

This item was submitted to [Loughborough's Research Repository](#) by the author.
Items in Figshare are protected by copyright, with all rights reserved, unless otherwise indicated.

Pilot sanitation programme in Nepal

PLEASE CITE THE PUBLISHED VERSION

PUBLISHER

© WEDC, Loughborough University

VERSION

VoR (Version of Record)

PUBLISHER STATEMENT

This work is made available according to the conditions of the Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International (CC BY-NC-ND 4.0) licence. Full details of this licence are available at:
<https://creativecommons.org/licenses/by-nc-nd/4.0/>

LICENCE

CC BY-NC-ND 4.0

REPOSITORY RECORD

Adhikary, Sharad. 2019. "Pilot Sanitation Programme in Nepal". figshare. <https://hdl.handle.net/2134/29397>.



Pilot sanitation programme in Nepal

Sharad Adhidary, Nepal

There is a big gap in the country's focus between water supply and sanitation. This is evident from the fact that the present population coverage with drinking water has reached two-third where as the coverage with sanitation in terms of access to latrines is only one-fifth. International agencies and donors are working with the government for innovative programmes on hygiene and sanitation (H&S) seeking more public interest and increased participation for better performances.

SIDA funded for a participatory hygiene and sanitation pilot project in selected wards of Isworpur Village (in Sarlahi District) and Sankhu Village (in Kavre District) of Nepal in the beginning of 1997 which remained for 18 full months. WHO-Nepal mobilized this fund with the necessary technical supports to the Department of Water Supply and Sanitation (DWSS) implementing this programme. The overall objective of the programme was to test whether hygiene and sanitation behavioural changes could be brought together through the combined educational and social mobilization efforts put within the rural communities more in a participatory approach.

Programme Planning

The overall programme was clearly categorized in to three phases viz. preparatory phase of early 3 months, intensive implementation phase of 1 year, and evaluation phase of last 3 months. General review of the original proposal, preparation of training/education materials for different focus groups and selection of appropriate methodology for field KAP survey/evaluation were the activities grouped in the preparatory phase. Similarly, formation of various committees, programme orientation and training at different levels, pre/post KAP survey and participatory H&S education campaigns in the communities, schools and health posts were the activities identified in the implementation phase. Lastly, analysis of data on KAP, and programme review for impact and behavioural changes were the activities planned for the final evaluation phase.

Programme Implementation

National Programme Management Committee (PMC) was formed representing various government, non-government, INGOs and NGOs in a leadership of DWSS and took lead role for coordination and overall implementation of this programme. Working Committees were formed at Districts representing concerned line agencies. H&S Committees formed at villages and wards included local schools, health posts, CBOs, women and mother groups, volunteers

and motivators. Motivators who were the local residents were also trained and mobilized for H&S education campaigns in each of the villages of Iswarpur and Sankhu.

PMC was regularly briefed about the ongoing activities of the programme. Programme orientation at the Districts were organized for the concerned line agencies responsible for water supply and sanitation, public health, education, and local government including NGOs. Similarly the orientation on H&S were also organized to the village and ward level committee members, and short training to the motivators, and primary school teachers. These were the preparatory activities in the beginning of the programme. Social mobilizations were arranged through dramas, miking, poster, rallies, folk songs and inter-school essay competition from the view point of seeking behavioural changes towards use of safe drinking water, food safety, personal hygiene, on-site disposal of human waste, safe disposal of other domestic and animal wastes, reducing proximity to the animals keeping around households, and household/community cleanliness. Trained motivators were visiting house to house and mobilizing elderly women to participate actively during the social events. Analysis and comparison of pre and post KAP findings was carried out at DWSS. A manual describing different methods and procedures for KAP study on H&S with necessary indicators was prepared. Three workshops on H&S education to community members, primary school teachers and health workers at health post levels with one another inter-agency workshop for the development of specific roles and responsibilities of concerned line agencies at full coordination were organized as the post implementation activities. Following the workshops manuals on H&S education to (i) programme implementors, (ii) primary school teachers and (iii) health workers at health post levels were developed in Nepali language. Procedure for planning, implementation, monitoring, evaluation and reporting of H&S participatory programme in a community with identified IEC materials and performance indicators are discussed in first manual. The rationale as well as the approach of H&S programmes at primary schools with more focus on education to teachers/students, behavioural changes through effective use of school latrines and water facilities, and reaching parents through children are discussed in second manual. Similarly what education on H&S the patients should receive and how to develop health posts as a model with good sanitation practices are discussed in third manual. Institutionalizing H&S programmes at the various levels of concerned government, non-govern-

Table 1: Gap between knowledge (K) and practice (P) observed during pre/post KAP surveys

	Iswarpur Village				Sankhu Village			
H&S Indicators	Pre-KAP %		Post-KAP%		Pre-KAP %		Post-KAP%	
	K	P	K	P	K	P	K	P
Diarrhoeal disease outbreak	67	-	82	-	81	-	89	-
Covering water vessels	78	40	93	72	69	24	79	61
Covering food from flies	88	72	90	82	88	63	88	81
Hand wash	50	-	75	-	58	-	59	-
Use of toilet for defecation	29	18	84	23	73	51	73	70
Disposal of solid waste	48	25	64	60	80	46	82	50
Disposal of wastewater	42	21	61	58	42	21	45	40
Animal shed 15 m from house	-	05	-	16	-	04	-	10

ment, international and private agencies in an integration to the other on-going programmes were the main outcomes of the inter-agency workshop.

Programme Evaluation

Some of the changes in knowledge, attitude and practice (KAP) on H&S brought by this project amongst the people in the community are as indicated by the figures in Table 1.

Communities in Sankhu village are found more knowledgeable on H&S than those in Iswarpur village, hence, in an average the knowledge gain on H&S from this project is more among the people in Iswarpur village. It has helped in reducing the average gap between knowledge and practice on H&S in both of the villages. However, in Iswarpur village very few changes were noticed in practice as far as the use of toilets for defecation was concerned. Similarly the knowledge gain on the importance of hand washing was found minimal in Sankhu village. Practice on hand washing and outbreaks of diarrhoeal disease were not studied at the field. Also the knowledge on keeping domestic animals in proximity to the householders were not assessed.

Conclusion

Peoples' tradition and belief differ among Iswarpur and Sankhu villages due to their differing geographic, sociocul-

tural, and economic circumstances. However the activities they were conducted in a more or less similar manner in those two villages irrespective to the individual needs. Effectiveness of a programme actually depends on how it is designed to meet the local requirements. District agencies are key players of the programmes, hence their initiatives and working in better coordination with others is very important. Right selection of motivators, their training and incentives is another crucial aspect as far as the full success of the programme is concerned. The cultural barrier is so strong that it was very difficult to make a good gender balance in participation. Majority of the representations were male. However the woman motivators (who were in minority) were feeling free and convenient to discuss at any time with the female members in the community. Total one and half years of project time with one year for field implementation is a short duration to result in good participation and behavioural changes for personal hygiene and sanitation in the communities.

SHARAD ADHIKARY, National Professional Officer,
WHO, Kathmandu, Nepal.
