

# TESTING THE COMMUNITY LED TOTAL SANITATION APPROACH IN NEPAL

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**Country: Nepal**

**Sector: Water, Sanitation & Hygiene**

## INTRODUCTION

SNV Nepal, together with its clients and partners, has initiated the community led total sanitation (CLTS) approach in the Karnali region – one of the poorest and isolated regions in Nepal. Poor sanitation is one of the major problems in the regions, with reportedly 50% of hospital admittances are due to water borne diseases. SNV, together with the Karnali Integrated Rural Development and Research Centre and the District Development Committee have started a pilot program to administer the CLTS approach across the five districts of Karnali. Through advocacy campaigns and community led participation, two districts have already declared non-open defecation (NOD), directly benefiting more than 150 households (nearly 1000 people). Another 14 settlements altogether from five districts are in pipeline to be announced within 6 months benefiting about 4000 population.

Nepal is known for its cultural diversity – encompassing a diverse range of ethnicities and caste groups. Different festivals are celebrated by different ethnic groups, however recently, a new movement on community led total sanitation (CLTS) introduced in Karnali has added one more festival to declare open defecation free (ODF) settlement.



The Karnali zone - which consists of 5 districts - located in the north-western mountainous region of Nepal. The estimated population of Karnali is about 310,000. Karnali is one of the remotest areas in Nepal, in fact a track opening for a road to the region is only now under construction. Air services remain as the only way to access the region with only four seasonal airstrips available for landing small aircrafts.

Poor sanitation and hygienic practices are one of the major problems of the region. In remote areas, there is a proverb in Nepali, "Gu Ayo Gaun Ayo," which literally means "settlements are followed by shits." Most people in the region still practice open defecation as less than 15% of households have access to toilets. Furthermore, more than 50% people attending hospital for treatment in Karnali are due to Water borne diseases such as diarrhoea.

Considering its importance but receiving a low priority till now, SNV decided to promote community led sanitation approach as an entry point to reach poor and marginalised groups.

## CHALLENGE

As a capacity development organisation, SNV faced the following major challenges to promote Sanitation Programme in Karnali:

- Changing people's mindset of "Development," from only projects with external financial and technical support delivered to the community with tangible infrastructure development to changing attitudes and behaviour, particularly in sanitation and hygiene.
- Difficulty to reach poor and marginalised due to geographical remoteness (isolation) and non-existent basic infrastructure for basic service delivery;
- Poor internal governance, including transparency and accountability among the service delivery organisations;
- Wide gaps due to social and gender exclusion in decision making mechanism;
- Limited resources to enhance knowledge and skills, and financial resources for education and basic infrastructure development;
- Low priority on sanitation and hygiene in the development agenda; and absence of peoples' representation at local bodies (DDC and VDCs).

## CLIENTS

SNV identified the Karnali Integrated Rural Development and Research Centre (KIRDARC) as a potential client for delivering services at the local level. Though they are relatively new in the sector, their major strengths are:

- Local organisation with established offices and local committed staff members in all five Karnali districts.
- On-going projects at hand funded by different international agencies.
- Established profile both at the central and local level for Karnali development.
- Runs a community FM radio with 40% population coverage in Karnali.

Similarly, SNV has been working with local bodies such as District Development Committees (DDCs) for support to improve their capacity in terms of planning, monitoring, coordination and harmonisation in the sector.

Both clients were interested to get SNV's support due to its past track record of quality services and good governance in remote areas. Thus, an MoU and assignments were signed with both clients in 2008.

### Other Stakeholders and their Roles



In Karnali, about 40 agencies have been identified as WASH service delivery organisations, including DDC, Drinking Water Supply Office (DWSO), Users Committees (UCs), KIRDARC and several other NGOs. DDC as a local body has the key role of coordinating all development activities in the district, whereas DWSO as a lead sector line agency has the mandate to lead WaSH programme activities in the district. Other NGOs are playing crucial

role of social mobilisation and project implementation supported by the donors and the government line agencies. CARE Nepal is one among the INGOs who has been managing WaSH related community infrastructure building projects funded by DFID in partnership with local NGOs including KIRDARC.

SNV has supported 75 water supply and sanitation schemes in Karnali under three different phases of Development Projects from 1986 to 2002. Following the shifts in SNV's approach from Programme implementer to capacity builder, it has focused on developing the capacity of local agencies and promoting local capacity builders for sustained outcomes.

In due process, two national level LCBs: NEWAH and NEST have been contracted to provide capacity building services to local service providers through transferring skill and knowledge, particularly on CLTS.

Mr. Jeevan Shahi, a political representative in Humla District challenged the participants of CLTS training and their action plan, that if they fulfil their commitment of declaring ODF, he would publicly offer NRs 10,000 to the first community which does so.

In coordination with DDCs in five Karnali districts, the following steps were taken:

- general sensitisation and orientation on CLTS to all WaSH stakeholders including key policy makers and decision makers at districts;
- training and workshop for selected participants, who are engaged in WaSH project implementation for value addition promoting community approaches; about 140 participants from 40 different organisations attended training on CLTS and;
- Monitoring and follow up of post training activities.

## CHALLENGE

## OUTCOME

The trained participants and their respective organisations committed to motivate 17 settlements to declare ODF community within six months. The major outcomes are as followings:

- Youth and women groups were mobilised to monitor against the open defecation in the settlement.
- Cultural programmes were arranged for “info-tainment.” It helped publicise the event as a festival, motivated neighbouring communities and disseminated information on sanitation to a wider audience in villages across the Karnali.
- Two water and sanitation users committees have been awarded with certificates and prizes. In Jumla Mr. Bhojendra Kumar Chettri, LDO committed to award NRs 50,000 (USD 800) to the first NOD community, where as in Kalikot the DDC Joint monitoring team representative committed cash NRs 50,000 from DDC.<sup>1</sup>
- DDC and DWSO in Kalikot got very much influenced with the initiative and they have endorsed a sanitation concept from District Council and planned various sanitation activities to celebrate 2008/09 as a year of sanitation in the district.

### Codes of conduct developed by the community at Malkot in Kalikot District, to promote total sanitation and hygiene.

- 1) Hygienic toilet without chances of contamination
- 2) Provision of toilet soap for hand wash after defecation
- 3) Cover drinking water jars or bucket with clean clothes
- 4) Separate sandal for toilet use
- 5) Personal hygiene
- 6) Clean courtyard
- 7) Provision of domestic waste disposal pit for non-biodegradable waste
- 8) Protected source of water supply
- 9) Proper drainage and waste water disposal
- 10) Clean tap stand/posts
- 11) No smoking and spitting in public places (school and tap stands)
- 12) Grow three different varieties of

## IMPACT

Though it is difficult to determine impacts within a year, there are already some good indicative impacts of the sanitation programme. They are:

- Three settlements in two districts have declared No Open Defecation (NOD), directly benefiting more than 150 households (nearly 1000 people). Another 14 settlements altogether from five districts are in the process of announcing NOD within 6 months, which will benefit about 4000 inhabitants.
- More than 90% of households have constructed toilets and agreed to the 12 codes of conduct points to promote total sanitation and improved hygiene in their community. Previously there only 20% of households had constructed toilets. The remaining 10% of households will either use public toilets or neighbour’s toilet till they complete their own.



## LESSONS LEARNED

- A software approach (which consists of raising awareness and administering sensitisation programmes) must be complemented with hardware projects (water supply and sanitation projects) in order to generate quick NOD in communities.
- Women and children have a key and strategic role in NOD sensitisation process, as they are the most affected.
- A sustained development mechanism will follow once communities realise the importance and subsequently institutionalise the idea/concept.

Seeing is believing: a healthy competition among villages helps motivate people to declare NOD easier and faster.

<sup>1</sup> USD 1= NRs 75