and Hygiene Coordination Committee, UNDP, UNICEF, WHO, UN Habitat, INGOs, and local NGOs.<sup>5</sup>

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5. See Annex 2 for a list of organizations and people that participated in the national-level meeting and workshops.



*Mr. Deependra Bahadur Kshetry, Honorable Vice Chairperson of the National Planning Commission (left photo), and Mr. Robert Piper, UN Resident Coordinator (right photo), addressing the National Sanitation Bottleneck Analysis workshop in Godavari on 30<sup>th</sup> July 2012.*



*Prof. Dr. Shiba Kumar Rai, Honorable Member of the National Planning Commission, chairing a joint meeting of the MAF Steering Committee and Technical Committee on 30<sup>th</sup> November 2012.*



## II. CHALLENGES IN ACHIEVING THE SANITATION TARGET

Photo: UNICEF/CS Karki

## 2.1 SANITATION COVERAGE IN NEPAL

Sanitation coverage in Nepal increased from 30 percent to 62 percent from 2000 to 2011, recording an average growth rate of 2.9 percent per annum.<sup>6</sup>

The Government of Nepal plans to achieve 80 percent sanitation coverage by 2015 and 100 percent coverage by 2017. To attain these targets, the annual increase in coverage needed is 4.5 percent and 6.3 percent per annum for the respective two periods.<sup>7</sup>

There are several challenges facing Nepal in terms of meeting these targets. In terms of school sanitation, only 80 percent of the community schools have toilets, and, of these, only 65 percent have separate facilities for girls.<sup>8</sup> Inadequate water, sanitation and hygiene facilities in many schools lead to greater absenteeism, especially among girls.<sup>9</sup> Women and girls attending schools that do not have adequate sanitary arrangements (i.e., separate toilets for girls, privacy, physical facilities to dispose off sanitary items or safe and clean facilities to wash sanitary cloths) remain excluded and negatively affected. Lack of facilities and hygiene required by menstruating girls leads, in fact, to a high level of absenteeism (four days per month) among adolescent girls. Over a period of one year, absence from school by girls due to lack of toilet facilities is significant, being estimated at about 25 percent of the school year.

In addition to a lower level of girls' school attendance, in secondary and tertiary level education, the lack of sanitation or poor sanitation facilities has several health risks including a direct link to diarrheal diseases and child mortality. Among hospital Out-Patient Department (OPD) visits, a staggering 75 percent are due to water- and sanitation-related diseases.<sup>10</sup> Every year, 10,500 children under five years of age die of diarrhea and pneumonia due to lack of clean water and proper sanitation facilities.<sup>11</sup>

The government has initiated a number of plans and policies to improve sanitation coverage. The Ministry of Physical Planning and Works (MPPW) rolled out Nepal's first sanitation policy in 1994 and its first water supply policy in 1998. In 2004, MPPW reformulated the integrated Rural Water Supply and Sanitation Policy, Strategies and Strategic Action and the integrated Urban Water Supply and Sanitation Policy in 2009. More importantly, the Interim Constitution of Nepal has defined access to water and sanitation as a fundamental right. However, despite sound sanitation policy documents in terms of principles, frameworks and strategies, progress on sanitation has been uneven across different segments of the country and among its people. Weak institutional capacities, coordination, planning, and a lack of trained and dedicated human resources are some of the critical factors behind poor implementation of policies.

6. Government of Nepal and United Nations Country Team of Nepal 2010; Central Bureau of Statistics 2012.

7. Steering Committee for National Sanitation Action 2011.

8. Ministry Education 2012.

9. UNICEF Regional Office for South Asia 2009.

10. MOHP et al. 2012.

11. MOHP et al. 2007.

## 2.2 DISPARITIES IN SANITATION COVERAGE PERSIST

Across Nepal, wide disparities exist in access to improved sanitation facilities, especially between rural and urban, poor and rich, and across the ecological belts, development regions, and districts. Also, there are inequities in access across caste, ethnicity and gender. The following subsections touch upon some of these disparities.

### 2.2.1 SANITATION COVERAGE IN URBAN AND RURAL AREAS

Nepal's urban sanitation coverage has increased from 80 percent in 2000 to 91 percent in 2011. During the same time period, rural sanitation coverage rose from 25 percent to 55 percent (Table 2.1). While sanitation covers a much greater proportion of the population in urban areas than in rural areas, over the period 2000-2011, sanitation coverage in urban areas increased at a much slower rate (1 percent per annum) than in rural areas (2.7 percent per annum). There are several reasons for the relatively slow progress of sanitation coverage in urban areas. First, there has been a marked increase in the urban population. Second, progress in addressing the sanitation needs of informal settlements, including urban slums and squatter areas, has been slow.

**TABLE 2.1**

**SANITATION COVERAGE IN URBAN AND RURAL AREAS AND NATIONAL TARGETS**

| Location              | 2000      | 2005      | 2010      | 2011      | 2015 MDG target | 2015 target (Sanitation Master Plan) | 2017 National target |
|-----------------------|-----------|-----------|-----------|-----------|-----------------|--------------------------------------|----------------------|
| <b>By urban/rural</b> |           |           |           |           |                 |                                      |                      |
| Urban                 | 80        | 81        | 78        | 91        | 91              | -                                    | 100                  |
| Rural                 | 25        | 30        | 37        | 55        | 55              | -                                    | 100                  |
| <b>National</b>       | <b>30</b> | <b>39</b> | <b>43</b> | <b>62</b> | <b>62</b>       | <b>80</b>                            | <b>100</b>           |

Source: Government of Nepal and United Nations Country Team of Nepal 2010.

### 2.2.2 SANITATION COVERAGE BY ECOLOGICAL BELTS

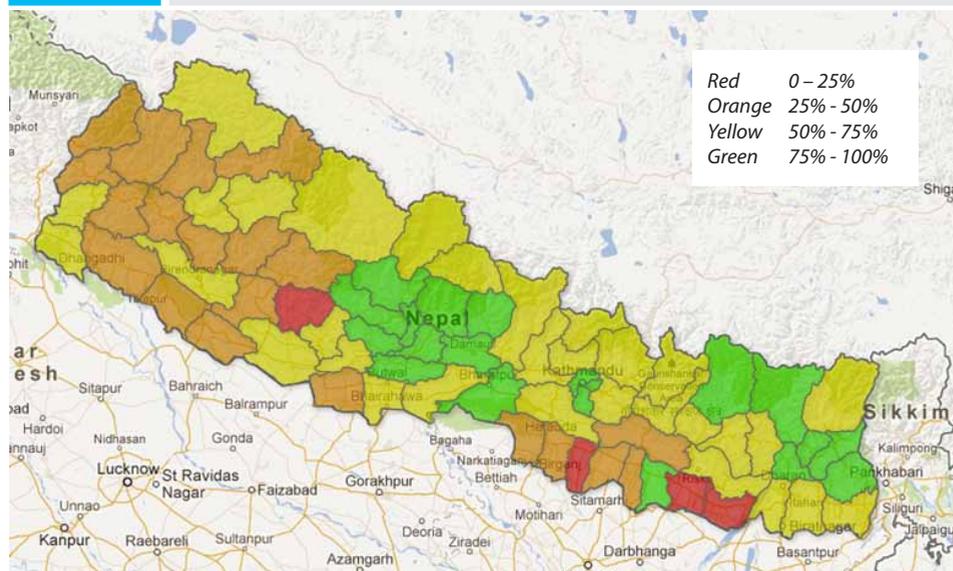
According to the Census 2011, among the three ecological regions (mountains, hills and Terai), sanitation coverage in the Terai (plain) region is

the lowest (49 percent), followed by that in the mountains (60 percent) and the hills region (75 percent). It is noteworthy that, of the 20 districts in the Terai belt, an estimated 80 percent of the districts record sanitation coverage below the national average of 62 percent.<sup>12</sup>

12. Central Bureau of Statistics 2012.

## MAP

## SANITATION COVERAGE IN THE REGIONS

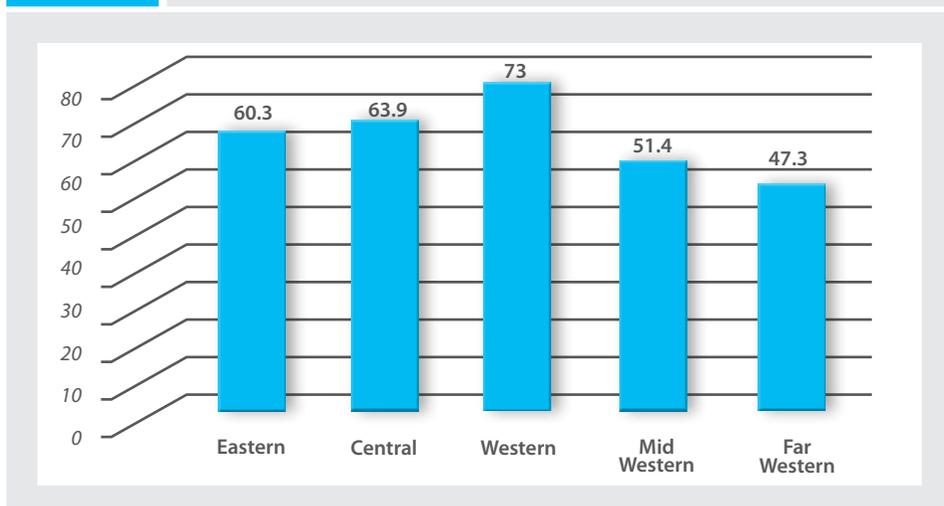


Sanitation coverage varies significantly across geographical regions (Figure 2.1). It is quite low in the far- and mid-western regions, where not even half (47.3 percent) or just above half (51.4 percent) of the population use improved 22.2.3

### 2.2.3 SANITATION COVERAGE IN THE REGIONS

Sanitation coverage varies significantly across geographical regions (Figure 2.1). It is quite low in the far- and mid-western regions, where not even half (47.3 percent) or just above half (51.4 percent) of the population use improved sanitation facilities. The western region records the highest level of sanitation coverage at 73 percent. However, three of the five development regions of Nepal – far-western, mid-western and eastern – record sanitation coverage levels below the national average of 62 percent.<sup>13</sup>

13. Census 2011. Published by CBS.

**FIGURE 2.1****SANITATION COVERAGE BY REGIONS, IN 2011**

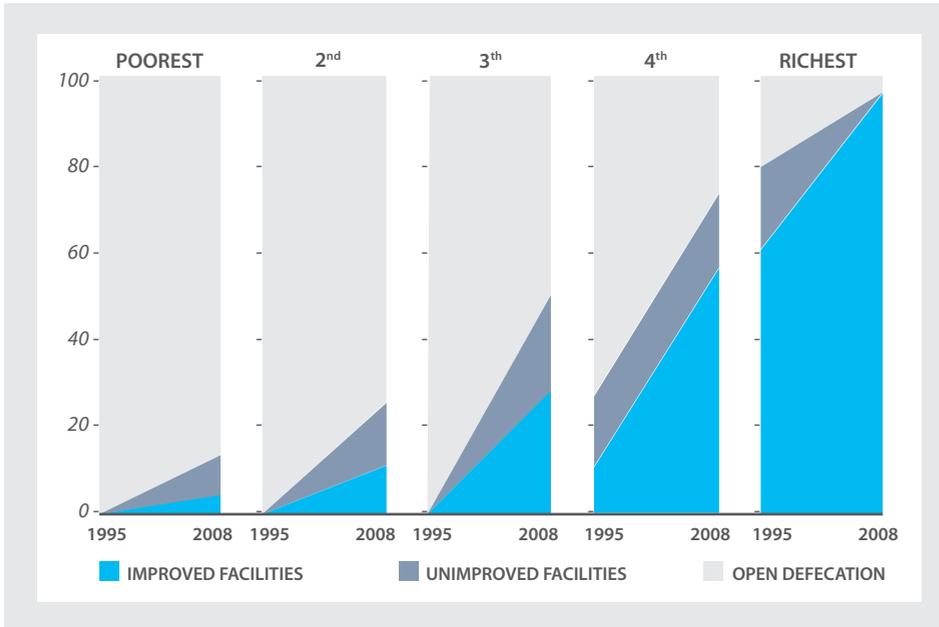
Source: Census 2011, CBS.

#### 2.2.4 DISPARITY IN SANITATION COVERAGE AMONG POVERTY QUINTILES

A stark contrast between the rich and poor emerges when sanitation coverage is mapped against the poverty quintiles. Figure 2.2 shows that, over the 13-year period, 1995-2008, there has been little change in improved sanitation facilities for the two poorest quintiles. For example, only 4 percent of population in the bottom quintile benefited from an improvement in sanitation facilities. In the second poorest quintile, only 11 percent of the population witnessed an improvement in sanitation facilities. Access to improved sanitation facilities for the third and fourth quintile stands higher at 29 percent and 57 percent, respectively. On the other hand, the richest quintile recorded the most progress, with 97 percent of the population having access to improved sanitation facilities. Given the extent of open defecation among the poor, there clearly is a serious lack of toilets and other sanitation facilities.

**FIGURE 2.2**

**PROGRESS IN SANITATION COVERAGE ACROSS POVERTY QUINTILES**



Source: Progress on Sanitation and Drinking water 2010 update, 2010. UNICEF/WHO

**2.2.5 SANITATION COVERAGE AMONG CASTES AND ETHNIC GROUPS**

Sanitation coverage varies across castes, with greater coverage among Brahmin, Chhetris and Newars. For example, the Newars have the highest sanitation coverage at 71.6 percent, followed by the Hill Brahmins at 66.3 percent

and Madhesi Brahmins/Chhetris at 65.7 percent. The lowest sanitation coverage is among the Madhesi Dalits<sup>14</sup> (at just 4.6 percent) and the Terai Janajati (18.6 percent). Hill-dwelling Dalits<sup>15</sup> also have a fairly low level of coverage at 23 percent.<sup>16</sup> Data show that Dalits and Janajatis, both in the Terai and hill areas, have considerably low levels of sanitation coverage.

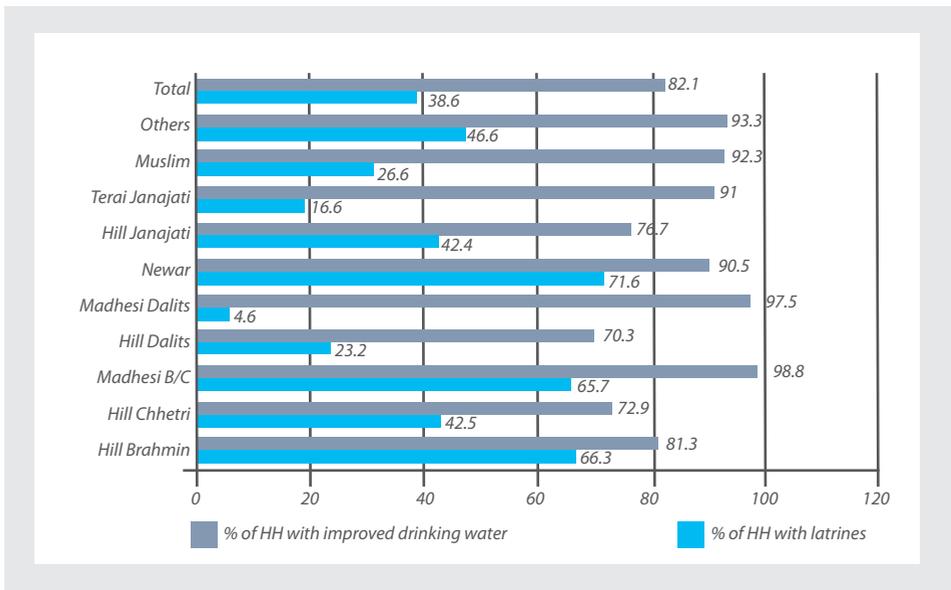
14. Madhesi are indigenous peoples living in the Terai (plain) region.

15. Dalit is the so-called 'untouchable caste' as per the Hindu caste system. This is also considered the most disadvantaged caste, which in Nepal constitutes about 10 percent of the total population.

16. Gender and Social Exclusion Assessment, Volume II WB/DFID 2010.

**FIGURE 2.3**

**SANITATION AND DRINKING WATER COVERAGE AMONG CASTES AND ETHNIC GROUPS IN 2010**



Source: Gender and Social Exclusion Assessment update – Volume II, WB/DFID 2010.

**2.2.6 SANITATION COVERAGE IN DISTRICTS**

In 2011, the sanitation coverage in the majority of districts in Nepal (in 42 of the 75 districts) is lower than that of the national average of 62 percent. Of these, as many as 26 districts have less than 50 percent sanitation coverage. In particular, 80 percent of the Terai districts (16 out of 20 districts) have lower sanitation coverage than that of the national average.<sup>17</sup> On the other hand, four districts – Kaski, Chitwan, Tanahu and Myagdi – were declared Open Defecation Free (ODF) in 2011 and 2012.<sup>18</sup>

**2.2.7 POOR AND INADEQUATE SCHOOL SANITATION**

In terms of school sanitation, out of a total of 28,057 public schools in Nepal,<sup>19</sup> an estimated 80 percent have toilets. However, the ratio of toilets to students is 1:127, although the ratio, according to a nationally determined standard, should be 1:50. Furthermore, only 65 percent of community schools have separate toilets for girls. According to a UNICEF report,<sup>20</sup> an estimated 50 percent of adolescent girls in secondary schools during 2010 were absent during menstruation because of inadequate toilet and menstrual hygiene facilities in the schools. The data clearly points to a dearth of toilet and sanitation facilities in schools, especially for girls.

17. Central Bureau of Statistics 2012.

18. See Annex 3 for details.

19. School level educational statistics of Nepal/Consolidated report, Department of Education 2011

20. Nepal Monitoring the situation of children and women, MICS-2010, UNICEF, August 2011

## 2.3 WASH POLICY ENVIRONMENT

The body of hygiene and sanitation policies and strategies comprise National Sanitation Policy-1994, Rural Water Supply and Sanitation National Policies 2004 and Rural Water Supply and Sanitation Strategies 2004, Rural Water Supply and Sanitation Sectoral Strategic Action Plan 2004, Nepal Water Plan-2005, Vision Paper of MPPW-2007, Urban Water Supply and Sanitation Policy-2009 and the Three-Year Plan approach paper (2010/11-2012/13). The most recent National Sanitation and Hygiene Master Plan (NSHMP) of 2011 attempts to harmonize all policies and to mobilize action at the local and national levels to meet the MDG-based national targets. The recent independent study commissioned by the NPC on WASH in 2011 (with support from UNICEF, ADB and the World Bank) concluded that, while policy and strategies are sound and satisfactory, implementation and compliance of the policies and strategies are weak. Key reform options indicated in the report are currently under review, and the Ministry of Urban Development (MOUD) will take follow-up action.<sup>21</sup>

The main shift in the Master Plan-2011 from the earlier RWSSNSP-2004 (Rural Water Supply and Sanitation Fund Development Board) is that the former has given local bodies greater authority and responsibility to steer the sanitation campaign, evident by the emphasis on decentralized actions and enhanced accountability at the local level. The Master Plan-2011 outlines nine guiding principles and goals on sanitation and hygiene to be adopted by the government, local bodies and all the WASH-related stakeholders. The Master Plan adopted the Open Defecation Free

(ODF) approach with innovative modalities. These principles and goals are:

1. Open Defecation Free is the bottom line for any sanitation and hygiene programme/projects
2. Universal access to sanitation facilities in water supply and sanitation project area during the project period
3. Informed technological choices are offered emphasizing pour flush toilets
4. Leadership of the local bodies in overall planning, coordination and monitoring of sanitation and hygiene programme and projects
5. VDCs/municipalities are the smallest planning units to declared ODF
6. Locally managed financial mechanism to support the poor and disadvantaged communities
7. Mandatory provision of sanitation facilities in public institutions
8. Mandatory provision of toilets in new buildings
9. Focus on hand washing with soap and other good hygiene habits

Another programmatic shift in the Master Plan-2011 from the 2004 policy is that sanitation is to be covered in broader terms, moving beyond just toilet coverage and now to include sustained hygiene habits. The 2004 policy equated sanitation with universal toilet coverage with improved sanitation facility. The "Master Plan implementation guidelines" being developed will outline procedures and actions to be followed by relevant stakeholders. The Master Plan-2011 will also include measures to support the ultra-poor and other disadvantaged populations in terms of building toilets and adopting sanitation and hygiene habits.

21. MOUD was established in 2011 and is mandated to lead the water and sanitation sectors. Consequently, MOUD has now taken over the water and sanitation functions pertaining to MPPW.

## 2.4 WASH STAKEHOLDERS

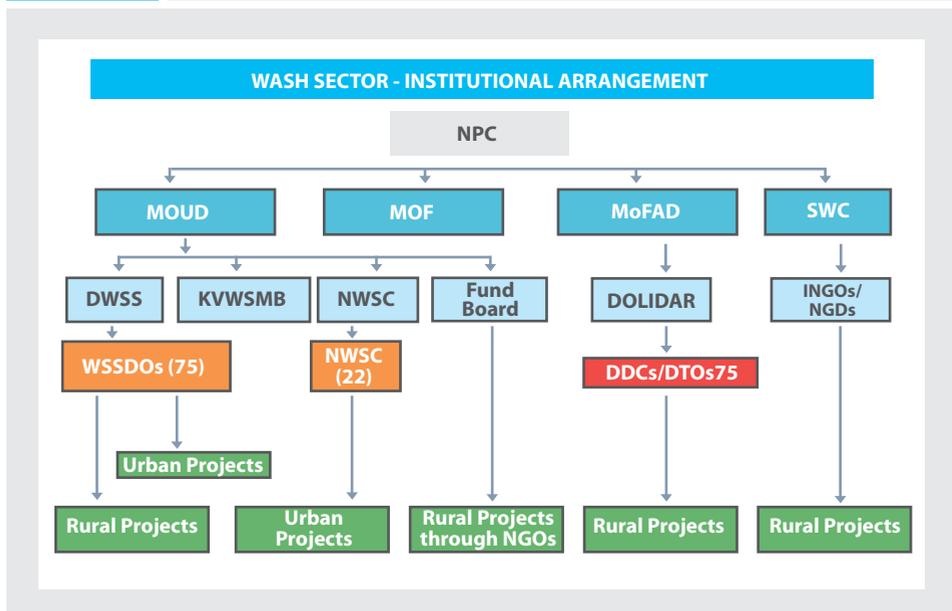
The Ministry of Urban Development (MOUD) is responsible for implementing water supply, sanitation and hygiene (WASH) projects and schemes for over 1,000 people through its divisional and subdivisional offices. At the same time, it continues to execute rural water supply and sanitation schemes for populations of less than 1,000 people through its Rural Water Supply and Sanitation Fund Development Board (RWSSFDB).

Overall, MOFALD is responsible for small WASH schemes for populations of less than 1,000 people. While both MOUD and MOFALD implement

WASH initiatives and policies, only MOUD has a dedicated WASH division, the Department of Water Supply and Sewage (DWSS). MOFALD has assigned water and sanitation to DOLIDAR, which also looks after rural infrastructure and rural roads. DOLIDAR implements rural water supply and sanitation schemes through its District Technical Offices (DTOs) in all 75 districts of the county. However, there is insufficient capacity within MOFALD in terms of WASH-related expertise in its subdivisions and district offices. It also lacks sanitary engineers, sociologists and female professionals. On the other hand, the DWSS personnel are highly qualified and experienced in WASH and are mandated to facilitate only large and technically complex schemes/projects. The DWSS, however, does not maintain a presence below the district level.

FIGURE 2.4

WASH SETOR - INSTITUTIONAL ARRANGEMENT



NPC-National Planning Commission; MOUD-Ministry of Urban Development; MOF-Ministry of Finance; MOFALD-Ministry of Federal Affairs and Local Development; SWC-Social Welfare Council; DWSS-Department of Water Supply and Sewerage; KVWSMB/KUKL-Kathmandu Valley Water Supply Management Board; NWSC-Nepal Water Supply Corporation; Fund Board-Rural Water Supply and Sanitation Fund Development Board; DOLIDAR-Department of Local Infrastructure Development and Agriculture Roads; WSSDO-Water Supply and Sanitation Divisional Offices; DDC/DTO-District Development Committee/District Technical Office

While fiscal decentralization has allocated sizeable budgets to local bodies, these budgets are for building rural infrastructure more generally, rather than for improving sanitation coverage. One reason for this outcome is that there are no WASH units within local bodies. Moreover, service providers in the districts are generally NGOs, which are good as social mobilizers, but which lack the technical personnel to implement WASH schemes. In general, the lack of human resources for planning and coordination at the VDC level has thwarted improvements in sanitation conditions.

The Water Users and Sanitation Committees (WUSC) are responsible for managing and sustaining the WASH schemes, but they tend to lack the financial, institutional and technical know-how to sustain the schemes. The schemes for WASH tend to be financially unsustainable due to the recurring costs of major maintenance of sanitation facilities. So many sanitation schemes become non-operational within just a few years.

Regarding school sanitation at the local level, engineers from the District Education Office (DEO) tend to favour infrastructural investment (i.e., school buildings and infrastructure). However, more attention should be devoted to ensure that Child, Gender and Differently-Abled (CGD)-friendly facilities are in place. With this realization,

the Government of Nepal has recently introduced CGD-friendly alternative design options for school toilets. Unfortunately, the School Management Committee (SMC), Parent Teachers Association (PTA), and child clubs are also less oriented toward establishing CGD facilities in schools. Also, health facilities are designed such that they tend to focus more on the treatment of diseases and less on advocacy and awareness-raising. However, the unpaid Female Community Health Volunteers (FCHVs), who are trained by the Ministry of Health and Population (MOHP), are expected to deliver on the awareness program.

## 2.5 EXISTING NATIONAL AND SUBNATIONAL WASH COMMITTEES

- The Master Plan-2011 has set up steering committees and various coordination mechanisms at the national, regional, district, and VDC and municipality levels.
- The National Sanitation and Hygiene Steering Committee (NSHSC) is chaired by the Secretary, MOUD, whereas the Joint Secretary, MOUD (WASH division) is its member-secretary.
- The National Sanitation and Hygiene Coordination Committee (NSHCC) is chaired by the Joint Secretary of MOUD (WASH division), while the chief of the Environmental Sanitation and Disaster Management Section of DWSS is its member-secretary.
- The Regional Water, Sanitation and Hygiene Coordination Committee (R-WASH-CC) is chaired by the Regional Administrator. The Chief of the Monitoring and Supervision Office of DWSS is its member-secretary.

- The District Water, Sanitation and Hygiene Coordination Committee (D-WASH-CC) is chaired by the DDC chairperson and the chief of the WSSDO/WSSSDO is its member-secretary.
- The VDC Water, Sanitation and Hygiene Coordination Committee (V-WASH-CC) is chaired by the VDC chairperson and the health post in charge is its member-secretary.
- The Municipality Water, Sanitation and Hygiene Coordination Committee (M-WASH-CC) is chaired by the mayor of the municipality and head of health facility in the Municipality is the member-secretary.

While the composition and functions of these committees are stated in the Master Plan, the Plan is not sufficiently backed by human and financial resources. The Master Plan also lacks vertical and horizontal institutional linkages to effectively plan, coordinate and monitor WASH activities, resulting in poor compliance of policies at the national and subnational levels.<sup>17</sup>

## 2.6 SUMMARY

The MDG 7.C2 target calls for reducing by half the proportion of people without sustainable access to improved sanitation facilities. The national target is to attain improved sanitation coverage for 80 percent of the population by 2015 and universal coverage by 2017. In 2011, the national sanitation coverage was 62 percent. The progress in sanitation coverage has been so far good, but

critical disparities persist and, unless they are promptly addressed, they will impede meeting the targets for some geographical areas and segments of society.

In the Terai and mid- and far-western development regions, for instance, the achievement of the targets by 2015 will be a challenge, as sanitation coverage is as low as 50 percent. Rural sanitation coverage is also low, presently below 55 percent. Even in urban areas where sanitation coverage is as high as 90 percent, extending coverage to the remaining 10 percent poses a challenge, as the remaining 10 percent comprise the poor and residents of slums and squatter areas. The coverage by poverty quintile also shows that the poorest households (HHs) are also unlikely to have access to improved sanitation by 2015; current trends show that the plight of the poorest barely improved – only 4 percent of population in the bottom quintile witnessed an improvement in sanitation facilities from 1995 to 2008. Forty-two of the 75 districts still have sanitation coverage that is lower than the national average. In terms of school sanitation, school toilet coverage needs to increase significantly, especially for girls, who do not have access to separate facilities. In fact, the current number of school toilets provides services to only one third of the students.

The policy environment is favourable, but implementation has proven to be a real challenge, primarily due to a lack of overall coordination and weak institutional capacity in terms of dedicated and trained staff. Also, WASH programmes tend to be poorly funded.

22. See Annex 4 for a brief introduction of the various committees.



**TOILET**

दिसा गरिसकेपछि हात धुने बानी गर्नु



### III. IDENTIFYING STRATEGIC INTERVENTIONS

Photo:UNICEF/Sagar Shrestha

### 3.1 INTRODUCTION

The provision of sanitation is a key development intervention in Nepal. In order to scale up and increase effectiveness of interventions, ongoing strategic interventions in sanitation need to be identified and prioritized on the basis of evidence, supporting their feasibility and high impact towards attaining the national sanitation targets. Currently, several strategic sanitation and hygiene interventions are in various phases of implementation. The list of existing interventions was obtained from various key stakeholders, from the Sanitation and Hygiene Master Plan, the three-year interim plan and the annual plan of the government.

As part of the initial desk review, 46 interventions were initially identified and reviewed in terms of: (i) their level of impact (high or low); (ii) coverage; and (iii) feasibility in terms of scaling up. A simple matrix was prepared for each intervention, indicating its coverage, feasibility and level of impact. The matrix listing these interventions was presented at the National Sanitation Bottleneck Analysis Workshop on 30-31 July 2012, where government representatives, WASH experts, member from the private sector, NGOs, and staff from UN and development partners reviewed each intervention in working groups and prioritized them through a scoring system. To prioritize the interventions, the following two criteria were applied:

- **Impact:** Ability to deliver quick, significant results in the short/medium term
- **Feasibility:** Whether capable of being implemented within the given time frame (i.e., by 2015)

By applying the above criteria and using a consensus-based approach for validation, four key interventions were identified and prioritized (Table 3.1) during the national bottleneck analysis workshop. Furthermore, indicative sub-interventions against each key intervention were also identified (also indicated in Table 3.1).

**TABLE 3.1: SUMMARY MATRIX OF KEY PRIORITY INTERVENTIONS AND INDICATIVE INTERVENTIONS**

| MDG   | MDG INDICATOR   | No. | KEY INTERVENTIONS  |
|---|---|-----|--|
| Goal 7: Ensure environmental sustainability | Proportion of population using improved sanitation facilities | 1   | Ensure effective and functional WASH coordination committees at the national, regional, and VDC levels   |
|   |   | 2   | Formulate and systematically implement programmes (minimum common modules/tools) at various levels to strengthen the capacity of triggers to support ODF campaigns |
|   |   | 3   | Expedite sustainable ODF campaigns at the district, VDC and municipality level by adopting sanitation marketing strategies   |
|   |   | 4   | Implement WASH in schools programme with full community ownership M/V-WASH-CC and D-WASH-CC collaboration  |

| No. | INDICATIVE INTERVENTION (2013-15)   |  |  |
|-----|---|--|--|
| i   | Strengthen the capacity of the National Sanitation & Hygiene Steering Committee (NSHSC) and of the National Sanitation and Hygiene Coordination Committee (NSHCC) |  |  |
| ii  | Strengthen the capacity of the Regional WASH Coordination Committees (R-WASH-CCs) and of the District WASH Coordination Committees (D-WASH-CCs)                   |  |  |
| iii | Strengthen the capacity of the Municipal and VDC WASH Coordination Committees (M/VDC-WASH-CCs)  |  |  |
| i   | Increase sanitation coverage through Open Defecation Free (ODF) campaigning   |  |  |
| i   | Increase sanitation coverage through ODF campaigning  |  |  |
| ii  | Scale up sanitation in Terai & flood-prone areas  |  |  |
| iii | Scale up sanitation in urban areas  |  |  |
| iv  | Sustain ODF with post-ODF campaigning. Enhanced monitoring activities in ODF districts  |  |  |
| i   | Increasing sanitation coverage in schools, especially for girls   |  |  |

## 3.2 FEATURES OF THE PRIORITIZED INTERVENTIONS

### **Intervention 1: Enabling effective and functional WASH coordination committees**

The Master Plan-2011 focuses on establishing WASH coordination committees at the national and subnational levels to strengthen overall coordination, implementation, and monitoring and evaluation of WASH interventions. While the national level and regional coordination committees have already been established, the district and VDC/municipality level coordination committees are being formed. The composition and the functions of the committees are clearly stated in the Master Plan (see Annex IV). However, their overall capacities need to be improved to redefine roles and responsibilities, human resource capacity and financing requirements.

**Impact:** Strengthening the capacity of these committees, at various levels, will have sector-wide impact; enhancing coordination among relevant sector and central ministries will promote coherent and joint planning, improve implementation and follow-up, and make the use of overall resources more efficient. Current coverage of the various committees is the following: (i) D-WASH-CCs working over 50 out of 75 districts; (ii) R-WASH-CCs are active in all five development regions; and (iii) V-WASH-CCs and M-WASH-CCs have been formed in about 25 percent of the VDCs/municipalities nationwide. Clearly, more local-level presence and representation are needed.

**Feasibility:** The formation of committees has strong political support; the Master Plan has

defined their membership (by mandating ministries and other relevant stakeholders to be members), their roles and their responsibilities. This initiative is also viewed as highly cost-effective in terms of perceived cost-benefit.

### **Intervention 2: Formulate and systematically implement programmes (minimum common modules/tools) at various levels to strengthen the capacity of triggers to support ODF campaigns.**

The overarching objective of the Master Plan-2011 is to attain 100 percent sanitation coverage by 2017, which requires adopting measures that also lead to behavioural change. 'Triggering'<sup>22</sup> is an approach developed by local and international development partners that cultivates behavioural change among communities and end-users of sanitation facilities. The development of master trainers and triggers was first initiated in the middle and far western regions by an alliance of WASH stakeholders active in the regions. The key stakeholders were UNICEF, Netherlands Development Organisations (SNV, Helvetas, CARE Nepal, Plan Nepal, Rural Village Water Resource Management Project (RVWRMP) and NEWAH under the leadership of the middle and far western R-WASH-CCs. Three to five master trainers were trained in each district of the two regions. Later, two to five triggers were trained in each of the VDCs and municipalities of the districts by the respective district-level master trainers. This model has been replicated in the other three development regions. The Rural Water Supply and Sanitation Project in western Nepal (supported by the Finnish Government) had already adopted this approach of employing triggers in the districts and VDCs/municipalities in nine districts of the Western Development Region.<sup>23</sup> Therefore, triggers are being employed

22. Triggers are community 'awareness-raisers.' Triggering uses role-play to highlight the negative aspects of poor sanitation practices and habits such as open defecation. By demonstrating in front of communities, personnel and volunteers attempt to enforce positive sanitation habits through negatively stigmatizing poor sanitation practices.

23. Kapilvastu, Nawalparasi, Rupandehi, Tanahu, Syanja, Baglung, Parbat, Myagdi, and Pyuthan

at various levels to support the objectives of the Open Defecation Free campaign.

**Impact:** The role-play carried out by triggers has the potential to support sanitation initiatives across designated programme areas in a cost-effective manner and also to sensitize stakeholders and end-users at the local level. Cultivating behavioural change is the first step in adopting positive sanitation and hygiene practices and habits. There may also potential for mobilizing local resources (facilitators) to promote sanitation governance and establish sanitation and hygiene as a cross-cutting theme in the development process.

**Feasibility:** The triggers are locally available people (members of the community) and are expected to work as volunteers similar to the Female Community Health Volunteers (FCHVs). D-WASH-CCs, V-WASH-CCs and M-WASH-CCs nominate triggers, who then train others. The FCHVs are given national-level recognition for health-related volunteer work and are provided work-based incentives, including reward and recognition. The VDC-level trigger volunteers will be mobilized similarly to the FCHVs.

Table 3.3 provides a brief description of the main features of the indicative interventions.

| <b>TABLE 3.2</b> <b>BRIEF DESCRIPTION OF INDICATIVE INTERVENTIONS OF CAPACITY DEVELOPMENT OF WASH COORDINATION COMMITTEES</b>  |   |
|--|---|
| Indicative intervention  | Brief description/features  |
| Strengthen the capacity of the National Sanitation & Hygiene Steering Committee (NSHSC) and of the National Sanitation and Hygiene Coordination Committee (NSHCC)<br>Strengthen the capacity of the Regional WASH Coordination Committees (R-WASH-CC) and of the District WASH Coordination Committees (D-WASH-CC) | The NSHCC formed after promulgation of the Sanitation Master Plan in 2011. It includes five sectoral ministries and other stakeholders. Led by the Ministry of Urban Development (MOUD) It coordinates across all the 75 districts.<br>R-WASH-CCs have been formed in all five development regions and are active in developing human resources in the districts.   |
| Strengthen the capacity of the Regional WASH Coordination Committees (R-WASH-CC) and of the District WASH Coordination Committees (D-WASH-CC)  | D-WASH-CCs are mandatory in all 75 districts and have already been formed in about 50 districts. In about 25 percent of the districts, the cross-sectoral sanitation strategic action plan has also been developed. D-WASS-CC is an umbrella body at district level for planning and budgeting of sanitation program. This committee ensures leadership of the local government body in terms of implementation of initiatives and is responsible for district ODF campaigning. |
| Strengthen the capacity of the Municipal and VDC WASH Coordination Committees (M/V-WASH-CC)  | The master plan has provisioned the formation of V-WASH-CCs and M-WASH-CCs. These committees are being formed currently. These CCs represent all relevant stakeholders at the local level and are responsible (under the leadership of the VDC) for planning, financing and monitoring the ODF and post-ODF campaign. The success of ODF largely depends on the effectiveness of the V-WASH-CCs and M-WASH-CCs.   |

TABLE 3.3

**BRIEF DESCRIPTION OF INDICATIVE INTERVENTIONS FOR STRENGTHENING THE CAPACITY OF MASTER TRAINERS AND TRIGGERS**

| Indicative intervention  | Brief description/features   |
|--|--|
| Create demand for sanitation facilities and build up sanitation behaviour through employing triggers at the central, district and VDC/ municipality levels | The total sanitation approach requires that positive behavioural change be reinforced through employing triggers at the district and VDC/municipality levels. The objective is to deploy master trainers at the headquarters of all 75 districts. Given the success of triggering and its cost effectiveness, personnel are being employed at the VDC and community levels as well. Community and school-level triggering tools have also been introduced. |
|  | Master triggers have contributed to the effectiveness of the ODF campaign. Given this success, triggering is viewed as a useful measure to be used at all levels, especially as part of the ODF programme. Currently, the sanitation plan of action of the district and VDCs is being developed with the facilitation of the trained triggers.   |

**Intervention 3: Expedite sustainable ODF campaigning at the district, VDC and municipality levels by adopting sanitation marketing strategies**

As a guiding principle, the Master Plan-2011 considers declaring ODF status as the minimum requirement of any sanitation and hygiene promotion programme. The VDC level has been determined as the smallest unit for any ODF programme. The VDCs or municipalities, in their respective districts, are responsible for declaring ODF status. ODF status can, however, be also achieved by communities, wards, school catchments and, eventually, by the VDCs or municipalities. In terms of national-level planning, the ODF status target is defined by district. Recently, several D-WASH-CCs have developed strategic plans of action and included the ODF status as a target, with many of them already declaring the irrespective district ODF well before 2017. At the end of 2012, four districts (out of 75) – Kaski, Chitwan, Tanahu and Myagdi – were declared ODF. The prime minister and ministers often participate in ODF declaration ceremonies.

Therefore, the ODF campaign is perceived to have strong political commitment and backing.

Similarly, nearly 600 VDCs (out of about 4,000) and 2,000 schools (out of about 32,000) were ODF as of December 2012. The Water Supply and Sanitation Collaborative Council (WSSCC) plans to achieve ODF in an additional 200 VDCs and six municipalities by 2015. The government plans and programmes have also included indicators for ODF status at the district and VDC/municipality levels. The challenge is now to expedite the ODF campaign to ensure that ODF is declared well before 2017 and that the ODF status is sustained.

**Impact:** The ODF campaign has proven effective and the track record shows good results. There is now competition among the VDCs and districts to declare ODF. The development of a strategic plan of action for districts and VDCs/ municipalities is progressing quite rapidly. Political parties, sectoral stakeholders, child clubs, schools, NGOs and Community Based Organizations (CBOs) have shown commitment and support for the ODF campaign. Local

bodies are leading the campaign and resources are being mobilized at the community level. VDCs and schools tend to be the key institutions sustaining ODF at the local community level.

**Feasibility:** ODF has the political and public support of local bodies and donors and has an established institutional mechanism (the

Master Plan-2011, D-WASH-CC, V-WASH-CC, etc.). Furthermore, the government has earmarked funding for the ODF campaign.

Table 3.4 provides a brief description of the key features associated with the indicative intervention, i.e., increasing sanitation coverage through the ODF campaign.

**TABLE 3.4**

**BRIEF DESCRIPTION OF INDICATIVE INTERVENTIONS FOR EXPEDITING SUSTAINABLE ODF CAMPAIGNING AT THE DISTRICT, VDC AND MUNICIPALITY LEVELS**

| Indicative intervention                               | Brief description/features   |
|---|--|
| Increase sanitation coverage through the ODF campaign | The ODF campaign is being run at the district, VDC, ward, community and school levels. However, the minimum unit is an entire VDC. The core principle of ODF is a total sanitation approach, without external support for building toilets. A safety net is applied to the ultra-poor and other disadvantaged people. The programmatic elements that need to be followed for the ODF campaign are outlined in the Master Plan-2011. Generally, a sanitation strategic action plan is developed and the D-WASH-CC and V-WASH-CC/M-WASH-CC coordinate in implementing the ODF campaign. The local bodies lead in financial delivery, while school teachers, child clubs, and other local groups are mobilized in implementing the campaign.  |
| Sanitation in Terai and flood-prone areas             | At about 50 percent, the sanitation coverage in the Terai region ranks among the lowest. Defecating in the open is normal practice. In addition, poor literacy, insufficient cost-effective technology as well as a high water table and proneness to floods are some of the bottlenecks to improved sanitation coverage in the Terai. There is a huge gap between availability of drinking water (93 percent) and sanitation facilities (49 percent).   |
| Sanitation in urban areas                             | Urban sanitation coverage is much higher compared to coverage in rural areas, but the growth rate of sanitation coverage in urban areas has remained stagnant over the last decade. Rapid urbanization is a major reason for the slow progress in sanitation coverage in urban areas (the urbanization rate being faster than the growth rate of sanitation coverage). Also, population is growing fast in informal settlements, such as slums; existing policies that do not allow building toilets in slums and other informal settlements further worsen poor sanitation in these areas. The lack of space, coupled with the uncertainty of whether the slums are going to become a more permanent feature of the urban landscape, has resulted in few toilets being built in slums and squatter areas. |
| Sustain ODF with post ODF campaigning                 | Some communities have gone back to open defecation after gaining ODF status because of weak institutional and financial mechanisms to sustain progress. According to the Master Plan-2011, the provision on sanitation goes beyond the construction of toilets and includes the maintenance and upgrading of toilets as well as education on hygiene. Therefore, the V-WASH-CCs and D-WASH-CC need to develop a post-ODF strategic action plan to help communities remain ODF.   |

**Intervention 4: Implement WASH in schools programme with community ownership and M/VWASHCC and DWASHCC collaboration.**

The Government has a countrywide programme to build toilets in schools. Each year, 3,000 to 5,000 toilets are planned for construction in the country, with each school being given between 150,000 to 200,000 Nepali rupees (approximately US\$1,800-2,400) to build facilities. Recently, a gender-sensitive programme has been introduced to provide separate toilet facilities for girls, as only 34 percent of schools have separate facilities. Moreover, as much as 64 percent of community schools have only one toilet. The Department of Water Supply and Sewerage (DWSS), with support from UNICEF, has been implementing the School Sanitation and Hygiene Education (SSHE) programme since 2000 and the School Led Total Sanitation (SLTS) programme since 2006. Under the SSHE programme, WASH in schools has improved, but more needs to be done. In addition, the SLTS programme brought development dividends; improving WASH in schools is seen to have substantial benefits for the surrounding communities as well.

A major challenge will be to ensure that the government invests not only in constructing WASH facilities, but also in resources in advocacy and education to promote hygiene.

**Impact:** Led by the Ministry of Education (MOE), the WASH in schools programme is active in all 75 districts. As of 2011, over 18,000 schools had been covered, reaching over 3 million school-going children.

**Feasibility:** The Department of Education (DOE) has the authority/formal government mandate to lead and promote WASH in schools. Finally, the existing School Management Committee (SMC) and Parent Teacher Association (PTA) are the appropriate and permanent grassroots/community-level institutions to implement WASH programmes in schools. Both financial and human resources are in place to scale up and reach all the community schools by 2015. In view of the resources allocated to WASH in schools, it is apparent that the government is committed to ensuring that the sanitation needs of students, especially of girls, are met.

Table 3.5 below provides a brief description of the key features associated with increasing sanitation coverage in schools.

TABLE 3.5

## BRIEF DESCRIPTION OF STRENGTHENING WASH IN SCHOOL PROGRAMME

| Indicative intervention                                | Brief description/features   |
|--|--|
| Increasing sanitation coverage in schools across Nepal | <p>WASH in schools is a national programme. The DOE has recently proposed installing Child, Gender and Differently-abled (CGD)-friendly toilets, alongside their estimated costs. However, this proposal needs to be disseminated to all 75 districts supported by requisite training. There will be a need to build CGD-friendly toilets cost effectively and to ensure that they be used.</p> <p>The construction of about 5,000 toilets for girls was to be completed by 2010/11. However, only 3,000 toilets were built due to poor community demand and support.</p> <p>A shortcoming of the WASH in schools programme is the relatively weak support toward increasing awareness and hygiene education. Increased hygiene awareness and education would increase demand for improved sanitation facilities.</p> <p>Since 2000, the UNICEF funded SSHE programme has been implemented in 23 districts. Over 1,000 schools installed toilets, conducted advocacy, awareness-raising activities, and hygiene education. DWSS, Nepal Red Cross Society (NRCS) and NGOs are the partners.</p> |



# IV. BOTTLENECK ANALYSIS

Photo:UNICEF/CS Karki

## 4.1 GENERAL

The purpose of this chapter is to identify bottlenecks that prevent the key priority interventions from being implemented effectively. Bottlenecks are essentially constraints to implementing and scaling-up interventions. Sector-specific bottlenecks are those that directly affect a sector's performance and can be addressed within a lead sector ministry/agency. Following the MAF methodology bottlenecks are classified into **five** categories:

- **Policy and planning:** Policy bottlenecks relate to the adequacy of existing national or subnational strategies, sector policies and plans, regulations, standards and guidelines, including the legal framework and laws (within and outside the control of the sector) that potentially affect service delivery or the implementation of identified interventions.
- **Budget and financing:** The quantity and quality of funding — including financial resources from the national revenue and external resources — should also be considered when identifying bottlenecks for each intervention. Insufficient budget allocation, slow budget absorption (expenditure levels and effective disbursement), official development assistance funding gaps, poor linkages between budgeting and planning, and single-year budgeting are common bottleneck areas.
- **Service delivery (supply side):** Bottleneck analysis must also focus on the delivery of goods and services on the ground. With respect to the supply side, bottlenecks are likely to occur in areas such as human resources availability and development, supplies and logistics, lack of decentralized capacity, technical and organizational quality,

procurement systems, value chain analysis, sector management and institutions, and the absence of comprehensive monitoring and evaluation systems that can provide information by geographic areas and population groups.

- **Service utilization (demand side):** Bottlenecks in the use of goods and services on the ground from the demand side are likely in the following areas: empowerment of users to use the services when available, information and education available to explain the service, advocacy, intervention promotion, physical distance (lack of transportation), affordability of services, gender disparities and cultural barriers (e.g., women may face unique difficulties in accessing services), and various forms of discrimination.
- **Cross-cutting bottlenecks:** The cross-cutting bottlenecks have the potential to affect multiple sectors or require an integrated response across sector ministries/agencies (e.g., inadequate infrastructure linking rural areas to urban centres).

## 4.2 KEY PRIORITIZED BOTTLENECKS

As mentioned in Chapter I, bottleneck analysis workshops were organized at the national, district, VDC, municipality, school and community levels. Besides the national workshop held in Kathmandu, there were bottleneck analysis workshops involving four D-WASH-CCs, three V-WASH-CCs, one M-WASH-CC, four schools and three communities in four districts (i.e., Bardia, Tanahu, Rautahat and Sunsari). The subnational level workshops have validated a number of previously identified bottlenecks and identified additional ones, especially related to the supply and demand sides of the interventions.

The national-level workshop mainly identified bottlenecks related to policy, planning and budget, corresponding to the four key interventions described below. Bottlenecks were then tabulated and listed. A review exercise assessed the level of hindrance that bottlenecks posed to the successful implementation of an intervention. This review helped in prioritizing them. The prioritization of the bottlenecks

was validated during the workshop and in a subsequent joint meeting of the MAF Steering Committee and the Technical Committee.

Key bottlenecks corresponding to the **four main categories** are presented in Table 4.1. The bottlenecks have been prioritized against each intervention/indicative interventions.

**TABLE 4.1**

**BOTTLENECKS TO KEY PRIORITY INTERVENTIONS TO ACHIEVE MDG TARGET 7.C2: HALVE THE PROPORTION OF POPULATION WITHOUT SUSTAINABLE ACCESS TO IMPROVED SANITATION**

| Intervention 1:<br>Enable effective and functional WASH coordination committees   |  |                              |
|---|--|------------------------------|
| Indicative intervention (2013-15)   | Prioritized bottlenecks  | Bottleneck category          |
| Strengthen the capacity of the National Sanitation & Hygiene Steering Committee (NSHSC) and of the National Sanitation and Hygiene Coordination Committee (NSHCC) | Participation of sectoral ministries and departments not at a desirable level in the national level committees   | Service delivery             |
|   | Secretariat of NSHSC & NSHCC lacks resources to function effectively – lack of dedicated staff, ad hoc budget for logistics, communication, and its respective overall programme   | Financing & service delivery |
|   | Lack of financial and technical capacity to support D-WASH-CCs – NSHCC has very little capacity (human and financial resources) to provide capacity development support to the D-WASH-CC through initiatives, such as sensitization activities and training to the D-WASH-CC members on strategic planning, documentation of best sanitation practices, etc. | Financing & service delivery |
|   | High turnover of focal points in national committees – irregular participation and high turnover of participants in national-level committee meetings by member institutions hinder their effective functioning of committees.   | Service delivery             |
|   | A weak monitoring and evaluation (M&E) framework – lack of a robust M&E framework for tracking and assessing results of national sanitation initiatives.   | Policy and planning          |

| Indicative intervention (2013-15)   | Prioritized bottlenecks   | Bottleneck category      |
|---|---|--------------------------|
| Strengthen the capacity of the R-WASH-CC (Regional WASH Coordination Committees) and of the D-WASH-CC (District WASH Coordination Committees) | D-WASH-CCs have low capacity to develop district sanitation strategic action plans and to coordinate implementation among the various district stakeholders; as a result, different subsidy/ support approaches are being applied and have hindered progress on sanitation. In many districts, the D-WASH-CCs have not developed a district sanitation strategic plan/policy. <sup>24</sup> | Policy and planning      |
|   | Capacity to ensure compliance is low — the D-WASH-CCs is weak in enforcing compliance with district sanitation policies and coordination among stakeholders.  | Service delivery         |
|   | No secretariat has been established to support D-WASH-CC – there is a provision in the Master Plan-2011 whereby the Water Supply and Sanitation Division Office (WSSDO) <sup>25</sup> has to provide secretariat functions to the D-WASH-CCs. However, the WSSDO has inadequate financial and human resources to carry out such functions.  | Service delivery         |
|   | Lack of financial resources – no basket fund has been established to finance the D-WASH-CC program activities due to the weak implementation of devolution/decentralization of programme implementation to local bodies. Sector ministries have their own district offices through which they implement the programmes.   | Financing                |
|   | Lack of budget — local government bodies at the district level do not have a budget for sanitation – there are block grant operational guidelines for local governments; however, these guidelines do not cover allocation of funds/budget for sanitation initiatives.  | Financing                |
|   | Low participation of political parties in sanitation campaigning.   | Policy and planning      |
| Strengthen the capacity of the M/VDC-WASH-CC (Municipal and VDC WASH Coordination Committees)   | Low planning capacity – at the VDCs, there is little capacity to formulate sanitation strategic plans   | Policy and planning      |
|   | The Sanitation Master Plan has not been disseminated properly at the VDC and municipality levels; for example, there is also lack of clarity regarding the procedures to form V-WASH-CCs, their composition and their size (i.e., number of members).   | Service delivery         |
|   | Local government bodies, especially DDCs, VDCs and municipalities, are not aware of the effectiveness of the 'triggering' approach.   | Service delivery         |
|   | Local government bodies at the municipal and VDC levels do not have a budget for sanitation – there are block grant operational guidelines for local governments; however, these guidelines do not cover allocation of funds/budget for sanitation initiatives.   | Planning and programming |
|   | Lack of secretariat functions – there is no secretariat office to support the M/VDC-WASH-CC.  | Service delivery         |

24. The districts have the authority to develop their own policy on subsidies in line with the national sanitation and hygiene Master Plan-2011.

25. The WSSDO/WSSSDO are the lead government agencies in the district on sanitation; WSSDOs in 42 districts and WSSSDOs in the 28 districts. The Regional Monitoring and Supervision Office looks after the district-level programme in the remaining five districts where the RMSO offices are located.

**Intervention 2:  
Formulate and systematically implement programmes (minimum common modules/tools) at various levels to strengthen the capacity of triggers to support ODF campaigns.**

| Indicative intervention (2013-15)   | Prioritized bottlenecks  | Bottleneck category |
|---|--|---------------------|
| Create demand for sanitation facilities and cultivate positive sanitation behaviour through the mobilization of human resources (e.g., triggers at the central, district and VDC/municipality levels) | No roster of existing trainers, resource persons and 'trigger' personnel in sanitation and related sectors (e.g., education and health).   | Service use         |
|   | Lack of training manual/tools available or developed for systematic capacity building of 'triggers' at the national/district/VDC/municipality levels   | Service delivery    |
|   | Lack of financial resources to develop and mobilize 'triggers' at all levels: national, district and VDC.  | Financing           |
|   | High turnover of 'trigger' personnel. There is no mechanism to incentivize 'triggers'. Some agencies and VDCs/DDCs expect triggers to operate as volunteers. This is likely to de-motivate them.   | Policy and planning |
|   | Uneven distribution of trained 'triggers' across the country – in some districts, a large number of trained sanitation triggers are not mobilized or are not an active part of the sanitation movement; in other districts, not enough trainers are available. | Service delivery    |
|   | No formal recognition of 'triggers' by any of the agencies. This puts into question the legitimacy of the 'triggers'.  | Service use         |
|   | There is no rigorous selection process in place to identify prospective 'triggers'.  | Service use         |
|   | Poor technical knowledge of 'triggers' on technology options for toilets.  | Service use         |
|   | Due to lack of job description, the 'triggers' are not clear about their specific roles and responsibilities.  | Service use         |

**Intervention 3:  
Expedite sustainable ODF campaigning at the district, VDC and municipality levels by adopting sanitation marketing strategies**

| Indicative intervention (2013-15)                    | Prioritized bottlenecks   | Bottleneck category |
|--|---|---------------------|
| Increase sanitation coverage through ODF campaigning | Criteria for targeting ultra-poor households (HHs) not applied rigorously by agencies that provide support for sanitation facilities. Poverty and ethnic groups defined differently in different areas.   | Service delivery    |
|  | The size of the support provided to the ultra-poor and disadvantaged ethnic HHs is too diversified and spread out in order to benefit them and be effective <sup>26</sup> – weak effectiveness in programme implementation and targeting of Dalit and Janajati communities.   | Service delivery    |
|  | Even though some sanitation material is available/provided to HHs for building toilets (e.g., toilet pans, pipes, etc.), some complementary materials (such as plumbing supplies, cement, etc.) are not easily available, especially in remote districts. A complete set of sanitation materials is even less common in the most remote parts of the country. | Policy and planning |
|  | Widespread misconception about the costs of building toilets and lack of awareness about cost-effective options within communities (end-users).   | Service use         |
|  | Lack of clarity and coherence of subsidy policies   | Policy and planning |
|  | Uneven interpretation and application of policies on subsidies <sup>27</sup> deter non-poor HHs from building their own sanitation facilities, as they are waiting to receive subsidies. This is also hampering the sanitation marketing strategy applied of the private sector. <sup>28</sup>  | Policy and planning |
|  | Uneven dissemination of the Master Plan-2011 and other policies on sanitation at the district and VDC/municipality levels.  | Service use         |
|  | A blanket approach is applied regardless of the level of existing sanitation coverage; no strategic targeting for improving sanitation coverage in areas where progress has been slow (e.g., Terai areas)   | Policy and planning |
|  | Due to a lack of water supply, HHs are not keen to build toilets, especially in the hills, Chure <sup>29</sup> range, and mountain districts where water tends to be scarce.  | Service delivery    |
|  | Lack of toilets along the highways and in restaurants on the highways   | Service delivery    |

26. The criteria for subsidies allocation to the ultra-poor impose conditions that are too strict. For example, while the size of the subsidies is 1,000 Nepali Rupees (NRP), one HH would need at least 5,000 NRP to build a toilet – an additional 4,000 NRP, which ultra-poor HHs can scarcely afford.

27. Some agencies give subsidies to all, some others only to the ultra-poor, and still others no subsidies at all.

28. Private-sector companies are penetrating the rural areas with sanitation marketing strategies, whereby sanitation material is offered at very competitive prices; however, even non-poor households are not buying such material as they are waiting to qualify for subsidies. UNICEF and UN Habitat are supporting the government to develop a sanitation marketing strategy.

29. Chure: A small hill range – foot-hills – east to west on the northern part of the Terai/plain region.

| Indicative intervention (2013-15)                    | Prioritized bottlenecks   | Bottleneck category |
|--|---|---------------------|
| Increase sanitation coverage through ODF campaigning | Poor enforcement of district-, VDC-, municipality- and national-level sanitation strategic plans and policies.  | Policy and planning |
|  | Little or no involvement of health sector in the ODF campaigning  | Policy and planning |
|  | Low level of awareness of good sanitation practices, especially in rural areas.   | Service use         |
| Sanitation in Terai and flood-prone areas            | The cost of the available sanitation options in the Terai region is almost triple that in the hills.  | Financing           |
|  | Low awareness (of communities and organizations) of alternative technologies in high water table areas and flood-prone areas  | Service use         |
|  | Open defecation is inherited culture and widely accepted in the communities.  | Service use         |
|  | Refusal to defecate in the same toilet by father-in-law and daughter-in-law. Also, in some remote areas, women are restricted from using toilets during their menstruation period.        | Service use         |
| Sanitation in urban areas                            | Current sanitation policies do not address sanitation in slums and squatter areas; the government is reluctant to support sanitation interventions in the informal (illegal) settlements. | Policy and planning |
|  | HH sanitation is not a priority for municipalities (compared to sewer drains, dumping sites, etc.).   | Service delivery    |
|  | Lack of sanitation facilities in public areas, such as bus stations, market areas, etc.   | Service delivery    |
| Sustain ODF with post-ODF campaign                   | No strategic post ODF plan at the national and district and local levels  | Policy and planning |
|  | No regular monitoring of post ODF status  | Policy and planning |

**Intervention 4:  
Implement WASH in schools programme with full community ownership and M/VWASHCC and DWASHCC collaboration**

| Indicative intervention (2013-15)   | Prioritized bottlenecks   | Bottleneck category       |
|---|---|---------------------------|
| Increasing sanitation coverage in schools   | Lack of planning coordination between the District Education Office (DEO) and other stakeholders working on sanitation at the district level  | Planning and coordination |
|   | Schools, by and large, lack information regarding their eligibility for receiving support for sanitation facilities from the government.  | Policy and planning       |
|   | The DEO funds allocated to the schools for building sanitation facilities are not sufficient and cannot be matched by the communities and the schools.  | Financing                 |
|   | The DEO's allocation to the schools is a flat amount, which disregards the fact that costs for building sanitation facilities differ from one place to the other.   | Policy and planning       |
|   | Due to lack of water supply: i) most toilet facilities in the schools are not used and properly maintained; ii) schools do not apply for funding to build new toilet facilities.  | Service use               |
|   | The Ministry of Education provides schools with sanitation facilities (hardware support); however, it does not have the capacity to carry out information campaigns on sanitation practices and maintenance of toilets. | Service delivery          |
|   | Existing school toilets lack menstruation hygiene facilities, causing absenteeism among adolescent girls during their menstruation period.  | Service delivery          |
|   | Number of school toilet units is too low – by law, one toilet unit should serve a maximum of 50 students; however, on average, one school toilet unit serves 147 students.  | Service use               |
|   | Lack of monitoring mechanisms – the monitoring checklists of the resource persons (RPs) and of the school inspectors do not include indicators on school WASH. <sup>30</sup>  | Policy and planning       |
|   | The guidelines for the development of the School Improvement Plans (SIP) <sup>31</sup> do not cover school WASH.  | Policy and planning       |
|   | The job description for School Management Committees (SMC) and Parent Teachers Associations (PTA) does not include sanitation promotion.  | Policy and planning       |
|   | The school WASH component is not part of the existing training modules for teachers, the SMC and the PTA.   | Policy and planning       |
| Toilets are not a priority for many SMC/PTA/teachers as compared to other needs such as school building, teacher salaries, etc. | Service use   |                           |

30. The resource persons and the school inspectors have monitoring responsibilities vis-à-vis school management, including teaching quality, teachers and students attendance, quality of school implementation plans (SIPs), etc.  
31. SIP is a mandatory annual activity for all public schools as per the government regulations.



# V. ACCELERATING MDG PROGRESS: IDENTIFYING SOLUTIONS AND COUNTRY ACTION PLAN

Photo: IFAD

## 5.1 GENERAL

This chapter presents the accelerated solutions that have been identified and prioritized for their potential to address bottlenecks and thereby to accelerate progress towards the identified MDG target of improving sanitation coverage across Nepal. The accelerated solutions have been identified on the basis of their impact and their feasibility (sustainability assessment, financing, and capacity to implement solutions), allowing Nepal to move toward attaining its nationally defined sanitation target for 2015.

During the bottleneck analysis workshops at the national and subnational levels, these solutions have been identified on the basis of good international practices as well as successful national practices adopted in the schools, communities and in districts. In most cases, the solutions were supported by a strong evidence base; in cases where the evidence was weak, consensus among experts participating in these workshops was sought. The task force meeting and joint meeting of the MAF Steering Committee and Technical Committee also provided suggestions for the solutions.

The solutions were based on the following specific considerations:

- Having already been tested and practiced elsewhere
- Capable of being implemented from 2013 to 2015
- Having cost-effective options
- Having the potential to yield high impact at scale
- Capability of being scaled up nationwide

## 5.2 PRIORITIZED SOLUTIONS AND MAF ACTION PLAN

The joint meeting of the MAF Steering Committee and Technical Committee, held on 30 November 2012, prioritized solutions to address the bottlenecks corresponding to the four key interventions. Subsequently, during the national validation workshop held on 26 December 2012, the solutions were prioritized, validated and approved by the joint meeting of the MAF Steering Committee and Technical Committee. Altogether, 40 strategic solutions were prioritized and validated. To ensure consistency, the prioritized solutions, which are expected to directly address the bottlenecks corresponding to the strategic interventions, are tabled below (Table 5.1).

### **Policy/planning- and coordination-related solutions:**

- Form a High-Level Sanitation Advisory Board to advise the existing national-level Steering Committee and Coordination Committee to increase sanitation profile and/or seek high-level commitment of the government,
- The government will make a public announcement, "Open defecation is prohibited," through mass media, IEC materials and circulars. DWASHCCs will also be instructed to develop local norms to stop open defecation.
- The government will make a public announcement, "No subsidy for private HH toilets". All concerned ministries will also inform their district and regional offices about the no-subsidy policy.
- All D-WASH-CCs will develop and enforce the district sanitation strategic plans of actions in line with the Master Plan.

- The school sanitation programme of DEO will be integral part of the annual plan of actions of the D-WASH-CC.

#### **Budget- and finance-related solutions:**

- All members of the NSHCC/RWASHCC/DWASHCC/VWASHCC and MWASHCC to earmark funds – every fiscal year – to function the secretariat and finance activities under the committees.
- Central-, district-, VDC-, and municipality-level basket funds to be established for ODF campaign; alternatively, prepare basket programme to launch ODF campaign.
- Local government bodies need to allocate budget for development and mobilization of triggers for sanitation social movement.
- The central government to make funds available to DDCs in priority regions (e.g., Karnali zones, low sanitation coverage) for their ODF campaigning/social movement.
- MOE to continue to allocate adequate resources for implementation of the girls' toilets programme focusing on menstrual hygiene, handwashing and water facilities.

#### **Service delivery-related:**

- Disseminate the Master Plan and its implementation guidelines in all districts, VDCs, and municipalities through workshops, IEC materials, and other media.
- N-SHCC, RWASHCC and D-WASH-CC to systematically develop human resources of sanitation triggers and trainers at all levels and mobilize them in developing sanitation strategic planning, stakeholders and community triggering, training, workshop, monitoring, and sanitation social movement as a whole.

- Develop and implement post-ODF action plan with budget provisions for each VDC, municipality, and district.
- DOE to revise the monitoring checklist of resource persons and school inspectors by introducing sanitation indicators.

#### **Service use-related solutions:**

- Review the existing innovative sanitation marketing initiatives being taken up in Nepal and formulate national sanitation marketing strategies and an action plan for social marketing of demand and supply chain of sanitation materials. Existing and future school toilets to be provided with water, menstrual hygiene facilities, disposal units, provision of menstrual hygiene kits in public schools.

Table 5.1 also shows the input required, estimated unit budget and key responsible stakeholders to implement the suggested solutions. While calculating the unit cost, the existing rates have been stated as far as possible. Where there are no existing rates, an indicative budget has been estimated.



**TABLE 5.1 SUMMARY TABLE FOR ACCELERATING PROGRESS TOWARDS THE MDG ON SANITATION (MDG 7C2)**

**A. Intervention 1: Enabling Effective and functional WASH coordination committees**

**Priority intervention 1.1 - Strengthen the capacity of the Nation Sanitation & Hygiene Steering Committee (NSHSC) and of the National Sanitation and Hygiene Coordination Committee (NSHCC)**

| Priority bottlenecks  | Solutions with acceleration potentials (2013-2015)   |
|---|--|
| Participation of sectoral ministries and departments not at a desired level in national-level committees.   | <ul style="list-style-type: none"> <li>- Form a High Level Sanitation Advisory Board to advise the existing national-level Steering Committee and Coordination Committee to boost sanitation profile and sustain high-level commitment of the government—the existing MAF Steering Committee composition under the chairpersonship of NPC member is suggested as a possible composition for this board.</li> </ul>   |
| Secretariat of NSHSC & NSHCC lacks resources to function effectively – lack of dedicated staff, ad hoc budget for logistics, communication, and for their respective overall programme.   | <ul style="list-style-type: none"> <li>- MOUD, the lead ministry to assign a fully dedicated sanitation officer/s to provide secretariat functions to the NSHSC and NSHCC.</li> <li>- All members of the NSHCC/RWASHCC/DWASHCC/VWASHCC and MWASHCC earmark funds – every fiscal year – toward making the secretariat functional and also finance activities under the committees.</li> <li>- The Secretariat to be given monitoring functions on implementation/follow-up of decisions by respective ministries/members of the committees.</li> <li>- The Master Plan-2011 implementation guidelines to indicate the frequency of national committees' meetings, including systems/procedures to ensure that deliberations are followed up/implemented.</li> </ul> |
| Lack of financial and technical capacity to support D-WASH-CCs – NSHCC has very little capacity (human and financial resources) to provide capacity development support to the D-WASH-CC through initiatives, such as sanitization activities and training to the D-WASH-CC members on strategic planning, documentation of best sanitation practices, etc. | <ul style="list-style-type: none"> <li>- All members of the NSHCC earmark funds – every fiscal year – to finance activities under the NSHCC plan/programme.</li> </ul>   |
| High turnover of focal points in national committees – irregular participation and high turnover of participants in national-level committee meetings by member institutions hinder the effective functioning of committees.  | <ul style="list-style-type: none"> <li>- Member institutions of national committees (i.e., ministries) to appoint focal points (and alternate focal points) to regularly attend the committees' meetings, report back to their respective ministries and to follow-up on deliberations.</li> <li>- Introduce rewards/recognition mechanism for the government focal points.</li> </ul>   |
| A weak Monitoring and Evaluation (M&E) framework – lack of a robust M&E framework for tracking and assessing results of national sanitation initiatives   | <ul style="list-style-type: none"> <li>- The forthcoming guidelines for the implementation of the Master Plan-2011 to include a specific provision for the development of an integrated (all ministries) M&amp;E framework for sanitation.</li> <li>- Develop an integrated M&amp;E framework for sanitation.</li> </ul>   |

| Inputs  | Cost (US\$)    | Potential/<br>responsible partners  | 2013 | 2014 | 2015 |
|---|----------------|-------------------------------------|------|------|------|
| None  | 0              | NPC, MUD, MLD, MOE, MOHP            |      |      |      |
| <ul style="list-style-type: none"> <li>- A designated officer is deputed</li> <li>- Financial resources to support secretariat (meeting, communication, logistics, etc.)</li> <li>- Monitoring visits to the districts</li> </ul> | US\$5,000/year | MOUD                                |      |      |      |
|   | US\$5,000/year | MOUD                                |      |      |      |
|   |                |                                     |      |      |      |
|   |                |                                     |      |      |      |
| <ul style="list-style-type: none"> <li>- Technical sanitation experts to provide training to D-WASH-CCs</li> </ul>  | US\$67,500     | All members of the NSHCC            |      |      |      |
| None  | 0              | All members of the NSHSC and NSHCC. |      |      |      |
|   |                |                                     |      |      |      |
| <ul style="list-style-type: none"> <li>- Hire national or international consultant/s</li> </ul>   | US\$5,000      | NSHCC                               |      |      |      |
|   |                |                                     |      |      |      |

**Priority intervention 1.2 - Strengthen the capacity of the R-WASH-CC (Regional WASH Coordination Committees) and of the D-WASH-CC (District WASH Coordination Committees)**

| Priority bottlenecks   | Solutions with acceleration potentials (2013-2015)   |
|--|--|
| <p>D-WASH-CCs have low capacity to develop district sanitation strategic action plans and to coordinate implementation among the various district stakeholders; as a result, different subsidy/support approaches are being applied and have hindered progress on sanitation.</p> <p>In many districts, the D-WASH-CCs have not developed a district sanitation plan/policy.</p> | <ul style="list-style-type: none"> <li>- Organize district-level workshops every year to sensitize all D-WASH-CCs members on sanitation, hygiene and ODF campaigning.</li> <li>- D-WASH-CCs to develop and enforce the district sanitation strategic plan of action in line with the Master Plan-2011 implementation guidelines.</li> <li>- Establish a sanitation task team in all districts. Members should be from key stakeholder groups, while also maintaining gender balance.</li> <li>- Train at least five sanitation and hygiene resource persons in each district.</li> <li>- For those districts that have already developed their sanitation strategic action plan, D-WASH-CC to review and revise them in line with the Master Plan-2011 implementation guidelines.</li> </ul> |
| <p>Capacity to ensure compliance is low – the D-WASH-CCs is weak in enforcing compliance with district sanitation policies and coordination among stakeholders.<sup>32</sup></p>   | <ul style="list-style-type: none"> <li>- Each D-WASH-CC will appoint a Sanitation Inspector (SI) to officially monitor compliance with the sanitation strategic action plans and also compliance with ODF indicators at the district and VDC levels. The SI normally will be appointed from among the officers of one of the DWASHCC members.</li> </ul>   |
| <p>No secretariat has been established to support D-WASH-CC – there is a provision in the Master Plan whereby the Water Supply and Sanitation Division Office (WSSDO)<sup>33</sup> has to provide secretariat functions to the D-WASH-CCs. However, the WSSDO has inadequate financial and human resources to carry out such functions.</p>                                      | <ul style="list-style-type: none"> <li>- The District Development Committee/Water Supply and Sanitation Division Office (WSSDO) and/or the Water Supply and Sanitation Sub Division Office (WSSSDO) need to assign a fully dedicated sanitation officer to perform secretariat function to support D-WASH-CC.</li> <li>- Resources for logistics and other secretariat costs to be borne by WSSDO.</li> <li>- As per the provision in the Master Plan, the Ministry of Urban Development to issue a circular/directive requiring all WSSDOs to serve as secretariat of the D-WASH-CC by making human and financial resources available for it.</li> </ul>  |
| <p>Lack of financial resources – no basket fund has been established to finance D-WASH-CCs activities due to operational constraints deriving from the financial act.</p>  | <ul style="list-style-type: none"> <li>- Members of the D-WASH-CCs to make separate and adequate budget allocations to support D-WASH-CCs activities/programmes (earmarked budget lines in their respective budgets).</li> <li>- Establish central-, district-, VDC-, municipality-level basket fund for ODF campaign. Alternatively, prepare a basket programme to launch ODF campaign.</li> </ul>  |
| <p>Low participation of political parties in sanitation campaigning.</p>   | <ul style="list-style-type: none"> <li>- Make a lobby with the political parties in the districts to include Sanitation and ODF in their political manifesto to seek their political commitment and mainstreaming in the sanitation movement.</li> </ul>   |

32. The districts have the authority to develop their own policy on subsidies in line with the national broad policy on subsidies (national guidelines).

33. The WSSDO is the lead government agency in the district on sanitation.

|  | Inputs  | Cost (US\$)    | Potential/<br>responsible partners | 2013 | 2014 | 2015 |
|--|---|----------------|------------------------------------|------|------|------|
|  | - District workshops every year   | US\$500/year   | DWASHCC                            |      |      |      |
|  | - Allocate budget to DWASHCC for developing, printing, dissemination, review and implementation monitoring. | US\$2,000      | DWASHCC                            |      |      |      |
|  | - Training of TOT for sanitation resource persons   | US\$10,000     | DWASHCC                            |      |      |      |
|  |   |                | DWASHCC                            |      |      |      |
|  | - Financial resources to support secretariat (meeting, communication, logistics, etc.)                      | US\$1,500/year | DWASHCC                            |      |      |      |
|  | None  | 0              | DWASHCC                            |      |      |      |
|  | None  | 0              | DWASHCC chair                      |      |      |      |

**Priority intervention 1.3 - Strengthen the capacity of the M/VDC-WASH-CC (Municipal and VDC WASH Coordination Committees)**

| Priority bottlenecks   | Solutions with acceleration potentials (2013-2015)  |
|--|---|
| <p>Low planning capacity – at the VDCs there is little capacity in terms of formulating sanitation strategic plans.</p>  | <ul style="list-style-type: none"> <li>- To establish a sanitation planning task team, comprising staff from the health posts, teachers, Female Community Health Volunteers (FCHV), local youth clubs, etc.</li> <li>- The task team to be trained by D-WASH-CC.</li> </ul>   |
| <p>The Sanitation Master Plan has not been disseminated properly at the VDC and municipality levels; for example, there is also lack of clarity regarding the procedures to form V-WASH-CCs, their composition and their size (i.e., number of members).</p>           | <ul style="list-style-type: none"> <li>- To ensure adequate dissemination of the Master Plan-2011 and its implementation guidelines in all VDCs/Municipalities (responsibility of the D-WASH-CCs).</li> <li>- The Master Plan implementation guidelines to specify the procedures guiding the establishment and composition of the M/VDC-WASH-CCs and their operations</li> </ul>   |
| <p>Local government bodies, especially DDCs, VDCs and municipalities, are not aware of the effectiveness of the ‘triggering’ approach.</p>   | <ul style="list-style-type: none"> <li>- D-WASH-CC to organize awareness/ sensitization workshops/campaigns (using the roster to identify resource persons to conduct workshops)</li> </ul>   |
| <p>Local government bodies at the municipal and VDC levels do not have a budget for sanitation – there are block grant operational guidelines for local governments; however, these guidelines do not cover allocation of funds/budget for sanitation initiatives.</p> | <ul style="list-style-type: none"> <li>- Revise the draft District Poverty Monitoring and Analysis System (DPMAS) to include budget/funds allocation for sanitation social movement by the local bodies.</li> <li>- Revise the Ministry of Local Development’s minimum condition for performance monitoring (MCPM) by adding an indicator related to sanitation. Every year, the Ministry of Local Development uses the MCPM to monitor the performance of the local government to guide the allocation of the new budget. The best performing local governments receive higher budgets than the previous year. Adding an indicator related to sanitation to the MCPM monitoring tool would give an incentive for local governments to invest more in sanitation to score higher on this indicator and qualify for more funding.</li> </ul> |
| <p>Lack of secretariat functions – there is no secretariat office to support the M/VDC-WASH-CC.</p>  | <ul style="list-style-type: none"> <li>- The VDC office to host the secretariat and to be resourced by VDC staff and finances</li> <li>- Appoint one of the ‘trigger’ personnel as focal person to perform secretariat functions.</li> </ul>  |

|  | Inputs   | Cost (US\$)                  | Potential/<br>responsible partners | 2013 | 2014 | 2015 |
|--|--|------------------------------|------------------------------------|------|------|------|
|  | Training to the task team                                | US\$1,000/district           | DWASHCC                            |      |      |      |
|  | The master plan guidelines to be printed and distributed | US\$5000/district            | DWASHCC                            |      |      |      |
|  | VDC/municipality level training/<br>workshops            | US\$300/VDC/<br>municipality | DWASHCC                            |      |      |      |
|  |  | 0                            | MOFALD                             |      |      |      |
|  | Meeting and logistic costs of the secretariat            | US\$500/year/VDC             | VWASHCC                            |      |      |      |

**B. Key intervention 2: Formulate and systematically implement programmes (minimum common modules/tools) at various levels to strengthen the capacity of triggers to support ODF campaigns.**

Strategic intervention 2.1: Create demand for sanitation facilities and cultivate positive sanitation behaviour through the mobilization of human resources (e.g., triggers at the central, district and VDC/municipality levels)

| Priority bottlenecks   | Solutions with acceleration potentials (2013-2015)   |
|--|--|
| No roster of existing trainers, resource persons and 'trigger' personnel in sanitation and related sectors (e.g., education and health)  | <ul style="list-style-type: none"> <li>- D-WASH-CC to develop a roster of 'triggers' and trainers at the national and district levels</li> </ul>   |
| Lack of training manual/tools available or developed for systematic capacity building of 'triggers' at the national/district/VDC/municipality levels.  | <ul style="list-style-type: none"> <li>- Review existing training manuals and resource books and develop a comprehensive training manual.</li> </ul>   |
| Lack of financial resources to develop and mobilize 'triggers' at all levels: national, district and VDC   | <ul style="list-style-type: none"> <li>- Government to allocate budget for developing and mobilizing 'triggers' at all levels (transport costs, lodging, trainers fees, etc.)</li> </ul>   |
| High turnover of 'trigger' personnel. There is no mechanism to incentivize 'triggers'. A number of agencies and VDC/DDC expect triggers to operate as volunteers. This is likely to demotivate them.                                 | <ul style="list-style-type: none"> <li>- Replicate the Female Community Health Volunteers (FCHV) model to incentivize 'triggers' through public recognition of their services and symbolic per diem payment.</li> <li>- Central government agencies to provide national-level awards to the best-performing 'triggers' in the country.</li> <li>- To develop and mobilize mostly women as 'triggers' to operate in their respective VDCs.</li> </ul> |
| Uneven distribution of trained 'triggers' across the country – in some districts, many trained sanitation 'triggers' are not an active part of the sanitation movement; in other districts, there are not enough trainers available. | <ul style="list-style-type: none"> <li>- Organize training at the district and VDC/municipality levels. The districts are selected on the basis of need. All in all, about 30 districts are left.</li> </ul>   |
| No formal recognition of 'triggers' by any of the agencies. This puts into question the legitimacy of the 'triggers'.  | <ul style="list-style-type: none"> <li>- NSHCC to make circular to DWASHCCs to direct VDCs/municipalities on the issuance of identity cards/badges to 'triggers'.</li> <li>- VDCs/municipalities to issue identity cards/badges to trained/certified 'triggers'.</li> </ul>  |

|  | Inputs  | Cost (US\$)   | Potential/<br>responsible partners             | 2013 | 2014 | 2015 |
|--|---|---|--|------|------|------|
|  |   | 0   | DWSHCCs  |      |      |      |
|  | Hire consultants  | 0<br>US\$10,000                                       | MOUD   |      |      |      |
|  | Financial support to triggers   | District level:<br>US\$<br>7,200/district/year        | DWASHCC  |      |      |      |
|  |   | VDC level<br>US\$1,800/year/VDC                       | VWASHCC  |      |      |      |
|  |   | Municipality level<br>US\$9,000/year/<br>municipality | MWASHCC  |      |      |      |
|  | Incentives based on works; 60 days<br>in a year - 2 pax   | US\$<br>750/year/VDC                                  | VWASHCC  |      |      |      |
|  |   | US\$1,500/year/<br>municipality                       | MWASHCC  |      |      |      |
|  | Training 3-5 persons in each<br>district, at least 2 in each VDC and<br>10 in each municipality | District level:<br>US\$2,000/district                 | NSHCC  |      |      |      |
|  |   | VDCs level: US\$400/<br>VDC                           | DWASHCC  |      |      |      |
|  |   | Municipality:<br>US\$2,000/<br>municipality           | DWASHCC  |      |      |      |
|  |   | 0   | NSHCC/DWASHCC<br>and VDC and<br>municipalities |      |      |      |

| Priority bottlenecks  | Solutions with acceleration potentials (2013-2015)  |
|---|---|
| There is no rigorous selection process in place to identify prospective 'triggers'.                           | <ul style="list-style-type: none"> <li>- Encourage existing volunteers (such as Female Community Health Volunteers), community mobilizers (under Local Governance Development Programme) and teachers within VDC and municipalities to also become sanitation 'triggers'.</li> <li>- Adopt a more rigorous screening process to identify/nominate 'triggers', including through interviews, references, etc.</li> </ul> |
| Poor technical knowledge of 'triggers' on technology options for toilets.                                     | <ul style="list-style-type: none"> <li>- Provide refresher training every year.</li> </ul>  |
| Due to lack of job description, the 'triggers' are not clear about their specific roles and responsibilities. | <ul style="list-style-type: none"> <li>- NSHCC to develop a national job description for all sanitation 'triggers' in the country and disseminate to all VDCs and municipalities.</li> </ul>  |

### C. Key intervention 3: Expedite sustainable ODF campaigning at the district, VDC and municipality levels by adopting sanitation marketing strategies

#### Priority Intervention 3.1: Increase sanitation coverage through ODF campaigning

| Priority bottlenecks  | Solutions with acceleration potentials (2013-2015)  |
|---|---|
| Criteria for targeting ultra-poor Households (HHs) not applied rigorously by agencies that provide support for sanitation facilities. Poverty and ethnic groups defined differently in different areas.   | <ul style="list-style-type: none"> <li>- Standardization of the criteria of identifying poor and also the support mechanism will be developed at the district level led by DDC with the involvement of all relevant stakeholders.</li> </ul>  |
| The size of the support provided to ultra-poor and disadvantaged ethnic HHs is too diversified and spread out to benefit them and be effective – weak effectiveness of programme implementation and targeting of Dalit and Janajati communities.  | <ul style="list-style-type: none"> <li>- Each D-WASH-CC will develop a 'special sanitation package for ultra-poor, Dalit and other disadvantaged Janajaties' to increase sanitation coverage among marginalized groups across the country.</li> </ul>   |
| Even though some sanitation material is available/provided to HHs for building toilets (toilet pans), some complementary materials (such as plumbing, cements, etc.) are not easily available, especially in remote districts. A complete set of sanitation materials is even common in the most remote parts of the country. | <ul style="list-style-type: none"> <li>- Review existing innovative sanitation marketing initiatives being taken up and formulate national sanitation marketing strategies and action plan/s for social marketing, analysing the demand and supply-side chains of sanitation materials.</li> <li>- Develop and put in place an adequate supply mechanism to ensure that all necessary sanitation materials are available, particularly in rural and remote parts of the country.</li> </ul> |

|  | Inputs | Cost (US\$)                    | Potential/<br>responsible partners | 2013 | 2014 | 2015 |
|--|--------|--------------------------------|------------------------------------|------|------|------|
|  |        | 0                              | VDCs                               |      |      |      |
|  |        | US\$200/VDC/year               | DWASHCC                            |      |      |      |
|  |        | US\$1000/<br>municipality/year | DWASHCC                            |      |      |      |
|  |        | 0                              | NSHCC                              |      |      |      |



|  | Inputs   | Cost (US\$)                            | Potential/<br>responsible partners | 2013 | 2014 | 2015 |
|--|--|--|------------------------------------|------|------|------|
|  | The provision to be made in the implementation guidelines.     | 0                                      | NSHSC                              |      |      |      |
|  |  | Per poor and disadvantaged HHs: US\$50 | MOFALD/MOUD/<br>Others             |      |      |      |
|  | Develop sanitation marketing strategies                        | US\$30,000                             | MOFALD/MOUD                        |      |      |      |
|  | Capacity-building activities to entrepreneurs and stakeholders | US\$37,500/year                        |                                    |      |      |      |
|  | Support to sanitation marketing supply chains                  | US\$37,500/year                        |                                    |      |      |      |

| Priority bottlenecks  | Solutions with acceleration potentials (2013-2015)   |
|---|--|
| Widespread misconception about the costs of building toilets and lack of awareness about cost-effective options among communities (end-users).  | <ul style="list-style-type: none"> <li>- Develop alternative cost-effective technologies/solutions of toilets especially suitable in the Terai and flood-prone areas and for poor people. Disseminate such knowledge and information through mass media, training and information, education and communication materials.</li> </ul>   |
| Lack of clarity and coherence of subsidy policies   | <ul style="list-style-type: none"> <li>- The government will make a public announcement: "No subsidy for private HH Toilets". All concerned ministries will update district and regional offices about the removal of toilet subsidies.</li> <li>- Endorse sanitation Master Plan-2011 implementation guidelines. The guidelines should clarify the removal of subsidies for HH toilets, except in the case of the ultra-poor and other targeted people, including disadvantaged ethnic groups. DWASHCC and VWASHCC/MWASHCC to be given mandate/authority to decide on the support mechanism to these targeted communities.</li> </ul> |
| Uneven interpretation and application of policies on subsidies <sup>35</sup> deters non-poor HHs from building their own sanitation facilities, as they are waiting to receive subsidies. This is also hampering the sanitation marketing strategy of the private sector. <sup>36</sup> | <ul style="list-style-type: none"> <li>- Disseminate the Master Plan-2011 and its implementation guidelines in all VDCs/Municipalities through workshops, IEC materials, and other media.</li> <li>- Ensure that all agencies, including NGOs and INGOs, adhere to the Master Plan-2011 guidelines.</li> </ul>   |
| Uneven dissemination of the Master Plan-2011 and other policies on sanitation at the district and VDC/ municipality levels.   | <ul style="list-style-type: none"> <li>- Master Plan Dissemination Unit established at the DWSS to disseminate information about the Master Plan across the country</li> </ul>   |
| A blanket approach is applied regardless of the level of existing sanitation coverage; no strategic targeting for improving sanitation coverage in areas where progress has been slow (e.g., Terai areas)   | <ul style="list-style-type: none"> <li>- Select the districts with sanitation coverage less than 50 percent and carry out intensive ODF programming with binding commitments from central-level budgets.</li> </ul>  |

35. Some agencies give subsidies to all households, some others give only to ultra-poor ones, and still others do not give any at all.  
36. Private-sector companies are penetrating rural areas with sanitation marketing strategies, whereby sanitation material is offered at very competitive prices; however, even non-poor households are not buying such material as they are waiting to qualify for eventual subsidies. UNICEF and UN Habitat are supporting the government to develop the sanitation marketing strategy.

| Inputs  | Cost (US\$)   | Potential/<br>responsible partners | 2013 | 2014 | 2015 |
|---|---|------------------------------------|------|------|------|
| Hire consultants to develop the design and costing  | Consultants:<br>US\$5,000<br><br>IEC materials:<br>US\$10,000 | MOUD                               |      |      |      |
| None  | 0   | NSHCC                              |      |      |      |
|   |   |                                    |      |      |      |
| District level: dissemination workshop of the sanitation implementation guidelines; 75 events | US\$37,500  | NSHCC                              |      |      |      |
|   |   |                                    |      |      |      |
| Master plan implementation consultants team at DWSS   | US\$20,00/year  | NSHCC                              |      |      |      |
| Development of IEC and other promotional materials  | US\$15,000/year   | NSHCC                              |      |      |      |
| Dissemination workshop at the district level  | US\$30,000/year   | NSHCC                              |      |      |      |
| VDC/municipality level dissemination workshops  | US\$500 per municipality                                      | NSHCC<br><br>VWASHCC and MWASHCC   |      |      |      |
|   | Budget to estimate  | NSHCC                              |      |      |      |

| Priority bottlenecks  | Solutions with acceleration potentials (2013-2015)   |
|---|--|
| The DWASHCC lack funds for development and implementation of district ODF plans.  | <ul style="list-style-type: none"> <li>- The government to make funds available (i.e., matching funds) to DDCs in priority regions (i.e., low sanitation coverage, Karnali zone, mountains, etc.) on the basis of submission of ODF plans.</li> <li>- The MOFALD continues to provide the central grant to DDCs that plan for ODF in the current fiscal year.</li> </ul>   |
| Due to a lack of water supply, HHs are not keen to build toilets, especially in the hills, Chure range, and mountain districts where water tends to be scarce.  | <ul style="list-style-type: none"> <li>- Introduce dry ecosan toilets that do not require water for flushing – very effective in water shortage areas</li> </ul>   |
| Lack of toilets along highways, and also in restaurants on highways.  | <ul style="list-style-type: none"> <li>- The Roads Department will build public toilets with Private-Public Partnership (PPP) model or a community-managed model ensuring proper O&amp;M management along national highway and feeder roads at every 50 KM interval and at every 25 KM in the hill areas.</li> <li>- Every fuel pump centre along the highway must have a public toilet.</li> </ul>  |
| Poor enforcement of the district/ VDC/municipality and national-level sanitation strategic plans and policies. For example, there is an insufficiently robust monitoring mechanism to ensure an ODF environment continues after ODF status is declared. | <ul style="list-style-type: none"> <li>- Each NSHCC/RWASHCC/D-WASH-CC/VWASHCC/MWASHCC will appoint a SI to officially monitor the compliance with the sanitation strategic action plans and also compliance with the ODF indicators. The SI normally will be appointed from among the officers of one of the respective Coordination Committees.</li> </ul>  |
| Little or no involvement of health sector in the ODF campaigning.   | <ul style="list-style-type: none"> <li>- Ministry of Health and Population (MOHP) will direct its health departments, hospitals, health post, sub-health post and primary health care centres to keep messages related to “toilet use” and “hand washing with soap” in the doctor’s prescription pad. Also MOHP will instruct Female Community Health Volunteers (FCHVs) and chiefs of the district and VDC/municipality health facilities in a circular to engage more fully in ODF campaigning.</li> </ul> |
| Low level of awareness of good sanitation practices, especially in rural areas  | <ul style="list-style-type: none"> <li>- Mobilization of print, radio, social media and dissemination of Information, Education and Communication (IEC) materials</li> <li>- Establish partnerships with the private sector for conducting information and awareness campaigns.</li> <li>- Greater involvement of political parties in awareness campaign and in the D-WASH-CC and V-WASH-CC</li> </ul>  |

| Inputs   | Cost (US\$)     | Potential/<br>responsible partners              | 2013 | 2014 | 2015 |
|--|-----------------|---|------|------|------|
| Each district would get US\$20,000 for ODF supports        | US\$40,000/year | MOFALD/MOUD                                     |      |      |      |
|  |                 |   |      |      |      |
| Investment support to build ecosan toilets                 | US\$40,000/year | MOUD  |      |      |      |
|  |                 |   |      |      |      |
| None   | 0               | Private sectors                                 |      |      |      |
|  |                 |   |      |      |      |
|  |                 | WASC coordination committee at different levels |      |      |      |
|  |                 | MOHP  |      |      |      |
| Partnership with private sector for mass media campaigning | US\$75,000/year | MOFALD/MOUD                                     |      |      |      |
|  |                 |   |      |      |      |
|  |                 |   |      |      |      |

### Priority Intervention 3.2: Sanitation in Terai and flood-prone areas

| Priority bottlenecks   | Solutions with acceleration potentials (2013-2015)  |
|--|---|
| The cost of the available sanitation options in the Terai region is almost triple that in the hills.   | <ul style="list-style-type: none"> <li>- Explore alternative cost-effective technologies/solutions.</li> <li>- Expand awareness of alternative, low-cost technology solutions through different media campaigns, training, IEC materials, etc.</li> </ul> |
| Low awareness (of communities and organizations) of alternative technologies in high water table areas and floods-prone areas.   |   |
| Open defecation is inherited culture and widely accepted in the communities.   | <ul style="list-style-type: none"> <li>- DWASHCCs to develop an incentive system to stop open defecation</li> </ul>   |
| Culture – refusal to defecate in the same toilet by father-in-law and daughter-in-law. Also, in some remote areas, women are restricted from using toilets during their menstruation period. | <ul style="list-style-type: none"> <li>- Develop IEC materials and awareness campaign programmes.</li> </ul>  |

### Priority Intervention 3.3: Sanitation in urban areas

|   |   |
|---|---|
| Current sanitation policies do not address sanitation in slums and squatter areas; the government is reluctant to support sanitation interventions in the informal (illegal) settlements. | <ul style="list-style-type: none"> <li>- Each municipality will develop a 'sanitation package' for informal settlements (slums and squatter areas), including community toilets with a community management model or through a public-private partnership model.</li> </ul>               |
| HH sanitation is not a priority for municipalities (compared to sewer drains, dumping sites, etc.)  | <ul style="list-style-type: none"> <li>- Municipality to declare mandatory provision to build toilets</li> </ul>  |
| Lack of sanitation facilities in public areas, such as bus stations, market areas, etc.   | <ul style="list-style-type: none"> <li>- To declare a district ODF, <b>public toilets must be mandatory</b> at public places such as <i>Haat Bazaar</i> (market places), bus parks, play grounds, etc. and a management plan for operation and maintenance should be in place.</li> </ul> |

### Priority Intervention 3.4: Sustain ODF with post-ODF campaigning

|   |   |
|---|---|
| No strategic post-ODF plan at the national and district and local levels. | <ul style="list-style-type: none"> <li>- Develop and implement post-ODF action plan with budget provisions for each VDC/municipality/district soon after ODF declaration.</li> <li>- The post-ODF plan should focus on toilet upgrading, use of toilets, waste management, increase of public toilets and their O&amp;M, handwashing with soap, etc.</li> </ul> |
| No regular monitoring of post-ODF status.                                 | <ul style="list-style-type: none"> <li>- Form monitoring committees at the ward, school and VDC/municipality levels to ensure total sanitation behaviours are adopted and sustained.</li> <li>- The SIs will ensure the ODF indicators are adhered to, otherwise penalties will be introduced.</li> </ul>   |

|  | Inputs                                    | Cost (US\$)                 | Potential/<br>responsible partners | 2013 | 2014 | 2015 |
|--|---|-----------------------------|------------------------------------|------|------|------|
|  | None                                      | 0                           | MOUD                               |      |      |      |
|  |   |                             | NSHSC                              |      |      |      |
|  |   |                             |                                    |      |      |      |
|  |   |                             |                                    |      |      |      |
|  |   |                             |                                    |      |      |      |
|  |   |                             | MWASHCCs                           |      |      |      |
|  | None                                      | 0                           | MOFALD/<br>municipalities          |      |      |      |
|  | Construction of public toilets            | US\$15,000/district         | MOFALD                             |      |      |      |
|  |   |                             |                                    |      |      |      |
|  | Hire consultants and organize workshops   | US\$4,000/district          | D-WASH-CC                          |      |      |      |
|  | Quarterly monitoring visits by D-WASH-CCs | US\$4,000/district/<br>year | D-WASH-CC                          |      |      |      |

## D. Key intervention 4: Implement WASH in schools programme with full community ownership and M/VWASHCC and DWASHCC collaboration

### Strategic intervention 4.1: Increasing sanitation coverage in schools

| Priority bottlenecks   | Solutions with acceleration potentials (2013-2015)  |
|--|---|
| Lack of planning coordination between the DEO and other stakeholders working on sanitation at the district level   | <ul style="list-style-type: none"> <li>- DEO's school sanitation programme will be an integral part of the annual plan of actions of the D-WASH-CC.</li> </ul>  |
| Schools, by and large, lack information regarding their eligibility for receiving support for sanitation facilities from the government.   | <ul style="list-style-type: none"> <li>- Each district should publish eligibility criteria of school toilets programmes in local newspapers and also disseminate them through other relevant channels.</li> </ul>   |
| <p>The DEO funds allocated to the schools for building sanitation facilities are not sufficient and cannot be matched by the communities and the schools.</p> <p>The DEO's allocation to the schools is a flat amount, which disregards the fact that costs for building sanitation facilities differ from one place to the other.</p> | <ul style="list-style-type: none"> <li>- MOE to review budget for supporting schools' sanitation and hygiene facilities so that the matching funds requirement by the community is set to a minimum of 20 percent of the estimate as per the WASH policy.</li> <li>- Instead of the flat amount, the school toilet cost should be based on the actual estimates and the estimates should also include budget for water and handwashing facilities, sanitation and hygiene promotion, and design and estimation/costing.</li> </ul>  |
| Due to lack of water supply: a) most toilet facilities in the schools are not USED and properly maintained; b) schools do not apply for funding to build new toilet facilities.  |   |
| The MOE provides schools with sanitation facilities (hardware support); however, it does not have the capacity to carry out information campaigns on sanitation practices and maintenance of toilets.  | <ul style="list-style-type: none"> <li>- 20 percent of the budget of building a toilet should be earmarked for sanitation and hygiene promotional programme/s.</li> <li>- Innovative model school concept will be introduced in schools where sanitation and hygiene facilities are supported. The model school includes: i) formation and reformation of children's clubs, ii) establishment of O&amp;M fund/ local norms, iii) preparation of annual plan of action, iv) establishment of CGD WASH facilities, v) implementation of life skill-based curriculum.</li> </ul> |
| Existing school toilets lack menstruation hygiene facilities, causing absenteeism among adolescent girls during their menstruation period.   | <ul style="list-style-type: none"> <li>- Existing toilets are to be upgraded with menstrual hygiene facilities and disposal units. Also, menstrual hygiene kits should be distributed in schools.</li> <li>- MOE to continue to allocate adequate resources for implementing programme for girls' toilets, focusing on menstrual hygiene, handwashing and water facilities.</li> </ul>  |
| Number of school toilet units is too low - by law, one toilet unit has to serve a maximum of 50 students; however, on average, one school toilet units serves 147 students.  | <ul style="list-style-type: none"> <li>- Assess the number of students versus toilet units nationwide.</li> <li>- Initiate school 'toilet upgrade' programme to obtain ratio of toilet unit/ number of students as 1/50.</li> </ul>   |

|  | Inputs   | Cost (US\$)                                    | Potential/<br>responsible partners | 2013 | 2014 | 2015 |
|--|--|--|------------------------------------|------|------|------|
|  | Organize planning meeting with an agenda of school sanitation  | 0  | DWASHCC/DEO                        |      |      |      |
|  | Advertise in the local newspapers and public notices   | US\$200/district                               | MOE                                |      |      |      |
|  | Revision of the MOE's school sanitation policy   | 0  | MOE                                |      |      |      |
|  | Increment of budget by 50 percent of the existing budget   | US\$1,500 /school (additional budget required) |                                    |      |      |      |
|  | Revision of the MOE's school sanitation policy   | US\$235 /school (additional budget required)   | MOE                                |      |      |      |
|  | Revision of the MOE's school sanitation policy   | US\$470/school (additional budget required)    | MOE                                |      |      |      |
|  | Maintenance of existing school toilets with menstrual hygiene requirement  | US\$200/school toilet                          | MOE                                |      |      |      |
|  | Hire consultants to assess the ratio of school toilets to students. An estimation should then be made of the financial resources needed to upgrade toilets or to build new ones. | US\$15,000                                     | MOE                                |      |      |      |

| Priority bottlenecks   | Solutions with acceleration potentials (2013-2015)  |
|--|---|
| Lack of monitoring mechanisms – the monitoring checklists of the resource persons and of the school inspectors does not include indicators on school WASH. | <ul style="list-style-type: none"> <li>- The Department of Education to revise the monitoring checklist of RPs and SIs, by introducing sanitation indicators</li> </ul>   |
| The guidelines for the development of the School Improvement Plans (SIP) do not cover School WASH.   | <ul style="list-style-type: none"> <li>- The Department of Education to revise SIP guidelines, including schools WASH, and circulate them to all its district offices.</li> </ul>   |
| The job description for School Management Committees (SMC) and Parent Teacher Associations (PTA) does not include sanitation promotion.                    | <ul style="list-style-type: none"> <li>- The DOE to revise the Job Description (JD) of the PTA/SMC.</li> </ul>  |
| The school WASH component is not part of existing training modules for teachers, the SMC and the PTA .   | <ul style="list-style-type: none"> <li>- The Department of Education to revise the training modules (for teachers, SMC and PTA) to include the school WASH component.</li> <li>- Mobilize school stakeholders (SMC/PTA, child clubs and teachers) to support VDC/municipality-level sanitation action plan, including the ODF campaigning.</li> </ul> |
| Toilets are not a priority for many SMC/PTA/teachers as compared to other needs such as school-building, teachers' salaries, etc.                          | <ul style="list-style-type: none"> <li>- The government will also carry out a "No school without toilets" campaign.</li> </ul>  |

|  | Inputs  | Cost (US\$) | Potential/<br>responsible partners | 2013 | 2014 | 2015 |
|--|---|-------------|------------------------------------|------|------|------|
|  |   | 0           | MOE                                |      |      |      |
|  |   | 0           | MOE                                |      |      |      |
|  |   | 0           | MOE                                |      |      |      |
|  | Hire consultant to review the training curriculum | US\$5,000   | MOE                                |      |      |      |
|  |   |             |                                    |      |      |      |
|  |   |             | MOE                                |      |      |      |



## 6.1 LESSONS LEARNED IN THE SECTOR

Through collaborative efforts of stakeholders, the sanitation pace is accelerating especially in the mid and far western regions. The local body's leadership in the sanitation movement is the key to success. The Sanitation and Hygiene Master Plan has stressed on importance of these two aspects aligning actions and local bodies' leadership. The other great learning in the sector is that the slow pace of sanitation was due to diversified subsidy modalities, actions without proper planning at the VDC or district levels, less focus to sanitation in schools and other institutions. The recent total sanitation approaches such as School Led Total Sanitation (SLTS), Community Led Total Sanitation (CLTS), Local body Led Total Sanitation (LLTS) with no subsidy, and mobilization of local resources are the key factors of the success in the rapid sanitation coverage. The SLTS has been pivotal in promoting child, gender and disable friendly school sanitation facilities including menstrual hygiene of girls and spreading sanitation coverage in the school catchment.

The sector wide Approach (SWAP) and institutional set up at the national and sub-national levels are essential to coordinate, monitor and evaluate the sanitation plan and programme and ensure uniform implementation modalities. The specific policy level and implementation level lessons learning are listed below:

### 6.1.1 POLICY LEVEL

- Political commitment is must at all levels;
- Mainstreaming of local bodies is a must for accelerated hygiene and sanitation development;
- Ultra poor and disadvantaged groups need special consideration for their access to hygiene and sanitation promotion. Provision of

financial support is crucial especially to ensure the access of socially disadvantaged communities to sanitation facilities;

- Water supply and sanitation projects should have universal toilet coverage within the project period;
- The fundamental norms and standards of the program approach and financing modality is essential to maintain uniformity and standards;
- Maintenance of the uniformity and standard of program approaches, modalities and activities, institutional arrangements is a key to success; and
- Necessary environment needs to be created to mainstream private sector institutions for financing in sanitation promotion activities through social marketing approaches.

### 6.1.2 IMPLEMENTATION LEVEL

- Development and implementation of the VDC and Municipality level joint plan of action on sanitation is imperative to synergize the efforts and achieve sustainable sanitation at scale;
- Mobilization of political parties and their sister organizations as well as the administrative wings of the bureaucracy is seen indispensable for better coordination and wider community mobilization;
- Inter and intra sectoral coordination is must for optimizing the resource base and synergizing the efforts at local levels;
- ODF campaigning must mainstream household as well as community institutions such as schools, health institutions, public offices, community buildings, etc;
- Mobilization of schools, child clubs, students, NGOs and CBOs is crucial for massive community mobilization;

- Children are the change agents for hygiene and sanitation promotion in schools and communities;
- The use of natural leaders and VDC level triggers are key elements to create VDC level ODF status and sustainable post ODF level status in hygiene and sanitation;
- Mobilization of FUGs, mothers' group, cooperatives, and women's saving groups is crucial to generate local level resources;
- Construction of permanent structure toilets at least up to plinth level seems crucial from the view point of durability and sustainability of the structure;
- Urban sanitation is complex in terms of inadequate participation of the private sector, technology, financing, management, and inadequate enforcement of rules and regulation;
- Decentralized system is indispensable for better and sustainable urban environment;
- The advocacy of media, civil society, professional communities, local groups, and the Federation of Water Supply and Sanitation Nepal (FEDWASUN) is essential;
- Massive capacity building, mass sensitization and community triggering activities are needed at district, school and community levels; and
- Innovation, creation and flexibility are essential in sanitation sector activities to address the specific need and requirements.

## 6.2 STATUS OF TOILET COVERAGE IN NEPAL

| Areas                          | Total HHs | % of HHs with toilets |
|--------------------------------|-----------|-----------------------|
| <b>Nepal</b>                   | 5,423,297 | 61.8                  |
| <b>Urban/Rural</b>             |           |                       |
| Urban                          | 1,045,575 | 90.9%                 |
| Rural                          | 4,377,722 | 54.9%                 |
| <b>Ecological Belt</b>         |           |                       |
| Mountain                       | 363,698   | 60.1%                 |
| Hill                           | 2,532,041 | 75.1%                 |
| Terai                          | 2,527,558 | 48.8%                 |
| <b>Development Region</b>      |           |                       |
| Eastern Dev. Region            | 1,230,743 | 60.3%                 |
| Central Dev. Region            | 1,962,238 | 63.9%                 |
| Western Dev. Region            | 1,065,599 | 73.0%                 |
| Mid- Western Dev. Region       | 695,014   | 51.4%                 |
| Far -Western Dev. Region       | 469,703   | 47.3%                 |
| <b>Eco- Development region</b> |           |                       |
| Eastern Mountain               | 84,844    | 76.1%                 |
| Eastern Hill                   | 346,373   | 72.1%                 |
| Eastern Terai                  | 799,526   | 53.4%                 |
| Central Mountain               | 122,034   | 65.6%                 |
| Central Hill                   | 1,014,765 | 83.4%                 |
| Central Terai                  | 825,439   | 39.8%                 |
| Western Mountain               | 4,753     | 64.0%                 |
| western Hill                   | 676,987   | 84.2%                 |
| Western Terai                  | 383,859   | 53.3%                 |
| Mid -Western Mountain          | 68,802    | 57.6%                 |
| Mid-Western Hill               | 332,025   | 48.4%                 |

| Areas                | Total HHs | % of HHs with toilets |
|----------------------|-----------|-----------------------|
| Mid-Western Terai    | 294,187   | 53.4%                 |
| Far-Western Mountain | 83,265    | 37.5%                 |
| Far-Western Mountain | 83,265    | 37.5%                 |
| Far-Western Hill     | 161,891   | 46.6%                 |
| Far -Western Terai   | 224,547   | 51.4%                 |
| <b>District</b>      |           |                       |
| Kaski                | 125,459   | 99.2%                 |
| Kathmandu*           | 435,544   | 98.8%                 |
| Bhaktapur            | 68,557    | 97.0%                 |
| Lalitpur             | 109,505   | 95.7%                 |
| Chitawan*            | 132,345   | 94.1%                 |
| Ilam                 | 64,477    | 90.5%                 |
| Parbat               | 35,698    | 90.3%                 |
| Syangja              | 68,856    | 89.6%                 |
| Panchthar            | 41,176    | 88.2%                 |
| Tanahu*              | 78,286    | 83.9%                 |
| Gulmi                | 64,887    | 81.6%                 |
| Myagdi*              | 27,727    | 81.4%                 |
| Lamjung              | 42,048    | 80.9%                 |
| Baglung              | 61,482    | 80.2%                 |
| Sankhuwasabha        | 34,615    | 78.2%                 |
| Dhankuta             | 37,616    | 77.2%                 |
| Palpa                | 59,260    | 76.3%                 |
| Solukhumbu           | 23,758    | 75.4%                 |
| Terhathum            | 22,084    | 75.2%                 |
| Jhapa                | 184,384   | 74.2%                 |

\* Open Defecation Free (ODF) declared districts by 2012

| Areas          | Total HHs      | % of HHs with toilets |
|----------------|----------------|-----------------------|
| Taplejung      | 26,471         | 73.9%                 |
| Kavrepalanchok | 80,651         | 73.1%                 |
| Gorkha         | 66,458         | 73.0%                 |
| Arghakhanchi   | 46,826         | 71.6%                 |
| Surkhet        | 72,830         | 71.4%                 |
| Pyuthan        | 47,716         | 71.2%                 |
| Okhaldhunga    | 32,466         | 70.8%                 |
| Dhading        | 73,842         | 70.4%                 |
| Dolakha        | 45,658         | 69.6%                 |
| Jumla          | 19,291         | 69.3%                 |
| Manang         | 1,448          | 65.4%                 |
| Sindhupalchok  | 66,635         | 64.1%                 |
| Bhojpur        | 39,393         | 64.1%                 |
| <b>Sunsari</b> | <b>162,279</b> | <b>63.9%</b>          |
| Morang         | 213,870        | 63.8%                 |
| Ramechhap      | 43,883         | 63.4%                 |
| Mustang        | 3,305          | 63.4%                 |
| Khotang        | 42,647         | 63.4%                 |
| Nawalparasi    | 128,760        | 62.0%                 |
| Dang           | 116,347        | 60.9%                 |
| Makwanpur      | 86,045         | 59.7%                 |
| Nuwakot        | 59,194         | 59.3%                 |
| Rupandehi      | 163,835        | 58.5%                 |
| Dadeldhura     | 27,023         | 58.5%                 |
| Kalikot        | 23,008         | 56.9%                 |
| Rasuwa         | 9,741          | 56.7%                 |
| Kanchanpur     | 82,134         | 55.2%                 |
| Udayapur       | 66,514         | 51.6%                 |

| Areas         | Total HHs     | % of HHs with toilets |
|---------------|---------------|-----------------------|
| Dolpa         | 7,466         | 50.8%                 |
| Humla         | 9,437         | 50.2%                 |
| Kailali       | 142,413       | 49.2%                 |
| Dailekh       | 48,915        | 49.0%                 |
| Bardiya       | 83,147        | 48.7%                 |
| Mugu          | 9,600         | 48.4%                 |
| Banke         | 94,693        | 48.3%                 |
| Achham        | 48,318        | 47.6%                 |
| Darchula      | 24,604        | 46.7%                 |
| Jajarkot      | 30,468        | 43.8%                 |
| Baitadi       | 45,167        | 42.9%                 |
| Doti          | 41,383        | 41.7%                 |
| Bajura        | 24,888        | 38.5%                 |
| Dhanusa       | 138,225       | 35.1%                 |
| Parsa         | 95,516        | 35.0%                 |
| Rukum         | 41,837        | 34.6%                 |
| Sindhuli      | 57,544        | 33.6%                 |
| Kapilbastu    | 91,264        | 31.6%                 |
| Bajhang       | 33,773        | 30.1%                 |
| <b>Salyan</b> | <b>46,524</b> | <b>29.2%</b>          |
| Bara          | 108,600       | 27.6%                 |
| Mahottari     | 111,298       | 27.5%                 |
| Sarlahi       | 132,803       | 26.4%                 |
| Rautahat      | 106,652       | 24.5%                 |
| Rolpa         | 43,735        | 21.6%                 |
| Siraha        | 117,929       | 21.3%                 |
| Saptari       | 121,064       | 20.7%                 |

Sources: National Population and housing Census 2011, National Report, CBS, 2012

## 6.3 WASH COORDINATION COMMITTEES

### **National Sanitation and Hygiene Steering Committee**

This committee is chaired by the Secretary of MOUD, whereas, the relevant joint secretary of MOUD is the member secretary. The members are the joint secretaries of National Planning Commission (NPC), Ministry of Finance (MoF), MFALD, MOHP, MOES and MCWSW. Its key functions are:

- Coordinate with NPC, MOF, relevant ministries, donors and I/NGOs for national level programs and budget;
- Review sectoral policies, plans, strategies and budget;
- Give necessary direction, advice and guidance for the effectiveness of sector activities and implementation of the Sanitation and Hygiene Master Plan;
- Take leadership in dealing with pertinent national sanitation issues; and
- Provide necessary guidance to NSHCC for sector effectiveness.

### **National sanitation and hygiene coordination committee**

This committee is chaired by the relevant joint secretary of MPPW; while the Chief of the Environmental Sanitation and Disaster Management Section of DWSS is the member secretary. The members are from Government regional Offices

(Health, Education and Forest), Federation of Nepal Chambers of Commerce and Industry, Concerned UN agencies, Major regional level WASH

Donors, I/NGOs, development partners, National Associations of DDC, Municipality and VDC and national Federation/forum of water supply and sanitation and forest users groups, etc. Its key functions are:

- Coordinate with NPC, MOF, relevant ministries, donors and I/NGOs for sector effectiveness;
- Develop and review periodically the national hygiene and sanitation program;
- Carry out nationwide hygiene and sanitation sensitization workshops, meetings and seminars at various levels – centre, region and district;
- Develop and disseminate various users-friendly IEC materials on health education, hygiene and sanitation promotion; Support R-WASH-CC D-WASH-CC and other local bodies to mobilize their own and user resources towards achieving ODF status in an accelerated manner; and
- Monitor the performance of the districts in sanitation planning, resource mobilization, sanitation implementation, ODF declaration of VDCs, and on-going implementation of total sanitation program.

### **Regional WASH-CC**

The regional committee is chaired by the Regional Administrator. The Chief of Monitoring and Supervision Office of DWSS is its member secretary.

The members are from Government regional Offices (Health, Education and Forest), Federation of Nepal Chambers of Commerce and Industry, Concerned UN agencies, Major regional level WASH Donors, I/NGOs, development partners, National Associations of DDC, Municipality and VDC and national Federation/forum of water supply and sanitation and forest users groups, etc.

Its key functions are:

- Prepare the regional profile of hygiene and sanitation and strategic Master Plan;
- Encourage and support the districts for formulating and implementing their own Master Plan for hygiene and sanitation;
- Formulate programs to help districts for helping them plan and implement their hygiene and sanitation programs;
- Monitor the performance of the hygiene and sanitation activities in the region; and
- Grant reward and recognition to various individuals/institutions that have noteworthy contribution in promoting hygiene and sanitation in their communities. And recognize them as 'sanitation champion'.

#### **District WASH-CC**

This committee is chaired by DDC chairperson and Chief of WSSDO is the member secretary. The members are

Local Development Officer, DOLIDAR, DPHO, DEO, Women Development Office, Municipalities, concerned district level donors, municipalities of the concerned district, FNCCI, association of public and private schools, concerned UN agencies, Major WASH Donors, I/NGOs, development partners, National Associations of DDC, Municipality and VDC and national Federation/forum of water supply and sanitation and forest users groups, etc. Its key functions are:

- Prepare the district profile of hygiene and sanitation and strategic Master Plan/Plan of Action;
- Endorses of Strategic Plan/Plan of Action on total sanitation for the DDC approval;
- Encourage the VDCs and Municipalities for formulating and implementing their own Master Plan for sanitation and support them;
- Monitor the performance of the VDCs and Municipalities in sanitation;

- Establish and manage a district level basket fund for sanitation, which would consist of DDC funds, allocations from the central basket fund managed by the DWSS and possible funds from other sources;
- Encourage and support the VDCs and Municipalities to declare ODF by providing financial incentives from the DDC funds; and
- Grant reward and recognition to various individuals/institutions that have noteworthy contribution in promoting hygiene and sanitation in their communities. And recognize them as 'sanitation champion'.

#### **VDC-WASH-CC**

This committee is chaired by VDC chairperson and health post in charge is the secretary. The members are NGOs, CBOs, FUGs, development partners, WASH Users' Committee, Tole Development Organizations, Child clubs, FCHVs, headmasters/ principals, SMC/PTA, women groups, micro credit organizations, local networks, etc. Its key functions are:

- Preparation and updating of the WASH profile of the VDC;
- Analysis of sanitation and hygiene issues and strategies to overcome the existing barriers;
- Prepare a short term and long term plan for launching sanitation and hygiene promotional activities along with budget, joint plan of action and responsibilities;
- Form up a monitoring team for regularly monitoring and provide technical backstopping to the communities and schools;
- Organize review meetings and follow up activities for smooth implementation and monitoring; and
- Endorses Strategic Plan/ Plan of Action and budgets for total sanitation for approval from VDC council.

## M-WASH-CC

This committee is chaired by Municipality chief. The members are Health facilities, NGOs, CBOs, FUGs, development partners, WASH Users' Committee, Toile Development Organizations, Child clubs, FCHVs, headmasters/ principals, SMC/PTA, women groups, micro credit organizations, local networks, etc. Its key functions are:

- Preparation and updating of the WASH profile of the Municipality;
- Analysis of sanitation and hygiene issues and strategies to overcome the existing barriers;
- Prepare a short term and long term plan for launching sanitation and hygiene promotional activities along with budget, joint plan of action and responsibilities;
- Form up a monitoring team for regularly monitoring and provide technical backstopping to the communities and schools;
- Organize review meetings and follow up activities for smooth implementation and monitoring; and
- Endorses Strategic Plan/ Plan of Action and budgets for total sanitation for approval from Municipality council.

## 6.4 LIST OF PARTICIPANTS AT VARIOUS CONSULTATIONS

### National Sanitation Bottleneck Analysis Workshop Godavari, Lalitpur 30-31 July, 2012

| (a) List of Participants |                              |   |                 |
|--------------------------|------------------------------|---|-----------------|
| SN                       | Name                         | Designation   | Organization    |
| 1                        | Mr. Dependra Bahadur Kshetry | Hr. Vice Chairperson  | NPC             |
| 2                        | Mr. Yuba Raj Bhusal          | Member secretary  | NPC             |
| 3                        | Mr. Janak Raj Shah           | Hr. Member  | NPC             |
| 4                        | Mr. Robert Piper             | UN Resident and Humanitarian Coordinator & UNDP Resident Representative | UN Country Team |
| 5                        | Ms. Shoko Noda               | Country Director  | UNDP            |
| 6                        | Mr. Aatma Ram pandey         | Joint Secretary   | NPC             |
| 7                        | Mr. Gopi Nath Mainali        | Joint Secretary   | NPC             |
| 8                        | Mr. Pushpa Lal Shakya        | Joint Secretary   | NPC             |
| 9                        | Mr. Reshmi Raj Pandey        | Joint Secretary   | MOFARD          |
| 10                       | Mr. Janardan Nepal           | Joint Secretary   | MOE             |
| 11                       | Dr. Lazima Onta Bhatta       | Assistant Country Director  | UNDP            |
| 12                       | Mr. Sanjay Khanal            | Programme Director, Education   | NPC             |
| 13                       | Mr. Ghanshyam Upadhayay      | Programme Director  | NPC             |
| 14                       | Mr. Deepak Puri              | Chief, Planning Section   | DWSS            |
| 15                       | Mr. Lok Nath Regmi           | SDE   | DOLIDAR         |

|    |                          |  |                               |
|----|--------------------------|--|-------------------------------|
| 16 | Mr, Ram Chandra Shah     | Chief, Environmental Sanitation Section                                  | SWSS                          |
| 17 | Mr. Bhoj Bikram Thapa    | Dpt. Project Director, II Small Town Water Supply and Sanitation Project | DWSS                          |
| 18 | Mr. Thakur pandit        | SDE/ESS  | DWSS                          |
| 19 | Mr. Bal Mukunda Shrestha | SDE/WASH Division  | Ministry of Urban Development |
| 20 | Ms. Alessandra Cesette   |  | UNDP/APRC/Bangkok             |
| 21 | Mr. Khilji, Taimur       | Policy Specialist  | UNDP/Bangkok                  |
| 22 | Mr. Madhav Pahari        | WASH Specialist  | UNICEF                        |
| 23 | Mr. Namaste Lal Shrestha | WASH Specialist  | UNICEF                        |
| 24 | Mr. Dharma Swornakar     | Programme Analyst/MAF focal person                                       | UNDP                          |

| SN | Name                     | Designation                      | Organization   |
|----|--------------------------|----------------------------------|--|
| 25 | Mr.Maheshwor Yadav       | Executive Director               | Rular Water Supply and Sanitation Fund Development Board (RWSSFDB) |
| 26 | Mr. Mukti Pokharel       | Deputy Director                  | Nepal Red Cross Society  |
| 27 | Mr. Umesh Pandey         | Director                         | Water for Health (NEWAH)   |
| 28 | Dr. Govinda Dhital       | Executive Director               | CCODAR   |
| 29 | Mr. Rabin Lal Shrestha   | Documentation Officer            | Water Aid Nepal  |
| 30 | Ms. Sunita Sharma        | WASH Lead                        | Oxfam  |
| 31 | Mr. Rajendra Aryal       | Chair Person                     | Federation of Drinking Water and Sanitation Users Nepal (FEDWASUN) |
| 32 | Mr. Kamal Adhikari       | Sanitation Sociologist           | UN Habitat   |
| 33 | Mr. Rajendra Shrestha    | Programme manager                | ENPHO  |
| 34 | Mr. Anil Sthapit         | Executive member                 | Lumanti  |
| 35 | Ms. Bimala Prajapati     | Environmental Engineeer          | DOE  |
| 36 | Mr. Jagan Nath Adhikari  |                                  | NPC  |
| 37 | Mr. Sanjay kumar Mishra  |                                  | RWSSFDB  |
| 38 | Mr. Bhupendra Aryal      | Chief, Monitoring and Evaluation | RWSSFDB  |
| 39 | Mr. Tika Prasad Adhikari | Chief                            | HRD  |
| 40 | Mr. Narayan Shrestha     | Under Secretary                  | Ministry of Education  |
| 41 | Mr. Chiranjibi Poudel    |                                  | Department of Education  |
| 42 | Mr. Gyanendra Shrestha   | National Project Manager         | SPMC-NPC/UNDP  |
| 43 | Mr. Guna Raj Shrestha    | MAF technical Expert             | NPC  |
| 44 | Mr. Laxman Shrestha      | Finance Officer                  | SPMC-NPC/UNDP  |

**Joint Meeting of MAF Steering Committee and Technical Committee  
The Everest Hotel  
30 November, 2012**

| <b>(b) List of Participants</b> |                           |  |   |
|---------------------------------|---------------------------|--|---|
| <b>SN</b>                       | <b>Name</b>               | <b>Designation</b>                     | <b>Organization</b>                               |
| 1                               | Prof. Dr. Shiba Kumar Rai | Honorable Member                       | NPC   |
| 2                               | Mr. Yuba Raj Bhusal       | Member Secretary                       | NPC   |
| 3                               | Mr. Suresh Man Shrestha   | Secretary                              | Ministry of Education                             |
| 4                               | Mr. Pushpa Lal Shakya     | Joint Secretary                        | NPC   |
| 5                               | Mr. Gopi Nath Mainali     | Joint Secretary                        | NPC   |
| 6                               | Mr. Binod Chandra Jha     | Joint Secretary                        | Ministry of Urban Development                     |
| 7                               | Mr. T.R Burlakoti         | Joint Secretary                        | Ministry of Health and Population                 |
| 8                               | Mr. Dharma Swornakar      | Programme Analyst/<br>MAF focal person | UNDP  |
| 9                               | Mr. Adreas Knapp          | Wash Chief                             | UNICEF  |
| 10                              | Mr. Sanjay Khanal         | Programme Director                     | Education, NPC                                    |
| 11                              | Mr. Chandra Pani Sharma   | Under Secretary                        | Ministry of Foreign Affairs and Local Development |
| 12                              | Mr. Ramesh Kumar Adhikari | Under Secretary                        | Ministry of Foreign Affairs and Local Development |
| 13                              | Mr. Hari Prasad Lamsal    | Under Secretary                        | Ministry of Education                             |
| 14                              | Mr. Rudra Prasad Bhatta   | Planning Officer                       | NPC   |
| 15                              | Mr. Guna Raj Shrestha     | MAF Technical Expert                   | NPC   |

**National MAF Validation Workshop  
The Everest Hotel  
26 December, 2012**

| <b>(c) List of participants</b> |                              |                    |                     |
|---------------------------------|------------------------------|--------------------|---------------------|
| <b>SN</b>                       | <b>Name</b>                  | <b>Designation</b> | <b>Organization</b> |
| 1                               | Prof. Dr. Shiba Kumar Rai    | Hr. Member         | NPC                 |
| 2                               | Mr. Yuba Raj Bhusal          | Member Secretary   | NPC                 |
| 3                               | Mr. Gopi Nath Mainali        | Joint Secretary    | NPC                 |
| 4                               | Mr. Raj Kumar Malla          | Joint Secretary    | MOUD                |
| 5                               | Mr. T.R Burlakoti            | Joint Secretary    | MOHP                |
| 6                               | Mr. Lok Darshan Regmi        | Joint Secretary    | MOF                 |
| 7                               | Mr. Ishwori Prasad Poudyal   | DG                 | DWSS                |
| 8                               | Mr. Bhupendra Bahadur Basnet | DG                 | DOLIDAR             |
| 9                               | Mr. Sanjay Khanal            | Program Director   | NPC                 |
| 10                              | Mr. Hari Prasad Lamsal       | Under Secretary    | MOE                 |
| 11                              | Mr. Narayan Shrestha         | Under Secretary    | MOE                 |
| 12                              | Mr. Shyam Raj Adhikari       | Under Secretary    | MOFALD              |

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|----|--------------------------|---|--------------|
| 13 | Mr. Ramesh Adhikari      | Under Secretary                         | MOFALD       |
| 14 | Mr. Hari Prasad Pandey   | Under Secretary                         | MOF          |
| 15 | Mr. Shree Krishna Bhatta | Chief, Public Health Administration     | MOHP         |
| 16 | Mr. Ram Chandra Shah     | Chief, Environmental Sanitation Section | DWSS         |
| 17 | Mr. Nanda Khanal         | Chief, SEIUP                            | MOUD         |
| 18 | Mr. Lok Nath Regmi       | SDE, WASH section chief                 | DOLIDAR      |
| 19 | Mr. Andres Knapp         | Chief, WASH Section                     | UNICEF       |
| 20 | Mr. Ashutosh Tiwari      | Country Representative                  | Water Aid    |
| 21 | Mr. Namaste Lal Shrestha | WASH Specialist                         | UNICEF       |
| 22 | Mr. Madhav Pahari        | WASH Specialist                         | UNICEF       |
| 23 | Dr. Bishwo Nath Tiwari   | Deputy Programme Coordinator            | UNDP/Bangkok |
| 24 | Mr. Dharma Swornakar     | MAF Focal Person                        | UNDP         |
| 25 | Dr. Sudan Panthi         | National Operation Officer              | WHO          |
| 26 | Mr Bhojendra Aryal       | Sociologist                             | DWSS         |
| 27 | Ms Sarah Nam             | Australian volunteer                    | DWSS         |
| 28 | Ms Sunita Sulpe          | Master Plan Coordinator                 | DWSS/CODEF   |
| 29 | Mr. Kamal Adhikari       | Sanitation Sociologist                  | UN Habitat   |

| SN | Name                     | Designation                               | Organization         |
|----|--------------------------|---|----------------------|
| 30 | Ms. Sunita sharma        | Water, Sanitation and Hygiene (WASH) Lead | OXFAM                |
| 31 | Mr. Umesh Pandey         | Director                                  | NEWAH                |
| 32 | Mr. Bhupendra Aryal      | M&E Chief                                 | RWSSFDB              |
| 33 | Mr. Tika Prasad Adhikari | HRD Chief                                 | RWSSFDB              |
| 34 | Ms. Lajana Manandhar     | Executive Director                        | LUMANTI              |
| 35 | Dr. Govinda Dhital       | Executive Director                        | CCODAR               |
| 36 | Ms. Manima Budhathoki    | Programme Director                        | CDEF                 |
| 37 | Mr. Bhima Raj Dhakal     | Lecturer                                  | Tribhuvan University |
| 38 | Mr. Bal Krishna Pokharel | Programme Manager                         | FEDWASUN             |
| 39 | Mr. Guna Raj Shrestha    | MAF Technical Expert                      | NPC                  |

## 6.5 SOURCES

Adhikari, Kamal. 2012. Sanitation in Nepal: Past, Present and Future. Kathmandu Kunti Bhoomi Memorial Trust.

Central Bureau of Statistics and United Nations Children's Fund (UNICEF). 2011. Monitoring the Situation of Children and Women - Findings from the Multiple Indicator Cluster Survey 2010 in the Mid- and Far-Western Regions, Nepal. Preliminary Report – August 2011. Kathmandu: Central Bureau of Statistics, Government of Nepal, and UNICEF.

Central Bureau of Statistics. 2011. Multiple Indicators Cluster Survey (MICS), CBS, Kathmandu.

Central Bureau of Statistics. 2011. Nepal Living Standards Survey 2010/11 - Statistical Report Volume One. National Planning Commission Secretariat. Kathmandu: Central Bureau of Statistics, Government of Nepal.

Central Bureau of Statistics. 2012. National Population and Housing Census 2011 (National Report). Kathmandu: Central Bureau of Statistics, Government of Nepal.

CODEF/UNICEF. 2011. Child, gender and disabled friendly school water, sanitation and hygiene education manual, CODEF/UNICEF, 2011, Kathmandu.

Gender and Social Exclusion Assessment Update – Volume II. 2010. Final draft - World Bank/DFID, 2010. Kathmandu. Unpublished.

Government of Nepal and United Nations Country Team of Nepal. 2010. Nepal Millennium Development Goals - Progress Report 2010. Kathmandu: National Planning Commission and UN Country Team of Nepal.

Ministry of Education. 2010. National Framework of Child-friendly School for Quality Education. Department of Education. Kathmandu: Ministry of Education, Government of Nepal.

Ministry of Education. 2012. School Level Educational Statistics of Nepal. Consolidated Report 2011. Department of Education. Kathmandu: Ministry of Education, Government of Nepal.

Ministry of Health and Population (MOHP) [Nepal], New ERA, and ICF International Inc. 2012. Nepal Demographic and Health Survey 2011. Kathmandu, Nepal: Ministry of Health and Population, New ERA, and ICF International, Calverton, Maryland.

Ministry of Health and Population (MOHP) [Nepal], New ERA, and Macro International Inc. 2007. Nepal Demographic and Health Survey 2006. Kathmandu, Nepal: Ministry of Health and Population, New ERA, and Macro International Inc.

Ministry of Health and Population (MOHP) [Nepal], New ERA, and Macro International Inc. 1996. Nepal Demographic and Health Survey 2006. Kathmandu, Nepal: Ministry of Health and Population, New ERA, and Macro International Inc

Ministry of Physical Planning and Works. 2004a. Rural Water Supply and Sanitation National Policy 2004 and Rural Water Supply and Sanitation National Strategy 2004 (Unofficial Translation). Kathmandu, Ministry of Physical Planning and Works, Government of Nepal.

Ministry of Physical Planning and Works. 2004b. Rural Water Supply and Sanitation Sectoral Strategic Action Plan 2004 (Unofficial Translation). Kathmandu, Ministry of Physical Planning and Works, Government of Nepal. National Planning Commission. 2003.

Ministry of Physical Planning and Works. 2009. Urban water supply and sanitation national policy and strategies-Ministry of Physical Planning and Works. Kathmandu.

Ministry of Physical Planning and Works. 2011a. Nationwide Coverage and Functionality Status of Water Supply and Sanitation in Nepal. Final Report – March 2011. National Management Information Project (NMIP), Department of Water Supply and Sewerage (DWSS). Kathmandu: Ministry of Physical Planning and Works, Government of Nepal.

Ministry of Physical Planning and Works. 2011b. WASH Sector Status Report – May 2011. Water Supply and Sanitation Division, Sector Efficiency Improvement Unit. Kathmandu: Ministry of Physical Planning and Works, Government of Nepal.

National Planning Commission and United Nations Country Team (UNCT). 2005. Millennium Development Goals, Progress Report – 2005. Kathmandu; National Planning Commission, Government of Nepal, and UNCT.

National Planning Commission and United Nations Country Team (UNCT). 2010. Millennium Development Goals, Progress Report – 2010. Kathmandu; National Planning Commission, Government of Nepal, and UNCT.

National Planning Commission, and United Nations Development Programmes (UNDP). 2011. Millennium Development Goals, Needs Assessment for Nepal – 2010. Kathmandu: National Planning Commission, Government of Nepal, and UNDP.

National Planning Commission. 2003. Five-Year Development Plan (2002-2007). Kathmandu: National Planning Commission, Government of Nepal.

National Planning Commission. 2010. Three-Year Plan Approach Paper (2010/11-2012/13). Unofficial Translation (Draft) – August 2010. Kathmandu: National Planning Commission, Government of Nepal.

National Planning Commission. 2011. WASH Sector Assessment and Formulation of Reform Options, Concept Paper, NPC, Kathmandu.

National Sanitation Coordination Committee. 2011. School-Led Total Sanitation (SLTS), guidelines, National Sanitation Coordination Committee, 2011. Kathmandu. Unpublished.

Poverty Reduction Strategy Paper (2002-2007). Kathmandu: National Planning Commission, Government of Nepal.

Shrestha, Guna Raj, 2010. Steering Committee for National Sanitation Action. Guideline for total sanitation programme in Nepal – March 2010. Kathmandu .

Shrestha, Guna Raj, Karki Dhruba. 2011. A Report on Training of Trainers on Comprehensive Accelerated Sanitation and Hygiene,. Unpublished.

Steering Committee for National Sanitation Action. 2011. Sanitation and Hygiene Master Plan, 2011. Kathmandu: Government of Nepal.

Taylor, Kevin, Rebecca Scott, and Gun Raj Shrestha. 2005. Application of Tools to Support National Sanitation Policies - Assessment of Nepal's National Sanitation Policy. Leicestershire: Water, Engineering and Development Centre (WEDC), Loughborough University.

United Nations (UN). 2011a. MDG Acceleration Framework. November 2011. New York: United Nations.

United Nations (UN). 2011b. MDG Acceleration Framework: Operational Note. October 2011. New York: United Nations.

United Nations Children's Fund (UNICEF) and World Health Organization (WHO). 2012. Progress on Drinking Water and Sanitation - 2012 Update. United Nations Children's Fund and World Health Organization.

United Nations Children's Fund (UNICEF) UNICEF Regional Office for South Asia. 2009. Equity in School - Water and Sanitation: Overcoming Exclusion and Discrimination in South Asia. Nepal Country Report. Kathmandu: UNICEF Regional Office for South Asia.

United Nations Development Groups (UNDG). 2011. MDG Acceleration Framework: Operational Note – October 2011, New York. United Nations Development Groups.

United Nations Development Groups (UNDG). 2011. MDG Acceleration Framework – November 2011, New York. United Nations Development Groups.

United Nations Development Programme (UNDP). 2010. Unlocking Progress: MDG Acceleration on the Road to 2015. New York: United Nations Development Programme.





