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Report

on

Sanitation Workshop

(29-31 July 1987)

Compiled by:

Adarsha M. Tuladhar

Programme Officer

SNV/Nepal

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Table of contents

- Acknowledgements
- List of abbreviations

1.0 Preface 1

2.0 Origin of the idea for the Workshop 2

3.0 Organisation of the Workshop 3

4.0 Workshop Proceedings 4

A) Introductory remarks : Ms Eveline Bolt - the workshop Coordinator 4

B) Introduction to the set up of the sanitation programme under various project/programmes 4

C) Listing of major constraints that emerged from the discussions 12

D) Listing of 'Statements' brought by the participants 13

5.0 Summary of the discussions on the 'Statements' 17

6.0 Major conclusions 21

7.0 Post Script 25

Annexures

Annex-I : Evaluation of the Sanitation Workshop

Annex-II : List of the Workshop Participants and Observers

Annex-III : Workshop Agenda

ACKNOWLEDGEMENTS

The 'Sanitation Workshop' organised by SNV/Nepal was held in the period 29-31 July 1987. But for various reasons the report on its proceedings etc. could only be finalized now, for which the workshop organizers would like to apologize at the very outset.

The Workshop could take place because of the incessant efforts and support of various agencies and persons as follows :

- first and foremost, SNV/Nepal, which provided necessary funds and space to make the workshop possible;

- secondly, Mr. Bijaya G. Rajbhandari - the then UNICEF-Project Officer/Central Region, who deserves special thanks for his contributions during the preparation phase and also for chairing the workshop proceedings for two days;

- thirdly, Mr. P.B. Adiga - Sr. Divisional Engineer of the then MPLD, who, though participated in only one session, set the discussions on the subject on right track; and

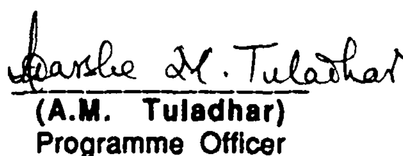
- above all the participants who contributed to the success of the workshop by giving presentations on their work experiences.

SNV/Nepal by hosting the first 'Sanitation Workshop' has set the ball rolling for discussions on a meaningful sanitation programme towards better health and hygiene, especially of those people who live in remote areas.

SNV/Nepal has also taken another initiative in the field; it is going to conduct an 'Evaluation of the sanitation component at Chaurjahari-Field Office', where a SNV-DA - a full time Sanitation Coordinator - has been working since last two years. It is hoped that the outcome of this evaluation will contribute to the formulation of a 'Policy on Sanitation' for the Ministry responsible for CWSS-Programme and other agencies engaged in the field.

Last but not least, the Workshop Organisers will appreciate very much receiving valuable comments from the participants, observers and common readers, so that if the report is not reflecting the proceedings and the conclusions agreed upon in the workshop, it could be corrected accordingly.

Wishing everybody a nice reading !



(A.M. Tuladhar)
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(Eveline Bolt)
Workshop Coordinator

LIST OF ABBREVIATIONS

APO	:	Assistant Project Officer
CHL	:	Community Health Leader
CWSS	:	Community Water Supply and Sanitation
DA	:	Development Associate (formerly called volunteers)
DTO	:	District Technical Office
DPHO	:	District Public Health Office
EASTAP	:	a non-profit, sanitation action programme of East Consult (P) Ltd.
FO	:	Field Office
FPA/N	:	Family Planning Association Nepal
GVS	:	German Volunteer Service
MPLD	:	Ministry of Panchayat and Local Development
ORT	:	Oral Rehydration Therapy
PCRW	:	Production Credit for Rural Women
PO	:	Project Officer/Programme Officer
RD	:	Regional Directorate/Regional Director (as applicable)
SATA	:	Swiss Association for Technical Assistance
SC	:	Sanitation Coordinator
SCF	:	Save the Children Fund
SNV	:	Netherlands Development Organization (in Dutch)
SSNCC	:	Social Services National Coordination Council
ST	:	Sanitation Technician
UNICEF	:	United Nations Children Fund
VDG	:	Village Development Group
VHW	:	Village Health Worker
VMSW	:	Village Maintenance and Sanitation Worker
WHO	:	World Health Organization
WSA	:	Women Sanitation Assistant
WSST	:	Water Supply and Sanitation Technician
WSW	:	Women Sanitation Worker

1.0 PREFACE

'Sanitation' has come to be considered as an integral part of the 'Community Water Supply and Sanitation' (CWSS) - Programme. However, the sanitation component of the Programme has been limited so far only to the sanitation campaigns (focussing mostly on latrine construction) in the villages prior to the start of the construction of the water supply project there. This apparent focus only on the physical (or 'hardware') side of sanitation is due mostly to various factors like:

- only technicians (Engineers, Overseers, Volunteers-Engineers and Overseers, Water Supply and Sanitation Technicians) are involved in the implementation of the water supply systems and their prime concern usually is the completion of these systems in stipulated time;
- sanitation is equated (rather wrongly) with the latrine construction;
- there is no one commonly agreed package of activities under the so called 'sanitation programme';
- working on sanitation means motivating people in changing their already formed habits and practices which require lots of time, patience and social skills; etc.

Though within MPLD-the then executing agency for the CWSS-Programme and donors (UNICEF, WHO and SATA) the importance of the sanitation component was well understood and certain steps were taken to give it due importance, the overwhelming demand from the population for more water supply systems somehow shifted the emphasis towards the building of more and more water supply systems everywhere. And despite their best of intentions and willingness, the Sanitation component was and is getting pushed to 'second' priority only.

2.0 ORIGIN OF THE IDEA FOR THE WORKSHOP

The emphasis so far on sanitation has been minimal and, hence, more efforts are called for if 'Sanitation' is to become a meaningful component in the CWSS-Programme. In this context, SNV/Nepal agreed to the proposal of the UNICEF-'Assistant Project Officer' (APO) from MPLD-Field Office (FO), Chaurjahari to have a full-time 'Sanitation Coordinator' (SC) working from there. In June 1986 the SNV-Development Associate (DA) - Ms Eveline Bolt - arrived in Nepal to work as the SC from Chaurjahari - FO.

But owing to the fact that the Sanitation Programme was not well developed and that any action need to be well thought over so as not to make serious mistakes, an 'Action Plan' for FY 2043/44 together with cost estimate was made. In this 'Action Plan' it was also proposed to appoint one 'Women Sanitation Worker' (WSW) and two 'Women Sanitation Assistants' (WSA) to work together with the SC.

Though the budget could be made available, no special sanitation staff was made available. But, two 'Water Supply and Sanitation Technicians' (WSSTs) were assigned to work as 'Sanitation Technicians ' (STs) to assist the SC in the extension work and in the follow-up of the programme. The WSW and WSAs could not be appointed mainly because of certain bureaucratic constraints.

In the meantime, however, the SC was focussing more on 'how to get the sanitation programme started' rather than on setting specific physical targets, and on 'with what subjects' to start with in the programme. With these ideas in mind, three water supply project sites were selected based on following criteria:

a) sites to be located near Chaurjahari in order not to spend too much time on walking;

b) villages covered by these water supply projects to be rather densely populated so that various components of a sanitation programme (including environmental hygiene) could be dealt with, and

c) these three selected projects to be in different stages of completion; one - already completed, one - an on going project, and one- to be built in the coming year.

The first activity undertaken was the base-line survey of 20-25 households in each selected project site. From these sites, 18 women were selected for the first 'Sanitation Orientation Training' held in Chaurjahari in March 1987 which was conducted by a Health Educator from SSNCC-Decade Cell. Afterwards the SC with her assistant did the first follow-up activities in which quite a few aspects of sanitation, as conceived important by the SC, eg. use of water, personal hygiene, latrine-construction, ORT (nun-chini-pani), household hygiene etc., were covered.

Also, a first 'Health and Sanitation Education Training' for 10 primary schools teachers was conducted with the help of a Health Educator from Tribhuwan University.

Even after these initial activities it still remained unclear as to what sanitation programme actually consisted of. Hence, in order to exchange ideas and experiences with those involved in sanitation at field level from other organisations, it was decided to hold a 3-day Workshop. This initiative of the SC was duly supported by SNV-Staff throughout.

3.0 ORGANISATION OF THE WORKSHOP

The Workshop was held at SNV/Nepal Office in the period 29-31 July 1987. The main purposes of the workshop were:

- to exchange ideas about how to work on sanitation;
- to discuss constraints encountered while working on sanitation and how to deal with them; and
- to show each other the visual aids and the other materials that are being used by different agencies.

Altogether there were 15 participants (2 participants attending only one day) and 4 observers, apart from two organisers from SNV/Nepal (the SC and PO). The list of participants is given in Annex-II.

The Workshop deliberated on the constraints being faced by each participant in their work statements of the problems in the field of sanitation as experienced by the participants and exchanged information on visual aids used and different approaches tried. The programme of the workshop is given in Annex-III.

4.0 WORKSHOP PROCEEDINGS

A) Introductory remarks : Ms Eveline Bolt-the Workshop Coordinator

Ms Bolt in her introductory remarks gave a brief overview of her work by recalling the activities explained under point 2.0.

However, few fundamental problems were highlighted, among others, :

- difficulty in getting village women involved;
- non-availability of a female counterpart to work with;
- emphasis only on latrine construction, which when improperly built and used could be more of a health hazard; and
- ways to get the programme going on in years to come.

Hence, the main purpose of the workshop is to exchange ideas and experiences with those working in sanitation at field level.

B) Introduction to the set-up of the sanitation programme under various projects/programmes

In order to have a good discussion about the sanitation programme being launched by various agencies, it was agreed that each participant gives a short introduction to the set-up of the programme :

1. ***Redd Barna*** :

Under the programme being implemented in Palpa district there is no 'sanitation' programme as such. But the construction of simple

pit latrines (without any substantial subsidy from the Project) is being promoted alongside the construction of the water supply systems. This Is done to create a sort of 'awareness' among the people and to convey messages on 'personal hygiene' and 'environmental sanitation around houses'.

So far few private pit latrines have been built within the project area. But, the problem here is that people do not use these latrines because they give human waste to the pigs.

The main agent for change in this situation here however could be the 'Village Health Worker' (VHW) assigned in each ward within the project area. The VHW is responsible for the environmental sanitation and is paid Rs. 2/- per month by every household in the project area.

2. ***Action Aid*** :

'Sanitation' is looked upon as any activity contributing to the development of people's health. The approach taken here to pass the message on 'sanitation' and its relation to various diseases is through the medium of non-formal education of the population during the monthly meetings of the 'saving groups' and the 'mothers' clubs', which have been formed in the project area. The project also built latrines and smokeless chulos in forty-five 'Day-care centres' established in the project area.

But to stimulate the people to build latrines, a new approach to let the people build the latrines first before the water supply system was to be constructed in a particular area, was adopted.

Also, a subsidy in the form of one pan, two soil pipes and one bag of cement was introduced against a token service charge of NRs. 10/- for each household willing to construct a private latrine.

However, soon it was found that the latrine construction was not the felt need of the people; only people with relatively higher level

of education took some interest, whereas many people showed interest more to please the project.

In view of this, the project has taken the stand to 'extricate' itself altogether from the programme or the area if people did not show enough interest for the same.

3. ***Dooley Foundation*** :

The emphasis of the sanitation programme here is on the 'behavioral change', especially of the Hospital/Health Post staff; from the lowest level (peons and sweepers) to the medium-level (staff nurses).

The need is, therefore, there to educate the peons and sweepers working in health institutions on proper hygiene practices through the production of workable/practical manuals. Similarly, the student-nurses in medical campuses need also to be trained in proper hygiene practices primarily to battle with the appaling apathy to change the established habits among the people. One other activity could be hold seminars on the subject among the higher level employees in these health institutions.

In the meantime the Foundation has initiated a 'model' programme in some health institutions whereby booklets describing minimum checklist on health practices are developed and distributed, the water supply system is improved and latrines are cleaned regularly.

But to make this programme work, there must be a reliable water supply system supplying water in needed quantity. Very often in the lack of a reliable water supply system health institutions turn out to be more of a health hazard.

4. ***PCRW/Dhading*** :

The approach to sanitation and hygiene has been through a "Women Health Volunteers Programme" initiated in the project area. In

this, emphasis is given on arousing the awareness on simple methods, like washing hands so as to avoid skin diseases and drinking clean water to avoid water borne diseases.

One important lesson learnt from this programme, however, is that educating women on health and sanitation is far more effective than educating men. This because even though men know about it they hardly communicate to the others, whereas women will at least communicate the message to other women and their own children.

5. ***SCF/UK*** **:**

The focus of the sanitation programme is on the 'health education' in primary schools from the project area. For this first the teachers from these schools are given training on health education by the professionals on the subject. Also, during this period latrines are built in the schools with subsidy from the project. One very interesting feature here is that both the school children and teachers are made to clean the latrines.

Similarly, the dissemination of information on sanitation is done through school children at home and, also, during the 'Parents' Day' organized regularly by the schools.

As for the promotion of latrine construction the Project provides a subsidy of up to 60% of the total cost in the form of materials cost and local transport. The remaining contribution is from the local population mostly in the form of voluntary labour during construction.

As for the community participation, it has been found to be relatively easier among Brahmin caste as compared to Tamang and Danuwar castes from the area. Also, it has been found that the use of latrines is directly related to the level of literacy among the people.

6. ***DTO/Tanahun*** :

Sanitation programme is existing only in name, but in whatever small scale the sanitation or health education programme is being carried out, it is being done so with the help of the 'District Public Health Office' (DPHO) in Damauli. In a way the DPHO is doing the most in sanitation promotion.

The main focus of this small effort on the sanitation has been the continuous attempt to explain to the population at large about the relationship between water and diseases. This is being done at random together with a Public Health Nurse posted at the DPHO.

But it is realised that for any programme stimulated by a foreigner to succeed, there needs to be good support at all levels, starting from the villagers level to the officials at the district. Also attempts should be made at reaching inter-agency cooperation (eg. the DPHO and DTO) to run a joint programme on sanitation.

7. ***SATA/Pokhara*** :

At first the approach to sanitation programme was through the motivation and communication training given to the technicians for latrine construction. These technicians were then to motivate the project villagers to build household latrines with materials that could be made available for free by the Project. But even then there were not many people coming forward. Moreover, with the project coming to an end the people also stopped building latrines and worst yet even stopped using them.

Then the concept of the sanitation programme was broadened from only latrine construction to the inclusion of disease prevention and control and health education. Similarly, a new approach was tried out which meant involving two women interested in sanitation from each project village in the programme.

These two women (usually members of User's Committee) are carefully selected and then given training on sanitation. After that they are sent to the villages to teach village women about various diseases and how to control them, handling of water and the use of latrines. Also, free latrines for these two women are built first in a way of giving incentive to them.

This change in the policy on sanitation emphasizes the shift from bigger attention to the construction of latrines in the past, to the equal emphasis now on both construction and education. However, it remains to be seen how far this new approach will prove to be a success.

8. *MPLD, Central Regional Directorate/Charikot- F.O:*

The approach here is twofold : to get built the demonstration household latrines by Chaukidars (VMSWs) in project areas and to stimulate to have two female members in the 'Users' Committee' so as to disseminate the message on sanitation to the female population.

The approach to sanitation in the 'maintenance part' of the CWSS-programme is to talk to the WSST and through them to the villagers on sanitation for one day. The VMSW are also trained in it and they are specifically asked to build demonstration household latrines in the project village to be used by them.

The 'sanitation' in the maintenance programme is looked upon mainly as the follow-up since the main task of VMSWs and MSTs is to get the latrines functioning and used by the people. This sort of follow-up becomes easier when the latrines have been built already in the construction period of the CWSS-system.

However, an incentive of any sort for people to take interest in sanitation is lacking and the impression that sanitation component is a neglected part in the CWSS-Programme gets reinforced.

9. ***Family Planning Association Nepal (FPA/N)*** :

The entry point here is the 'family planing' or better known now a days as 'family welfare'. The Project, therefore, focuses not only on health and sanitation, but also on other community development as well as income generating activities for the people from the project area.

The 'agent' for passing the message on 'sanitation' is the 'Village Volunteer' in each ward, who is trained in family planning and hygiene practices.

The Project, in taking the lead, has so far built few demonstration latrines. This is being done in order to motivate the project beneficiaries to start the construction of their own household latrines. In such cases the Project gives subsidy in the form of squatting slabs.

10. ***DTO/Baitadi*** :

In DTO-Programme there is no specific programme on sanitation. Therefore, through the personal efforts of an expatriate Engineer (a GVS-Volunteer) simple messages on sanitation like, dirt being transmitted by flies (eg. flies sitting on human excreta and then flying on to sit on 'daal-bhaat'), and on how to keep the flies out by a simple method of hanging a white cloth on the windows etc. are conveyed to the people.

There are two target groups to whom these messages are conveyed; one, the DTO-office staff who are encouraged to build household latrines, and the other one, the common villagers visiting health post to whom the message is passed through Health Post Workers and CHLs.

One GVS-Volunteer (Public Health Nurse) is soon to start working from the DPHO on the CHL-programme. It is hoped that through her the messages on sanitation, health and hygiene could be given to the common people more effectively.

11. *EASTAP* :

Sanitation is approached in EASTAP as 'changing of habit' which means creating awareness, communication, mobilising participation, promoting appropriate technique and developing a process.

Moreover, sanitation comes under Health and is one of the basic needs. Therefore, 'sanitation' programme here is interpreted as diffusion of some technique/technology (esp. in selection of latrine types) suitable for people. (In EASTAP, a pour-flush double vault type latrine has been 'adopted' in view of its simplicity in use and the possibility of using the by-product as compost). In view of above, the technique used in EASTAP is a 'house call' technique which means visiting the family for sanitation promotion.

An example from a fairly successful project in Dadhikot village was explained in which the above explained approach and technique were applied. But, there were various constraints felt during its implementation, eg. lack of effective local institutions; lack of environment to foster voluntary work; self proclaimed VDGs; and lack of coordination, esp. on subsidy in sanitation projects.

To counter the above mentioned constraints, the project followed different strategies, like complete information on latrine to be built; getting beneficiaries involved in a non-formal way; and providing guidance to the beneficiaries on resources mobilisation.

Through the implementation of this rather successful Project some important lessons were learnt, for example :

- People build and use latrines more for comfort and social prestige;
- Sanitation needs a whole hearted approach and it needs to be pushed as a campaign;

- There must be evolved a national policy on subsidy in sanitation programme so as to bring uniformity in its implementation; and

- Health education should follow the sanitation programme. But,the question remains health education to whom ? those who have already formed a habit ?

C) **Listing of Major constraints that emerged from the discussions**

Based on the presentation by each participant on the set-up of the sanitation programme in his/her respective project, following major 'constraints' were listed :

1. The difficulty in the very definition of 'sanitation' and in establishing what constitutes a 'Sanitation Programme'.

2. The difficulty in getting the people use the latrines even though getting them to construct one poses no specific problem except for determining the level of 'subsidy', and make them understand the direct relationship between sanitation and improved health.

3. The difficulty in institutionalising the programme, esp. at local level. The main difficulties encountered are :

   - sanitation is so far related to CWS - projects which are implemented by a purely technical institution;

   - health education etc. has to come from a different agency and inter agency coordination is often very difficult; and

   - a firm commitment from HMG/N on sanitation is lacking.

4. Sanitation is not necessarily a 'felt need' of the people

5. Lack of mechanisms to involve women more in the sanitation programme.

6. Health institutions at local level (eg. Health Posts, District Hospital,) not geared to promote sanitation and health education.

7. Absence of a central 'Resource Corner' to know what teaching and training materials, visual aids etc. are available in order to avoid duplication of efforts by various agencies involved in the programme.

D) <u>Listing of 'Statements' brought by the participants</u>

1. ***Redd Barna*** :

   - no statements

2. ***Action-aid*** :

   - no statements

3. ***Dooley Foundation*** :

   - Hospitals must provide the highest level possible of sanitation in the country,

   - To be safe, hospitals must have at a minimum a 24-hr water supply and sufficient working latrines,

   - It is the responsibility of the HMG/N to provide model sanitation standard in the hospitals.

4. ***PCRW/Dhading*** :

   - no statements

5. ***SCF/UK*** :

   - Sanitation is proper disposal of human waste as well as proper management of livestock. More than 50 diseases can be transmitted from the human excreta. These diseases are normally spread by water and animals, flies and soil.

     The sanitary latrines, pit of animals waste and separate water ponds for the livestock can be very effective in the control of communicable diseases.

6. *DTO/Tanahun* :

- we need sanitation workshop also for officers, eg. district planning officers and local development officer, at minimum one workshop per year.

- For sanitation promotion we should rely on more educated and interested local people to support our work.

7. *SATA/Pokhara* :

- Women do the greater part of the physical labour during the construction of the community water supply and sanitation project, but they are left out in planning and decision making.

- Women are the sole users of water and caretakers of household hygiene, but they are not educated in this matter.

- Plenty of water of good quality near the house does not improve people's hygiene.

- Building awareness is one of the important steps in the sanitation awareness programme.

- Even if the people build latrines they are often dirty and neglected causing increased health risks.

- Inadequate drainage of the waste water leads to muddy pools of water around the tapstands causing unsanitary conditions.

8. *MPLD,Central Regional Directorate/Charikot-F.O.* :

- It has been said that sanitation programme takes 15 years, or half a generation, to take effect. Therefore, we should not be discouraged by apparent lack of progress.

- We know the technical problems and technical answer to them. The bigger problem is how to find social answers to

the social problems of implementing the technical solutions.

- Latrines are not really needed to start improving sanitation in the hills.
- Hygiene EDUCATION is more essential in the hills but in progress report this can't be shown as easy as the numbers of constructed latrines.
- Education takes a long time – so, let's just get going and build latrines.
- Nothing goes without education.
- Unclean latrines are a health hazard.
- How to get a Brahmin to clean his latrine.
- Caste, Custom and Culture play a great role in village sanitation.

9. ***Family Planning Association Nepal (FPA/N)*** :

- Environmental sanitation is fundamental for reducing incidence of diseases. The emphasis should be on :

  a. Proper drainage ideally to a kitchen garden

  b. Proper collection and disposal of refuse best utilized as compost

  c. Keeping the well surrounding clean

  d. not allow bathing near the source of drinking water

  e. discourage defecation on the open field. This leads to contamination of soils and water supply which in turn, result in the intestinal infection and parasitic infestation.

Prevention is better than cure.

10. *EASTAP* :

- There should be a national policy on the provision of amount of subsidy (in latrine building programme). However, the objective should be to keep it to a minimum level,

- All primary schools in the country must have functional latrines and children should be made to form toilet habits from their childhood. Nepal's future health depends on children of today,

- National legislations should be made for both rural and urban areas to control open defecation. These should be strictly implemented by local Panchayats;

- Health education should follow infrastructure (latrine) building programme and should be based more on things which are clearly visible and perceivable by the local people, eg. stool test and deworming of beneficiaries groups.

11. *SNV/Nepal* :

- In villages the highest degree of participation you can achieve is to have the villagers listen to your proposals and discuss them.

- Women involvement is difficult not because women are too shy, but because men are too dominant. That's why separate activities for men and women are needed.

- Sanitation–work makes the work–burden for women bigger. For example, they are supposed to :

a. wash their children and clothes more often,

b. have their animals drink at some distance of the water tap, so they have to carry buckets of water, and

c. fill the water buckets in the latrines every day.

- Even if people seem to understand the need for latrines and even if they build one when the water system is under construction, they won't use it afterwards.

- Better and easy access to water doesn't improve people's personal hygiene.

5.0 SUMMARY OF THE DISCUSSIONS ON THE 'STATEMENTS'

As could be seen from above, there were many statements brought in by the participants. While some were just the reiteration of facts not requiring any discussions, some were overlapping. Therefore, through the consensus of the participants it was agreed upon to discuss the broad 'statements' as enlisted below:

1. **Hospitals (or Health Institutions) must provide the highest level possible of sanitation in the country :**

   It was stated that HMG/N should set an example by providing a model sanitation standards in the hospitals. Taking into account the differences in cleanliness between the former 'Shanta Bhawan Hospital' (run by a Mission) and the 'Bir Hospital', the overall hygiene and cleanliness seems to a great extent to be a matter of management. Only if there is a good management it is possible to achieve a reasonable sanitation standard.

   However, to keep the hospitals clean it must be ensured that the hospitals have a 24-hours water supply. It was argued to have the water supply for only a part of the day, at least in the departments that don't depend on

water that much. But, this argument was rejected in view of the fact that for a hospital to be kept clean and safe, a sufficient amount of water supply is the minimum basic requirement.

Similarly, well working and clean latrines are also a must for a hospital to be safe. In most hospitals (health institutions) often they are either blocked or too dirty, and hence not used. Suggestions given on this point are:

- to appoint somebody to show people how to use the latrine: village people might never have seen a latrine and might not know how to use it, and

- to have latrine-users pay a small amount of money to the sweeper: in this case the sweeper will feel more motivated and responsible to keep the latrines clean.

2. Hygiene education (in the form of Sanitation Workshops) must be imparted to HMG/N-personnel posted in districts:

It was stated that sanitation workshops are also needed for HMG/N-personnel posted in districts, eg. Planning Officers, Local Development Officers, etc. Though this was in principle agreed upon, it was said that the impact of seminars etc. seems only very limited. Nice reports are written, but then what next ? It might be more effective, but more difficult too, to try to raise interest in sanitation at the offices that the participants of this workshop are working at.

3. Women involvement in sanitation activities is a must :

As was discussed earlier women's involvement in water supply and sanitation programme is needed at all stages of programme implementation. But, the question is how to achieve it ?

One concrete suggestion was to have a Nepali women working in the sanitation programme in order to motivate women from project villages to get themselves involved in the programmes to be carried out in their villages. However, for male expatriates working in the CWSS-

Programme it is very difficult, at times impossible as well as un-desirable, to approach village women for their participation in the programme because of culture.

Therefore, other suggestions made were :

- to have at least two women in the 'Users' Committee' implementing a CWSS-Project. In some places it might even be better to have separate women groups.

  (On this last point opinions differ though; some feel that for women to be able to express themselves there should be no men in the committee, while others felt that if only women start getting together then men might get suspicious, which might hamper communication in the community); and .

- to have women working as 'Maintenance Workers', as is the case at PCRW-site in Dhading District.

In course of further discussions it was also felt that women should be encouraged to work as Overseers and Sanitation workers to give further impetus to the sanitation programme. Similarly, it was felt that HMG/N should encourage women to take up technical jobs more and also give preference to women when appointing personnel at DTO or Field Office.

4. **Health education should follow infrastructure (Latrine) building programme and should be based more on things which are clearly visible and perceivable by the local people :**

Very often any attempt at trying to improve the situation with overall sanitation and hygiene is like going against established human habits. For example, how to motivate people to build household latrines at the first place ? People won't build and start using the latrines just because somebody have told them to do so. Therefore, it might be necessary to have the people first see the need for better sanitation and hygiene to improve their overall health.

To bring about a change in this situation, Health education should be used as the vehicle. In order to make people understand better the need to use latrines, the education should focus on relatively quickly understood facts by the people, eg. the element of 'convenience' in the use of latrines. It could, therefore, be best to have people build latrines and let them enjoy the comfort for a certain period of time before starting to talk to them about disease-transmission by excreta. This could then arouse interest not only in building latrines, but also in keeping them clean.

5. **Sanitation is a long process and it takes a long time before work on sanitation shows any effect :**

Any progress in sanitation programmes largely depends on the changing of people's habits. The technical solutions to the technical part of the problems are there, but the social solutions to the social problems like, changing the long established habits are difficult to be found. Even if some solutions are found, it will be long before it will have any major impact on overall sanitation situation.

6. **Latrines are not really needed to improve the sanitation situation, while unclean latrines are merely a health-hazard:**

Dirty, unkept latrines can be a bigger health-hazard than no latrines at all. Unless there is a very good follow-up about the "why and how" of keeping latrines clean, in some cases it might be better not to have people build latrines, especially in areas where houses are scattered and where people can defecate at a long distance from the houses.

7. **There should be a national policy on the provision of subsidy (in sanitation programme) :**

As a lot of (foreign) agencies are involved in some kind of sanitation work, there is a big difference in the level of subsidies given (eg. for squatting slabs, structures of latrines etc.). This has several negative side effects; for example :

- the division of subsidy is almost always far from proportionate,
- people expect the Government to pay for everything also at sites which are not considered for any subsidy,
- people as a whole become less willing to pay even the costs that they were supposed to pay, which can hamper implementation of the programme, and
- the subsidy element could lead to the increase in dependency on foreign aid.

Therefore, a national policy on the provision of subsidy (in the sanitation programmes) is needed. As a matter of policy and also to reduce dependency on external funding, the level of subsidy should be kept at minimum as far as possible and if subsidy is given, it should be done in a way that everybody can lay a claim to the same amount of money for the same items.

8. **National legislations should be made for both rural and urban areas to control open defecation :**

Given the low level of consciousness and civic sense among the population, the only way to control open defecation may be is to act tough, i.e. by imposing heavy fines on people for doing so. For this a law should be enacted empowering the local bodies to enforce it.

6.0 MAJOR CONCLUSIONS

From the discussions and exchange of ideas in these two days few main conclusions could be drawn :

a. **There seems to exist a direct link between Sanitation and Improved health**

- The success of any sanitation programme is often linked on creating 'awareness' among the beneficiaries. But 'awareness' is rather abstract and it has also been observed that it does not automatically stimulate better sanitation practices among the people.

In the example given from Dadhikot Village under EASTAP (of EAST Consult) in order to let the people perceive about the link between sanitation and improved health, few activities were undertaken :

* a deworming campaign was organized to show to the people what sort of parasites they carry in them;

* the people were approached for latrine construction at a time when it was most uncomfortable for them to go to the bushes at any time of the day or night (eg. during heavy rainfall or a cold winter night or at a time of family members suffering from diarrhoea etc);

* the people were led to perceive the more perceivable things like less incidence of scabies before and after the construction of latrines; and

* the people were also made aware of the latrines built by other people (mostly political rivals, people of same stature, people known to have some status/prestige problem) in the village to dwell on the 'social prestige' element.

Hence, it was generally agreed that in order to stimulate better sanitation in the villages, one of the approaches could be to dwell on the 'comfort element' of the latrine or the 'social prestige' of the family concerned rather than trying on 'subsidies', 'incentives' or 'linkages' with other projects.

b. There should be due emphasis laid on Health Education:

- the need for Health Education in any sanitation programme is beyond doubt. In order to implement this, the existing units within MPLD and DWSS need to be strengthened.

On this point it also seems not to be too bad an idea to link sanitation (which is basically 'prevention' oriented) with the 'curative' orientation of health institutions (health posts, hospitals etc.). (UNICEF seems to be going towards this direction by having Health Education Officer in its staff).

The Health Education in various projects is being organized in many different forms eg. :

* in the Terai Tubewell Programme, the institutional set-up of PCRW at a particular site was being used;

* in the CWSS-programme under Chaurjahari-F.O., a lone Sanitation Coordinator with one/two assistants was organising trainings for Village women and Primary school teachers;

* in the FPA/N project the 3 clinics being run by the project were involved in health education, nutrition etc.; and

* in the SCF/UK project trainings were being given to health workers and peons. The education was mainly focussed on children from primary schools and the emphasis is on dissemination of information from a child to another child. More contacts were also being established with the 'Ministry of Health' and the 'Institute of Medicine'.

However, there remains a big question when to start the health education ?

The consensus was more or less on that sanitation should be attacked right at the primary school level. Given the varying experiences of different projects there were many suggestions, eg. :

* take time to build trust with the villagers. The effective media could be the 'self motivated' villagers in the villages;

* build latrines, get people used to the convenience and then only start the Health Education;

* keep going with the of sanitation campaigns in the project villages where water systems are to be built.

c. **There is a need for national legislation on open defecation**

- The consensus was that there is felt a need for national legislation to enable the municipal authorities to take stern action against people defecating openly.

A case from Banepa Town Panchayat was explained where the Town Panchayat has launched a big sanitation campaign to stimulate households to build private latrines (with heavy subsidy from the Town Panchayat). Side by side the municipal authorities have started a system of vigilance through separate groups of vigilants who can fine the people on the spot or in front of large crowd by playing on the 'social prestige' of the concerned.

This approach seemed to be working there, so recommendation for drafting legislations should be forwarded to the respective authorities, eg. Panchayat Division/MPLD, Town Panchayats, Ministry of Health, Social Committee/Rashtriya Panchayat etc.

d. **There is a need for a national policy on subsidy**

- as observed in the projects from different agencies, in each and every project there is a certain level of subsidy involved. Because of this situation, at times it has been quite difficult to implement sanitation projects in certain areas.

So, if the appropriate authority on this matter could come up with a national policy on the subject, implementation of projects could become smoother,

e. There is a need for a 'Resource Corner' with materials related to the sanitation work

- It was generally felt that different agencies have been working in different ways on sanitation. There has been produced a fair amount of literature on the subject by many agencies. Some of these were presented by some participants and discussed in the workshop. But there is hardly any place where all these materials could be stored and then used by all interested people.

The consensus was that such a 'Resource Corner' will be highly useful and also timely in view of the possible duplications of efforts.

7.0 POST SCRIPT

There has been some concrete action taken towards the establishment of a 'Resource Corner' at the SSNCC-Decade Cell courtesy Mr. Jon Lane - the Resident Engineer from Water Aid. Some materials have been collected and delivered to the decade cell, which is expected to organise the 'Resource Corner' in a scientific way.

Annex-I

EVALUATION OF THE SANITATION WORKSHOP

1. Information we got on forehand was :

* Enough	:	12 x
* Not enough	:	3 x
* Missed information about	:	Other sanitation activities; home work to be done by participants; background of participants.

2. Time of the year was :

* Convenient	:	15 x
* inconvenient	:	0 x

3. Composition of the group of participants was :

* Good	:	8 x	
* Too heterogeneous	:	2 x	
* People should also be from	:	Ministry of Health	2 x
		MPLD	2 x
		HMG	1 x
		Local people/Target group	2 x
		Health people	1 x
		Other agencies	1 x

4. a Introduction was :

* Sufficient	:	15 x
* Insufficient	:	0 x

b. Presentation of visual aids was :

* Useful	:	14 x; 1 x - not enough; should have been exhibited
* Superfluous	:	0 x

5. Statements enlisted were :

* Relevant for my work	:	12 x
* Not relevant for my work	:	1 x

Remark :

- Many of the statements were statements of facts and of what is generally understood.

6. Discussions about statements were :

* Fruitful : 13 x
* Not fruitful : 1 x, not fruitful for him

Remarks :

- SNV-statements were not discussed, unfortunately;
- should have been more controversial;
- discussions should have been guided better;

7. I felt :

* Enough : 13 x
* Not enough : 0 x
* In between : 1 x

Remarks :

- the scope to participate in the discussions was just ok; it would have been better if the room had been arranged better;

8. Problems/constraints were :

* Dealt with : 4 x
* Partly dealt with : 8 x
* In between above two : 1 x
* Not dealt with at all :

9. I feel I have :

* Solutions to my problems : 5 x
* No solutions to my problems : 6 x

Reasons are :

- a lot of problems are at national policy level;
- the problem itself;
- there are no easy solutions;
- sanitation is not a felt need;
- workshop was mainly for exchanging ideas;
- everybody had the same problem;

Remarks :

- I got a broader view on sanitation

10. In future workshop like this is :

- * Needed : 15 x
- * Not needed : 0 x

Ideas mentioned were :

- once a year will be sufficient, because "Sanitation" is a slow process;
- should be organised more frequently for different groups of people; include also field visit;
- Workshop should be organised by all respective organisations of the participants;
- Involve people from Health Ministry, Ministry of Education and culture, and Curriculum Development Centres;

Other general remarks :

- Low profile and inclusion of people who are field workers rather than "experts" was good;
- duration of workshop was too short;
- It's difficult to come up with solutions during a workshop like this, but it's nice to be able to exchange experiences;
- I learnt a lot by listening to other people's experiences, ideas and frustrations;
- Because the medium was English some participants couldn't express their views easily;
- some of the participants' discussions were too long.

Annex-II

LIST OF THE WORKSHOP PARTICIPANTS AND OBSERVERS

No.	Name	Function	Working In	Sponsoring Agency
Participants :				
1.	Tippner, Rolf (Mr)	Engineer	DTO, Tanahun District	German Volunteer Service (GVS)
2.	Zimmer, Ralph W. (Mr)	Engineer	DTO, Baitadi District	GVS
3.	Sherpa, Ang Phuri (Mr)	Programme Officer	Chautara Health Support School Programme	Save the Children U.K.
4.	Gautam, Saraswati (Mrs)	Public Health Nurse	Baudha Bahunepati Family Welfare Project, Sindhulpalchok	Family Planning Association Nepal
5.	Joshi, Prakash C. (Mr)	Low Cost Sanitation Promoter	Kathmandu Valley	East Consult
6.	Ockelford, Jerry (Mr)	Engineer/–Maintenance Coordinator	Charikot – Field Office	Voluntary Services Overseas (VSO)
7.	Damzaiski, Nancy (Ms)	Engineer	DTO, Darchula district	American Peace Corps (APC)
8.	Thapa, Hari B. (Mr)	Engineer	East Palpa	Redd Barna - Nepal
9.	Gurung, Indra (Ms)	WDO	PCRW–site, Dhading District	Women Development Section/MPLD
10.	Bentley, Jane (Mrs)	Infection Control Nurse	Ministry of Health	Dooley Foundation
11.	Basnet, Narendra (Mr)	Programme Officer	Sindhupalchok District	Action Aid-Nepal
12.	Gurung,Yam Kumari (Mrs)	Saniation Worker	Pokhara	Swiss Association forTechnical Assistance (SATA)

No.	Name	Function	Working In	Sponsoring Agency
13.	Rajbhandari, Bijaya (Mr)	Project Officer	Central Region / MPLD	UNICEF
14.	Ebersoll, Thomas (Mr)	Asst. Project Officer	Charikot-Field Office	UNICEF
15.	Shrestha, Namaste Lal (Mr)	Training Coordinator /Sanitation	Kathmandu	UNICEF
16.	Bolt, Eveline (Ms)	Sanitation Coordinator	Chaurjahari-Field Office	SNV/Nepal
Observers:				
1.	Adiga, P.B. (Mr)	Senior Divisional Engineer	Kathmandu	MPLD
2.	Gyalpo, Tukten (Mr)	Programme Officer	Head Office	Action Aid-Nepal
3.	Tuladhar, Adarsha (Mr)	Porgramme Officer	Head Office	SNV/Nepal
4.	Verschoor, Wil (Ms)	Socio-economist	Mechi-Programme Ilam	SNV/Nepal

Annex-III

WORKSHOP AGENDA

Day 1

9:00-9:30 : Opening

- Welcome address (including introduction to the workshop)
  - by Eveline Bolt, Workshop Coordinator, SNV.

9:30-12:30 : Chair-person to assume chairmanship and start of the proceedings of the workshop (Chair-person for Day 1 : Mr. P.B. Adiga, Sr. Divisional Engineer/ MPLD)

- introduction of the participants.
- listing of major constraints being faced by participants.

13:30-14:30 : Lunch break

14:30-16:30 : Workshop continued

- presentation of visual aids brought by each participant. (how they are used, how effective they have been and whether they are available).
- listing of "statements" brought in by participants.

Day 2

(Chair-person for Day 2 and 3 : Mr. Bijaya Gopal Rajbhandari, UNICEF Project Officer/Central Region)

9:00-10:00 : Introduction on how sanitation is being understood

- by chairman on how It is understood in the CWSS-programme (UNICEF-perspective).
- by Mr. Adiga on how it is understood in the CWSS-programme (MPLD-perspective).

10:00-12:00 : Explanation by each participant about the set up of the sanitation programme in the respective projects

12:00-12:30 : Summarizing of the discussions by the Chair-person during which defining "sanitation" will be tried at.

12:30-13:30 : Lunch break

13:30-14:00	:	Selection of the "statements" to be discussed
14:00-16:00	:	Discussion on the statements
16:00-16:30	:	Summarizing of the discussions by Eveline Bolt

Day 3

9:00-1:15	:	Introduction on the major constraints enlisted for discussion
9:15-12:30	:	Discussion on those constraints
12:30-13:30	:	Lunch break
13:30-14:30	:	Continuation of the discussion
14:30–16:00	:	Conclusions that can be drawn out of these discussions
16:00–16:30	:	Filling out of evaluation forms
16:30-17:00	:	Closing by the Chairman
17:00	:	..............Informal with drinks and snacks ....