

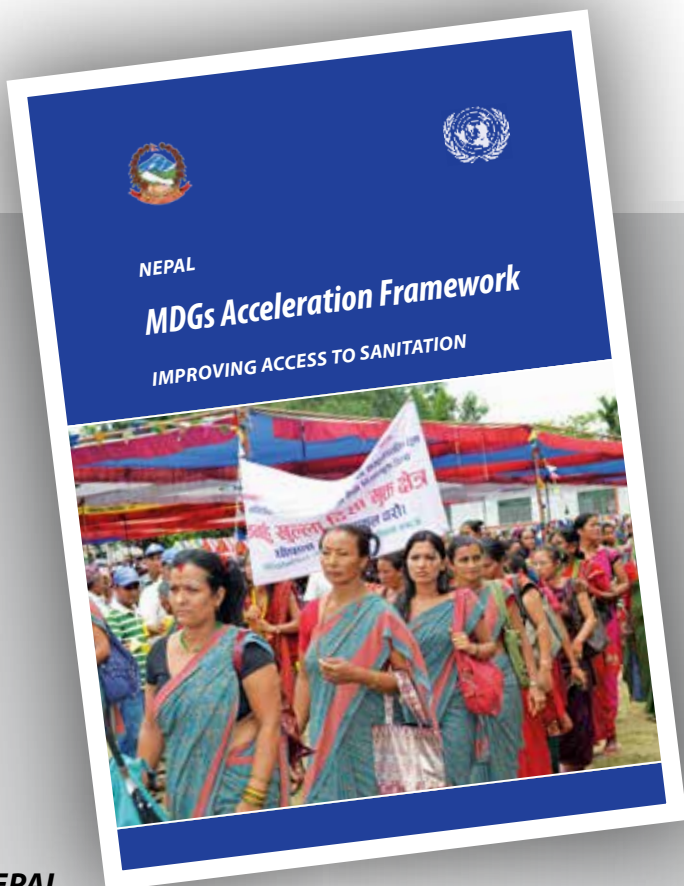


NEPAL

MDGs Acceleration Framework

IMPROVING ACCESS TO SANITATION





NEPAL

MDGs Acceleration Framework

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*People celebrating district ODF declaration ceremony in Tanahu.
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ACRONYMS/ABBREVIATION

CGD	Child, Gender and Disabled friendly
DDC	District Development Committee, district level local government body
DOE	Department of Education
DEO	District Education Office
DOLIDAR	Department of Local Infrastructure Development and Agricultural Roads
DPMAS	District Poverty Monitoring and Analysis System
DTO	District Technical Office, under District Development Committee
D-WASH-CC	District Water, Sanitation and Hygiene Coordination Committee
DWSS	Department of Water Supply and Sewerage
FCHV	Female Community Health Volunteers
FUG	Forest Users Group
GON	Government of Nepal
I/NGO	International/ Non-Governmental Organization
MAF	MDG Acceleration Framework
MWCSW	Ministry of Women, Children and Social Welfare
MDG	Millennium Development Goal
MOE	Ministry of Education
MOFALD	Ministry of Federal Affairs and Local Development
MOHP	Ministry of Health and Population
MOUD	Ministry of Urban Development
MPPW	Ministry of Physical Planning and Works
M-WASH-CC	Municipality Water, Sanitation and Hygiene Coordination Committee
NEWAH	Nepal Water for Health, a WASH national NGO
NPC	National Planning Commission
NRCS	Nepal Red Cross Society, a national humanitarian NGO

NSHCC	National Sanitation and Hygiene Coordination Committee
NSHSC	National Sanitation and Hygiene Steering Committee
ODF	Open Defecation Free
OPD	Out Patients Department
PTA	Parent Teachers Association
R-WASH-CC	Regional Water, Sanitation and Hygiene Coordination Committee
RWSSFDB	Rural Water Supply and Sanitation Fund Development Board
SLTS	School Led Total Sanitation
SMC	School Management Committee
SSHE	School Sanitation and Hygiene Education
SSG	Sector Stakeholders Group
UNDP	United Nations Development Programme
VDC	Village Development Committee, village level local government body
V-WASH-CC	VDC Water, Sanitation and Hygiene Coordination Committee
WASH	Water, Sanitation and Hygiene
WSSCC	Water Supply and Sanitation Collaborative Council
WSSDO	Water Supply and Sanitation Divisional Office, district level office of DWSS
WSSSDO	Water Supply and Sanitation Sub-Divisional Office, district level office of DWSS
WUSC	Water Users and Sanitation Committee



Deependra B. Kshetry
Vice-Chairman

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Ref.:-

Date: 21 Jan 2013

FOREWORDS

The Government of Nepal is continuously committed to put efforts to achieve the MDGs. The progress reports of the MDGs at times show that the progress is satisfactory over the past ten years despite political instability, absence of the elected local bodies, energy crisis and post conflict reconstruction and rehabilitation.

The recent National Census Survey of Central Bureau of Statistics -2011 has revealed that the improved sanitation coverage is 62%. The current achievement is thus well in track of the MDG 7 target which is halving proportion of population without sustainable access to improved sanitation. However, National Planning Commission selected MDG 7 sanitation target to put into the MDG Acceleration Framework (MAF) considering its un-even progress among the development regions, districts, ecological belts, poverty quintile, etc and also its direct implication to other MDGs – 3 and 4. Although the school sanitation is over 80%, the adequacy and access to girls are at the poor states.

The Government of Nepal has a national target of 60% of the sanitation coverage by 2013, 80% by 2015 and universal coverage by 2017 AD. Although the 2013 target is already met in 2011, Sanitation and Hygiene Master Plan is in place in order to ensure the 2015 and 2017 national targets are also met well in time. The ongoing water, sanitation and hygiene sector assessment report has also emphasized as to expedite 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, has identified high impact sanitation and hygiene

interventions, identified key bottlenecks that has been preventing effective implementation and finally identified appropriate solutions to unlock the bottleneck and develop a country action plan to ensure the national targets of sanitation is met by all the geographic areas, districts, development regions and all segment of people. The country action plans which have been validated by wider stakeholders in a validation workshop in Kathmandu in December 2013 are attainable, low cost and implementable within the few years left to meet the national targets of sanitation.

This Framework is expected to be useful to the concerned ministries, departments, local bodies, donor communities and International, national and local NGOs. Most specifically, this Framework can be used as strategic guidelines for National Sanitation and Hygiene Steering Committee, National Sanitation and Hygiene Coordination Committee and also for Regional, District, Village Development Committee and Municipality level Water, Sanitation and Hygiene Coordination Committees for maintaining, expanding and accelerating the ongoing sanitation and hygiene movement of the country.

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FOREWORDS

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.

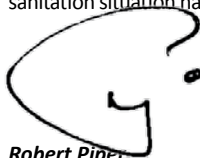
The MDG Acceleration Framework is a product of the renewed commitment by global leaders on the MDGs at a UN high level summit in 2010. The Framework aims to quicken progress on 'off-track' MDGs in a given country. The Framework offers a systematic way of addressing bottlenecks and implementing high-impact 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% 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% to 20% in some areas. For example, Kaski, Kathmandu, Bhaktapur have above 95% coverage whereas the coverage of Rautahat, Rolpa, Siraha and Saptari is below 25%. 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.



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Acknowledgments

The process of MDG Acceleration Framework (MAF) for sanitation started at around the end of 2011. In the beginning, MAF Steering Committee and 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 Agriculture 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 Kshetri, 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 MDG frameworks to unlock the potential bottlenecks for accelerating 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 who is the 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 Agriculture Roads have

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UNDP provided financial and technical support for the entire MAF process. Ms Alessandra Cesette and Mr. Khilji Taimur 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

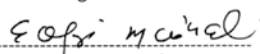
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We would like to extend special gratification to the members of District Water, Sanitation and Hygiene Coordination Committees of Tanahu, Bardia, Rautahat and Sunsari for their valuable interaction to explore key bottleneck and appropriate solutions from the district 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 Teachers Associations of various schools of the said four districts where the MAF team visited to explore sub-national level bottleneck analysis.

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, sanitation task force and other various stakeholders and also for writing this document.



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CHAPTER I

MDGs AND MAF: A SNAPSHOT

1.1 Progress Towards MDGs

The Government of Nepal is committed to achieving the Millennium Development Goals (MDGs). Since 2000, the government has incorporated the MDGs in its planning and programming. The important planning documents where the MDGs have been incorporated are the five-year development plans (2002/3-2006/7), three-year interim plans (2007/8-2009/10, 2010/11-2012/13), Poverty Reduction Strategic Paper (PRSP)-2003 and other country-level sectoral policy papers. Three MDG Progress Reports (2002, 2005 and 2010) have contributed to assessing, at different points in time, the progress recorded. Efforts have been carried out despite the major political turmoil over the past decade. The people's movement, political instability, election for the Constituent

Assembly, prolonged constitution-making processes, absence of elected local government bodies, energy crisis and price hikes, post-conflict reconstruction and rehabilitation are only but some of the challenges that the country has been facing in recent years.

Despite the contextual difficulties and constraints, Nepal is on track to achieving most of the MDG targets if prevailing trends persist and efforts are continued or improved. The MDG Progress Report 2010¹ states that while some targets have already been met, targets of full productive employment (1B), universal access to reproductive health (5B) and access to improved sanitation (7C2) are unlikely to be met. The status of all the indicators of Nepal's MDGs is summarized below in Table 1.

Goals	Will development goal be achieved?				
	Achieved	Likely	Potentially likely	Unlikely	Lack of data
MDG 1: Eradicate extreme poverty and hunger					
1A. halve the proportion of people whose income is less than one dollar a day		√			
1B: Achieve full and productive employment and decent work for all				√	
1C: Halve the proportion of people who suffer from hunger			√		

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

Goals	Will development goal be achieved?				
	Achieved	Likely	Potentially likely	Unlikely	Lack of data
MDG 2: Achieve universal primary education					
Ensure children everywhere - boys and girls – complete primary schooling			√		
MDG 3: Promote gender equality and empower women					
Eliminate gender disparity in primary and secondary education by 2005 and in all levels of education no later than 2015			√		
MDG 4: Reduce child mortality					
Reduce under five mortality by two thirds		√			
MDG 5: Improve maternal health					
5A: Reduce the maternal mortality ratio by three quarters		√			
5B: Achieve universal access to reproductive health				√	
MDG 6: Combat HIV/AIDS, malaria and other diseases					
6A: Halt and reverse the spread of HIV/AIDS		√			
6B: Achieve universal access to treatment for HIV/AIDS for all those who need it			√		
6C: Halt and reverse the incidence of malaria and other major diseases		√			
MDG 7: Ensure environmental sustainability					
7A: Climate change and GHG emission					√
7B1: Reverse loss of forest			√		
7B2: Reduce biodiversity loss					√
7C1: Halve proportion of population without sustainable access to improved water source		√			
7C2: Half proportion of population without sustainable access to improved sanitation				√*	
7D: Improve lives of slum dwellers					√
MDG 8: Develop a global partnership for development					

** This is stated as unlikely in the MDGs progress report 2010, however the national census survey 2011 revealed that the sanitation coverage has reached 62%.*

Source: Nepal Millennium Development Goals, Progress Report 2010, GON/UN Country Team of Nepal

1.2 What is MDG Acceleration Framework ?

A few years away from the deadline of 2015, the MDG Acceleration Framework (MAF), as conceived and endorsed by the United Nations (UN), aims at accelerating and sustaining progress towards the MDGs' achievement at the national level. The strategic approach of the MAF is to identify and analyze the bottlenecks that are causing the MDGs to be off-track/ or to advance too slowly. The MAF methodology helps countries to identify and prioritize bottlenecks, which interfere with the implementation of key MDG interventions, and to draw from country experiences and lessons learned to identify objective and feasible solutions for unlocking the bottlenecks and accelerating MDG progress. The analysis of the reasons behind the bottlenecks helps to identify possible solutions (with clear roles and responsibilities) to accelerate the MDG progress. In fact, it intends to build on the existing partnership with all relevant stakeholders to jointly achieve MDG progress.

The outcome of the MAF process is an Action Plan that complements ongoing activities and proposes short-term solutions that are feasible and likely to have the greatest impact if implemented successfully. In sum, the MAF exercise helps to i) select key priority development issues or MDG goals and targets that are lagging behind; ii) identify and prioritize strategic interventions considered high impact, that are required for achieving the identified goal/s and target/s; iii) identify and prioritize the bottlenecks that prevent priority strategic interventions from being successfully and effectively implemented; iv) identify and prioritize actionable, short-term and cost-effective solutions to address the bottlenecks and fast-track the achievement of the selected MDG target/s; v) develop a country Action Plan for the implementation of the identified solutions, which identifies stakeholders and resources responsible for its implementation; and vi) implement and monitor the country Action Plan to ensure the required impact.

1.3 MDG Acceleration Framework in Nepal

1.3.1 Why sanitation for MAF ?

The MDG 7 C2 target, which is about halving the proportion of the population without sustainable access to improved sanitation, is calculated to be upto 53% by 2015. However, the Government of Nepal has the national targets of achieving 60% improved sanitation coverage by 2013, 80% by 2015 and 100% by 2017 as stipulated in the Sanitation and Hygiene Master Plan and other national water and sanitation policies. Considering the encouraging

achievement of sanitation coverage due to massive Open Defecation Free (ODF) campaigning in the country, the 2015 national target is likely to be met but it will be a challenge to maintain and accelerate the present trend of achievement nationwide.

Although the census 2011 shows good progress and the target for 2015 set by Sanitation and Hygiene Master Plan also appears to be on track, there are

large disparities in sanitation coverage among the districts, development regions, ecological belts, rural and urban communities, and all segments of the people. The analysis of sanitation development is illustrated in Chapter II.

This target has also important linkages with other MDGs (e.g., MDG 3 and MDG 4), and it is crucial from a human rights perspective. There is significant political commitment and support from the development partners to achieve the sanitation target. The most important aspect demonstrating the commitment is the promulgation of the National Sanitation and Hygiene Master Plan in August 2011. There are other water and sanitation related policies and strategies also in place. However, there persists a weak coordination mechanism and compliance of the policies and plans,

resulting in poor implementation at the district and VDC/municipality levels. Most importantly, the varied subsidies and support against the spirit of the Sanitation and Hygiene Master Plan combined with the uneven achievement of the sanitation subsector are likely to continue in the days to come. Thus the National Planning Commission (NPC), in consultation with the Water, Sanitation and Hygiene (WASH) sector stakeholders group (SSG) in mid 2011, selected sanitation as the area that required accelerated solutions to ensure that the national targets are met by all the geographical and development regions and all segments of the people by 2015 and eventually the national target of universal sanitation coverage by 2017.

Please see Annex 1 for key sectoral lessons learnt.

1.3.2 The MAF process and actors

The National Planning Commission on behalf of the Government of Nepal made a formal request around the end of 2011 to the United Nations Development Programme (UNDP) for technical and financial assistance to develop a country plan of action of MAF for sanitation to accelerate further and ensure that progress towards the national targets of 2015 and 2017 is achieved.

The MAF process has been led by the National Planning Commission with wider Water, Sanitation and Hygiene (WASH) sectoral coordination and consultation. At the beginning of May 2012, a Concept Paper was developed to identify the scope and stakeholders to form a steering committee and a technical committee to intensively work

on the MAF process. A MAF Steering Committee was subsequently formed to direct the MAF process and endorse the outcome from the MAF exercises. The steering committee was headed by an Honorable 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) as members. The NPC also formed a Technical Committee headed by the Member Secretary of the NPC and joint secretaries of MOFALD, MOUD, MOE, MOHP, MWCSW, MOF, Director Generals (DGs) of the Department of Local Infrastructure

Development and Agricultural Roads (DOLIDAR), Department of Water Supply and Sewerage (DWSS), Department of Education (DOE), UNICEF, Asian Development Bank, World Bank, WaterAid and NEWAH as the members. NPC also appointed a MAF Technical Expert to facilitate the MAF process.

The MAF Steering Committee met in June 2012 to: i) endorse the MAF process, and ii) approve the members of the technical committee. Later, the Technical committee meeting was held in mid July 2012 to endorse the sector review paper to be presented in the national bottleneck analysis

workshop. After the sectoral review was completed, a 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, departments, donors, UN, INGOs, NGOs and members from the National Sanitation and Hygiene Coordination Committee participated in the workshop. The workshop reviewed and prioritized the strategic interventions for achieving sanitation sector targets. It subsequently identified the key bottlenecks that impede the successful implementation of each intervention that has not been fully or effectively implemented.



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 30th July 2012.

Following the national level bottleneck analysis, several sub-national level bottleneck analyses were organized at the district, municipality, Village Development Committee (VDC), school and community levels in the third and last week of September 2012. In coordination with the Department of Water Supply and Sewerage (DWSS), district level bottleneck analysis workshops were held in Bardia, Tanahu, Rautahat and Sunsari districts that represent various development regions and ecological belts.

During the visit of each of the districts, a district level sanitation bottleneck analysis workshop was organized with the members of the District Water, Sanitation and Hygiene Coordination Committee (D-WASH-CC) and other pertinent stakeholders. Besides, at least one Village Development Committee (VDC), one municipality, one school and one community level bottleneck analysis workshops were also additionally organized in each district. The field level bottleneck analysis was done to validate the bottlenecks identified in the national

level workshop. During these workshops, several other bottlenecks were identified, both on the demand and supply sides.

After the national and sub-national level workshops, the bottlenecks identified at the different levels were compiled and shared with the national level Sanitation Task Force in October 2012 in Kathmandu. The Task Force comprises representatives of active stakeholders such as DWSS, UNICEF, NEWAH, Water Supply and Supply Fund Development Board, WaterAid, Nepal Red Cross Society, WHO, UN Habitat and DOLIDAR. It is the working group of the National Sanitation and Hygiene Coordination Committee and National Sanitation and Hygiene Steering Committee.

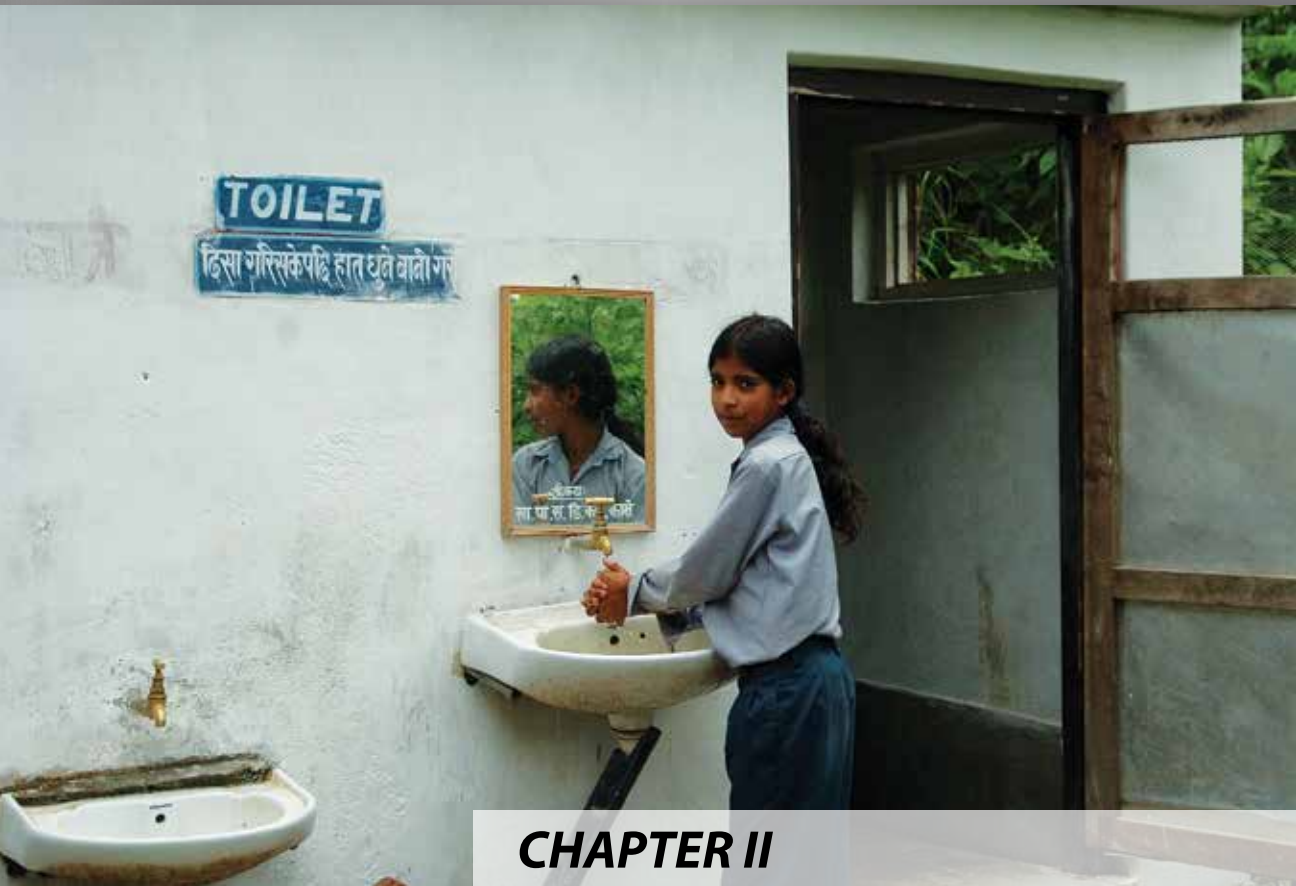
A joint meeting of the MAF Steering Committee and MAF Technical Committee held on 30th November 2012 prioritized the key bottlenecks and potential interventions to unlock the bottlenecks. Subsequently a national validation workshop held on 26th December 2012 finalized

the MAF Document together with a country action plan. The national validation workshop was chaired by the Honorable member of the NPC and attended by representatives of the MAF steering committees, MAF technical committee, National Sanitation and Hygiene Coordination Committee, UNDP, UNICEF, WHO, UN Habitat, INGOs, NGOs, etc.



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 30th November 2012.

Please see Annex 2 for a list of organizations and people who participated in the national level meeting and workshops.



CHAPTER II

CHALLENGES IN ACHIEVING THE SANITATION TARGET

2.1 Overview of the Sanitation Context

Access to national sanitation coverage has increased from 30% to 62% over the period of 11 years from 2000 to 2011. This indicates that the rate of sanitation increment is 2.9% per annum.² The increment from 2010 to 2011 was dramatic; it was from 43% to 62%.

The Government of Nepal has a plan of achieving 80% improved sanitation coverage by 2015 and 100% by 2017. As such, the rate of increment has to be raised to 4.5% per annum to achieve the 2015 target, and 6.3% per annum to achieve the 2017³ target.

It is also of great concern that only 80% of the community schools have toilets, and of these, only 65% of the school toilets have separate toilet facilities for girls⁴. Nepal MDG Progress Report 2010 shows that the ratio of girls to boys at the secondary level is 0.93 and 0.63 at the tertiary level. A 2009 study⁵ showed inadequate water, sanitation and hygiene facilities in many schools

resulted in children, especially girls, leaving school during the day. The lack of attention and facilities for menstrual hygiene management hinders school attendance of adolescent girls. If a girl drops school for 4 days in a month during her menstrual period, she has to remain absent for 48 days in a year due to lack of toilet facilities. The absent days are about 25% of the working days of a school. Women and girls attending schools that do not have adequate sanitary arrangements (i.e., separate toilets for girls and boys, privacy, physical facilities to dispose off sanitary items or safe and clean facilities to wash sanitary cloths) are excluded in many ways.

The uneven sanitation progress has implicated a number of negative effects. It has direct link to diarrheal diseases, child mortality and also to the lower ratio of girls in secondary and tertiary level education. Of the visitors to the Out Patients Department (OPD)

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2. (a) *Nepal Millennium Development Goals – Progress Report 2010*. Kathmandu: Government of Nepal, National Planning Commission and United Nations Country Team of Nepal. (b) *National Population and Housing Census 2011 (national report)*, National Planning Commission, Central Bureau Statistics, November 2012
 3. *Sanitation and Hygiene Master Plan 2011*, National Sanitation and Hygiene Coordination Committee
 4. *School level educational statistics of Nepal/Consolidated report*, Department of Education 2011
 5. *Equity in School Water and Sanitation; Overcoming Exclusion and Discrimination in South Asia – Nepal country report*. UNICEF Regional Office for South Asia, 2009.

of hospitals, 75% of them visit for water and sanitation related diseases⁶. Every year, 10,500 children under 5 years of age die of diarrhea and pneumonia due to lack of water and sanitation facilities⁷.

The government has promulgated a number of plans and policies on sanitation. The Ministry of Physical Planning and Works (MPPW) promulgated the sanitation policy first time in Nepal in 1994 and the water supply policy in 1998. The MPPW reformulated the integrated Rural Water Supply and Sanitation Policy, Strategies and Strategic Action in 2004 and the integrated Urban Water

Supply and Sanitation Policy in 2009. The Interim Constitution of Nepal has also defined access to water and sanitation as a fundamental right to its citizens. Despite the fact that sanitation policy documents are found in terms of principles, strategies, institutional structures and their roles, legal frameworks, etc., progress on sanitation has been uneven among different segments of the country and its people. The weak institutional capacities, coordination and planning, lack of trained and dedicated human resources and an inconsistent support mechanism are the major factors behind the poor implementation of the policies.

2.2 Disparities in Sanitation

There is wide disparity in access to improved sanitation facilities among different geographical and segments of the people. Most importantly, there are disparities between rural and

urban, poor and rich, and among the ecological belts, development regions, districts and caste and ethnicity. The following subsections describe the various disparities.

2.2.1 Disparity in sanitation coverage among rural-urban communities

The urban sanitation coverage has increased from 80% to 91% and rural sanitation from 25% to 55% from 2000 to 2011⁸. The urban sanitation remained almost stagnant over the last one decade period. It was due to rapid population

increment in the municipal areas and poor address of the sanitation needs of informal settlements such as slums and squatter areas. The rate of urban sanitation coverage is 1%, whereas the rate of rural sanitation coverage is 2.7% per annum.

6. *Nepal Demographic and Health Survey, 2011, MOHP, March 2012*

7. *Nepal Demographic and Health Survey Report, 2006, MOHP, May 2007*

8. (a) *Nepal Millennium Development Goals – Progress Report 2010. Kathmandu: Government of Nepal, National Planning Commission and United Nations Country Team of Nepal.* (b) *National Population and Housing Census 2011 (national report), National Planning Commission, Central Bureau Statistics, November 2012*

Location	2000	2005	2010	2011	2015 MDG target	2015 target (Sanitation Master Plan)	2017 National target
<i>By urban/rural</i>							
Urban	80	81	78	91	67	-	100
Rural	25	30	37	55	52	-	100
National	30	39	43	62	53	80	100

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

2.2.2 Disparity in sanitation coverage by ecological belt

Among the three ecological regions, the coverage in the Terai (plain) region is the least (49%), followed by that in the mountains (60%). The coverage in the

hills is the highest (75%). Of the twenty Terai districts, 80% of the districts have a sanitation coverage below the national average of 62%⁹.

2.2.3 Disparity in sanitation coverage among development regions

The sanitation coverage in the far western region is the least (47.3%), followed by the mid western region (51.4%), whereas, the coverage in the western regions is the highest (73%). The three development regions - far, mid and eastern have sanitation coverage below the national average of 62%¹⁰.

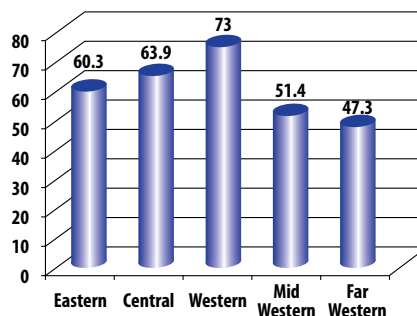


Fig 1. Sanitation coverage by development regions

9. National Population and Housing Census 2011 (national report), National Planning Commission, Central Bureau Statistics, November 2012

10. JMP for water and sanitation, UNICEF/WHO, 2010

2.2.4 Disparity in sanitation coverage among poverty quintiles

A stark contrast between the rich and poor is in fact noticeable when sanitation coverage is mapped against the poverty quintiles. Figure 3 shows that there has been little change over the 13-year period (1995-2008) in the two poorest quintiles. In fact, between 1995 and 2008, only 4% and 11% of

the poorest and of the second poorest quintile had access to improved toilets. The rates for the third and fourth quintile are higher (29% and 57% respectively) but the richest quintile has an improved sanitation coverage of 97%¹⁰. It indicates that the poor quintile of the population largely lacks access to toilet facilities.

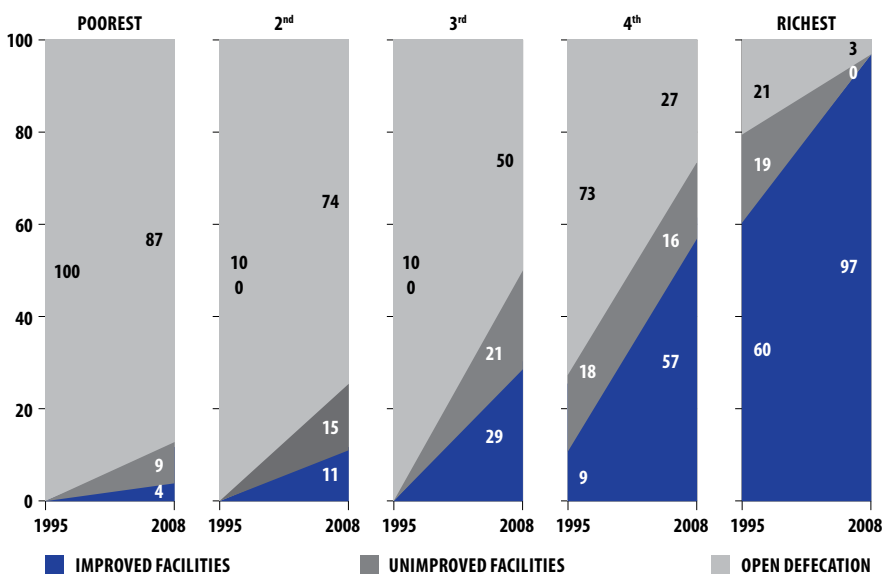


Figure 2: Progress in sanitation coverage across poverty quintiles

2.2.5 Disparity in sanitation coverage among various castes and ethnic groups

Drinking water coverage among all the castes exceeds 70% of the respective population; there are no significant differences by caste. However, sanitation coverage is very much

related to the castes. The Newars have the highest sanitation coverage (71.6%) followed by the hill Brahmins (66.3%) and Madhesi Brahmins and Chhetris (65.7%). Madhesi¹¹ Dalits have the least

10. JMP for water and sanitation, UNICEF/WHO, 2010

11. Madhesi: Indigenous people living in the Terai region.

sanitation coverage (4.6%) followed by the Terai Janajati (18.6%). Hill Dalits¹² also have a sanitation coverage of only

about 23%¹³. This shows that Dalits and Janajatis both in the Terai and hills have considerably low sanitation coverage.

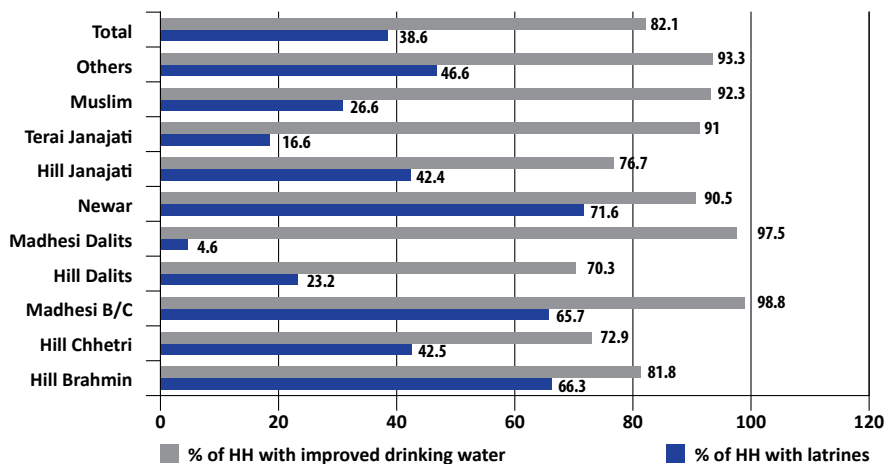


Figure 3: Progress in sanitation coverage across poverty quintiles

2.2.6 Disparity in sanitation coverage among districts

Of the 75 districts, sanitation coverage in 56% of the districts is less than the national average of 62%. It ranges from 21 % to 100%. Four districts - Kaski, Chitwan, Tanahu and Myagdi - were declared Open Defecation Free (ODF) in 2011 and 2012. Sixteen districts out of

the 20 Terai districts have a sanitation coverage that is less than the national average. About 35% of the districts have a coverage that is less than 50%¹⁴.

Please see Annex 3 for detailed district wise sanitation coverage

2.2.7 Poor and inadequate school sanitation

There were a total of 28,057 public schools in Nepal in 2011¹⁵. However,

only 80% of the community schools have access to toilets. However, the

12. 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% of the total population.

13. Unequal citizen report- WB/DFID-2010

14. National Population and Housing Census 2011 (national report), National Planning Commission, Central Bureau Statistics, November 2012

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

ratio of toilet to student is 1:127 against the national standard of 1:50. This data indicates that the existing toilets are inadequate. Further, only 65% of the community schools have separate toilets for girls.

According to a UNICEF report¹⁶, half of the adolescent girls in secondary schools were absent in 2010 during menstruation as a result of inadequate water, toilet and menstrual hygiene facilities in the schools.

2.3 WASH Policy Environment

The existing policies and strategies related to hygiene and sanitation in the country are the National Sanitation Policy-1994, Rural Water Supply and Sanitation National Policies, Strategies and the Sectoral Strategic Action Plan (RWSSNPS)-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-2011 (NSHMP) is to harmonize all the existing policies and promote action at the local and national levels to meet the MDG and national targets. The recent independent study in 2011 commissioned by the NPC on WASH (with support from UNICEF, ADB and WB) concluded that policy and strategies are sound and satisfactory but implementation and compliance of these documents at implementation is lacking. Key reform options indicated in the report are under review, and action will be taken by the Ministry of Urban Development (MOUD) which was recently established in 2011 and mandated as the lead ministry for water and sanitation. The functions of MPPW have now been taken over by MOUD for the water and sanitation sector in Nepal.

The major shift in the Master Plan from the RWSSNSP-2004 policy is that it has clearly put the local bodies in the driver's seat to steer the sanitation campaign with decentralized actions and enhanced accountability at the local level. The Master Plan-2011 has laid down a nine-point principle guideline on sanitation and hygiene to be adopted by the government, local bodies and all the WASH-related stakeholders. The Master Plan has adopted the Open Defecation Free (ODF) approach with innovative modalities. The nine guiding principles are:

- I) ODF the bottom line,
- II) Universal access to sanitation in water supply and sanitation projects,
- III) Informed technological choices,
- IV) Leadership of the local bodies,
- V) VDC/Municipality smallest planning units,
- VI) Locally managed financial support,
- VII) Mandatory provision of sanitation facilities in public institutions,
- VIII) Mandatory provision of toilets in new buildings and
- IX) Focus on hand washing with soap and other behavior build up.

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

The programmatic paradigm shift in the Master plan from the 2004 policy is that total sanitation is considered to be beyond toilet coverage and includes sustained hygiene behaviors. Earlier, total sanitation used to mean universal toilet coverage. The “Master plan implementation guidelines” is being

developed to formulate the procedures of the actions to be followed by the concerned stakeholders. It will also include procedures for supporting the ultra poor and other disadvantaged people to build toilets and adopt sanitation and hygiene behaviors.

2.4 WASH Stakeholders Analysis

The Ministry of Urban Development (MOUD) and its department are responsible for executing water supply, sanitation and hygiene (WASH) projects/schemes for a population of over 1,000 people. It implements these schemes through its divisional and sub-divisional offices. However, the MOUD also execute rural water supply and sanitation schemes of population less than 1000 through Rural Water Supply and Sanitation Fund Development Board (RWSSFDB).

However, MOFALD is responsible for small WASH schemes for populations of less than 1,000 people. Although the policy mandates both MOUD and MOFALD to implement WASH, only MOUD has a WASH division at the ministry. MOUD in addition has a WASH specialized department known as DWSS. However, MOFALD has assigned water and sanitation to the Department of Local Infrastructure Development and Agricultural Roads (DOLIDAR). This department which also looks after rural infrastructure and rural roads, implements rural water supply and sanitation schemes through its District Technical Offices (DTOs) in all the 75 districts.

There are less WASH specialists in MOFALD and its departments and

district offices. It also lacks sanitary engineers, sociologists and female professionals.

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, doesn't have units below the district level.

Large budgets are available with the local bodies. However, due to the absence of WASH units in the local bodies, major portion of the budget is allocated for rural infrastructure. Most importantly, VDCs lack human resources for planning and coordination as they have only one junior technician.

The service providers, which are generally NGOs located in the districts, are good in social mobilization but lack the technical personnel to implement WASH schemes.

The Water Users and Sanitation Committees (WUSC) are responsible for managing and sustaining the WASH schemes, but they largely lack the financial, institutional and technical knowhow to sustain the schemes. The upfront O&M fund and regular monthly tariffs are adequate for regular O&M, however, they are not sufficient for

funding major repairs and rehabilitation. So in the span of a few years, the schemes become non-operational.

The engineers of the District Education Office (DEO) are more oriented towards the hardware aspects of building school infrastructure and less oriented towards Child, Gender and Disabled (CGD)-friendly concepts, sanitation and hygiene behavior, and menstrual hygiene facilities. The School Management Committee (SMC), Parent Teachers Association (PTA) and child

clubs are also less oriented and involved towards establishing CGD facilities in schools.

The health facilities at the local level are more oriented towards the treatment of diseases than on raising awareness. There is great expectation from the unpaid Female Community Health Volunteers (FCHVs), who are trained and established by the Ministry of Health and Population (MOHP) at the ward level, to deliver on the awareness program.

2.5 Existing National and Sub-national WASH Committees

The Sanitation and Hygiene Master Plan has set up a steering committee and various coordination committees at the national, regional, district, and VDC and municipality levels. The National Sanitation and Hygiene Steering Committee (NSHSC) is chaired by the Secretary of MOUD, whereas the joint secretary of MOUD (WASH division) is the member-secretary. The National Sanitation and Hygiene Coordination Committee (NSHCC) at the national level is chaired by the joint secretary of MOUD (WASH division) while the chief of the Environmental Sanitation and Disaster Management Section of DWSS is the 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 the 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 the secretary. The Municipality Water, Sanitation and Hygiene Coordination Committee (M-WASH-CC) is chaired by the mayor of the municipality. The composition and functions of these committees are clearly stated in the Master Plan, however, it lacks human and financial resources and also lacks vertical and horizontal institutional linkages to effectively plan, coordinate and monitor the WASH activities, resulting in poor compliance of the polices at the national and sub-national levels.

Please see Annex 4 for a brief introduction of the various committees.

2.6 Conclusion of the Sanitation Context Analysis

The third target of MDG 7 is to reduce by half the proportion of people without sustainable access to basic sanitation. The national target is 80% by 2015 and universal coverage by 2017. In the context that national sanitation coverage was 62% in 2011, the present trend shows that there are several critical disparities that will impede the meeting of the sanitation targets by all the geographical areas and segments of the people. In the Terai and Mid and Far Western Development Regions, the achievement of the targets by 2015 seems challenging as sanitation coverage is still as low as 50%. Rural sanitation coverage is also poor at below 55%. It is also hard for the remaining 10% of the urban population to access toilet facilities due to informal settlements such as slums and squatter

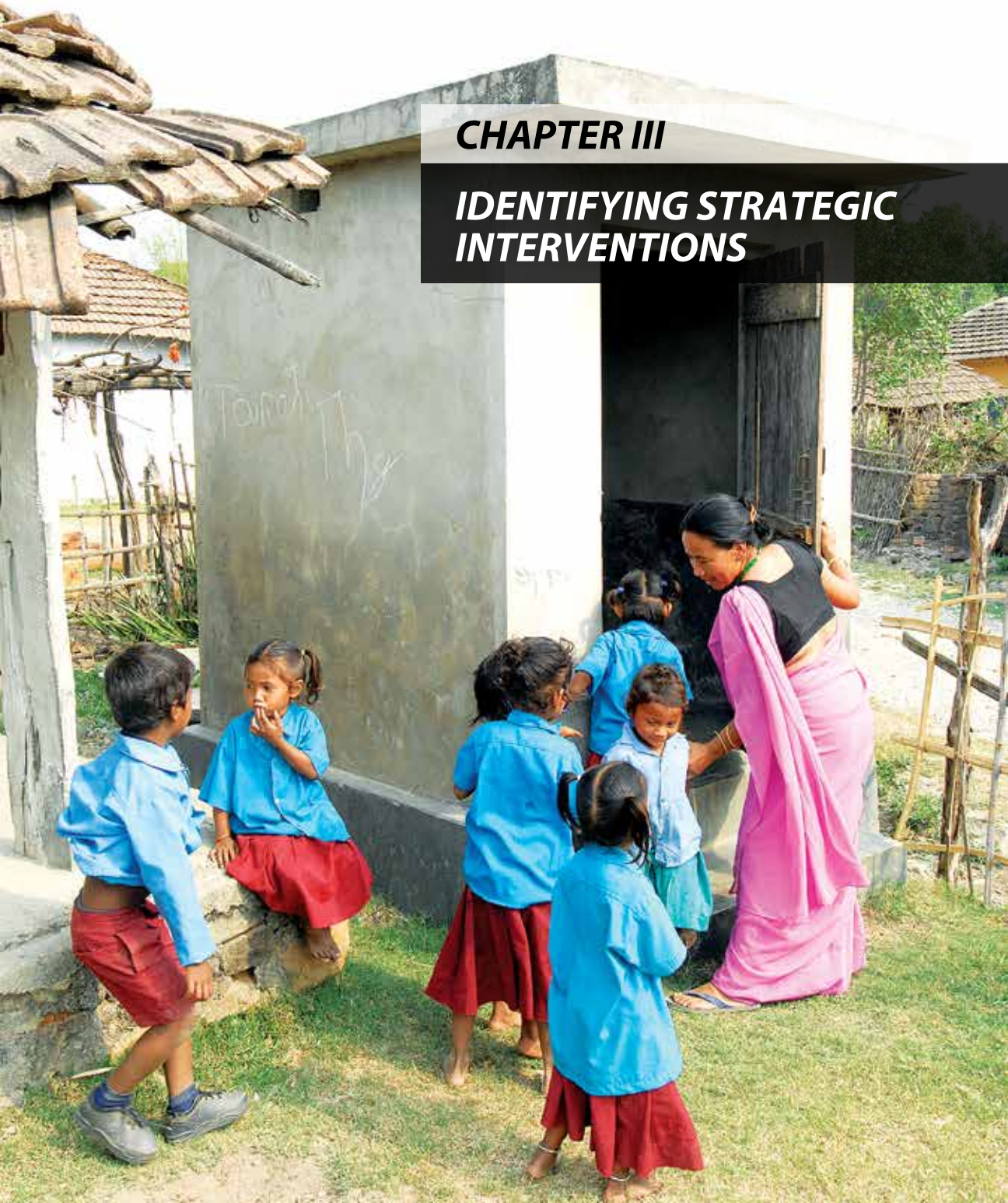
areas and rapid urbanization of the municipalities. The coverage by poverty quintile also shows that the poorest households (HHs) are unlikely to meet the 2015 target as only 4% of them had access to improved toilets by 2008. A vast number (56%) of districts still have a sanitation coverage that is less than the national average. Besides, school toilet coverage needs to increase significantly specifically for girls, so that it leads to an increase in girls' attendance in the schools. The existing capacity of the school toilets can provide services to only one third of the students.

There is a good policy environment, but implementation is at a challenging stage because institutional linkages, dedicated and trained human resources, and finance are yet to increase to the desired levels.

SUMMARY OF SANITATION DISPARITIES	
Areas	Range of Sanitation Coverage
Development regions	47% - 73%
Districts: 56% of districts below national average of 62%	21% - 100%
Rural and urban	55% - 91%
Ecological belts	49% - 75%
Caste and ethnicity	4% - 72%

CHAPTER III

IDENTIFYING STRATEGIC INTERVENTIONS



3.1 General

The purpose of this chapter is to identify and to prioritize the strategic interventions in sanitation that are considered to have a high impact and that are required to achieve the sanitation target. Several strategic sanitation and hygiene interventions are under implementation by the government, bilateral agencies, UN and I/NGOs. The existing interventions were collected from various key stakeholders and, most importantly, from the Sanitation and Hygiene Master Plan, three-year interim plan and annual plan of the government during the desk review for the MAF process. A total of 46 interventions were identified and reviewed in terms of: their level of impact (high or low); b) coverage and c) feasibility to scale up in wider areas. Then, a matrix was prepared for each intervention, indicating each intervention's coverage, feasibility and level of impact. Bottlenecks were also identified for each intervention. The matrices were presented at the national sanitation bottleneck

analysis workshop, where participants reviewed each intervention in group works and prioritized them through a scoring system. The following criteria were applied to prioritize the strategic interventions:

IMPACT: ability to deliver quick, significant results in the short to medium term.

FEASIBILITY: whether capable of being implemented within the given time frame (i.e., by 2015).

By applying the above criteria, the national bottleneck analysis workshop prioritized FOUR strategic interventions to be adopted by MAF to accelerate sanitation initiatives in Nepal to achieve the MDG targets. The following are the strategic interventions that have been prioritized during the bottleneck analysis workshop. The workshop also identified indicative interventions against each key intervention.

Table 3: Summary matrix of key priority interventions and indicative interventions					
MDG	MDG indicator	No.	Key interventions	No.	Indicative intervention (2013-15)
Goal 7: Ensure environmental sustainability.	Proportion of population using improved sanitation facilities .	1	Enabling Effective and functional WASH coordination committees.	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 R-WASH-CC (Regional WASH Coordination Committees) and of the D-WASH-CC (District WASH Coordination Committees).
					Strengthen the capacity of the M/VDC-WASH-CC (Municipal and VDC WASH Coordination Committees).
		2	Formulate and systematically implement capacity building programme (minimum common modules/tools) at various levels.	i	Increase sanitation coverage through ODF campaigning.
		3	Expedite sustainable ODF campaigning at the district, VDC and municipality level by adopting sanitation marketing strategies.	ii	Increase sanitation coverage through ODF campaigning.
				iii	Sanitation in terai & flood-prone areas.
				iv	Sanitation in urban areas.
				iv	Sustain ODF with post ODF campaigning.
		4	Implement WASH in schools programme with full community ownership M/VWASHCC and DWASHCC collaboration.	i	Increasing sanitation coverage in schools.

3.2 Description of the Prioritized Interventions

Each prioritized intervention is briefly described below with its impact, feasibility and key features.

Intervention 1:

Enabling Effective and functional WASH coordination committees

The Master Plan has mandated establishing WASH coordination committees at the national and sub-national levels so as to strengthen coordination to plan, implement and monitor and evaluate the WASH interventions. The national level and regional coordination committees have already been formed, whereas the formation of district and VDC/municipality level coordination committees is rapidly taking place. The composition and their functions are clearly stated in the Master Plan, but they need to enhance their capacities in terms of redefining the roles, human and financing.

IMPACT: The coordination committees at various levels have sector-wide impact, enhance co-ordination between relevant ministries to promote unified planning, implement and follow up coordinating resources and stakeholders' activities. Current coverage of D-WASH-CCs in over 50 districts out of 75; R-WASH-CCs in all the five development regions; V-WASH-CCs and M-WASH-CCs formed in about 25% of the VDCs/municipalities nationwide.

FEASIBILITY: High political support: the master plan has mandated the ministries and other stakeholders to be members and defined clear roles and responsibilities. This initiative is also highly cost-effective.

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).	i) The NSHCC formed after promulgation of the Sanitation Master Plan in 2011; ii) includes five sectoral ministries and other stakeholders; iii) Led by the Ministry of Urban Development (MOUD); iv) coordination with all the 75 districts in place.
Strengthen the capacity of the R-WASH-CC (Regional WASH Coordination Committees) and of the D-WASH-CC (District WASH Coordination Committees).	Umbrella body for planning and budgeting in the districts, ensures leadership of local government body, responsible for district ODF campaigning. RWASHCCs formed in all the five development regions and active in developing human resources in the districts.

Indicative intervention	Brief description/features
	D-WASH-CC is mandatory in all the 75 districts and has already been formed in about 50 districts. In about 25% of the districts, sanitation strategic action plan developed, involves multi sectors, led by District Development Committee (DDC).
Strengthen the capacity of the M/VDC-WASH-CC (Municipal and VDC WASH Coordination Committees).	The master plan has provisioned formation of V-WASH-CCs at the VDC and M-WASH-CCs at the municipal levels. The trend of forming these committees is taking place rapidly. These CCs are the key committees representing all the relevant stakeholders under the leadership of the VDC to plan, finance and monitor the ODF and post ODF campaigning. The success of ODF largely depends on the effectiveness of the V-WASH-CCs and M-WASH-CCs.

Intervention 2: Formulate and systematically implement capacity building programme (minimum common modules/tools) at various levels

The approach suggested by the Master Plan is total sanitation, which requires triggering the sectoral stakeholders and communities. Therefore, triggers are needed at various levels to carry out the Open Defecation Free campaign through the total sanitation approach. The development of master trainers and triggers was for the first time initiated in the mid and far western regions by an alliance of WASH stakeholders active in the regions. The key stakeholders were UNICEF, SNV, Helvetas, CARE Nepal, Plan Nepal, Rural Village Water Resource Management Project (RVWRMP) and NEWAH under the leadership of the mid and far western R-WASH-CCs. Firstly, 3 to 5 master trainers were trained in each district of the two regions. Later 2 to 5 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 all 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 developing triggers in the districts and VDCs/municipalities in nine districts of the Western Development Region.

IMPACT: The triggers have the potential to widely run sanitation initiatives across designated program areas in a cost-effective manner and also sensitize stakeholders at the local level. This will also contribute to mobilizing local resources (facilitators) to promote sanitation governance and establish sanitation and hygiene as a cross-cutting theme in the development process. The local level human resource will also help in the sustainability of the sanitation program.

FEASIBILITY: D-WASH-CCs, V-WASH-CCs and M-WASH-CCs nominate the

triggers for imparting training. The triggers are locally available people and are expected to work as volunteers like the Female Community Health Volunteers (FCHVs). The FCHVs are given national level recognition for health-related volunteering works and

are provided work-based incentives, rewards and recognition. The VDC level triggers are also expected to be mobilized in the way of the FCHVs. The triggers will largely fill up the human resource gap at the lowest level of the districts.

Table 5: Brief description of indicative interventions for strengthening the capacity of master trainers and triggers

Indicative intervention	Brief description/features
<p>Create demand for sanitation facilities and build up sanitation behavior through the mobilization of triggers at the central, district and VDC/municipality level.</p>	<p>The total sanitation approach demands triggers at the district and VDC/municipality levels. Efforts are on to develop master trainers at the headquarters of all the 75 districts. Also producing triggers at the VDC and community level has been initiated in the recent years. Community and school level triggering tools have been introduced to the triggers.</p> <p>After sanitation master triggers were produced in the district headquarters, the ODF campaign has been effective, and VDC level ODF program is fast progressing. The sanitation plan of action of the district and VDCs is being developed with the facilitation of the trained triggers.</p>

Intervention 3:

Expedite sustainable ODF campaigning at the district, VDC and municipality level by adopting sanitation marketing strategies

The Master Plan has stated in its guiding principle that ODF status is the minimum requirement of any sanitation and hygiene promotion program. It also states that the VDC is the smallest unit area for any ODF program. ODF status can, however, be achieved by communities, wards, school catchment and eventually the entire VDC or municipality. The planning unit of the sanitation program in the district for declaring ODF is now a number of VDCs or municipalities. For national level planning, the planning unit for the ODF status is a number of districts. Recently,

several D-WASH-CCs have developed their strategic plan of action to declare their districts 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 are involved in the ODF declaration ceremonies. This has shown that political commitment and engagement are increasing in the ODF campaign.

Similarly, nearly 600 VDCs (out of about 4,000) and 2,000 schools (out of about 32,000) were declared ODF

by December 2012. The Water Supply and Sanitation Collaborative Council (WSSCC)-supported Global Sanitation Fund (GSF) has planned to declare over 200 VDCs and six municipalities ODF by 2015 in Nepal. Now the government plan and program also have indicators for ODF status at the district and VDC/ municipality levels. The challenge is now to expedite the ODF campaign to ensure ODF is declared well before 2017 and the ODF status is sustained after its declaration.

The development of a strategic plan of action for the districts and VDCs/ municipalities is rapidly progressing. Political parties, sectoral stakeholders, child clubs, schools, NGOs and Community Based Organizations (CBOs) have shown great commitment towards the ODF campaign. Local bodies are leading the campaign, and local resources are being generated by different communities. VDCs and schools are the major permanent institutions sustaining ODF at the VDC and community levels.

IMPACT: The ODF campaign has proven effective. Track records show very good results. The ODF status is achieved quicker and its replication in other VDCs or districts is rapid. There is competition among the VDCs and districts to declare ODF first. Countdowns have already begun in some districts to declare ODF.

FEASIBILITY: It has strong political and public support of the local bodies and donors, and has an established institutional mechanism (sanitation Master Plan, D-WASH-CC, V-WASH-CC). Furthermore, the government has a clear policy of allocating budget for ODF campaign.

Table 6: Brief description of indicative interventions for expediting sustainable ODF campaigning at the district, VDC and municipality level

Indicative intervention	Brief description/features
Increase sanitation coverage through ODF campaigning.	The ODF campaign is being run at the district, VDC, ward, community and school levels. However, as stated earlier, the minimum unit is an entire VDC. The core principle of ODF is total sanitation approach without external support for building toilets. However, a safety net is applied to the ultra poor and other disadvantaged people. The Master Plan has to be followed by all the stakeholders for this campaign. Generally, a sanitation strategic action plan is developed, and the D-WASH-CC and V-WASH-CC/M-WASH-CC coordinate among themselves for the ODF campaign. The local bodies are in the driver's seat with financial investment. School teachers and child clubs, and other local groups are massively mobilized in campaigning.
Sanitation in Terai & flood-prone areas.	The Terai has the least sanitation coverage of the three ecological belts and is as low as 50%. The traditional culture of defecating in the open, low literacy, high water table, lack of cost-effective technology, flood-prone areas, water logging, etc. are some of the bottlenecks to improving sanitation in the Terai. There is a huge gap between availability of drinking water (93%) and sanitation facilities (49%).

Indicative intervention	Brief description/features
Sanitation in urban areas.	Urban sanitation coverage is higher compared to rural sanitation coverage; but the growth has remaining stagnant over the last one decade. Rapid urbanization of the municipalities is the major reason behind this. Also the population of the informal settlement such as slums and squatters is increasing rapidly in the urban areas, but the existing policies do not allow building toilets for them. Also lack of spaces, affordability, and uncertainty about how long one will live in a slum has resulted in lack of toilets in the slums and squatter areas.
Sustain ODF with post ODF campaigning.	In many cases, people have gone back to open defecation after a period of ODF declaration because institutional and financial support is lacking after the ODF declaration. The Master Plan envisions sanitation as going beyond the construction of toilets, and also envisages upgrading of toilets and sustained hygiene behaviors, including hand washing with soap at critical times. The V-WASH-CCs and D-WASH-CC need to develop a post ODF strategic action plan to sustain ODF.

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

The government has a country-wide program to build toilets in schools. Each year 3,000 to 5,000 toilets are planned for construction in the country. Each school is given between Rs. 150,000 to 200,000 to build a toilet facility. Recently, a girl-friendly toilet program has been introduced to provide separate toilets for girls because only 34% of the schools have such a facility. Some 64% of the community schools have only one toilet. Department of Water Supply and Sewerage (DWSS) with support of UNICEF has been implementing the School Sanitation and Hygiene Education (SSHE) program since 2000 and the School Led Total Sanitation (SLTS) program since 2006. Under the SSHE program, WASH in schools has seen many improvements. In addition, the success of the School Led Total Sanitation (SLTS) program, initiated

by UNICEF and the Government of Nepal, has shown that focusing attention on WASH in schools can have immense benefits for the surrounding communities also.

A major challenge is ensuring that the government not only invests money for constructing WASH facilities but also invests resources in software activities that include building up sanitation and hygiene behavior.

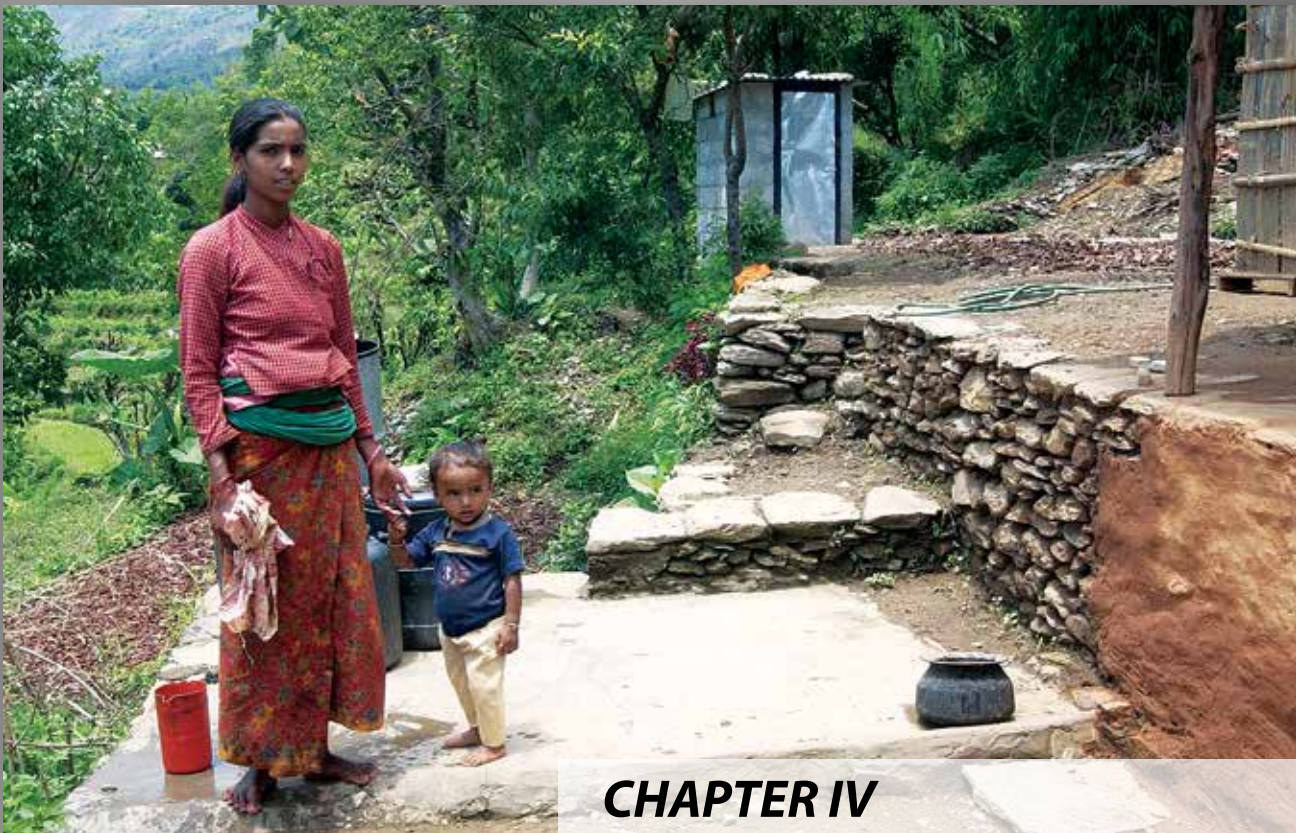
IMPACT: Led by the Ministry of Education (MOE), the program has reached all 75 districts. Over 18,000 schools were covered by 2011, reaching over 3 million school-going children. The government has made huge investment and shown commitment to meet the sanitation needs of the students across the country.

FEASIBILITY: The Department of Education (DOE) has the authority/formal government mandate to lead and promote WASH in schools. Finally, the existing SMC and PTA are the appropriate and permanent

grassroots/community-level institutions to implement WASH programs in schools. Both financial and human resources are in place to scale up and reach all the community schools by 2015.

Table 7: Brief description of strengthening WASH in school program

Indicative intervention	Brief description/features
Increasing sanitation coverage in the schools.	<p>It is a national program. The DOE has recently developed Child, Gender and Disabled (CGD)- friendly toilets with costing. However, this needs to be disseminated to all the 75 districts with training and printed materials. And while doing so, local materials and skills to build economy toilets need to be emphasized.</p> <p>The construction of about 5,000 girl's toilets was targeted in 2010/11, but only 3,000 were built due to poor community demand and support.</p> <p>The government program focuses only on hardware support to build school toilets but lacks the software to increase awareness on sanitation and hygiene.</p> <p>Since 2000, the SSHE has been implemented in 23 districts with UNICEF funding. Over 1,000 schools were supported with toilets, software activities and hygiene education. DWSS, NRCS and NGOs are the partners in the endeavor.</p>



CHAPTER IV

BOTTLENECK ANALYSIS

4.1 General

The purpose of this chapter is to identify the bottlenecks that prevent the priority interventions mentioned in the previous section from being implemented effectively. In other words, the bottlenecks are essentially constraints in the way of implementing and scaling up of interventions. Sector-specific bottlenecks are those that directly affect a sector's performance and can be addressed within a lead sector ministry/agency. They are classified into FIVE categories:

- **Policy and planning:** Policy bottlenecks relate to the adequacy of existing national or sub-national 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 utilization of goods and services on the ground from the demand side are likely to occur in the following areas: empowerment of users to utilize 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 centers).

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, there were bottleneck analysis workshops with four D-WASH-CCs, three V-WASH-CCs, one M-WASH-CC, four schools and three communities in four districts - Bardia, Tanahu, Rautahat and Sunsari. The sub-national level workshop has also validated a number of previously identified bottlenecks and added bottlenecks especially related to supply and demand side of the interventions.

The national workshop had mostly identified the policy and planning and budget-related bottlenecks. All the bottlenecks were collected and tabulated against each intervention. Then the bottlenecks were reviewed to assess the magnitude affecting implementation of the interventions. The assessment of the bottlenecks were reviewed and prioritized by the sanitation task force. Also the bottlenecks were reviewed by the joint meeting of the MAF steering committee and technical committee.

Key bottleneck to the broad FOUR categories are given below:

Policy / Institutional / coordination related key bottleneck:

- Institutional linkages not at the desire level,
- Persisting varied subsidy and support systems for toilet construction, and
- Inadequate human resource availability of sanitation coordination committees at different levels.

Budget and financing related key bottleneck:

- Poor earmark budget for WASH coordination committees to function their responsibilities,
- No clarity in existing operational guidelines on budget allocation by local bodies,
- Districts with poor internal revenue incapable to allocate budget for sanitation movement,
- Communities are incapable to provide matching fund for school toilets, and

- The existing DEO budget of school toilets lacks budget for water, hygiene promotion and menstrual hygiene facilities

Service delivery related key bottleneck:

- Poor dissemination of sanitation plan and policies at the sub national level,
- Lack of human resource for sanitation movement,
- Lack of mobilization of DEO personnel in sanitation movement, and their monitoring frameworks, and
- Lack of post ODF plan and programme to sustain ODF.

Service utilization related bottleneck:

- Community lacks access to sanitation materials at affordable prices,
- Community also lacks informed choices of toilets of low cost and suitable to the local context,
- There is ignorance of public toilets and their proper O&M systems, and
- The school toilets lacks child, gender and disable (CGD) friendliness and water facilities to maintain its cleanliness.

The table below shows the prioritized bottlenecks against each intervention and indicative interventions.

Table 8. Summary table of bottlenecks to key priority interventions to achieve targets for MDG-7 on ensuring environmental sustainability

**Intervention 1:
Enabling 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 desired 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 logistic and communication, and for its program.	Service delivery
	Financial and technical capacity to support D-WASH-CCs – NSHCC has no 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

Indicative intervention (2013-15)	Prioritized bottlenecks	Bottleneck category
	High turnover of focal points in national committees – High turnover of participants and irregular participation in national level committee meetings by member institutions hinder their effective functioning.	Service delivery
	Monitoring and Evaluation framework– Lack of an M&E framework for tracking and assessing results of national sanitation initiatives.	Policy and planning
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 plan and to coordinate their implementation amongst the 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 ¹⁷ .	Policy and planning
	Capacity to ensure compliance -The D-WASH-CCs is weak in enforcing compliance with district sanitation policies and coordination amongst stakeholders.	Service delivery
	Weak secretariat established to support D-WASH-CC – There is a provision in the Master Plan whereby the Water Supply and Sanitation Division Office (WSSDO) ¹⁸ has to provide secretariat functions to the D-WASH-CCs. However, the WSSDO have inadequate financial and dedicated human resources to provide the secretariat functions.	Service delivery
	Lack of financial resources - No basket fund has been established to finance the D-WASH-CC program activities due to operational constraints deriving from the financial act.	Financing
	Lack of budget: Local government bodies devoid of budget for sanitation – There are block grants operational guidelines for local governments; however, these guidelines don't cover allocation of funds/budget for sanitation initiatives.	Financing

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

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

Indicative intervention (2013-15)	Prioritized bottlenecks	Bottleneck category
	Low participation of the political parties in the sanitation campaigning.	Policy and planning
Strengthen the capacity of the M/VDC-WASH-CC (Municipal and VDC WASH Coordination Committees).	Low planning capacity – VDCs are not capable of formulating sanitation strategic plans	Policy and planning
	The sanitation Master Plan is not disseminated properly at the VDC and municipality levels; 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 and VDCs and municipalities are not aware of the effectiveness of the triggering approach.	Service delivery
	Local government bodies devoid of budget for sanitation: There are block grants operational guidelines for local governments; however, these guidelines don't 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

Intervention 2: Formulate and systematically implement capacity building programme (minimum common modules/tools) at various levels

Indicative intervention (2013-15)	Prioritized bottlenecks	Bottleneck category
Create demand for sanitation facilities and build up sanitation behavior through the mobilization of human resources (e.g., triggers at the central, district and VDC/municipality level.	No roster of existing trainers, resource persons and triggers in the sanitation sector and related sectors (e.g., health).	Service utilization
	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
	No mechanism to incentivize triggers. A number of agencies and VDC/DDC expect triggers to operate as volunteers. This is likely to de-motivate them.	Financing

Indicative intervention (2013-15)	Prioritized bottlenecks	Bottleneck category
	Uneven distribution of trained triggers across the country- In some districts, a large number of trained sanitation triggers are not mobilized/are not an active part of the sanitation movement; in others there are not enough.	Service delivery
	No formal recognition of the triggers by any of the agencies. Issue of legitimacy of the triggers.	Service utilization
	No rigorous selection process to identify prospective triggers.	Service utilization
	Poor technical knowledge of the triggers on technology options for toilets.	Service utilization
	Due to lack of job description, the triggers are confused about their roles.	Service utilization

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

Indicative intervention (2013-15)	Prioritized bottlenecks	Bottleneck category
Increase sanitation coverage through ODF campaigning.	Criteria for targeting ultra-poor HHs not applied rigorously by agencies that provide support for sanitation facilities. Poverty and backward ethnic groups defined differently in different areas.	Service delivery
	The size of the support provided to the ultra-poor and disadvantaged ethnic HHs is diversified and too low in order to benefit them and be effective. ¹⁹ Less effective programme implementation targeting to 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...) are still not easily available, especially in remote districts. A complete set of sanitation materials is even rarer in the most remote parts of the country.	Policy and planning

19. The criteria for subsidies allocation to the ultra-poor impose conditionality that are too strict for the ultra-poor HHs to meet - For example, while the size of the subsidies is 1,000 NRP, to build a toilet one HH would need at least 5,000 NRP – an additional 4,000 NRP which are difficult to match by ultra-poor HHs.

Indicative intervention (2013-15)	Prioritized bottlenecks	Bottleneck category
	Widespread misconception about the costs of building toilets and lack of awareness about cost-effective options amongst people.	Service utilization
	Lack of clarity and coherence of subsidy policies.	Policy and planning
	Uneven interpretation and application of policies on subsidies ²⁰ deter non-poor HH from building their own sanitation facilities, as they are waiting to receive subsidies. This is also hampering the sanitation marketing strategy applied by the private sector. ²¹	Policy and planning
	Uneven dissemination of the Master Plan and other policies on sanitation at the district and VDC/municipality levels.	Service utilization
	DWASHCC lacks fund for development and implementation of district ODF plan	Financing
	Blanket approach is applied whether low sanitation or high sanitation coverage; no comprehensive sanitation package applied to low sanitation coverage areas specifically Terai areas.	Service delivery
	Due to lack of water supply, HHs are not motivated to build toilets, especially in the hills, Chure ²² range and mountain districts where water is scarce.	Service utilization
	Lack of toilets along the highways and in the restaurants on the highways.	Service utilization
	Poor enforcement of the district/VDC/municipality and national level sanitation strategic plans and policies.	Policy and planning
	No strong monitoring mechanism to ensure ODF is continued after declaration.	Service delivery
	Poor involvement of health sector in the ODF campaigning.	Policy and planning
	Low level of awareness of good sanitation practices, especially in rural areas.	Service utilization

20. Some agencies give subsidies to all, some others only to ultra-poor, some others again don't give subsidies at all.

21. 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 receiving subsidies one day. UNICEF and UN Habitat are supporting the government to develop a sanitation marketing strategy.

22. 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
Sanitation in Terai & flood-prone areas.	The cost of the available sanitation options in the Terai is almost triple that of the hills.	Financing
	Low awareness (of communities and organizations) of alternative technologies in high water table areas and flood-prone areas.	Service utilization
	Open defecation is inherited culture and widely accepted in the communities.	Service utilization
	Culture – Refusal to defecate in the same toilet by father-in-law and daughter-in-law.	Service utilization
	Culture preventing menstruating women from using toilets during the whole menstruation period in some remote hill districts.	Service utilization
Sanitation in urban areas.	The sanitation policies do not address the issue in the slums and squatter areas; the government is reluctant to support sanitation interventions in the informal (illegal) settlements.	Policy and planning
	Municipalities don't perceive HH sanitation as their priority as compared to sewer drains, dumping sites, etc.	Service delivery
	Lack of sanitation facilities in public areas, such as bus stations, market areas, etc.	Service utilization
Sustain ODF with post ODF campaign.	No strategic post ODF plan at the national and district and local level.	Policy and planning
	No regular monitoring of post ODF status.	Service delivery

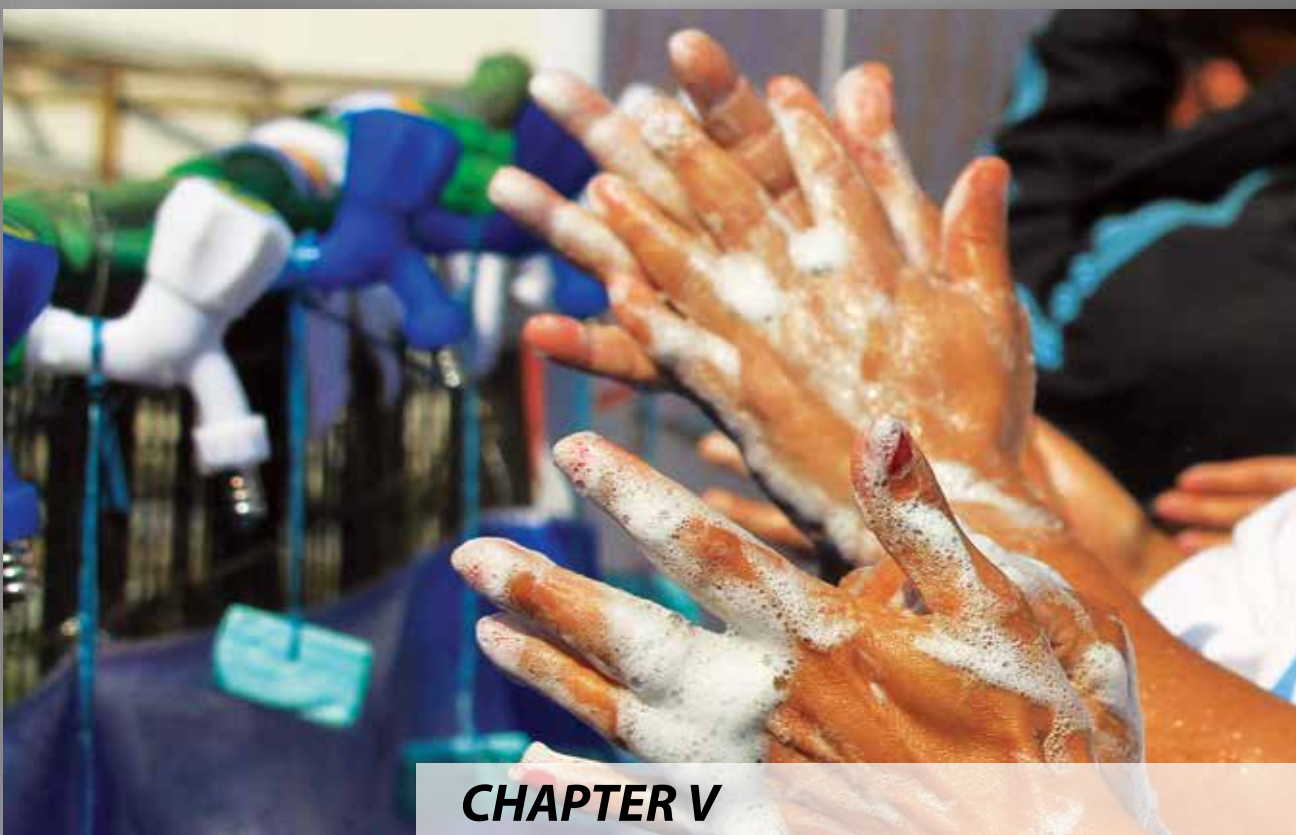
Intervention 4: Implement WASH in schools programme with full community ownership M/VWASHCC and DWASHCC collaboration

Indicative intervention (2013-15)	Prioritized bottlenecks	Bottleneck category
Increasing sanitation coverage in schools.	Lack of planning coordination between the 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 sanitation facilities support from the government.	Service utilization
	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

Indicative intervention (2013-15)	Prioritized bottlenecks	Bottleneck category
	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: a) most toilet facilities in the schools are not utilized and properly maintained; b) schools don't apply for funding to build new toilet facilities.	Service utilization
	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.	Service delivery
	The existing school toilets lack menstruation hygiene facilities causing drop out of adolescent girls during their menstruating days.	Service utilization
	Number of school toilet units is too low - By law, one toilet unit should cater to max 50 students; however, on average, a school toilet unit caters to 147 students.	Service utilization
	Lack of monitoring mechanisms – The monitoring checklist of the resource persons (RPs) and of the school inspectors (Sis) does not include indicators on school WASH. ²³	Service delivery
	The guidelines for the development of the School Improvement Plans (SIP) ²⁴ 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.	Service delivery
	The school WASH component is not part of the existing training modules for teachers, the School Management Committees (SMC) and the Parents Teachers Association (PTA).	Policy and planning
	Toilets are ignored and not prioritized for many SMC/PTA/teachers as compared to other needs such as school building, teachers salary, etc.	Service utilization

23. The resource persons and the school inspectors have monitoring responsibilities on school management, including teaching quality, teachers and students attendance, quality of school implementation plans (SIPs), etc.

24. SIP is a mandatory annual activity of all the public schools as per the government regulations.



CHAPTER V

ACCELERATING MDG PROGRESS: IDENTIFYING SOLUTIONS AND COUNTRY ACTION PLAN

5.1 General

This chapter presents the accelerated solutions that have been identified and prioritized for their potential to unlock the bottlenecks and accelerate progress towards the identified MDG target. The accelerated solutions have been identified on the basis of their impact and their feasibility (sustainability assessment, financing, and capacity to implement the solution)— that would enable the country to accelerate the achievement of selected MDG targets.

During the bottleneck analysis workshops at the national and sub-national levels, attempts were made to identify solutions which were based on good practices in the school, community, district and national levels. The solutions were sought based on evidences. A number of solutions were suggested in these workshops.

While analyzing the bottlenecks at the sanitation task force meeting and joint meeting of the MAF steering committee and technical committee, a number of other solutions were also suggested based on the evidences and also based on the expert's ideas.

Followings were the specific consideration made while formulating the solutions:

- Already tested and practiced elsewhere,
- Proven result yielding,
- Can be implemented within 2013 to 2015,
- Low cost options,
- Can yield high impact at scale, and
- Can be scale up nationwide

5.2 Prioritized Solutions with Country Action Plan

The joint meeting of the MAF Steering Committee and technical Committee that was held on 30th November 2012, have prioritized solutions to the four interventions. Later during the national validation workshop held on 26th December 2012 in Kathmandu, validated the solutions approved by

the joint meeting of the MAF Steering Committee and Technical Committee. Altogether 40 strategic solutions were prioritized and validated in total. However, the validation workshop has also endorsed other solutions being proposed. The prioritized solutions which are expected to unlock the

bottleneck of the prioritized four strategic interventions are further classified in terms of policy/planning, finance/budgeting, service delivery and service utilization. The 40 Key solutions are:

Policy/planning and coordination related solutions

1. 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,
2. The government will make 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,
3. The government will make a public announcement “No subsidy for private HH Toilets”. All concerned ministries will also circulate to its district and regional offices about the No Subsidy,
4. The government will also carry out a campaign “No schools without toilets”,
5. MOUD, the lead ministry to assign a fully dedicated sanitation officer/s to provide secretariat functions to the NSHSC and NSHCC,
6. District Development Committee/ Water Supply and Sanitation Division Office (WSSDO) and/or 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,
7. Form the sanitation task force with one third female members in each district as to assist to the DWASHCCs to function its responsibilities. The sanitation task force will also be formed in the VDC and municipality levels,
8. Endorse sanitation master plan implementation guidelines. The guidelines to clarify on:
 - i) No subsidies for HH toilets except ultra poor and other targeted people including disadvantaged ethnic people. DWASHCC and VWASHCC/ MWASHCC to be given mandate/authority to decide on the support mechanism to these targeted communities;
 - ii) Articulating strategies for developing and mobilizing sanitation triggers for sanitation social movement;
 - iii) specific provision for the development of an integrated (all ministries) M&E framework for sanitation.
9. To organize district level workshops every year to sensitize all the

- D-WASH-CCs members on sanitation and hygiene and ODF campaigning,
10. All the D-WASH-CCs to develop and enforce the district sanitation strategic plans of actions in line with the Master Plan,
 11. School sanitation programme of DEO will be integral part of the annual plan of actions of the D-WASH-CC, and
 12. Select the districts with sanitation coverage less than 50% and carry out intensive ODF programme with commitment from the central level budgets.
- for ODF campaign; alternatively prepare basket programme to launch ODF campaign,
17. Local government bodies need to allocate budget for development and mobilization of triggers for sanitation social movement,
 18. The central government makes fund available to DDCs in priority regions (eg, Karnali zones, low sanitation coverage,) for their ODF campaigning/social movement,
 19. The MOFALD continues to provide the central grant to DDCs that plan for ODF in the current fiscal year,

Budget and finance related solutions

13. All members of the NSHCC/ RWASHCC/DWASHCC/VWASHCC and MWASHCC earmark funds – every fiscal year –to function the secretariat and finance activities under the committees,
14. Revise the draft DPMAS, to include budget/funds allocation for sanitation social movement by the local bodies,
15. Revise the MLD's MCPM – (minimum condition for performance monitoring) by adding an indicator related to sanitation,
16. Establish central/district/ VDC/ municipality level basket fund
20. Instead of the flat amount, the school toilet cost should be based on the actual estimate and the estimate should also include budget for water and hand washing facilities, sanitation and hygiene promotion, and design and estimation and menstrual hygiene facilities. The cost would also include for menstrual hygiene kits in the schools,
21. MOE to review budget for supporting schools' sanitation and hygiene facilities, so that the matching funds required by the community is minimum of 20% of the estimate as per the WASH policy, and
22. MOE to continue to allocate adequate resources for implementation

of the 'girls' toilets programme focusing menstrual hygiene, hand washing and water facilities'.

Service delivery related

23. Disseminate the Master Plan and its implementation guidelines in all the districts/VDCs/Municipalities through workshop, IEC materials, and other media,
24. N-SHCC, RWASHCC and D-WASH-CC to systematically develop human resource 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,
25. Develop and implement post ODF action plan with budget provisions for each VDC/municipality/district,
26. The Department of Education (DOE) revises the School Improvement Plans (SIPs) guidelines to include school WASH, and circulate them to all its district offices,
27. DOE to revise the monitoring checklist of Resource Persons and School Inspectors, by introducing sanitation indicators,
28. Each NSHCC / RWASHCC / D-WASH-CC / VWASHCC / MWASHCC will appoint a Sanitation Inspector (SI) to officially monitor the compliance of the sanitation strategic action plans and also the compliance of ODF indicators. The SI normally will be appointed from among the officers of one of the respective Coordination Committee members,
29. Each D-WASH-CC will develop a "special sanitation package for ultra poor, Dalit and other disadvantaged Janajatis" to increase sanitation coverage among these segment of population in the country,
30. Each municipality will develop "sanitation package" for informal settlement of slum and squatter, including community toilets with community management model or public private partnership model,
31. Ministry of Health and Population (MOHP) will direct its health departments, hospitals, health post, sub-health post and primary health care centers to keep messages related with "toilet use" and "hand washing with soap" in the doctor's prescription pad. Also MOHP will make a circular to Female Community Health Volunteers (FCHVs), and chiefs of the district and VDC/municipality health facilities to get engaged in the ODF campaigning,
32. All the stakeholders at various levels will ensure that "reward and recognition" are inbuilt in all the

sanitation and hygiene programme activities, and

33. 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.

Service utilization related solutions

34. Review the existing innovative sanitation marketing initiatives being taken up in Nepal, and formulate national sanitation marketing strategies and action plan for social marketing of demand and supply chain of sanitation materials,
35. Develop alternative cost effective technologies /solutions of toilets specially suitable in the Terai, flood prone areas, and for poor people; and disseminate the information through mass media, training and IEC materials,
36. The existing and future schools' toilets to be provided with water, menstrual hygiene facilities, disposal units, provision of menstrual hygiene kits in the public schools,
37. The Road Department will build public toilets with PPP model or community managed model

ensuring proper O&M management along the national highway and feeder roads at every 50 KM interval and at every 25 KM in the hill alignment,

38. Every fuel pump centers along the high way must have a public toilet
39. To declare a district ODF, public toilets must be mandatory at the public places such as Haat Bazaar (market places), bus parks, sports play ground, etc and management plan will be in place, and
40. Innovative model school concept will be introduced compulsory in schools where sanitation and hygiene facilities are supported. The model school includes; i) formation and reformation of child clubs, ii) O&M fund /local norms established , iii) Annual plan of action prepared, iv) CGD WASH facilities established, v) life skill based curriculum implemented.

The table below shows the prioritized solutions against each indicative intervention.

The table 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 put as far as possible. In case of no existing rates, an indicative budget has been estimated.

Table 9: Summary table for accelerating progress towards the MDGs on sanitation (MDG 7C2)

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

Priority bottlenecks	Solutions with acceleration potentials (2013-2015)
<p>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)</p>	
<p>Participation of sectoral ministries and departments not at a desired level in the national level committees.</p>	<ul style="list-style-type: none"> • 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 existing MAF steering Committee composition under the chairperson ship of NPC member is suggested for the this board.
<p>Secretariat of NSHSC & NSHCC lacks resources to function effectively – lack of dedicated staff, ad hoc budget for logistic and communication, and for its program.</p>	<ul style="list-style-type: none"> • MOUD, the lead ministry to assign a fully dedicated sanitation officer/s to provide secretariat functions to the NSHSC and NSHCC. • All members of the NSHCC/RWASHCC/DWASHCC/VWASHCC and MWASHCC earmark funds – every fiscal year –to function the secretariat and finance activities under the committees. • The Secretariat to be given monitoring functions on implementation/follow-up of decisions by respective ministries/members of the committees. • The Master Plan implementation guidelines to indicate the frequency of national committees’ meetings, including systems/procedures to ensure that deliberations are followed-up/implemented.
<p>Financial and technical capacity to support D-WASH-CCs-NSHCC has no 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.</p>	<ul style="list-style-type: none"> • All members of the NSHCC earmark funds – every fiscal year – to finance activities under the NSHCC plan/programme.
<p>High turnover of focal points in national committees -High turnover of participants and not regular participation in national level committees’ meetings from member institutions hinder their effective functioning.</p>	<ul style="list-style-type: none"> • 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.
<p>Monitoring and Evaluation framework -Lack of an M&E framework for tracking and assessing results of national sanitation initiatives.</p>	<ul style="list-style-type: none"> • The forthcoming guidelines for the implementation of the Master Plan to include a specific provision for the development of an integrated (all ministries) M&E framework for sanitation. • To develop an integrated M&E framework for sanitation.

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

Priority bottlenecks	Solutions with acceleration potentials (2013-2015)
<p>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)</p>	
<p>Policy development and coordination capacity -D-WASH-CCs have low capacity to develop district sanitation strategic plan and to coordinate their implementation amongst 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 the district sanitation policy.²⁶</p>	<ul style="list-style-type: none"> • To organize district level workshops every year to sensitize all the D-WASH-CCs members on sanitation and hygiene and ODF campaigning. • D-WASH-CCs to develop and enforce the district sanitation strategic plan of action in line with the Master Plan implementation guidelines. • Establish a sanitation task team in all the districts, including members from key stakeholders with gender balance. • Develop at least 5 sanitation and hygiene resource persons in each district. • 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 implementation guidelines.
<p>Capacity to ensure compliance -The D-WASH-CCs are weak in enforcing compliance with district sanitation policies and coordination amongst stakeholders.</p>	<ul style="list-style-type: none"> • Each D-WASH-CC will appoint a Sanitation Inspector (SI) to officially monitor the compliance of the sanitation strategic action plans and also the compliance of ODF indicators of the district and VDC levels. The SI normally will be appointed from among the officers of one of the DWASHCC members.
<p>No Secretariat to support the D-WASH-CC -Weak secretariat established to support the D-WASH-CC - There is a provision in the Master Plan whereby the Water Supply and Sanitation Division Office (WSSDO)²⁷ has to provide secretariat functions to the D-WASH-CCs. However, the WSSDO have inadequate financial and lack of dedicated human resources to provide secretariat functions.</p>	<ul style="list-style-type: none"> • District Development Committee/Water Supply and Sanitation Division Office (WSSDO) and/or at 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. • Resources for logistics and other secretariat costs to be borne by WSSDO. • The Ministry of Urban Development to issue a circular/ directive requiring all WSSDOs to adhere to the above mentioned provisions (i.e. serving as secretariat of the D-WASH-CC, by making human and financial resources available for it).
<p>Lack of financial resources -There is no basket fund established to finance D-WASH-CCs programme activities, because of operational constraints deriving from the financial act.</p>	<ul style="list-style-type: none"> • Instead of creating a basket fund, 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). • Establish central/district/ VDC/municipality level basket fund for ODF campaign; alternatively prepare basket programme to launch ODF campaign.

25. Sanitation task force: its role is to assist the NSHCC and NSHSC in performing their tasks. It meets at closed intervals- normally once a month and its decisions are endorsed by NSHCC and NSHSC. Its members are sanitation focal persons from DWSS, DOLIDAR, UNICEF, WHO, UN Habitat, WaterAid, Nepal Red Cross Society, Rural water supply and sanitation fund development board and NEWAH.

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

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

	Inputs	Cost (USD)	Potential/responsible partners	2013	2014	2015
	<ul style="list-style-type: none"> District workshops every year 	USD 500/year	DWASHCC	√	√	√
	<ul style="list-style-type: none"> Allocate budget to DWASHCC for developing, printing, dissemination, review and implementation monitoring. 	USD 2,000	DWASHCC	√		
				√		
	<ul style="list-style-type: none"> Training of TOT for sanitation resource persons 	USD 10,000	RWASHCC	√		
			DWASHCC	√		
	<ul style="list-style-type: none"> Financial resources to support secretariat (meeting, communication, logistics, etc) 	USD 1500/year	DWASHCC	√		
				√	√	√
				√	√	√
	None	0	DWASHCC	√	√	√
				√	√	√

Priority bottlenecks	Solutions with acceleration potentials (2013-2015)
Low participation of political parties in the sanitation campaign.	<ul style="list-style-type: none"> • 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.
Priority intervention 1.3 - Strengthen the capacity of the M/VDC-WASH-CC (Municipal and VDC WASH Coordination Committees)	
Low planning capacity -VDCs are not capable to formulate sanitation strategic plans.	<ul style="list-style-type: none"> • To establish a sanitation planning task team, comprising staff from the health posts, teachers, Female Community Health Volunteers (FCHV), local youth clubs, etc. • The task team to be trained by D-WASH-CC.
Unclarity around the implementation of the Master Plan -The sanitation Master Plan is not disseminated properly to the VDC and municipality levels; there is also lack of clarity regarding the procedures to form V-WASH-CCs, their composition and their size (i.e. number of members).	<ul style="list-style-type: none"> • To ensure adequate dissemination of the Master Plan and its implementation guidelines in all the VDCs/Municipalities (responsibility of the D-WASH-CCs). • The Master Plan implementation guidelines to specify the procedures guiding the establishment and composition of the M/VDC-WASH-CCs and their operations.
Technical capacity gaps at district and local level -Local government bodies, especially DDCs and VDCs and municipalities are not aware of the effectiveness of the triggering approach.	<ul style="list-style-type: none"> • D-WASH-CC to organize awareness/sensitization workshops/ campaigns (using the roster to identify resource persons to conduct workshops).
Local government bodies devoid of budget for sanitation: There are block grants operational guidelines for local governments; however, these guidelines don't cover allocation of funds/budget for sanitation initiatives.	<ul style="list-style-type: none"> • Revise the draft District Poverty Monitoring and Analysis System (DPMAS) to include budget/funds allocation for sanitation social movement by the local bodies.
	<ul style="list-style-type: none"> • To revise the Ministry of Local Development's MCPM – (minimum condition for performance monitoring)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 work as an incentive for local governments to invest more on sanitation, in order to score higher on this indicator and qualify for more funding.
Lack of secretariat functions -There is no secretariat office to support the M/ VDC-WASH-CC.	<ul style="list-style-type: none"> • The VDC office to host the secretariat, to be resourced by VDC staff and finances. • To appoint one of the triggers as focal person to perform secretariat functions.

	Inputs	Cost (USD)	Potential/responsible partners	2013	2014	2015
	None	0	DWASHCC chair	√	√	√
	Training to the task team	USD 1,000/district	DWASHCC	√		
				√		
	The master plan guidelines to be printed and distributed	USD 5000/district	DWASHCC	√		
				√		
	VDC/municipality level training/workshops	USD 300/VDC/municipality	DWASHCC	√	√	
		0	MOFALD	√		
				√		
	Meeting and logistic cost of the secretariat	USD 500/year/VDC	VWASHCC	√	√	√
				√		

B. Key intervention 2: Formulate and systematically implement capacity building programme (minimum common modules/tools) at various levels

Priority bottlenecks	Solutions with acceleration potentials (2013-2015)
<p>Strategic intervention 2.1: Create demand for sanitation facilities and change sanitation behavior through the mobilization of triggers at the central, district and VDC/ municipality levels</p>	
<p>No roster of existing trainers and resource persons in the sanitation sector and related sectors (e.g. health).</p>	<ul style="list-style-type: none"> • D-WASH-CC to develop a roster of triggers and trainers at the national and district level.
<p>Lack of Training manual/tools available or developed for systematic capacity building of triggers at the national/ district/VDC/municipality levels.</p>	<ul style="list-style-type: none"> • Review existing training manuals and resource books and develop a comprehensive training manual.
<p>Lack of financial resources to develop and mobilize triggers at all levels: national, district and VDC.</p>	<ul style="list-style-type: none"> • Government to allocate budget for developing and mobilizing triggers at all levels (transport costs, lodging, trainers fees, etc.).
<p>No mechanism to incentivize triggers and high turn-over of triggers. A number of agencies expect triggers to operate as volunteers and out of their own initiative.</p>	<ul style="list-style-type: none"> • To replicate the Female Community Health Volunteers (FCHV) model to incentivize triggers through public recognition of their services and symbolic per diem payment. • Central government agencies to provide national level awards to the best performing triggers in the country. • To develop and mobilise mostly women as triggers to operate in their respective VDCs.
<p>Uneven distribution of trained triggers across the country - In some districts, a great number of trained sanitation triggers are not mobilized/are not active part of the sanitation movement; in others there are not enough.</p>	<ul style="list-style-type: none"> • Organize training at the district and VDC/ municipality levels. The districts are selected on the need based, but it is expected that about 30 districts are left.

	Inputs	Cost (USD)	Potential/responsible partners	2013	2014	2015
		0	DWSHCCs	√		
	Hire Consultants	USD 10,000	MOUD	√	√	
	Financial support to triggers	District level: USD 7200/district/ year	DWASHCC	√	√	√
VDC level USD 1800/year/ VDC		VWASHCC	√	√	√	
Municipality level USD 9000/year/ municipality		MWASHCC	√	√	√	
	Incentives based on works; 60 days in a year- 2 pax	USD 750/year/VDC	VWASHCC	√	√	√
USD 1500/year/ municipality		MWASHCC	√	√	√	
			√	√	√	
	Training 3-5 persons in each district, at least 2 in each VDC and 10 in each municipality	District level: USD 2000/district	NSHCC	√	√	
VDCs level USD 400/VDC		DWASHCC				
Municipality : USD 2000/municipality		DWASHCC				

Priority bottlenecks	Solutions with acceleration potentials (2013-2015)
<p>No formal recognition of the triggers by none of the agencies. Issue legitimacy of the triggers.</p>	<ul style="list-style-type: none"> • NSHCC to make circular to DWASHCCs to direct VDCs/municipalities on the issuance of identity cards/badges to sanitation triggers. • VDCs/municipalities to issue identity cards/badges to trained/certified sanitation triggers.
<p>No rigorous selection process to identify prospective triggers followed by local government bodies.</p>	<ul style="list-style-type: none"> • To encourage the existing volunteers (such as Female Community Health Volunteer), community mobilizers (under Local Governance Development Programme) and teachers within VDC and municipalities to also become sanitation triggers. • To adopt a more rigorous screening process to identify/nominate triggers, including through interviews, references, etc...
<p>Poor technical knowledge of the triggers on technology options for toilets.</p>	<ul style="list-style-type: none"> • Refresher training every year.
<p>Due to lack of Job Description, the triggers are confused about their roles.</p>	<ul style="list-style-type: none"> • NSHCC to develop a national job description for all sanitation triggers in the country and disseminate to all VDCs and municipalities.

	Inputs	Cost (USD)	Potential/responsible partners	2013	2014	2015
		0	NSHCC/DWASHCC and VDC and municipalities	√		
				√	√	√
		0	VDCs	√		
				√		
		USD 200/VDC/year	DWASHCC	√	√	√
		USD 1000/municipality/year	DWASHCC			
		0	NSHCC	√		

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

Priority bottlenecks	Solutions with acceleration potentials (2013-2015)
Priority Intervention 3.1: Increase sanitation coverage through ODF campaigning	
<p>Criteria for targeting ultra-poor HHs not applied rigorously by agencies that provide supports for sanitation facilities. Poverty and backward people defined differently in different areas.</p>	<ul style="list-style-type: none"> The safety net will be designed by the local authorities and resources will also be identified and mobilized at the local levels.
<p>Less effective programme implementation targeting to Dalit and Janajati communities.</p>	<ul style="list-style-type: none"> Each D-WASH-CC will develop a “special sanitation package for ultra poor, Dalit and other disadvantaged Janajaties” to increase sanitation coverage among these segment of population in the country.
<p>Even though some sanitation material is available/provided to HHs for building toilets (toilet pans); some complementary material (such as plumbing, cements,...) is still not easily available, especially in remote districts. The complete set of sanitation materials is even rarer in the most remote parts of the country.</p>	<ul style="list-style-type: none"> Review the existing innovative sanitation marketing initiatives being taken up in Nepal, and formulate national sanitation marketing strategies and action plan for social marketing of demand and supply chain of sanitation materials. Develop and put in place an adequate supply mechanism to ensure that all necessary sanitation material is available, particularly in rural and remote parts of the country.
<p>Widespread misconception about the costs of building toilets and lack of awareness about cost-effective options amongst people.</p>	<ul style="list-style-type: none"> Develop alternative cost effective technologies / solutions of toilets specially suitable in the Terai, flood prone areas, and for poor people; and disseminate the information through mass media, training and IEC materials.
<p>Lack of clarity and coherence of policies regarding subsidies.</p>	<ul style="list-style-type: none"> The government will make a public announcement “No subsidy for private HH Toilets”. All concerned ministries will also circulate to its district and regional offices about the No Subsidy. Endorse sanitation master plan implementation guidelines. The guidelines to clarify on: No subsidies for HH toilets except ultra poor and other targeted people including disadvantaged ethnic people. DWASHCC and VWASHCC/MWASHCC to be given mandate/authority to decide on the support mechanism to these targeted communities.

	Inputs	Cost (USD)	Potential/responsible partners	2013	2014	2015
	The provision be made in the implementation guidelines	0	NSHSC	√	√	√
		Per poor and disadvantaged HHs: USD 50	MOFALD/MOUD/Others	√	√	
	Develop sanitation marketing strategies	USD 30,000	MOFALD/MOUD	√		
	Capacity building activities to entrepreneurs and stakeholders	USD 37,500/year			√	√
	Support to sanitation marketing supply chains	USD 37,500/year				
	Hire consultants to develop the design and costing	Consultants: USD 5000 IEC materials: USD 10,000	MOUD	√		
	None	0	NSHCC	√ √		

Priority bottlenecks	Solutions with acceleration potentials (2013-2015)
<p>Uneven interpretation and application of policies on subsidies²⁸ deters non-poor HH from building their own sanitation facilities, as they are waiting to receive subsidies. This is also hampering sanitation marketing strategy applied by the private sector.²⁹</p>	<ul style="list-style-type: none"> • Disseminate the Master Plan and its implementation guidelines in all the VDCs/Municipalities through workshop, IEC materials, and other media. • Ensure that all agencies, including NGOs, INGOs, etc... adhere to the Master Plan guidelines.
<p>Uneven dissemination of the master plan and other policies on sanitation at the district and VDC/municipality levels.</p>	<ul style="list-style-type: none"> • Master Plan Dissemination Unit established at the DWSS to disseminate information about the Master Plan across the country.
<p>Blanket approach is applied whether low sanitation or high sanitation coverage; no comprehensive sanitation package applied to low sanitation coverage areas specifically Terai areas.</p>	<ul style="list-style-type: none"> • Select the districts with sanitation coverage less than 50% and carry out intensive ODF programme with commitment from the central level budgets.
<p>The DWASHCC lack funds for development and implementation of district ODF plans.</p>	<ul style="list-style-type: none"> • The government to make funds available (i.e. matching funds) to DDCs in priority regions (i.e. low sanitation coverage, Karnali zone, mountains...) on the basis of submission of ODF plans. • The MOFALD continues to provide the central grant to DDCs that plan for ODF in the current fiscal year.
<p>Due to lack of water supply, HHs are demotivated to build toilets, especially in the hill, Chure range and mountain districts where water is scarce.</p>	<ul style="list-style-type: none"> • Introduce dry ecosan toilets.

28. Some agencies give subsidies to all, some others only to ultra-poor, some others again don't give subsidies at all.

29. 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 receiving subsidies one day. Unicef and UN Habitat are supporting the government to develop the sanitation marketing strategy.

	Inputs	Cost (USD)	Potential/responsible partners	2013	2014	2015
	District level: dissemination workshop of the sanitation implementation guidelines; 75 events	USD 37,500	NSHCC	√		
				√	√	√
	Master plan implementation consultants team at DWSS	USD 20,00/year	NSHCC	√		
	Development of IEC and other promotional materials	USD 15000/year	NSHCC			
	Dissemination workshop at the district level	USD 30,000/year	NSHCC			
	VDC/municipality level dissemination workshops	USD 500 per municipality	VWASHCC and MWASHCC			
		Budget to estimate	NSHCC	√	√	√
	Each district would get USD 20,000 for ODF supports	USD 40,000/year	MOFALD/MOUD	√	√	√
				√	√	√
	Investment support to build ecosan toilets	USD 40,000/year	MOUD	√	√	√

Priority bottlenecks	Solutions with acceleration potentials (2013-2015)
Lack of toilets along the highways and restaurants in the highways.	<ul style="list-style-type: none"> • The Road Department will build public toilets with PPP model or community managed model ensuring proper O&M management along the national highway and feeder roads at every 50 KM interval and at every 25 KM in the hill alignment. • Every fuel pump centers along the high way must have a public toilet.
Poor enforcement of the district/VDC/ municipality and national level sanitation strategic plans and polices. No strong monitoring mechanism to ensure ODF is continued after declaration.	<ul style="list-style-type: none"> • Each NSHCC/RWASHCC/D-WASH-CC/VWASHCC/MWASHCC will appoint a Sanitation Inspector (SI) to officially monitor the compliance of the sanitation strategic action plans and also the compliance of ODF indicators. The SI normally will be appointed from among the officers of one of the respective Coordination Committee members.
Poor involvement of health sector in the ODF campaigning.	<ul style="list-style-type: none"> • Ministry of Health and Population (MOHP) will direct its health departments, hospitals, health post, sub-health post and primary health care centers to keep messages related with “toilet use” and “hand washing with soap” in the doctor’s prescription pad. Also MOHP will make a circular to Female Community Health Volunteers (FCHVs), and chiefs of the district and VDC/municipality health facilities to get engaged in the ODF campaigning.
Low level of awareness of good sanitation practices, especially in rural areas.	<ul style="list-style-type: none"> • Mobilization of print, radio media and dissemination of Information, Education and Communication (IEC) materials. • Establish partnership with the private sector for conducting information and awareness campaigns. • Greater involvement of political parties in awareness campaign and in the D-WASH-CC and V-WASH-CC.
Priority Intervention 3.2: Sanitation in Terai and flood prone areas	
The cost of the available sanitation options in the Terai is almost triple than in the hills.	<ul style="list-style-type: none"> • Explore alternative cost-effective technologies/ solutions. • expand awareness of alternative, low-cost technology solutions through different media campaigns, training, IEC materials, etc.
Low awareness (of communities & organisations) of alternative technologies in high water table areas and floods prone areas.	

	Inputs	Cost (USD)	Potential/responsible partners	2013	2014	2015
	None	0	Private sectors	√	√	√
				√	√	√
			WASC coordination committees at different levels	√		
			MOHP	√		
	Partnership with private sector for mass media campaigning	USD 75,000/year	MOFALD/MOUD	√	√	√
				√	√	√
				√	√	√
	None	0	MOUD	√		
				√	√	√

Priority bottlenecks	Solutions with acceleration potentials (2013-2015)
Open defecation is inherited culture and widely accepted in the communities.	<ul style="list-style-type: none"> The government will make public announce “Open Defecation is prohibited” through mass media, IEC materials and circulars. DWASHCCs will also be instructed to develop local norms to stop open defecation.
<p>Culture – refusal to defecate in the same toilet by father in law and daughter in law.</p> <p>Culture preventing menstruating women from using toilets during the whole menstruation period.</p>	<ul style="list-style-type: none"> Develop IEC materials and awareness campaigning programme.
Priority Intervention 3.3: Sanitation in urban areas	
The sanitation policies do not address the issue in slums and squatters areas; the government is reluctant to support sanitation interventions in the informal settlement.	<ul style="list-style-type: none"> Each municipality will develop “sanitation package” for informal settlement of slum and squatter, including community toilets with community management model or public private partnership model.
Municipalities don’t perceive HH sanitation as their priority as compared with sewer drains, dumping sites, etc.	<ul style="list-style-type: none"> Municipality to declare mandatory provision to build toilets for approval of building construction.
Lack of sanitation facilities in public areas, such as bus stations, market areas, etc.	<ul style="list-style-type: none"> To declare a district ODF, public toilets must be mandatory at the public places such as Haat Bazaar (market places), bus parks, sports play ground, etc and management plan will be in place.
Priority Intervention 3.4: Sustain ODF with post ODF campaigning	
No strategic post ODF plan at the national and district and local level.	<ul style="list-style-type: none"> Develop and implement post ODF action plan with budget provisions for each VDC/municipality/ district soon after ODF declaration The post-ODF plan should focus on toilets upgrading, use of toilets, waste management, increase of public toilets and their O&M, hand washing with soap practices, etc.
No regular monitoring of post ODF.	<ul style="list-style-type: none"> Form monitoring committees at the ward, school and VDC/municipality level to ensure total sanitation behaviors are adopted and continued. The Sanitation Inspectors will ensure the ODF indicators are ensured; otherwise penalties will be introduced.

	Inputs	Cost (USD)	Potential/responsible partners	2013	2014	2015
			NSHSC	√	√	√
				√	√	√
			MWASHCCs	√		
	None	0	MOFALD/municipalities	√		
	Construction of public toilets	USD 15,000/district	MOFALD	√	√	√
	Hire consultants and organize workshops	USD 4,000/district	D-WASH-CC	√	√	√
				√	√	√
	Quarterly monitoring visits by D-WASH-CCs	USD 4000/district/year	D-WASH-CC	√	√	√
				√	√	√

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

Priority bottlenecks	Solutions with acceleration potentials (2013-2015)
Strategic intervention 4.1: Increasing sanitation coverage in the schools	
Lack of planning coordination between DEO and other stakeholders working on sanitation at the district level.	<ul style="list-style-type: none"> • School sanitation programme of DEO will be integral part of the annual plan of actions of the D-WASH-CC.
Schools, by and large, lack information regarding their eligibility for receiving sanitation facilities support from the government.	<ul style="list-style-type: none"> • Each district should publish eligibility criteria of school toilets programmes on local newspapers and put them in public places.
<p>The DEO funds allocation to the schools for building sanitation facilities is not sufficient and cannot be matched by the communities and the schools.</p> <p>The allocation from the DEO to 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"> • MOE to review budget for supporting schools' sanitation and hygiene facilities, so that the matching funds required by the community is minimum of 20% of the estimate as per the WASH policy. • Instead of the flat amount, the school toilet cost should be based on the actual estimate and the estimate should also include budget for water and hand washing facilities and design and estimation and menstrual hygiene facilities.
Because of lack of water supply: a) most schools 'toilet facilities are not utilized and properly maintained; b) schools don't apply for funding to build new toilet facilities.	
MOE provides schools with sanitation facilities (hardware support); however, does not have the capacity to carry out information campaigns on sanitation practices and maintenance of toilets.	<ul style="list-style-type: none"> • The school toilet building support would include 20% of the toilet cost for sanitation and hygiene promotional programme. • Innovative model school concept will be introduced compulsory in schools where sanitation and hygiene facilities are supported. The model school includes; i) formation and reformation of child clubs, ii) O&M fund /local norms established , iii) Annual plan of action prepared, iv) CGD WASH facilities established, v) life skill based curriculum implemented.

	Inputs	Cost (USD)	Potential/responsible partners	2013	2014	2015
	Organize planning meeting with an agenda of school sanitation	0	DWASHCC/DEO	√	√	√
	Advertize in the local news papers and put them in public places	USD 200/district	MOE	√	√	√
	Revision of the MOE's school sanitation policy	0	MOE	√		
	Increment of budget by 50% of the existing budget	USD 1,500/school (additional; budget required)		√	√	√
	Revision of the MOE's school sanitation policy	USD 235/school (additional budget required)	MOE			
	Revision of the MOE's school sanitation policy	USD 470/school (additional budget required)	MOE	√	√	√
				√	√	√

Priority bottlenecks	Solutions with acceleration potentials (2013-2015)
<p>The existing school toilets lacks menstruation hygiene facilities causing drop out of adolescent girls during their menstruating days.</p>	<ul style="list-style-type: none"> • The existing toilets to be upgraded with menstrual hygiene facilities, disposal units and provision of menstrual hygiene kits in the schools. • MOE to continue to allocate adequate resources for implementation of the 'girls' toilets programme focusing menstrual hygiene, hand washing and water facilities'.
<p>Number of school toilet units is too low - By law, one toilet unit has to cater for max 50 students; however, on average schools toilet units cater for 147.</p>	<ul style="list-style-type: none"> • Assess the number of students versus toilet units nationwide. • Initiate school "toilet upgrade" programme to obtain ratio of toilet unit/number of students as 1/50.
<p>Lack of monitoring mechanism- the monitoring check list of the resource persons (RPs) and of the school inspectors does not include indicators on school WASH.</p>	<ul style="list-style-type: none"> • The Department of Education to revise the monitoring checklist of RPs and Sis, by introducing sanitation indicators.
<p>The guidelines for the development of the School Improvement Plans (SIP)³⁰ do not cover School WASH.</p>	<ul style="list-style-type: none"> • The Department of Education to revise the SIPs guidelines, including schools WASH, and circulate them to all its district offices.
<p>The job description for School Management Committees (SMC) and Parent Teachers Associations (PTA) does not include sanitation promotion.</p>	<ul style="list-style-type: none"> • The DOE to revise the JD of the PTA/SMC.
<p>The school wash component is not part of the existing training modules for teachers, the School Management Committees (SMC) and the Parents-Teachers Association (PTA).</p>	<ul style="list-style-type: none"> • The Department of Education to revise the training modules for teachers, SMC and PTA, to include the school WASH component. • To mobilize school stakeholders (SMC/PTA, child clubs and teachers) to support VDC/municipality level sanitation action plan, including the ODF campaigning.
<p>Toilets are ignored and not prioritized for many SMC/PTA/teachers as compared to other needs such as school building, teachers salary, etc.</p>	<ul style="list-style-type: none"> • The government will also carry out a campaign "No schools without toilets."

30. SIP is a mandatory annual activity of all the public schools as per the government regulations.

	Inputs	Cost (USD)	Potential/responsible partners	2013	2014	2015
	Maintenance of the existing school toilets with menstrual hygiene requirement	USD 200/school toilet	MOE	√	√	√
				√	√	√
	Hire consultants to assess the school toilets and students and estimate the budget required to upgrade the school toilets	USD 15,000	MOE	√		
				√	√	√
		0	MOE	√		
		0	MOE	√		
		0	MOE	√		
	Hire consultant to review the training curriculum	USD 5,000	MOE	√		
				√	√	√
			MOE	√	√	√

ANNEXURES

ANNEX 1

LESSONS LEARNT 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:

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.

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.

ANNEX 2

***LIST OF
PARTICIPANTS***

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 Engineer	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) List of Participants			
SN	Name	Designation	Organization
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/ 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

(c) List of participants			
SN	Name	Designation	Organization
1	Prof. Dr. Shiba Kumar Rai	Hr. Member	NPC
2	Mr. Yuba Raj Bhusal	Member Secretary	NPC
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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
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	CODEF
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

ANNEX 3

***STATUS OF TOILET
COVERAGE, NEPAL***

Status of Toilet Coverage in Nepal

Areas	Total HHs	% of HHs with toilets	Areas	Total HHs	% of HHs with toilets
Nepal	5,423,297	61.8	Mid-Western Terai	294,187	53.4%
Urban/Rural			Far-Western Mountain	83,265	37.5%
Urban	1,045,575	90.9%	Far-Western Mountain	83,265	37.5%
Rural	4,377,722	54.9%	Far-Western Hill	161,891	46.6%
Ecological Belt			Far -Western Terai	224,547	51.4%
Mountain	363,698	60.1%	District		
Hill	2,532,041	75.1%	Kaski	125,459	99.2%
Terai	2,527,558	48.8%	Kathmandu*	435,544	98.8%
Development Region			Bhaktapur	68,557	97.0%
Eastern Dev. Region	1,230,743	60.3%	Lalitpur	109,505	95.7%
Central Dev. Region	1,962,238	63.9%	Chitawan*	132,345	94.1%
Western Dev. Region	1,065,599	73.0%	Ilam	64,477	90.5%
Mid- Western Dev. Region	695,014	51.4%	Parbat	35,698	90.3%
Far -Western Dev. Region	469,703	47.3%	Syangja	68,856	89.6%
Eco- Development region			Panchthar	41,176	88.2%
Eastern Mountain	84,844	76.1%	Tanahu*	78,286	83.9%
Eastern Hill	346,373	72.1%	Gulmi	64,887	81.6%
Eastern Terai	799,526	53.4%	Myagdi*	27,727	81.4%
Central Mountain	122,034	65.6%	Lamjung	42,048	80.9%
Central Hill	1,014,765	83.4%	Baglung	61,482	80.2%
Central Terai	825,439	39.8%	Sankhuwasabha	34,615	78.2%
Western Mountain	4,753	64.0%	Dhankuta	37,616	77.2%
western Hill	676,987	84.2%	Palpa	59,260	76.3%
Western Terai	383,859	53.3%	Solukhumbu	23,758	75.4%
Mid -Western Mountain	68,802	57.6%	Terhathum	22,084	75.2%
Mid-Western Hill	332,025	48.4%	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%
Sunsari	162,279	63.9%
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%
Salyan	46,524	29.2%
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

ANNEX 4

***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 postin charge is the secretary. The members are 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 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.

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