

WASH in Institutions and Public Places for transforming lives – Sanitation Matters!

Authors:

Kabindra Bikram Karki, Sector Efficiency Improvement Unit, MoUD, kb.karki@gmail.com

Shikha Shrestha, WaterAid Nepal, Research & Advocacy Manager, shikhashrestha@wateraid.org

Nam Raj Khatri, WASH Expert, namraj@gmail.com

Himalaya Panthi, Nepal Water for Health (NEWAH), Social Development Manager

Keshab Shrestha, Urban Environment Management Society (UEMS), Programme Coordinator

Sanna-Leena Rautanen, Rural Water Supply and Sanitation Project in Western Nepal (RWSS-WN) Phase II, sannaleenar.2@gmail.com

Gunaraj Shrestha, NC, WSSCC, Gunaraj_shrestha@yahoo.com

Manima Budhathoki, CODEF Nepal

1. Introduction

Nepal's accelerated achievement in sanitation, 70% in 2014 is commendable. Open Defecation Free (ODF) movement is at its height¹. Nepal has set a national target of providing water and sanitation facilities for all by 2017. Till recent past, Sanitation was heavily subsidized intervention. Now it is being taken as social norms. Ultra poor are covered by safety-net such as output based aid (OBA) approach. The approach provides hardware support for the ultra-poor and lonely old aged people, as the lack of these can compromise the ODF status. Despite of frog-leap progress in household toilet construction, the goal of attaining ODF Nepal seems challenging in absence of toilet facilities in public places and institutions.

The Sanitation and Hygiene Master Plan (SHMP) 2011 has proved to be the guide-post for sanitation movement in Nepal in recent years. It outlines a key criterion for ODF that all schools, health facilities and public institutions should have CGD friendly water, toilet and hand washing including menstrual hygiene facilities. It emphasizes on provision of public toilets, apart from household toilets, in order to achieve good personal, household and environmental sanitation. It has also envisioned an institutional setup from central level to the grass-root level (Figure 1).

Rural Water Supply and Sanitation Project-II in Western Nepal has further elaborated inclusive WASH definitions like:

- **Child friendly features:** “include water taps, knobs and latches of toilet doors and windows at suitable heights and convenience for children at different ages.”
- **Gender friendly features:** “the location of the toilet should be appropriately selected in a safe and secure place and the door, windows and ventilation should safeguard privacy. In addition to water, in schools and other public institutions, the toilet should have facilities for maintaining menstrual hygiene management (MHM).”
- **Differently-abled friendly toilet:** “should include a ramp up to toilet, sufficient space for a wheelchair in the passage, hand railing in the passage and, within the toilet cubicles, appropriate types of seating arrangements and support on the toilet.”

RWSSP-WN, WaterAid Nepal (WAN) and Federation of Water & Sanitation Users of Nepal (FEDWASUN) are using Social Accountability Tools like Community Scorecard with simple 20 indicators for common understanding on girl friendly provisions on **WASH in schools (WinS)**.

¹27 districts out of 75, 78 municipalities out of a total of 191, and 2013 VDCs out of total 3276 declared ODF zones as of mid October 2015

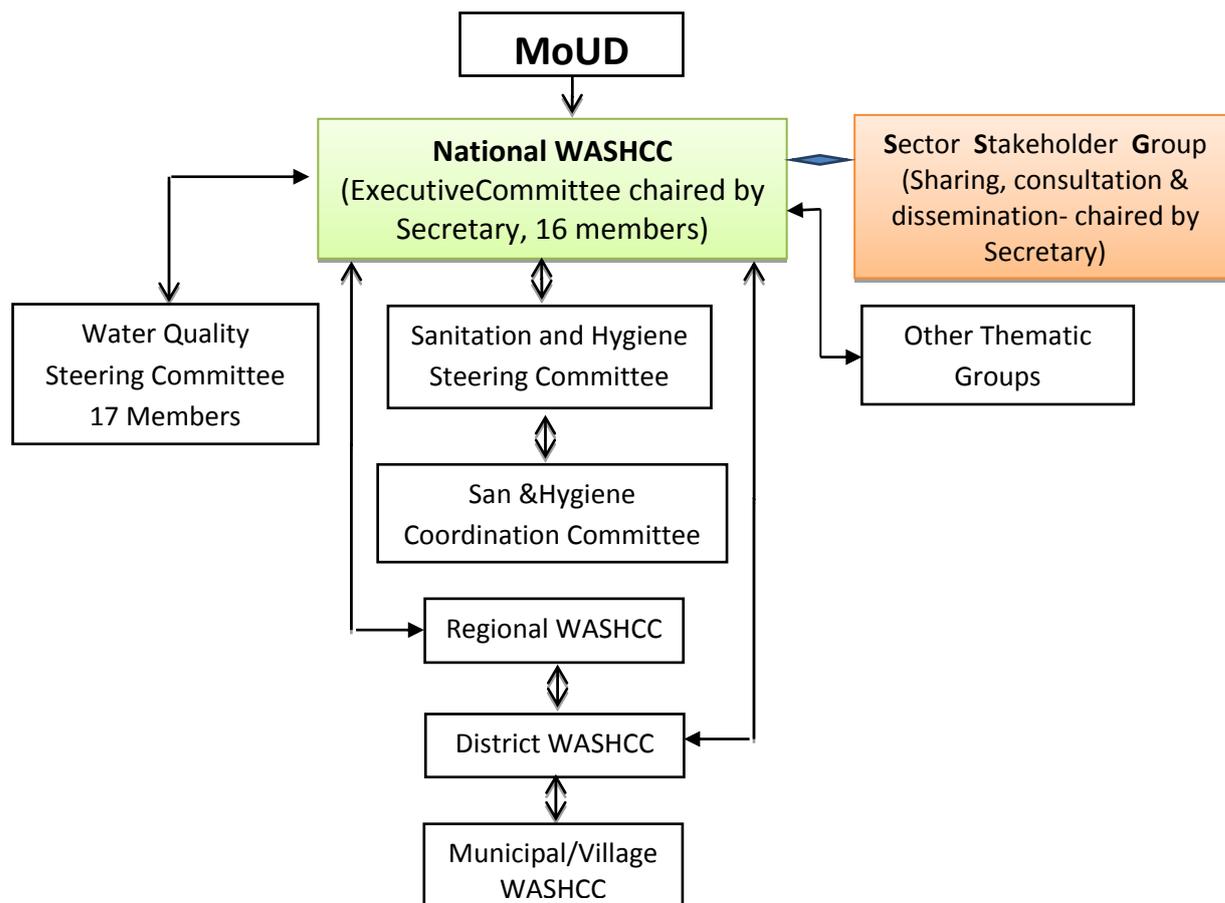


Figure 1: WASH Institutional Set up

Not only in institutions but community/city-wide ODF campaign also requires public toilets in public places and highways for maintaining ODF conditions. **Public toilet** is defined as a small building containing one or more toilets with urinals and hand washing facilities available for general public. There has been increased attention for constructing public toilets catering special needs of women and girls, children and persons with disabilities. There are negligible numbers of public toilets in the country and poor condition of these toilets is further repelling people from using these services. None of the public toilets in Kathmandu is constructed catering need of persons with disabilities. However, Clean City Program 2013 together with recent budget policy of constructing at least 400 public toilets in Kathmandu valley brings ample of opportunities for building user friendly public toilets. This paper also highlights technology, operations, management, including sludge management aspect, of one of the public toilets based on case study prepared as part of Joint Sector Review 2014.

Health care facilities should establish themselves as the model institution demonstrating clean and healthy environment. It comprises of indicators like safe and adequate water, good toilet facilities, hygienic and clean environment of premises as well as cleanliness of beds, wards and toilets; proper health care waste management and demonstrated hygienic behavior by health workers and patients. The paper briefly presents the status of safe water and sanitation condition and hygienic behavior demonstrated in the health facilities.

Situation is now aggravated by the earthquake, damage equivalent to \$ 114 millions affecting 7700 water supply and 388,000 toilets in 31 districts² challenging women and girls dignity including MHM. This paper tries to explore and identify the perceptions and

²PDNA 2015, 31 districts out of total 75 districts affected and 14 declared as “crisis hit” from the earthquake

barriers/challenges to MHM faced by women and girls under temporary shelter during the devastating earthquake on April 25, 2015 and its continued aftershocks.

2. Materials and Methods:

The paper is prepared by reviewing legal frameworks, policy and plan, learning and analyses in the areas of WASH in institutions and public places. Learning documents, case studies and assessments are primary source of information. Different presentations and studies made on WASH in institutions has been consolidated for identifying key recommendations for promoting sustainable sanitation facilities and hygienic condition in institutions and public places. Some of the key approaches followed by the authors were:

- Assessment of Public, Institutional and School Latrines under RWSSP-WN Phase II utilized primary data collected for baseline of the project and sharpening the working approach of the project.
- Content on Public toilet finding is mainly based on the case study prepared for the Second Joint Sector Review (JSR) of Nepal WASH sector. As a process of the JSR learning visit was organized to understand the situation in the five development regions of Nepal in the various themes. The case study of Dhankuta Municipality in Eastern Nepal has been used as the key content.
- Some of the WinS content has been developed by consolidating experiences and insights of WaterAid, NEWAH, FEDWASUN, UEMS working together with Department of Education (DoE), School Management Committees (SMC), Child Clubs, Parent-Teacher Associations (PTAs). Besides, RWSSP-WN analysis on WASH in institutions has also been incorporated.
- WASH in Health Facilities content has been extracted from the analyses of key two reports from WHO and WaterAid on status of WASH in Health Facilities.
- MHM substance has been generated by an assessment conducted in temporary shelters located in Tudikhel, Social Welfare Council Premise and Chuchepati areas of Kathmandu. In-depth interview focused on women having kids and school and college going girls; Focus Group Discussions with 9 women and girls in each group; Spot Observations were used as the means of information collection. Besides, learning of WaterAid on MHM in earthquake has also been included.

3. Scenario, Issues and Challenges

3.1. Present status and Policy Environment

Constitution of Nepal has recognized safe water and sanitation as fundamental rights. The Master Plan has outlined that all institutions should have users-friendly clean, hygienic toilets with hand washing station and proper waste management facilities and clean and hygienic premises. It has mentioned that there should be CGD friendly WASH facilities together with MHM facilities. Besides, Guidelines on Disable Friendly Infrastructure Facilities and Communication Services has clearly spelt out for the need of accessible public toilets as well as toilets in public offices and entertainment centers should also be constructed considering different needs of person with disabilities.

The country is in the process of finalizing new Water and Sanitation Policy and Act as well as WASH Sector Development Plan (SDP). All these acts, policies and plans have given due focus on WASH in institutions.

School Sector Reform Plan (SSRP) 2009-15, emphasizes on minimum conditions required for meeting various needs on physical and learning environment of students. The National Framework for Child Friendly School 2010 has set minimum standards including separate male and female toilets with separate arrangement of urination and defecation with running

water, for girls and boys, at a ratio of one toilet for 50 students. Guidelines on Disabled Friendly Infrastructure Facilities and Communication Services 2013 and Total Sanitation Guideline 2015 (draft) are other key policy documents that have defined user friendly WASH in Institutions.

Department of Education states that there are 29,630 community schools with 6,293,112 students. Nearly 80% of these schools have toilet and drinking water facilities. However, only 68% have separate toilets for girls. In contrary to the standard of one toilet for 50 students, in reality 88 students are using one toilet. There is need of constructing nearly 54,680 toilets to meet the above standard by 2017. However, the situation is now aggravated by the earthquake affecting 5748 schools damaging nearly 3800 school toilets and 1600 water supply in 59 Districts³. The Department admit it's less emphasis on the software activities targeting hygienic behavior promotion and accountability promotion for ensuring sustainability and functionality.

Total 316 toilets supported in RWSSP-WN Phase I, were assessed using the "Saniscores" defined as described below:

- 0: Not completed/not used = damaged beyond use
- 1: Completed but not used/less use or extremely dirty/recently completed not in use yet
- 2: Completed, used but dirty
- 3: Completed, used but could be cleaner/some damage
- 4: Completed, clean but less used
- 5: Completed, used, clean and has water – perfect case

It was found that 9% were not completed; 8% completed but not used or extremely dirty beyond use; 16% used but dirty; 43% used but could be cleaner with minor physical damage; and 13% clean but less used. Only 11% was used, clean and had water. While 83% were in use, majority (76%) were not clean and/or had issues with their physical condition. Sustainability of these services was dependent on effectiveness of community supervision and monitoring.

Study conducted in 31 out of 234 hospitals (13%) indicated that 84% have water from safe protected source, over 52% from acceptable source and 16% from worse protected ones. Situation of government and private hospitals are not the same. Similarly, health posts of villages are less equipped and relatively more unhygienic. ⁴

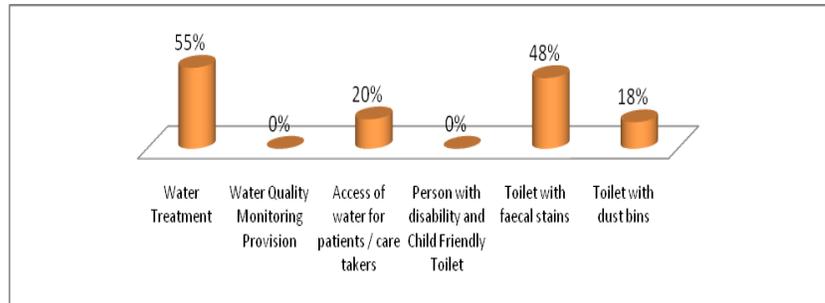
WHO, 2012 study revealed that 84% hospitals do not have proper waste water management. More than half, i.e. 42% of hospitals have poor level of hand washing facilities. Similarly, 39% of hospitals did not have hand washing materials and most of the hand washing stations for patients and visitors did not have soap. Nearly half of the hospitals only have acceptable food hygiene. There is still less clarity in institutional strategic direction in the health sector and the Ministry of Health is in the process of preparing National Environmental Health and Hygiene Strategy 2016-2020.

Sanitation and Hygiene should not be treated in isolation ignoring its inter-linkage with other development facets like health and education. Therefore, sector financing of these sectors should be analyzed together.

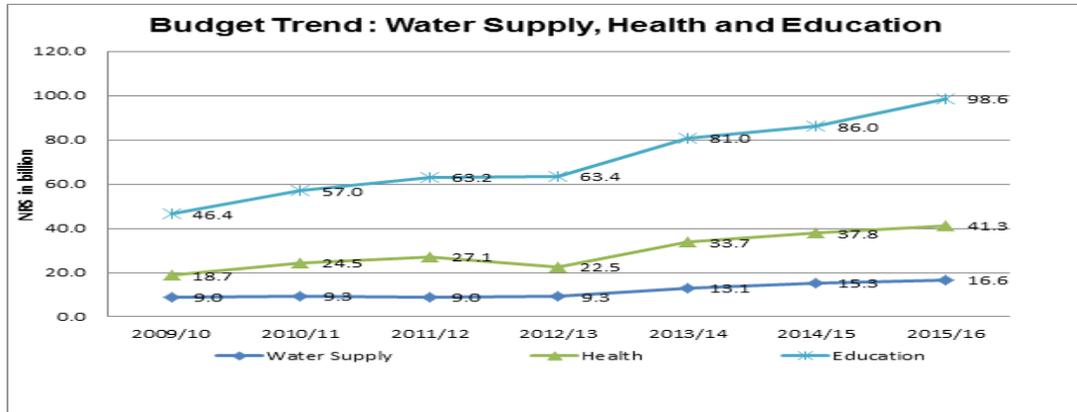
³Department of Education based on Cluster Assessment, October 2015

⁴Environmental Health Condition of Hospitals in Nepal, WHO and Center for Public Health and Environmental Development (CEPHED), 2012

Source: Assessment of WASH Status in Health Facilities, WaterAid Nepal, 2015



3.2. Sector Financing Deficit



Source: WaterAid Nepal analyses based on GoN Budget, 2015

In Nepal, 60% of the WASH sector budget is government fund whereas 80% and 84% are government funds for health and education sectors.⁵ Therefore, the government commitment towards these two sectors are relatively higher than WASH sector so the integration on WASH in these sectors should not be undermined for achieving total sanitation in the country.

It is estimated that NRs 6.6 billion annual budget is required for constructing girl friendly toilets to meet standard of 1:50 students by 2017, however, the current allocation of NRs. 1 billion budget indicates huge budget gap in the educational sector.⁶ It has been estimated that NRs 600,000 is required for constructing each girl friendly toilet; however the Department of Education is allocating only NRs 400,000 per toilet. Lower budget allocation is considered as one of the key reasons of lower demands of toilet construction in the community schools.

On the other hand, there is requirement of constructing at least 19,000 toilets per year considering number of damaged toilets. However, the Department has the plan for constructing 700 girl friendly toilets, 1000 common toilets and maintenance of 700 toilets. It clearly indicates the budget deficit in WinS. In case of WASH in health facilities, a clear financing gap analyses is yet to be conducted.

3.3. Sustainable Management of Public toilets

Public toilet should be located in the area where people are likely to search for toilet. The draft Total Sanitation Guideline states that public toilet should be constructed in all transport terminals, major bus parks, central areas, shopping centres, refuelling stations, parks, sports and leisure areas, hotels, restaurants, industries and public offices. It has also indicated that there

⁵WaterAid analysis of Government Budget , 2015

⁶ Department of Education Presentation on WASH Sector Stakeholder Group Meeting, October 2015

should be public toilets in every 5 Km along main road. It should have adequate operating time and provision for intensification for use during peak times. Considering the challenge of sustained cost effective services of the public toilets, the draft Guidelines has some management options. It has stated that public sanitation facility should be owned by local body and management committees comprising of local bodies, community leaders, NGO/CBO.

Proper planning of public toilets is required to ensure secured space, adequate lightening, user friendly options considering special needs of women and girls, children and person with disabilities. It is a challenging task to maintain hygienic environment and increased morale of operating staff or people with adequate funding for operation and maintenance. There should be good provision for ensuring adequate water availability, sludge and solid waste management.

It is essential to ensure at least equal number of male and female toilet provisions considering needs of different users. There should be well defined minimum acceptable queuing times calculated on the basis of potential number of users. It is essential to manage acceptable opening hours so that it can be opened 24 hours a day. Security of the premise should be considered taking into account negatives, crimes and anti-social factors. There should be established principles of the Spatial Toilet Hierarchy Plan with proper management plan with resources for management, maintenance and sustainability.

The operator, individual or group contracted through proper bidding process should provide sanitation services on behalf of management committee (MC). The selected operator should sign a contract with the MC in the presence of technical service provider, which stipulates in detail the rights and responsibilities of three parties as well as the rights and responsibilities of the customers and other stakeholders. The operator has to carry out regular technical inspections. The operator is also responsible for maintaining clean hygienic condition. Customers should pay the operator the charges fixed by the MC.

Public Toilet in Dhankuta Bus station was constructed as a conscious effort to make the bus station free from open urination and defecation. Taxi Association, a private sector entity, was selected as an ideal partner. The toilet was constructed in 2010 with a contribution of Rs 38,60,000 by the municipality and Rs 40,000 by the Taxi Association. Biogas plant of the toilet was supported by Bio Gas Support Program. This toilet consists of separate chambers for male and female with additional facilities for bathing, changing room and sanitary napkin disposal bins and a store room. This toilet has been maintained by one person who collects Rs 2 and Rs 5 for urination and defecation. He pays Rs.9000 per month to Municipality and Rs.3000 to Taxi Association and earns about Rs 1000 per day. He, with his saving, has also bought a washing machine and now provides laundry service as well charging Rs 20 per cloth.

Sustainable management of public toilet in Dhankuta has been possible due to presence of well thought model owned by local authorities that is responsible for engaging private group for operation and maintenance along with presence of professional technical team for monitoring and technical support.

3.4. User friendly WASH services require understanding complexities together with proper monitoring mechanisms

The RWSSP-WN Phase II Baseline found that 57% of 294 completed and used latrines had water supply facility and 60% had hand washing facility. Only 24% were described as 'CGD'

friendly. Even out of the school toilets, only 22% were CGD friendly. The District-wise differences were also very clear: there were Districts where none of the toilets were described as CGD friendly, for instance, while another District could have 78% described as such. This indicates that the technical drawings do not have these features as a template. Therefore, if CGD qualities are not encouraged by community, CGD friendly provisions will not materialize. This calls for both technical design templates and feasibility study formats that do pay affirmative specific attention to CGD features. Furthermore, if these are not verified in timely monitoring with quality indicators before proceeding to construction phase, they may not be there.

Table 2. Facilities observed (N-294)

Facilities	Institutional toilet (#)	Public toilet (#)	School toilet (#)	Grand Total (#)	Institutional toilet (%)	Public toilet (%)	School toilet (%)	Grand Total (%)
Water supply - No	44	21	61	126	53%	40%	38%	43%
Water supply - Yes	39	31	98	168	47%	60%	62%	57%
Handwashing - No	29	25	64	118	35%	48%	40%	40%
Handwashing - Yes	54	27	95	176	65%	52%	60%	60%
CGD friendly - No	60	40	124	224	72%	77%	78%	76%
CGD friendly - Yes	23	12	35	70	28%	23%	22%	24%
Grand Total	83	52	159	294	100%	100%	100%	100%

Source: RWSSP-WN verification survey (March/April 2014)

While defining service delivery models and standards for these facilities, the users should be taken as the point of entry: who are they? What are their expectations? What are the options for providing both sanitation and hygiene services, what would they expect? What kind of other services can be included, and how these should be considered from the beginning before finalizing any technical designs?

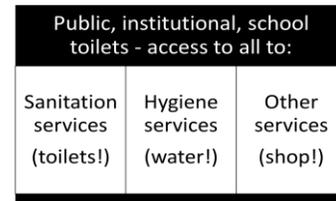


Fig 2: Multiple-services service delivery thinking needed

Defining the number and types of users would be a challenging task. Schools toilets have a fixed number of daily users whose behaviour can be influenced with the existing behaviour change communications tools, an institutional sanitation facility may have a very limited number of both regular and one-time users, both known and unknown people; public sanitation, in turn, was characterized by potentially very large number of unknown users and their frequency of use. The categorization could help to draw attention to those facilities that are more likely to become critical and therefore make it possible to provide more targeted post-construction support.

Sustainable access to water supply is critical as the full benefit just cannot be realized without both sanitation *and* hygiene.

Access to hand washing facility implies that water is available inside or close to/within the visibility of the toilet.

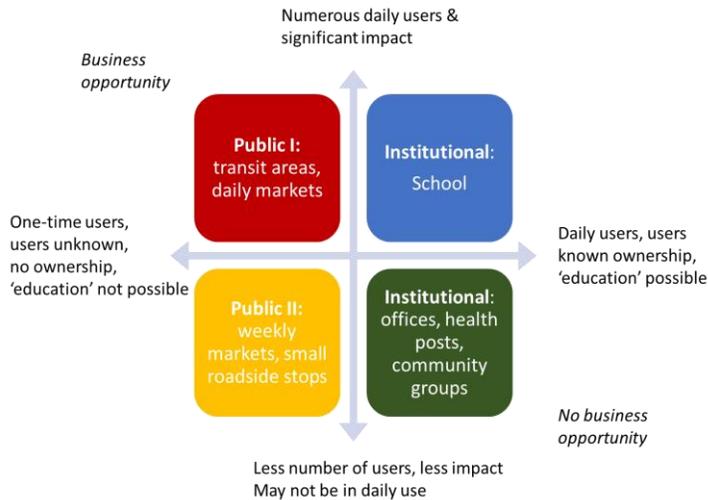


Fig 3: Understanding diversity in numbers and types of users

3.5. Menstrual Hygiene Management in Emergency

Even though assessment was conducted in Kathmandu, Menstruation was still a taboo topic and was not discussed openly. It was interesting to note that menstruation was taboo only for Brahmin, Chhetri and few ethnic groups. They were not allowed to go to kitchen, cook food, go to worshipping space, plant vegetables or to touch the fruits plants in the garden but the picture was totally different to ethnic group like Tamang, Rai, and Magar. They still did not touch God but they were not banned from household chores including cooking. Even within Brahmin, Chhetri and few ethnic groups, there was difference between joint and nucleus family, the former being stricter.

Assessment is based in city area, so 90% of women used sanitary pads and they felt more comfortable and confident as they feel less afraid of leaking and being ashamed in public. They appreciated pads as they did not have to wash and reuse them unlike clothes. However, 10% women chose clothes due to unaffordable cost of the pads. Most of women (98%) knew that they should wrap their sanitary pads in paper and throw in dustbin, in case of clothes: wash it and dry in sun.

In case of emergency, there were less preparedness to cater special needs of women and girls. In the earthquake, women and their family members were so scared that they could not collect anything from their damaged house. So, women who menstruated in the earthquake period had to use whatever clothes they had with them.

A 19 years girl took shelter in Chuchepati as soon as earthquake hit, she had menstruation period next day, and she didn't tell anyone because she was very scared. She had to cook for whole family, she felt great guilt that she touched during her menstruation. She expressed that when she used to be at home and during her period then there were some places which were prohibited from visiting or certain activities in which she was not allowed to be part of. She was not allowed to worship God and restricted from cooking, entering a garden or fetching water. But now she performed all the restricted jobs when she was in shelter. She compares the situation and portrays that she is too guilty for doing that.

Source: WSSCC, October 2015

It is not only this guilt but also access to WASH infrastructure required during menstruation period has affected women's right to live with dignity.

Saya Nagarkoti, a 20-year old earthquake survivor from Lele-6 says, "Because of the damage to my house, and the water supplies in my village, I am now staying in one room with my whole family. The toilet we have is very small and lies far away from my house. It is difficult after dark during the nighttime. I had to ask my dad and brother, to leave the house for some time, to change my sanitary towel. It's very difficult to wash the towels to reuse due to lack of water. Most women here use cloths for a day or two and they are not able to change and wash them, due to lack of toilets and water services. This has made it even harder to manage their period, while rebuilding their lives after the earthquake."

Source :WaterAid Nepal, October 2015

There were some fortunate women in the temporary shelter who received packets of sanitary napkins. They shared that first couple of days were very hard because there were not water and toilet facilities in the shelter. Later, water and toilet in the shelter was somehow managed. The people in shelters nearby cities did not have much problems regarding menstruation management as they were at reach of every rescuer that provided hygiene kits. WASH Cluster, Hygiene Technical Working Group had contributed in standardizing the hygiene kits considering special needs of women and girls.

4. Essentiality of Holistic Partnership Approach for sustained change

WASH in Institutions should consider holistic approach encompassing approaches for empowering communities so that they are able to demand and claim their rights. It should be backed up with accountable and responsive duty bearers who are committed to ensure enabling policy and sector financing to protect rights and demands of people. In order to make these options financially viable and sustainable, social entrepreneurship and private sector engagement should also be considered. Strong coordination amongst these diverse stakeholders ranging from community, government stakeholders, private sectors, social entrepreneurs and media stakeholders

would support in synergizing the efforts for achieving the common goal of promoting safe water, improved sanitation and sustained hygiene promotion in institutions.



District WASH Coordination Committees are key mechanisms for promoting collaboration between WASH and other concerned agencies for promoting status of WASH in institutions. Active engagement of diverse stakeholders has been a key challenge at various levels of coordination. Due to ineffective sharing mechanisms of schools and Water and Sanitation users Committees and Water Service Providing Agencies, schools often lack water provisions that have further challenged the maintenances of environmental health in schools.

FEDWASUN has initiated the process of adopting Community Score Card as a means for empowering especially girl students and increase accountability of service providers. It is taken as the approach for conducting joint participatory M&E in presence of students; SMC, PTA, Teachers for improving girl friendly sanitation in respective schools. There are list of 20

indicators on girl friendly sanitation focusing on MHM, personal hygiene including hand washing and provision of CGD friendly water and toilet facilities.

Hygiene promotion through routine immunization program in Nepal is an initiative for integrating hygiene promotion interventions in the national immunization program of Ministry of Health in four Districts (Bardiya, Jajarkot, Nawalparasi, Myagdi). Department of Health has completed hygiene promotion training package for capacitating Female Child Health Volunteers for sensitizing new mothers for immunizing their children. The project is still in the initial phase with possibilities of scaling up in the future.

Some NGOs like UEMS, has conducted capacity building events targeting poor women for producing low cost sanitary pads. These low cost reusable pads have been helpful for girls/women who cannot afford to spend money for disposable pads that is also not a good solution from solid waste management perspective in countries like Nepal.

Civil Society Organizations like NEWAH has played a pivotal role in organizing awareness and behavior change WASH initiatives in Schools with key focus on MHM mobilizing child clubs, SMC, PTA with the help of illustration based IEC materials. These initiatives has helped in promoting knowledge of community members mainly girls on different aspects of menstruation and menstrual hygiene and also provided platform at the local level to start up discussion and debates to help these girls and women to come out from the stigma associated with menstruation by breaking the silence on the social taboos. In terms of emergency, these special needs of CGD should be given a high priority while designing response, recovery and reconstruction.

5. Next steps for transforming dignity as sanitation matters

Sustained progress on WASH in Institutions requires committed actions at various levels initiating from global and regional to local sites where the changes happen considering quality performance.



5.1. Expediting regional and global commitment

SACoSan, a government led sanitation convention should continue commitment for promoting favorable policy environment and ensuring adequately resourced national, sub national sanitation and hygiene plans for accelerated progress of sanitation and hygiene in educational, health, public institutions and work places. The platform should also consider increasing strategic actions for enabling meaningful engagement of children, adolescents, women, the elderly and people with disabilities and other marginalized sections of society in decision making processes of sanitation and hygiene policies and programs for increased attention on their special needs and concerns.

SDGs have set the goal-6 for ensuring availability and sustainable management of water and sanitation for all by 2030. The second target related to ending open defecation has specified a need for taking consideration on needs of women and girls and those in vulnerable situation as targets. It has also emphasized on increased participation of local communities for improving water and sanitation management that clearly links with WASH in Institutions.

5.2. Policy and plan frameworks for streamlining cross sector coordination

The draft Umbrella WASH Act and Policy are assumed to streamline the coordinated efforts with Ministries like Federal Affairs and Local Development; Education; Health that will contribute in accelerated progress on WASH in Institutions. Similarly, Department of Education is in process of preparing WinS Guideline and Ministry of Health has initiated discussion for preparing National Environmental Health and Hygiene Strategy. These policy provisions and guidelines will contribute in promoting coordinated efforts in cross sector engagement in the country.

The draft WASH Sector Development Plan (SDP) has incorporated indicator “percentage of community institutions namely schools and health facilities; public offices and key urban locations with CGD friendly WASH Services. Besides, it has also included an expected result with regard to sector coordination and inter-agency collaboration. Therefore, it can be stated that the plan has clearly recognized the need for sector and cross sector coordination and collaboration. The mechanisms for implementing these plans and policy provisions should be strengthened so that these documents are translated into actions at the ground.

5.3. Managing sector financing deficit

WASH Sector Financing Strategy is also being drafted in parallel with the SDP so that “no credible plans should fail due to financing gap”. In this case, there should be proper allocation of the budget required for promoting WinS, health facilities, public places and institutions. In this context, sector financing analyses of education and health sector should be continued as the base for lobbying with concerned stakeholders for their increased attention on WASH agenda.

The recent aftermath of earthquake has brought increased investment in recovery interventions in the country. Proper linkage with these humanitarian interventions should be increased for integrating WASH interventions in the recovery projects.

Engagement of private sectors for promoting WASH in institutions should be explored widely. In this case, there should be more enabling environment for increased engagement of the private agencies. In terms of MHM, collaboration and campaigning with MITRA Samaj who focuses on proper disposal of sanitary napkins will help in raising and addressing the concerns simultaneously. So, exploration of partnership with these agencies and other private sectors including private schools and hospitals should also be strengthened.

5.4. Engaging local communities for ensuring sustainability and functionality

People and community are key agents for bringing and sustaining any changes and that’s also true for promoting WASH in Institutions. In most schools, there are limited budget for managing regular maintenance cost of WASH services. Some schools have also adopted “One Child, One Soap” at the campaign that has eased the management of soaps and keeping ownership of soap management to students. Furthermore, MHM related requirements of girl students should be analyzed on the basis of social, cultural, economic and geographic contexts for scaling up MHM services in schools. There should be a provision established for operation

and maintenance within these institutions to ensure functionality of these WASH services and provisions.

Increased awareness and sensitization events of community, duty bearers and service providers should be continued. Promotion of Social Accountability Tools like Community Score Card, Public Hearing and Social Audits should be promoted for increased accountability in strengthening WASH in Institutions.

Networking and alliance building of civil society stakeholders, government agencies and service providers should be strengthened for collaboration and partnership including performance and outcome monitoring for increased sustainability of these WASH in Institutions endeavors.

References:

Constitution of Nepal, 2015

Government of Nepal (2015), Post Disaster Need Assessment Report

Government of Nepal (2015), Draft Total Sanitation Guideline

Government of Nepal (2015), Draft Water, Sanitation and Hygiene Sector Development Plan

Government of Nepal (2015), Education Cluster Assessment

Department of Education (2015), Presentation on WASH Sector Stakeholder Group Meeting

Rural Water Supply & Sanitation Project-Western Nepal (2015), Baseline Report for phase-II.

WaterAid Nepal, Nepal Fertility Care Center(2015), WASH Assessment in Health facilities.

WaterAid Nepal (2015), Analysis of Government Budget

Government of Nepal, (2014), Second JSR Compilation of case studies and learning visits

Government of Nepal (2014), Draft Bill on Water and Sanitation

Government of Nepal (2009), School Sector Reform Plan : 2009-15

Government of Nepal (2010) National Framework of Child Friendly Schools

WHO and Center for Public Health and Environmental Development (2012), Environmental Health Conditions of Hospitals in Nepal

Government of Nepal (2011), Sanitation and Hygiene Master Plan