

A grayscale photograph of a woman and a young child standing in front of a wooden structure. The woman is smiling and wearing a light-colored top with a necklace. The child is also smiling and wearing a light-colored shirt. Inside the structure, a toilet is visible. The background shows a rural setting with other buildings and vegetation.

# Rural sanitation

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# 9 School Led Total Sanitation: A successful model to promote school and community sanitation and hygiene in Nepal

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## **Abstract**

*A history of inadequate intervention in sanitation and hygiene, and the resultant low coverage level, has left Nepal with much to do to reach the national target of 100% latrine coverage by 2017. The recognition that children can act as change agents, allied with the success of School Sanitation and Hygiene Education (SSHE), led UNICEF Nepal to develop School Led Total Sanitation (SLTS), where open defecation free areas are achieved with school children in a leading promotional role. The paper shows how SLTS has had very promising results to date and paves the way to speed up the process of intensive latrine coverage in school catchment areas.*

## **Context**

There's no recorded history of latrine and hand washing coverage or any sanitation and hygiene promotion efforts in Nepal being made before 1980. In the UN-declared International Drinking Water Supply and Sanitation decade (the 1980s), however, breakthroughs were made in the area of water supply. Although the declaration advocated to some extent on sanitation and hygiene, little progress was made in this area.

In 1987, UNICEF partnered with the Nepal Department of Water Supply and Sewerage (DWSS) to design and implement a water supply and sanitation programme. Then, in 1994, the Nepal Government formulated sanitation policy that aimed to promote sanitation throughout the country. After a number of efforts which were made in the sector, a national baseline survey of 1994 reported increased latrine coverage of 12%. That compares to 6% latrine coverage in 1990.

In 1998, a national level sanitation steering committee was established bringing together government agencies, donors, inter-governmental organisations (INGOS), non governmental

organisations (NGOs), and relevant organisations. In the succeeding year, a Basic Sanitation Package (BSP) was developed and implemented in most water supply districts of Nepal. Since 2000, National Sanitation Action Week (NSAW) and SSHE programmes were introduced. Both programmes are generating good results in the hygiene and sanitation sector. The SSHE programme is now used in over 1,000 schools in Nepal. The aim is to focus attention on child-friendly, gender-sensitive and disability-friendly water, hygiene and sanitation facilities.

Acute Respiratory Infection (ARI) is the leading cause of death with approximately 10,900 under-five child deaths per year and diarrhoea is the second major cause of death in Nepal (MoHP, 2006). Most affected from such vulnerability are poor, disadvantaged and rural-based people. Approximately 38% of Nepalese live on less than one US dollar a day.

Most poor households have little or no access to hygienic sanitation and clean drinking water facilities. An estimate of the annual economic loss due to the lack of improved facilities is between 4-10 billion Nepalese Rupees (\$57-143 million). This includes costs for increased illness and expenditure on health, lost time for productive work and reduced tourist revenues due to environmental degradation (UNICEF, 2000).

The coverage of latrine and water supply in Nepal is between 46 and 76%. Despite the increasing coverage, where facilities are not available suffering remains immense. In some cases, girls and women have been susceptible to sexual violence due to lack of latrines. Unsafe menstrual care in the absence of latrines and inconvenient or mistimed defecation/urination puts girls and the health of women at serious risk.

In schools, latrine inaccessibility is known to lead to increased drop out rates among girls. Despite this, and possibly because of the sensitive nature of issues such as defecation and menstruation, the poor health and hygiene situation has not yet received attention to the extent that is required from policy makers, development programme implementers and communities. Even among those concerned, varied support levels exist and these lead to scattered intervention in sanitation and hygiene.

Nepal is committed to fulfil the sanitation target within Millennium Development Goal (MDG) seven. There is a national goal to reach 100% sanitation by 2017. To reach this, Nepal has a lot to do. Specifically, work needs to be done to build on previous efforts, speeding up the process, scaling up initiatives, and incorporating large numbers of disadvantaged groups into the sanitation and hygiene target population.

In this demanding context, a more rapid approach to scaling up sanitation impact on communities was required. So, in 2005, a pilot project entitled SLTS was initiated in coordination with Government and other concerned partners. It recognised the potential crucial role that children can play as agents of change in sanitation and hygiene. The model builds on the achievements of a programme called SSHE. It integrates the reward and revolving fund aspects of Basic Sanitation Package (BSP) and the participatory tools and techniques elements of Community Led Total Sanitation (CLTS).

The main objective of SLTS is to build on children's awareness of better sanitation and hygiene practices gained through the SSHE programme. This enables them to promote better practices in joint efforts with community organisations/groups

and adults in their school catchments/settlements. This will lead to the eradication of open defecation, through the construction/use and maintenance of latrines by 100% of households/institutions.

The five specific objectives are:

1. 100% coverage of latrines in the programme intervention areas and eradication of open defecation.
2. Enhance personal (focusing on hand washing with soap), household and environmental hygiene and sanitation facilities and behaviours.
3. Empower children in development activities, thereby enhancing their personality and leadership.
4. Increase ownership of school and community in hygiene and sanitation activities.
5. Maintain sustainability of hygiene and sanitation facilities and behaviours through school-community partnership.

The SLTS programme, which started in 2005, is underway in 15 UNICEF supported Decentralised Action for Children and Women districts of Nepal. The programme's areas encompass around 60,000 households and 300,000 people, centring upon actions in 200 schools.

The purpose of this report is to document progress made to date and to highlight successes, challenges and issues for scaling up.

## Implementation of SLTS programme

### Introduction to actors

The institutional arrangement for the SLTS programme was developed with four tiers of

committees at national, regional, district and school/community levels. The National Steering Committee for Sanitation Action (NSCSA) is the most active with a task force dedicated to the SLTS programme's design and facilitation. The NSCSA itself comprises 25 active government bodies, NGOs, INGOs and donors, including a number in the private sector.

The model is a decentralised one which has led to the establishment of the Regional Sanitation Steering Committee (RSSC), District Sanitation Steering Committee (DSSC), and sanitation sub-committees and child clubs. The DSSC implements, monitors the SLTS programme in the field and reports to NSCSA on its achievements and key learning. DSSC manages, mobilizes and supervises the school-based child clubs and sanitation sub-committees.

There are 162 child clubs in 162 schools and sanitation sub-committees carrying out preparatory work, ignition/implementation and self-monitoring/follow-up of the SLTS programme in the school and community. There are also a number of local level networks and bodies involved. These include: school management committees, parent teacher associations, Village Development Committees (VDCs), women cooperative groups, community-based organisations/clubs and volunteers. They're all playing an effective role in local level community mobilisation, awareness generation, as well as the programme's implementation and monitoring.

### How the sanitation promotion was done

SLTS programme interventions have been made at three phases:

1. Preparatory phase
2. Ignition/implementation phase
3. Follow-up phase

Sanitation sub-committee and child clubs took the lead on most activities with support from school teachers, school management committees, parent teacher associations and community-based organisations.

In the preparatory phase, DSSC selected schools in which an SSHE programme had been in operation for at least one year. The selection is made based on demand and need. The DSSC/implementing organisation collected demands, carried out a feasibility study and assessed eligibility to select potential schools. Then DSSC and implementing organisations started building rapport with and briefing schools and communities.

With the guidance and support of an implementing agency, schools and communities identified the school catchment area, reformed child clubs and established sanitation sub-committees to implement the SLTS programme activities. Simultaneously, preliminary agreements were made with child clubs and the committees for SLTS promotion. The sanitation and hygiene situation of the school catchment areas were assessed. Households with access to latrines and those lacking access to them, along with defecation areas, were identified and recorded. Social and sanitation mapping were developed. Subsequently, child clubs, sanitation sub-committees, along with school teachers, jointly developed a SLTS action plan. Various VDCs and community level orientations and training were provided to child clubs, sanitation sub-committees, teachers, facilitators, volunteers and community mobilizers.

In the ignition and implementation phase, children used participatory tools and techniques to raise community awareness of improved sanitation and

hygiene. Children conducted walks of praise, planted flags indicating open defecation areas, calculated the amount of faeces produced by people in the area and prepared local resource maps indicating the existence of latrines. Door to door visits were organised and information boards erected to raise awareness.

Open defecation was stopped and latrine construction efforts initiated. A financial resource generation mechanism was set up at local level. Sanitation and hygiene promotion brochures were developed. Rules and regulations on sanitation and hygiene practices were formulated with details of penalties and rewards. Fundraising programmes generated financial resources at a local level. Special campaigns including National Sanitation Action Week (NSAW) were held. Video documentaries were shown at special events. Exchange visits of child club members were arranged and creative activities organised in communities and schools. Latrines were demonstrated in communities and were then constructed in households. When all school catchment area households constructed latrines and people stopped open defecation, the school catchment areas were declared No Open Defecation.

Through the process, 75 school catchments, 25 settlements and four VDCs were declared No Open Defecation areas. Another 125 school catchments are in the process of declaration.

The “follow-up” phase starts after the declaration of No Open Defecation areas. The eligible school catchment area is rewarded and recognised. Monitoring and evaluation activities are carried out frequently in the recognised school catchment areas. Reporting and documentation is undertaken and shared with concerned stakeholders. During

this period, focus is given to community latrine upgrading and behavioural changes on latrine use, as well as cleanliness, maintenance and hand washing with soap practices.

### **Critical concepts (main principles used in the SLTS process)**

The SLTS programme aims to bring total sanitation (100% Open Defecation Free) in targeted school catchment areas which are made up of identified settlements and clusters. Incorporating the approaches and tools of School Sanitation and Hygiene Education, Community Led Total Sanitation, Basic Sanitation Package into the School Led Total Sanitation model has further enhanced the prospect of achieving total sanitation and sped up the steps of reaching the MDG and national goal of achieving 100 per cent latrine coverage by 2017.

The underlying principles and contributing activities are mentioned here-below:

#### *Positive management of stakeholders*

The SLTS programme adopted a “strength-based appreciative” approach to promote sanitation and hygiene at a local level. For example, a “praise walk” has been used instead of the “shame walk” as an ignition tool to motivate communities to construct latrines. Instead of getting communities to construct latrines with insulting and shameful enforcement, the approach was to encourage communities to be motivated and emulate the toilet construction.

Local to central level stakeholders have played their respective roles to achieve set targets of SLTS in an appreciative and positive way. Schools and communities have managed entire programme

phases, from planning to monitoring and evaluation. Child clubs/Sub-committees, including students themselves, led on organising most of the local level activities. Other local and district bodies are supporting construction of latrines and generation of awareness on better sanitation and hygiene practices. As mentioned earlier, the district level stakeholders have designed, planned and supported programme activities. The constructive efforts have boosted morale, optimism and conviction among stakeholders.

#### *Adoption of participatory approaches*

Established useful participatory tools and techniques, especially Participatory Rural Appraisal (PRA) and Participatory Hygiene and Sanitation Transformation (PHAST) tools, have been used. For example, social/latrine mapping was carried out with the participation of communities locating sites of open defecation. Using a participatory approach, defecation mobility maps were designed to trace contamination patterns from open defecation and unhygienic water sources. Flow diagrams have been developed to trace the transmission routes of diseases. The diagrams were used to help the community calculate how many grams of faeces they produced and subsequently consumed, through the transmission routes, each year. The community also worked out how many baskets/trucks of faeces they produce each day/month/year. They placed coloured flags in open defecation areas. Flags are taken away after open defecation is completely stopped. The complete removal of all the flags from the community indicates it has become Open Defecation Free.

A participatory monitoring system has been used to monitor the progress of the SLTS programme both at school and in the community. To help the

process, a planning, monitoring and evaluation pocket chart has been used. Sanitation sub-committees and child clubs, with support from facilitators/women groups or action groups, have monitored the school and community on a weekly and monthly basis.

### *Partnership building and integration with related programme*

As mentioned earlier, the programme has focused on joint and coordinated efforts. A National Steering Committee for Sanitation Action at a national and District Sanitation Steering Committee at a district level are building alliance from their respective positions. Similarly, SLTS has mobilized teachers, school management committees, parent teacher associations, women groups, health volunteers, local clubs and community-based organisations to build school and community partnerships led by child clubs and sanitation sub-committees. The enhanced partnership has supported the ignition/implementation of the SLTS programme at great length.

Moreover, SLTS is working to promote public, private and community partnerships in order to achieve No Open Defecation at school catchment areas and VDCs. Less advantaged families residing in the localities have received community support in order to achieve Open Defecation Free status.

The SLTS programme is integrated with water supply schemes and other related programmed such as those in education, environment, health and nutrition.

### *Capacity building of stakeholders*

Orientations and training on SLTS concepts, strategies and approaches were held at local,

district and national levels. The local level stakeholders who receive the orientations/training are:

- Child clubs
- Sanitation sub-committees
- School management committees
- Parent teacher associations
- Community level frontline workers
- Volunteers
- Facilitators
- Natural leaders
- VDCs
- Community-based organisations.

District stakeholders, including District Sanitation Steering Committees, also received similar orientation. The stakeholders are also provided with support to enhance their capacity in planning, monitoring and evaluation of the SLTS programme. A National Steering Committee for Sanitation Action (NSCSA) visits areas where the programme is implemented, facilitates stakeholders, documents the implementation process, prepares reports and shares learning with central level organisations.

All child clubs and sanitation sub-committees are comprised of around 50% girls or women members. In some school catchments, women groups and cooperatives are active in supporting programme implementation.

### *Advocacy and social mobilisation*

The SLTS programme has set criteria to select and organise tiers of facilitators at school/community and district level. Sanitation sub-committees and child clubs are the main facilitators working on the ground. Additionally, child clubs and sanitation sub-committees have mobilized local community-based organisations, indigenous groups such as mothers'

groups, ex-army groups, saving and credit groups and farmers groups in community.

The sanitation sub-committee is comprised of seven to 11 members. The members include a school headmaster, chairperson of child club, as well as a representative of school management committee, the parent teacher association, Water Users and Sanitation Committee (WUSC) and other local level organisations.

Local, regional and national level electronic and print media are used for advocacy and increase awareness on proper hand washing and the need for toilet construction. Also, Information, Education and Communication (IEC) materials have been developed considering gender aspects and have been distributed.

### *Resource mobilisation*

Resource mobilisation efforts are made from a central to local level. The centre and district is responsible for providing the necessary financial and technical support to schools and community. At a local level, child clubs, sanitation sub-committees, VDCs, school management committees, parent teacher associations and local groups are involved in fund generation and social mobilisation activities. As mentioned earlier, the necessary human resources are sourced and managed by mobilising concerned stakeholders.

### **Technology and technological choices**

Schools and communities are offered a wide range of technical options based on ecological belts, affordability and sustainability. Local people have made use of both indigenous knowledge and technology based on cost and efficiency. The SLTS programme has motivated local entrepreneurs to

invent technology, develop toilet products and promote these in communities.

In a number of catchment areas, new technological options such as low-cost latrines, shared latrines and Ecosan latrines have been installed. Materials required for construction of latrines, for example, pans, pipes, fittings, cement are now available in the local shops, including, in a few places, in SaniMarts. SaniMarts are easily accessible shops, staffed by trained sanitation promoters, where latrine construction materials are sold at affordable rates. For this programme, SaniMarts are encouraged to supply additional sanitary products such as soaps, nail cutters, towels, Harpic, brushes etc. along with sanitation and hygiene-related information and IEC materials.

Child-, gender- and disability-friendly latrines with hand washing with soap and water facilities are constructed in schools. In a recent exercise to develop new materials and training modules for SSHE, a technique was developed to facilitate children's inputs into the design of the future facilities.

### **Social mobilisation**

The SLTS programme has received support from central, district and local bodies, at different stages, for social mobilisation. For example, UNICEF/DWSS have provided guidance and resources to bring together adequate actors in the community. The community, and other bodies have implemented and taken part in programme activities.

Social mobilizers in the SLTS programme catchment areas on the ground can be grouped as following:

1. School-based organisations including child clubs, parent teacher associations, headmas-

- ter associations and school management committees.
2. Local community-based organisations including sanitation committees, sanitation sub-committees, women's cooperative groups and volunteers.
  3. Decentralized local government (District Development Committees and Village Development Committees)
  4. Partners and networks working in the different fields in the community.
  5. Full-time and dedicated facilitators at local and district levels.

All local institutions and community groups have worked together to plan, implement, monitor and re-design the social mobilisation-based SLTS promotion activities. Child clubs and sanitation sub-committees, in coordination with local bodies, have used participatory tools and techniques to carry out social mobilisation activities, as mentioned earlier.

### **Sanitation/hygiene promotion and education**

The SLTS programme has implemented a number of methods and activities for sanitation/hygiene promotion and education. Broadly the methods and activities are:

1. Door to door visits, group communication and through the mass media.
2. Campaigns for latrine construction and hand washing with soap.
3. Community awareness generation activities, including advocacy at different levels.

These methods and activities contribute to each other but specific and focused activities are carried out in the catchment areas.

To generate awareness in communities, child clubs and sanitation sub-committees have performed hand washing demonstrations, street dramas, dance programmes, song competitions, speech contests, poem competitions, essay competitions, miking, and other activities.

At a national, regional, district and local level, radio, print and television media have been mobilized to disseminate sanitation promotion messages. A large number of communities have been efficiently reached through the media. Information boards and bill boards with sanitation messages on them have been another promotion method.

National Sanitation Action Week runs in all the catchment areas every year. School and communities hold half yearly campaigns and events in order to promote latrine construction and proper hand washing practices. UNICEF and the Department of Water Supply and Sewerage have also distributed adequate information, education and communication materials in all programme catchment areas.

### **Pro-poor provisions**

The aim of SLTS is to create No Open Defecation areas and 100% sanitation in the whole settlement and school catchment areas. The approach involves poor and disadvantaged households in total sanitation initiation. SLTS has set objectives focusing on poor and disadvantaged groups. As most poor and disadvantaged people lack money, education and motivation to construct latrines, the SLTS programme has made attempts to educate them, and provide necessary resources to construct toilets.

In some areas, women cooperative groups are providing financial support to enable landless people to construct latrines. A school/village level revolving fund has been set up and poor people have received credit on low interests to construct latrines in their households. For example, despite a large number of poor people living in Fulbari Village Development Committee Chitwan (the third No Open Defecation declared VDC in Nepal), new funding has helped latrine construction in the community.

## Innovations

Nepal's concerned stakeholders have regarded SLTS as an innovative approach to promote sanitation and hygiene in Nepal. The set objective, the declaration of No Open Defecation in all programme intervention areas, uses creative ways to achieve results efficiently.

In some of the catchment areas, child clubs and women cooperative groups have used creative initiatives to provide micro-credit, financial and other support to poor and disadvantaged groups. Such initiatives are praised and used as examples among sharing and discussion forums. Awards handed to the sub-committees of No Open Defecation declared zones are another innovative way of motivating communities.

Child clubs, sanitation sub-committees and other stakeholders are carrying out innovative and creative activities respective to the geographical, economic, cultural and social backgrounds of catchment area. Examples of innovative and creative activities include setting up an area for hand washing with soap, having a table where lots

of people can wash their hands at the same time, local level recognition and rewards, fundraising activities, latrine cleaning schemes, and setting up an operation and maintenance fund for latrine and water supply.

## Costs

UNICEF/DWSS have developed an effective software support mechanism for education, training, and ignition/campaigns. But it does not provide direct financial support for the construction of latrines at a household level. Reward and revolving fund mechanisms have been set up at a school catchment level to motivate and support poor households.

Implementing partners, such as the government, schools and communities, are not offered programme overhead costs. However, when necessary, a maximum amount of 50 to 80% is allocated for school sanitation, and water facilities. Schools and VDCs have provided the rest of the financial requirement. In some intervention areas, Village Development Committee and District Development Committees have allocated funds to contribute to the mission of developing 100% sanitised settlement/catchment areas.

In a number of catchment areas, schools or sanitation sub-committees have managed a revolving fund with the aim of helping poor and disadvantaged groups to construct latrines. The committee prepare a priority list made up of poorer households to which they can offer financial services. The government/donor funds 10,000 to 25,000 Nepalese Rupees to the revolving fund and VDCs are also asked to provide the same amount for latrine construction.

A lump sum is awarded as an incentive to 100% sanitised settlement and catchment areas. After total sanitation is declared in school catchment areas, schools are awarded with 10,000 to 20,000 Nepalese Rupees after they have been monitored by the DSSC.

UNICEF and the Department for Water Supply and Sewerage (DWSS) are leading the SLTS programme providing major technical and financial support to the targeted communities. There are cases where other concerned stakeholders have also provided financial and technical support to the SLTS programme.

## Outcomes

### Access and usage of toilets within households

Out of 200 SLTS school catchment areas targeted in 15 Decentralised Action for Children and Women districts of Nepal, 75 are No Open Defecation areas. All 75 schools have child/gender friendly latrines and water supply facilities. All 40,000 households inside the 75 school catchments areas have access to latrine facilities. In the 15 DACAW districts, four VDCs have been already declared No Open Defecation areas. More than 25 settlements have declared their settlements No Open Defecation adopting the step by step approach of SLTS. In all No Open Defecation declared programme interventions areas, people have stopped defecating in open and public areas, are using toilets and exercising better hand washing with soap practices. The other 125 school catchment areas are moving towards No Open Defecation status during the International Year of Sanitation 2008.

### Hygiene practice by and within households

The hygiene education component of the programme has focused largely on school children. Most schools have set up a multiple hand-washing table. This is one of the innovative activities initiated under SLTS and SSHE. Hand washing techniques have been introduced in schools. School children are practicing the proper hand washing as they were taught. Hand washing with soap practice is promoted at great length in school and in communities.

### Open defecation free status and its validation

As mentioned above, out of 200 schools, 75 schools are Open Defecation Free. Districts under the declaration include Chitwan (30 schools), Tanahun (24 schools), Kaski (six schools), Kavre (five schools), Nawalparasi (four schools), Kapilvastu (four schools), Dang (one school) and Panchthar (one school). Most National Steering Committee for Sanitation Action (NSCSA) members have participated in No Open Defecation ceremonies. All District Sanitation Steering Committee members have participated in No Open Defecation declaration day in their respective areas.

Most of the school catchment areas have developed brochures and submitted reports on their achievements. Neighbouring villages beyond the catchment areas are impressed with the SLTS programme activities and have requested the project be implemented for them so they can be declared No Open Defecation.

### Beyond toilets

The integrated intervention approach adopted by SLTS has helped increase latrine construction and

promotion of hygiene behaviour in programme districts. The communities now have better knowledge of sanitation and hygiene.

Communities are now able to understand the gap in water supply and sanitation coverage and the importance of filling in the disparity. They recognise the relationship between sanitation and water supply and the diseases borne through improper hygienic practices. They are now able to take prevention and curative measures.

Communities are now used to frequently cleaning their yards. They are used to covering up food and water. Garbage pits have been constructed, as have waste water management systems and hand washing practices have greatly increased in communities. Child-friendly facilities including water, sanitation and hygiene have increased and children's roles in communities has been enhanced. They have also improved at school.

### **Evidence of sustainability**

School and community ownership of the SLTS programme is a key indicator of how sustainable the approach is. Schools and communities are aware of the SLTS objectives, strategies and approaches and have developed their own plan of action to promote latrine construction and hand washing behaviour. They have used participatory tools and creative approaches to promote sanitation and hygiene. The respective communities and child clubs have developed social/latrine mapping of school catchment areas. Efforts made on advocacy and promotional activities resulted in enhanced media coverage in radio, print and television.

The SLTS intervention has strengthened cooperation, coordination, social bonding and

relationships among different local stakeholders. A strong network and work force has developed. Furthermore, 162 child clubs and over 100 sanitation sub-committees have been established in schools and communities. Stakeholders' institutional capacity is enhanced. Mutual efforts have helped generate resources, manage capital, implement, monitor and take necessary corrective actions to improve hygiene and sanitation status. Local bodies have planned how improved activities can be carried out once the programme ends.

In some catchment areas, school and communities themselves have set up and regulated revolving fund mechanisms along with operation and maintenance funds. Child clubs, VDCs, sanitation sub-committees, school management committees and parent teacher associations are active in coming up with ways to fund the scheme.

Two frameworks, Rural Water Supply and Sanitation National Policy and Strategies (2004) and Rural Water Supply and Sanitation Sectoral Strategic Action Plan (2004) have been developed. And the National Hygiene and Sanitation Policy, Strategies and Guidelines (2005) has been initiated. Policies, strategies, action plans and guidelines now also prioritise methods to achieve the goal of SLTS intervention. Expansion of No Open Defecation areas have resulted in hygienic environments, unpolluted water and an improved hygienic lifestyle for communities.

### **Evidence of impact**

Most people in the programme intervention areas recognise that there is close connection between excreta and disease. Girls' enrolment and regular attendance in school has increased. Drop out rates have decreased after the programme intervention.

All child clubs are made up of equal numbers of both sexes. Illness has decreased since the programme was launched and this trend is very evident in the open defecation free declared catchments areas. Now diarrhoeal diseases and worms are not the cause of students' absence in schools in the total sanitation declared areas. Multiple hand-washing tables have helped students stay clean and healthy. Reported cases of diarrhoea in children under five at one sub-health post in a VDC in Dang has decreased from 7% in 2005 to less than 5% in 2007.

### **Current scale and possibilities of increasing scale**

The SLTS is focused on improving rural hygiene and sanitation status. The programme is being implemented in 15 DACAW districts of Nepal that include 40,000 households, 162 schools, and a population of 200,000. As latrine coverage in Nepal is reported to be only 46%, the remaining 54% of the country that don't have latrines is a further target area. Government's budget in water supply projects has also aimed to scale up the SLTS programme throughout the country in response to priorities set out in sanitation policy and guidelines. The programme has created further potential to receive support from national/international governmental and non governmental organisations.

### **Factors of success**

Stakeholders regard strong community participation along with school child clubs' intervention in school and community as effective ways of achieving SLTS objectives. The participatory approach which has been adopted

and ownership taken by concerned schools and stakeholders is also crucial. The sanitation model operated by the VDC and reward mechanism is also appreciated by stakeholders for its effectiveness in motivating communities.

The programme has received commitment and support from UNICEF, the DWSS and other concerned stakeholders. Joint efforts among all stakeholders, adoption of strength-based approaches, adaptive programme management and power devolution mechanisms are some other contributing factors to the success of the programme. Human resource management, financial management, monitoring, corrective measures taken from key learning have also played a major role in the success of the programme.

### **Main barriers faced**

Poverty, illiteracy, remote and inaccessible villages and cultural mindsets, are major barriers in accelerating sanitation and hygiene improvements.

Government policy has not been implemented as required to promote sanitation and hygiene. In addition, cultural taboos and traditional beliefs are barriers to efficiently carry out hygiene and sanitation promotional activities. Scattered efforts and varied models in sanitation and hygiene promotion programmes exist. Because of the raging unemployment, lack of money and social obligations, communities don't consider latrine construction and hand washing to be priorities. Political conflict that occurred in Nepal for over a decade created many constraints in development work including sanitation and hygiene promotion. Huge disparity exists between water supply and

sanitation coverage and there is a lack of political will to address this gap.

### **Challenges that could not be addressed**

Reducing death and suffering of children due to diarrhoeal diseases remains a challenge. It's a challenge to get the attention of government, development workers and relevant stakeholders focused on the sector. Creating meaningful changes in attitude and behaviours to sanitation and hygiene is difficult.

The hygiene and sanitation programme has not yet addressed the economic aspects of community development. It was realised that the role of the private sector and an integrated approach were crucial but efforts have not been made to respond to these needs.

### **Challenges for scaling up this approach**

The portion of unsanitary coverage still remains large so equivalent programmes should bear size of catchment areas in mind to scale up the approach. Adequate human resources, finance, social mobilisation efforts, dedication and commitment from concerned stakeholders is needed.

Government have had input into the programme but it has been inadequate in: developing policy, human resources management, financial management, and including the poor and disadvantaged. The integration of the private sector and development of communities' economic capacity to receive sanitation services are challenging, not only for SLTS, but all sanitation and hygiene promotion efforts.

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