

KLDP SANITATION INITIATIVE

Humla District, Karnali Zone

ASSESSMENT OF EXPERIMENTAL PHASE

1994 - 1996

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**KARNALI LOCAL DEVELOPMENT PROGRAMME
KLDP (SNV-NEPAL)**

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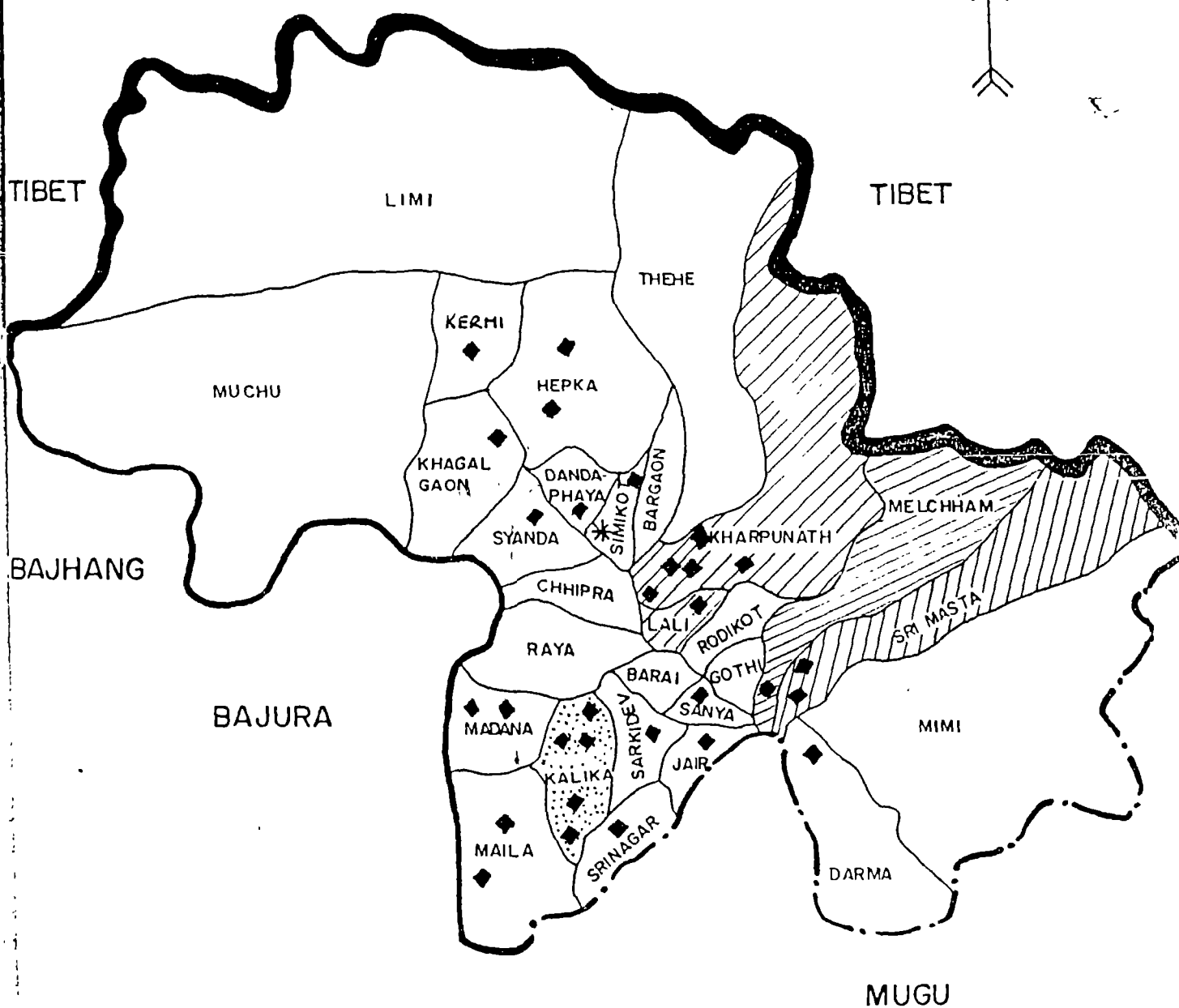
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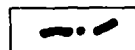


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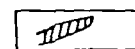
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CWSS PROJECT



KLDP Sanitation Initiative in Humla District: An Assessment.

1. Introduction.

1.1 Historical Perspective

The Karnali Local Development Programme (KLDP) is one of the 'own-managed' projects of the Netherlands Development Organisation (SNV-Nepal). It is the successor to the Trail Bridge Building Programme which focused initially on the construction of bridges and trails in four out of five districts of the Karnali zone and which later diversified into the construction of community water supply schemes (CWSS) in Humla and Kalikot districts and supported experimental women's development activities in Humla. At present KLDP is in a transitional phase working towards an integrated community development programme with a strong focus on women

KLDP has an overall goal to 'uplift the socio-economic conditions of the people of the Karnali zone'. The organisation is trying to lay the foundations for sustainable, integrated community development in Karnali zone by supporting the process of participatory appraisal and dialogue within the communities, encouraging the people in the community to analyse their problems and needs themselves, to prioritise the support they require and achieve their goals with the assistance of the organisations in the district. It is a process of exploration, understanding and gradual strengthening both for the communities and for KLDP.

Partly due to the legacy of the TBBP era, KLDP works at two levels of intervention - one at district and one at village level. The district level programme focuses on developing major infrastructure in partnership with the district authorities and, increasingly, on the institutional strengthening of the District Development Committee. At village level, the programme focuses on community development with particular attention to women, the activities fall under the four separate (but interlinked) headings of community organisation, village-level infrastructure (small-scale construction work such as drinking water schemes), health and sanitation and natural resource management. These areas of involvement were chosen from those prioritised at the OOPP workshops for Humla and Kalikot districts in 1992.

KLDP works in partnership with national-level NGOs committed to working in the remote areas and will increasingly seek to involve the small, local NGOs which have now emerged at district level in Karnali zone. In Humla district the community organisation activities are carried out by the Kathmandu-based NGO Nepalese Centre for Applied Research Services (NCAR); the role of the NGO staff is to raise awareness in the community and coordinate support whereas KLDP is responsible for facilitating and backstopping selected activities. KLDP also aims to support the institutional development of partner NGOs.

A baseline study on conditions in Humla district (Scheper, 1989) revealed that the state of health and sanitation in the villages was very poor. An attempt to improve the situation was initiated by TBBP which supported an experimental 'Women in Development' programme in the village of Pusa, Central Humla, implemented by the Kathmandu-based NGO 'Interface' in November 1990 and focusing mainly on sanitation as well as smokeless stoves and vegetable gardening. The initial outcome was promising with basic pit latrines constructed and regular campaigns to clean up the village footpaths but the results after a couple of years were generally perceived as being less than satisfactory even considering the difficult working conditions.

On April 16th, 1993 an agreement was signed between HMG/Nepal and SNV which signified the start of KLDP Phase 1a, during which a smooth transition from TBBP to KLDP was to be made; one of the objectives of the programme is stated as being 'to improve health and sanitation through water supply development and sanitation extension' (see Annex 1) The number of villages in the central Humla area covered by the Interface/NCAR programme was gradually increasing but, in 1994, a completely separate sanitation initiative was proposed by KLDP for those villages which were *not* covered by the NGO programme but where a community water supply scheme (CWSS) had been installed by TBBP or KLDP. To execute this new initiative KLDP employed two female sanitation coordinators in August 1994 and, in the last year, two experimental sanitation initiatives have been completed in Humla; the results of these trials must now be assessed to ensure that lessons are learned from the initial experiments and an appropriate approach is designed for the future.

The report is primarily intended as an input for discussions in KLDP on the refinement and improvement of the community development programme in Humla, particularly with reference to aspects of sustainability and further integration of programme components into a holistic approach, the report may also be of use to other organisations involved in sanitation work. Recommendations for the future direction of the programme are put forward but decisions as to how sanitation activities are facilitated in the individual district programmes will be taken by the KLDP- Humla District Programme Manager in consultation with partner organisations.

1.2 Objectives, Methodology and Limitations of the Assessment

Objectives

The main objectives of this report are as follows:

- to record the history of the KLDP sanitation initiative from concept to implementation;
- to analyse the results of the experiment so far;
- to put forward recommendations for the future

Methodology

The assessment has been made in the following way: examination of the project documents and papers produced before the introduction of the KLDP sanitation initiative and during the experimental phase, experiences at senior staff level on the decision-taking involved, field trip reports of KLDP senior staff, the detailed monthly and other reports of the sanitation coordinators, reports of the Humla District Programme Manager, personal observations at field level and personal involvement in the initial stages of the programme.

Limitations

The report does not attempt to define the concept of 'sanitation' neither does the report attempt an assessment of the sanitation-related activities of the NGO Interface/NCAR which has been working in Humla for the past six years as the work of the NGO will be recorded and assessed during an evaluation later in 1996, neither does this report analyse the working strategies of other INGOs and NGOs involved in sanitation activities; it is a brief report on one small component of the KLDP activities in Humla which is currently not integrated into the main community development programme.

2. The Introduction of the KLDP Sanitation Initiative

2.1 Community Water Supply Systems and Sanitation.

Construction of community water supply systems in Humla started as a TBBP side activity in June 1989, and, during the TBBP period, thirteen projects were completed in Humla, so far in the first phase of KLDP, a further thirteen projects have been completed and four are currently ongoing (see Annex 2). During 1994 'Operation and Maintenance' surveys carried out by KLDP on CWSS installed up to four years before showed that the user's groups, formed by TBBP/KLDP technical staff to ensure the continued operation and upkeep of the installed CWSS, were rarely effective. It was deduced that a greater feeling of ownership and a deeper understanding of the processes involved needed to be encouraged in the communities and, therefore, it was decided that motivation and awareness-raising should be done in the village *before* the installation of any CWSS, by field staff with social development skills, so that the villagers could be involved in all stages of decision-making and planning, it was hoped that this approach would lead to better long-term maintenance.

It was also decided in KLDP, after considerable discussion at senior staff level, that CWSS was no longer to be considered the 'entry point' for starting community development activities in any village, other activities should also be possible, for instance a small-scale irrigation rehabilitation project, which thus created the opportunity for villages with needs other than insufficient or distant drinking water to be included in the programme area. This change in strategy supported the viewpoint that all members of the community, from elite to disadvantaged, should be involved in the decision as to whether priority should be given to CWSS or another aspect of development. This meant that a considerable amount of participatory rural appraisal (PRA), discussion, awareness-raising and motivation needed to be done prior to any intervention, it was, therefore, agreed that construction of CWSS and other small scale village-level structures (termed 'community assets' in the Working Document for KLDP Phase 1b) should be limited to within villages in VDCs covered by a community development programme so that the whole process of identifying and managing the installation of the service could be supported by community development workers. Thus the 'entry point' became PRA, awareness-raising and motivation. In Humla, however, due to a long backlog of CWSS installations that had been passed in the District Assembly by the DDC several years before, systems are still being built outside the main CDP area.

2.2 The KLDP Sanitation Initiative for Outside the Community Development Programme Area

Since the beginning of the initial community development activities in Humla the installation of community water systems and sanitation activities have been strongly linked, the first NCAR WID sites were established in villages with a TBBP-built water system and their programme focused on sanitation and basic hygiene. By early 1994 a total of 18 CWSS had been constructed in the northern, central and southern belts of Humla district and it was then, in the KLDP 'Discussion Paper on Current Issues' produced by the KLDP Team Leader in April 1994, that the idea of a programme specifically to address issues of sanitation in the TBBP and early KLDP CWSS sites *outside* the main community development programme areas was first introduced (see Annex 1). The new sanitation initiative was designed to offer further support exclusively to those villages in Humla district where a CWSS had been installed by TBBP, or in the early stages of KLDP, but no further input from KLDP was anticipated, at least for the foreseeable future. In the 'KLDP Plan of Action, 1994', under the description of forthcoming programme activities in Humla district, the start of a 'sanitation programme' is described as scheduled for August/September 1994. under 'Sanitation Programme' the following statement is made.

- "Including the CWSS schemes built in the TBBP period we have built a total of 18 schemes now in Humla. In six of these our WID programme is active which includes a sanitation component. It is our intention to start a sanitation programme in other CWSS sites too. Such a programme should minimally consist of clean-up campaign, building of pit latrines and simple village courses on the relationship between health and sanitation"

The report of the Review Mission 'Towards Participatory Development', May 1994, also recommended that KLDP should:

- "build the WID programme around mobile teams working in conjunction with technical personnel to ensure that an initial community building activity centred on health and sanitation be undertaken in all sites where drinking water projects have been completed. These teams can improve the spatial coverage of the WID programme and introduce new activities on subsequent visits to the same villages" (Sijp et al, 1994 : 26) .

This recommendation is probably based on the suggestion put forward in the Discussion Paper on Current Issues presented before the mission arrived. The issue was discussed at senior staff meetings around that time but although objections were raised to the potentially short-term benefits only and the 'isolated' nature of this initiative, the Team Leader insisted that the programme went ahead in order that something was done for the CWSS sites outside CDP. In the minutes of the Senior Staff meeting of 11/12 May, 1994 it is stated that "It was agreed to start sanitation programme in northern cluster of Humla together with completed drinking water programmes, to be implemented by KLDP staff, for which new sanitation coordinators have to be hired"

Two sanitation coordinators were recruited by KLDP to start in August 1994; two female staff were selected, one with field experience in the Women Development Division of HMG/N and the other with experience in local NGO activities. Both received a trainers' training in Palpa from the Rural Water Supply and Sanitation Project (FINNIDA), visited the CSD Community Development Programme in Phoi Mahadev, Kalikot, the UNICEF and Nepal Water for Health offices and collected teaching materials for field use from several organisations before taking up their posts in Humla. The coordinators also took part, along with KLDP partner NGO staff, in a seven-day training on Street Theatre and Puppetry conducted by resource persons from the Britain-Nepal Medical Trust.

In order to collect ideas from KLDP staff on the proposed sanitation initiative, a questionnaire was developed by the KLDP community development specialist and distributed to all KLDP Senior Staff, Humla-based overseers and technicians to enable experienced staff to give their opinions about the type of work the sanitation coordinators should do, the area and range of activities they should cover and, also, to solicit the feelings of the technical staff on their involvement in the sanitation activities (see Annex 3). Based on further discussions with the District Programme Manager- Humla, Senior Staff and on the results of the questionnaire (see Annex 4), basic working guidelines were developed for the sanitation coordinators by staff in the community development section of KLDP (see Annex 5). These guidelines were just for the experimental phase with the idea that they would be reviewed after initial activities had taken place and developed into a full job description by the DPM; responsibility for the sanitation staff was formally handed over to the Humla DPM with the KLDP CD Section assuming a support role

At the end of 1994 the KLDP Working Document for Phase 1b was produced; under 'Programme Coverage' - Village level (p 21) the following statement is made about the KLDP sanitation programme for Humla district:

- "In the drinking water sites constructed previously by TBBP/KLDP, which are not covered by either of the above two clusters (NCAR & SAPPROS) in Humla, a sanitation programme concentrating on sanitation education and latrine construction will start".

It, therefore, became a clear part of the agreement that there were to be two separate types of sanitation programme in two distinctly specified areas: one general sanitation programme carried out by the NGO within the community development programme area and one outside this area in the old CWSS sites.

2.3 Site Selection for the First Sanitation Initiative

It was originally proposed, after discussion at senior staff level, that the first experimental activities should take place in the area north of the Humla district headquarters, Simukot, however, the sanitation staff only joined KLDLP on August 15th and, after completing field visits, trainings and waiting for the national elections to take place, it was clear that the programme could only begin in November which was too late to start activities in the northern areas due to the severe winter conditions. As an alternative Dulli village, in the lower, central part of Humla, was suggested for the first trial. Dulli, in Sanya VDC, Ward No 2, falls inside the area designated for NCAR expansion in the future. Currently NCAR is working in the four VDCs of Kharpunath, Lali, Melchham and Shreemasta and expansion to Sanya, Barain, Gothi and Rodikot is planned for the future. No NGO activities had taken place in Dulli but the installation of a water system was planned for the autumn months and it was thought that the presence of KLDLP technical staff would help the sanitation coordinators from both a technical and logistic point of view in their first trial. At the same time it was suggested to NCAR that extending their sites to include Dulli by the end of the sanitation experiment would give them an easy 'entry point' into the village and enable the NCAR field staff to build on the work of the sanitation team.

2.4 Sanitation Activities in Dulli Village.

The experimental sanitation initiative in Dulli village finally started at the end of November 1994. In this initial trial the two sanitation coordinators tested the various methods they had learned for raising awareness about basic health and sanitation matters as described in their first monthly progress report (see Annex 7). They worked with the sanitation committee that had already been formed by the KLDLP technician and formed small groups so that the entire community could be represented in the activities. They made house to house visits and concentrated their efforts on sanitation education - helping the villagers to understand the link between unhygienic conditions and disease. To some extent the villagers had some basic knowledge about latrines, quite a few families had already made an attempt to build one near their house in previous years (see Annex 6). Both men and women also linked their recurrent stomach problems with the fact that they had to drink water from the Karnali river; many children and adults had numerous scars on their stomachs where the local faith healer had treated them for intestinal disorders with a burning hot metal implement. This basic understanding led to enthusiastic participation in the CWSS construction work and in the early stages of the sanitation programme.

The most effective method for furthering understanding on these issues was 'street theatre'; a drama was developed by the coordinators to show the connection between the habit of fouling the footpath and an outbreak of cholera in Dulli that had taken place two years before. This was so popular that invitations came from other neighbouring villages to hold performances. Rather than confining their activities to one village only, the sanitation coordinators started twice-weekly visits to the nearby village of Tallo Mundi in Ward No 1 to do exercises in sanitation education, the villagers had requested a similar programme to the one in Dulli so motivation was relatively easy. Visits to local schools were made so that schoolchildren from a number of villages were also involved.

In their second monthly report at the beginning of February 1995 (see Annex 8) the sanitation coordinators record that the villagers in Dulli had become less interested in the sanitation activities and were wishing to start new ones; in particular, there were demands to find ways of increasing income to solve their 'hand to mouth' problem of insufficient food but a wide variety of programme activities were requested. Villagers were frustrated that their requests could not be fulfilled and the coordinators were equally frustrated that they were confined to sanitation activities, only. The coordinators, therefore, recommended that, in the future, sanitation be launched along with other community activities, rather than in isolation, and that several different sites be taken at one time and visited on a circuit basis, they had experienced quite a few difficulties being confined to sanitation activities alone within one small village area so they hoped that this would not be the case if they could work on a circuit of several villages.

By the end of March the first experimental programme in Dulli was almost complete and discussions were held in the KLDP Humla office as to where to start the next phase of the trial (see Annex 9). It was hoped at this stage that the NCAR field coordinators would be able to start working in Dulli so that the high level of motivation in the village would not drop, however, Dulli was not included in the major survey of villages undertaken by NCAR in March 1995, within the seven VDCs of the CDP, to select sites to which the programme would be extended. In the NCAR report on this assessment for site selection it is stated (page 75) that "as there has been an ongoing programme related to health and sanitation at Dulli, this site has been dropped from the list of villages to be surveyed"; in the introduction (page 2) it is also stated that there was a "fear of repetition of activities" and "practical constraints" on their part. This was an unfortunate misunderstanding of the potential in Dulli by NCAR staff; the sanitation activities could have been used as a firm foundation for further community development activities. The offer of additional funding was made to NCAR, so that they could start a fourth 'cluster' of activities around Dulli, but this was not taken up by the NGO.

2.5 Sanitation Activities in Sata and Thaha Villages.

The Humla District Programme Manager recommended that sanitation activities should start in the area to the north of Simkot once the successful programme in Dulli ended in April 1995; the proposed villages were outlined in his memo on 'Planning of Sanitation Programme' (see Annex 9) with Sata (Shyada VDC) and Thaha (Dandaphaya VDC) to be the first. Sata is a small village on a north-facing slope; the CWSS installation was completed here in September 1993. The village receives only a short period of sunshine during the day and many people suffer from arthritic problems due to the cold, this caused problems for the sanitation work as the women could hardly lift stones to help with latrine construction. The second settlement, Thaha, lies high up on the opposite side of the Karnali to Sata and faces south. It is inhabited only during the summer months as the villagers retreat to their lower settlement of Dandaphaya when it starts to snow. There is a KLDP CWSS in Thaha (also completed in September 1993) but not in Dandaphaya; Thaha is relatively clean as houses are far apart and there is forest nearby where people can go to defecate but, in the lower settlement, housing is congested and the paths are very dirty.

Based on the recommendations from the Dulli trial the work was carried out on a circuit basis, visiting each village in turn, rather than the sanitation coordinators being based in one place. The methods used to raise awareness were similar to those tried out in Dulli. In his progress report from July-September, the KLDP Humla District Programme Manager, M K Chitrakar, listed the results of the activities in this period as follows:

- group meetings,
- education about the cleanliness surrounding the tapstands,
- motivation for construction of pit latrines (some people started to construct due to interest),
- motivation about personal hygiene,
- regular group meetings about village sanitation and personal hygiene.

He wrote that, due to the villagers' heavy workload, the programme could not achieve the anticipated success but in Sata the villagers showed considerable interest in the idea of improving sanitation and separate groups of men and women had been formed for sanitation activities.

After completing their activities in Thaha the coordinators emphasised in their report yet again that including information on nutrition and kitchen gardening in their work could complement the sanitation activities; it became apparent that a more careful analysis of the approach was necessary. During this period the coordinators also experimented with the length of time spent in each village. They concluded that one week was too short as it became effectively only four working days once travel between sites had been taken into consideration. A period of 20-25 days seemed to be the optimum length of time, especially

during latrine construction. They considered adding the village of Jharkolshi to the circuit but a problem with the native *Bhotia* language of this village was foreseen as few women there speak Nepali, in the end activities were never extended to Jharkolshi

Towards the end of 1995, the sanitation coordinators became increasingly confused about their role; they were frustrated with the 'isolated' nature of their work but it was not clear whether they could change their approach or not. During the quarterly planning session in Humla in December, various alternatives were put forward including working alongside ongoing CWSS installation in villages where interest had been expressed in sanitation and visiting sites within the NCAR CDP area to assist the NCAR field coordinators with sanitation education. In the first few months of 1996 no activities of any nature were carried out in the Humla programme due to the weather conditions and the threat of terrorist activity; during this period the assessment of the experimental phase of the sanitation initiative was done.

3. Analysis of the Results.

3.1 In General

The work of the sanitation coordinators has been found to be of a very high standard and their methods raise much awareness among the local people, particularly the women. A brief synopsis of their activities and the results of their work is given in Annex 11 along with an outline of the sanitation-related work done by NCAR in the CDP area. The KLDP community development specialist (CDS) visited Thaha in December 1995 (see Annex 12) to see the completed latrines from the most recent sanitation activities. The latrines were spacious and of a very high standard but none of them had been used at that stage as the villagers had moved down to Dandaphaya to avoid the snow, several male villagers walked up to Thaha to meet us on that day and expressed great satisfaction with the work which had been done. The villagers had also been motivated to pave the area around the tapstands to stop it getting muddy and a separate place had been made for washing pots and for animals to drink near the outflow. The CDS and WDO then visited Dulli to see the results of the first sanitation experiment. Discussions were held with a large group of women and they were found to have good comprehension of the principles behind sanitation and hygiene. Latrines were well-built, some with a finishing of cement (as a result of the CWSS installation at that time) and they were being used. The village was far cleaner than when the CDS visited the first time in March 1994.

The long-term results of this initiative cannot be assessed at this early stage, however, there are lessons which can already be learned from this experimental phase which might help to maximise the effects of the sanitation work in the future and several issues need to be discussed:

3.2 Materials and Methods

The use of flashcards, songs and demonstrations has been successful in raising awareness about sanitation but perhaps the most successful method, and the one most enjoyed by the village people, has been the street theatre dramas performed by the sanitation coordinators and colleagues. The theme can be adapted to events that have taken place in each specific location so that clear linkages between, for example, an outbreak of cholera and poor sanitation in a village, can be drawn. This versatile medium has the potential to convey important messages to a large number of people if used at festivals or public meetings; the coordinators suggested that, as the message comes across so clearly, it might be advantageous to use street theatre right at the beginning in the introductory sessions of the programme.

3.3 Confining Activities to Sanitation Only

As per their working guidelines (see Annex 5) the sanitation coordinators are strictly confined to activities 'directly related to basic health and sanitation' and may not engage in other side activities, such as vegetable gardening. This restriction was made quite clear in 1994 by the KLDP Team Leader (see last part of Annex 4) who insisted that no other activities were to be carried out by the sanitation coordinators when the idea of this initiative first arose; he mentioned the possibility of experimenting with smokeless stoves but at a later stage activities were confined to more immediate sanitation needs. In the questionnaire about the sanitation initiative, KLDP staff were asked about the limitations of the sanitation coordinators' work; nine of the thirteen replies (see Annex 4) stated that they should cover a wide range of activities. This might have been due to the general dissatisfaction with the work of the NGO in Humla at the time and the feeling amongst KLDP field staff that KLDP should implement activities directly. In the next question staff were asked how the sanitation coordinators could avoid being drawn into other activities; most people could not reply to this question as it is a very difficult one. Expectations at village level are often high and two members of staff posted in a village on their own can sometimes be expected to solve all the problems in the community in the absence of anyone else.

Points raised in the sanitation coordinators' reports (right from the start of the initiative - see Annex 7) and also during the Humla Quarterly Review & Planning Meeting in December, 1995, indicate that it has been very difficult for them to confine their activities to just sanitation. People are keen to grow vegetables, join literacy classes and build smokeless stoves, amongst other activities, and they are confused when assistance is not forthcoming. The sanitation coordinators are also frustrated because they are restricted to giving 'one message' all the time and the villagers cannot understand why the coordinators cannot support their interest in other matters, especially if they have seen the range of activities in the villages covered by CDP. It is a good sign that the local people are so interested in getting involved in many more activities but, unless the approach is changed, this motivation will be wasted.

Possible alternatives are :-

The sanitation workers could also include related activities such as vegetable gardening and smokeless stoves in their activities outside CDP,

- but then KLDP would be virtually setting up a directly implemented community development programme and the current strategy is to work via partner NGOs.

The sanitation coordinators could try to help establish links between the villagers and the relevant line agencies for vegetable seeds etc.,

- but then follow-up on these matters would need to be done, services from government line agencies is usually poor in Humla, due to inadequate staffing and the distances to the field, so the sanitation coordinators would still face pressure from the community to assist with follow-up for activities other than sanitation.

The sanitation coordinators could work with 'sanitation-only' or basic health and sanitation matters inside the VDCs covered by the community development programmes,

- in this case NGO field staff would be available to facilitate contacts with line agencies or other specialist staff so that other demands from the villagers could be met. NGO field staff would be available to follow up the activities as well. Sanitation would be one of a whole range of activities contributing to community development along with health education, literacy, small-scale infrastructure and natural resource management; clear roles and responsibilities could be defined together with the NGO staff to ensure that the sanitation input was complementary to NGO activities.

3.4 Working Outside or Inside Community Development Programme Areas

Linked to the last point above is the question of whether to continue to confine the sanitation coordinators to old CWSS sites outside CDP or allowing them to work within CDP as a form of KLDP technical support, similar to the KLDP health staff in the Humla programme. The latter suggestion could help to improve the standard of the sanitation work done in the NCAR CDP area and assist the SAPPROS staff in the southern CDP area to raise awareness about sanitation. The sanitation coordinators describe the lack of sanitation materials, NCAR field coordinators' poor knowledge about sanitation and the CDP villagers' lack of understanding of sanitation principles in their field trip report from December 1995 (see Annex 13). Several senior staff have also expressed dissatisfaction with the sanitation work in the NCAR area in their field trip reports during the last two years, although many sanitation activities have been carried out between 1990 and 1996 (see Annex 11) the quality of the latrines and motivation for use is poor in most sites. In view of the rapid rise in awareness on sanitation matters in the KLDP sanitation initiative sites, and the high standard of latrines which have been built, it would seem logical to bring the sanitation coordinators' expertise into the CDP sites to support the work of the NGO when required.

The job of the NCAR field coordinators and SAPPROS field staff (as envisaged by KLDP) is to help villagers identify their needs and to support them in fulfilling those needs, therefore, they can arrange for expertise in, say, sanitation, health, small-scale infrastructure and natural resource management to be brought into CDP as necessary. Dr. Pitamber Gautam, the former NCAR Programme Coordinator, did indeed suggest that the KLDP sanitation coordinators should be invited into the NCAR working area at

the Humla Quarterly Planning Meeting in December, 1995. The KLDP Women's Development Officer then asked the sanitation coordinators to pay a visit to various NCAR programme sites to assist the field coordinators with methods and materials for sanitation education; in Piusa village, a campaign to clean up the tapstand areas and pave the muddy surroundings was successfully completed in just one day on 24th December - facilitated by the two sanitation coordinators. Working within CDP also enables mutual support for street theatre performances etc on variety of themes. Improving the quality of the activities in the CDP sites leads to possibilities for extending the CDP area and, therefore, the whole range of inputs, to a greater number of villages more quickly.

3.5 The Sanitation Initiative vis a vis Sustainable, Integrated Development

KLDP is aiming to support sustainable integrated community development in Karnali zone; the process of participatory appraisal and dialogue with a community at the start of the intervention process encourages the people in the community to analyse their problems and needs and to prioritise the support they require. In the sanitation initiative the assumption that sanitation education is necessary has been made *for* the community *by* KLDP, the effects and benefits of such 'imposed' activities may not be as long-lasting. The objections raised in Dulli, for instance, during the group meetings (see Annex 8) shows that the villagers have a range of needs other than sanitation, most villagers will be in the same position so, surely, it would be of greater benefit to them if their needs were analysed and addressed in an integrated way - within the community development programme. The strategy of starting sanitation education as a second 'insular' activity three or four years after initial CWSS installation - and then probably waiting for another three or four years before any other programme is launched is surely not conducive to achieving 'sustainable' development.

3.6 Support from Technical Staff

The results from Dulli show that working alongside KLDP technicians at the time of CWSS installation can be a fruitful exercise, the only drawback appeared to be that the village men were too busy with work on the CWSS pipeline to construct their latrines until later. Technical support can ensure that latrine designs are appropriate for the different conditions in each area and that any special problems which arise can be solved quickly, the available space for latrine construction in hill areas is often very small, as houses are built so close together, so experience is necessary to make sure that the latrines function properly. Most of the KLDP technical staff are also very interested in supporting sanitation activities and some have excellent street theatre skills. The sanitation coordinators commented in their final report (see Annex 14) that, as the village men could find it difficult learning about sanitation from female staff, due to traditional thinking, the involvement of the male technicians might be an advantage for the programme.

Involving male technicians in drama performances also meant that the sanitation coordinators could safely do the shows in the evenings when villagers had more time. If KLDP's technical inputs at village level are also confined to within CDP areas, in order that the community is involved in all stages of planning and decision-making supported by community development workers, then technical staff could possibly be available to assist for most months of the year. In Humla district village-level technical inputs are still not confined to the CDP area, however, technicians based in the nearest site could include support visits to the sanitation coordinators in their regular quarterly planning.

3.7 Circuit Basis

Working on a 'circuit' basis, visiting a series of villages in turn, would seem to be the best option for sanitation education activities. In the first site, Dulli, the programme started in one village but, after interest was shown in a neighbouring ward the sanitation coordinators included a second village in their programme, this seemed to be an easier option when similar and fairly repetitive messages were being used. The team then experimented with different lengths of time spent in Sata and Thaha villages when

they moved to the sites north of Simikot, the optimum stay in each village according to their analysis was given as 20-25 days

3.8 Women's Participation

The women in Dullu had an active and positive attitude towards the sanitation programme from the beginning and participation was good, most of the sanitation education work was done with groups of women and, in their report of the follow-up visit to Dullu (see Annex 10), the sanitation coordinators say that the women's appearance and cleanliness is better than that of the men and the children. They also say that the women in Dullu have a better level of awareness about the sanitation issues and that they are able to discuss such issues with the men more easily than before which could indicate a certain level of empowerment has occurred.

3.9 Multi-disciplinary Teams

The sanitation coordinators (see Annex 14) and other KLDP staff have suggested that teams of one sanitation coordinator and one health facilitator could be formed, health and sanitation are closely linked and activities could be mutually supportive. As the KLDP health facilitators work within the CDP area this would be a further argument for bringing the sanitation coordinators into the CDP working area. As guidance and supervision has been inadequate in the past, the health supervisor for the Humla programme could take on the additional role of supervising the joint health and sanitation activities. The addition of a technician to the team is also a possibility, so that standards of latrine design and construction can be improved and technical follow-up can be given.

3.10 Covering the Existing CWSS Sites

As can be seen in the charts in Annex 2, there are several CWSS sites, both from the TBBP period or from the first phase of KLDP, which will not be covered by the proposed expansion of either the NCAR or the SAPPROS CDP areas. In the southern belt of Humla SAPPROS plans to expand CDP activities into all five VDCs in that part of the district by the end of 1998. In the central belt, Dullu will be included in the NCAR CDP as the programme expands but Darma and Unapani CWSS projects do not fall within the eight VDCs designated as the 'NCAR area'. The sites covered by CDP will have sanitation education and latrine construction as part of an integrated programme of activities.

In the northern belt of Humla, there are six completed CWSS projects and construction at Tangin is still ongoing, Sata and Thaha have already been included in the KLDP sanitation initiative experimental phase but there is no current plan for CDP activities in any of these sites. NCAR started activities in the *Bhotia* village of Baraunche, Simikot VDC, in 1991 but the NCAR staff withdrew due to the villagers' lack of interest in the programme. It is possible that the six northern VDCs (including Simikot) where CWSS projects have been built could form a third CDP area; as KLDP is now aiming to enter into partnership with local NGOs rather than more NGOs based in Kathmandu, this could be an opportunity to experiment with this new approach.

4. Conclusions and Recommendations

4.1 Conclusions

The experimental phase of the sanitation initiative has only recently been completed and it is too early to assess the long-term effects and sustainability of the programme in the villages concerned, however, the impact at the present time in Dulli, Sata and Thaha, especially on the women in the community, is positive. At village level, the sanitation initiative can be said to have contributed to the following KLDP intermediate goals as outlined in the Working Document for Phase 1b

1) Under health and sanitation, the goal 'to improve basic conditions within the household and the village' has been achieved in the experimental phase in that personal and public hygiene standards have improved in the villages where the sanitation initiative has taken place

2) Under community organisation, there has been partial success with the goal 'to stimulate a change of the perceptions and to enhance the capacity of village communities to participate in future sustainable development activities' A change in perceptions has occurred with regard to concepts of basic sanitation and the benefits of improving personal and public hygiene but whether the sanitation initiative has enhanced the capacity of the people to participate in future sustainable activities is questionable. It can be stated that the sanitation programme has had a stimulating effect on peoples' desire to participate in further activities of a diverse nature but, under the existing short-term nature of the intervention, with no definite provision of follow-up, a quite negative effect could also occur when expectations are not met. It is suggested that the capacity of the people to participate in future sustainable activities would have been further enhanced if the sanitation initiative had taken place alongside complementary activities within the area covered by the community development programme

3) Under community organisation, the activities have contributed to the goal 'to uplift the relatively backward status of women' Although all members of the community have been involved in this initiative, women have been the focus of the activities and the sanitation coordinators have recorded positive changes in attitude and appearance, improved ability of the women to express themselves and the fact that the women have a better level of awareness and are more able to discuss issues with the men and men's groups

4) During the sanitation initiative villagers have raised a range of needs other than just sanitation so it would be of greater benefit to them if their needs were analysed and addressed in an integrated way - with the support of field workers, within the community development programme, villages outside CDP are facing frustration at having their levels of expectation raised and then finding that there are no follow-up activities once the sanitation programme has finished. The strategy of launching sanitation education as a second, single activity, three or four years after initial CWSS installation - possibly followed by another three or four year interval before further activities can be initiated, can hardly be described as a sustainable approach to development

5) The sanitation coordinators have found it particularly difficult being confined to limited activities, concerning sanitation education, whilst working outside the area in which other forms of community development support are readily available; village people cannot understand why the coordinators can only support certain activities and not others. Conducting the sanitation initiative within the community development programme would help to solve this problem as the coordinators can refer requests for other activities to the NGO field staff who can arrange inputs from other organisations

6) Street theatre is a highly effective form of communicating messages to all members of the community and the use of this medium ought to be extended to other disciplines within the community development programme

4.2 Recommendations

It is recommended that the following adjustments are made in the Humla programme -

1. It is proposed that the sanitation activities are no longer carried out 'in isolation' in the ancient CWSS sites; despite the short-term benefits for these villages this approach does not lead to the kind of sustainable, integrated development that KLDP is trying to support. Improvements in the standards of sanitation education in the VDCs covered by a community development programme would contribute to the overall success and quality of the programme as a whole and enable a more rapid expansion of an integrated programme so that more people in more areas have access to the whole range of inter-related activities, requests for assistance with smokeless stoves, vegetable gardening and literacy classes, for instance, could be more easily fulfilled as the NGO field staff will be able to take the necessary supportive action.
2. It is proposed that teams are formed comprising one sanitation coordinator and one health facilitator, (and possibly one technician), this 'health and sanitation team' could work in the villages addressing a range of inter-related matters and the health supervisor for the Humla programme could support and supervise the activities in close collaboration with the NCAR programme coordinator. The possibility of working with the government Female Community Health Volunteers (if they are present in the programme area) should be explored.
3. Rather than staying in one village for a long time the health and sanitation teams, should move around on a circuit of villages within the community development programme areas. At the start of the health and sanitation component in each village, gender-disaggregated baseline information of type and frequency of diseases should be gathered, from the villagers, *Dhami* and the local health post, and so that the effects of the programme may be monitored more accurately.
4. Most of the TBBP and KLDP CWSS sites in the central and southern belts of Humla will eventually fall within the community development programme areas of NCAR and SAPPROS, however, there are seven completed or ongoing sites in the northern belt of Humla and at present there are no plans to start a community development programme in this area. It is proposed that the feasibility of KLDP health and sanitation teams working with local NGOs in this area is investigated by the KLDP Humla District Office.
5. The use of street theatre to increase awareness of development issues in the community should be further expanded.

It is also recommended that a further study of the effects of the sanitation initiative on the villages involved in the experimental phase, Dulli, Sata and Thaha, is carried out in approximately 18 months to two years' time. Dulli may have been included in the community development activities by that stage but it is unlikely that Sata and Thaha will be covered unless work starts in a third CDP area in the northern belt of Humla. In particular, it will be of interest to see whether the improved standards of sanitation in the upper settlement of Thaha have had an effect on the currently poor standards in the lower settlement of Dandaphaya. The possible effects on settlements in the vicinity of Dulli, Sata and Thaha should also be taken into consideration.

List of Abbreviations

CD	Community Development
CDP	Community Development Programme
CDS	Community Development Specialist
CWSS	Community Water Supply Scheme
DDC	District Development Committee
DPM	District Programme Manager
FC	Field Coordinator
HMG/N	His Majesty's Government of Nepal
INGO	International Non-Governmental Organisation
KLDP	Karnali Local Development Programme
MCH	Maternal / Child Health
NCAR	Nepalese Centre for Applied Research Services (NGO)
NGO	Non-Governmental Organisation
PRA	Participatory Rural Appraisal
SAPPROS	Support Activities to Poor Producers of Nepal (NGO)
SC	Sanitation Coordinators
TBBP	Trail-Bridge Building Programme
VDC	Village Development Committee
WDO	Women's Development Officer
WID	Women-in-Development

ANNEXES



Sanitation in the KLDP Programme Documents.

1. Agreement between HMG and SNV concerning KLDP Phase 1b (signed 16/04/1993).

In the original agreement document under 'objectives of the programme' (p 2)
2.02 c - states 'to improve health and sanitation through water supply development and sanitation extension' In the amendments document, the clause stated in the new working doc is given (p 2) These are the only direct references to health and sanitation.

2. KLDP Current Issues Discussion Paper, April 1994.

Without developing a strategy based on a fixed number of villages, a fixed area or a fixed amount we would like to cover, we use the villages in which we presently work as our basis and then adopt an 'oil patch' approach of slowly (eg 2-3 per year in each district) expanding the number of sites which from a management perspective should be close to the existing sites

In all sites we build a CWSS (or another technical entry point) and in each site we start a sanitation programme. In those villages where the sanitation programme works successfully (probably not all), we start basic mobilisation activities geared towards women (health courses, group discussions etc.) In those villages where this part of the programme works successfully we can start income generating and agricultural activities too. In this way we develop a sort of pyramid-model with a wide base, thus addressing a basic need (safe drinking water), and a smaller top, enabling us to go into more depth (more activities and more complex ones) over a longer period in some villages. It moreover instills a kind of process-orientation into the sequence of activities which can be discussed with local village people. This system too allows for adjustment of each activity to proper needs assessments in each village and allows the time needed for each activity. Thus keeping the flexibility a process-oriented approach requires

In Humla we propose to start a pocket area or cluster of villages where CWSS are already built and new ones are now proposed in the same area. A follow-up programme towards the operation & maintenance of drinking water schemes will start here in combination with a sanitation programme. (Page 12).

3. KLDP Plan of Action 1994.

Under the description of programme activities in Humla district the start of a 'sanitation programme' was scheduled for August/September, then on page 15 under 3.1.2, 'Sanitation Programme' the following statement:

"Including the CWSS schemes built in the TBBP period we have built a total of 18 schemes now in Humla. In six of these our WID programme is active which includes a sanitation component. It is our intention to start a sanitation programme in other CWSS sites too. Such a programme should minimally consist of clean-up campaign, building of pit latrines and simple village courses on the relationship between health and sanitation"

The planning for this.

Discuss programme internally	Dec-Jan
Survey of interest	: Feb-Mar
Develop action plan	: April
Estimates	April
Implementation	: May onwards

In another context there is a further mention of sanitation on page 17 under 3.1.7 - 'Pre-feasibility survey of irrigation rehabilitation'. With regard to the involvement of KLDP in irrigation activities it talks about surveys for small repairs to existing schemes and says the survey will be limited to those villages "where KLDP is active with either a community development project or a sanitation scheme"

4. Report of the Review Mission, May 1994.

In chapter 6 under 'Institution Building' at village level (p 26) the review mission recommends KLDP to "build the WID programme around mobile teams working in conjunction with technical personnel to ensure that an initial community building activity centred on health and sanitation be undertaken in all sites where drinking water projects have been completed. These teams can improve the spatial coverage of the WID programme and introduce new activities on subsequent visits to the same villages"

5. Working Document - Final Draft, December 1994.

Under 'Programme Goals', (p 11) Health and Sanitation are mentioned together under the village level activities thus

- to improve access to services related to the main health hazards such as MCH care, immunisation and control of diarrhoeal diseases,
- to improve basic conditions within the household and the village

Under the heading of 'Village level. emphasis on CD' there is a further explanation (p 16) that the Health & Sanitation sector includes

- preventive health care and health education,
- mother and child health care,
- motivation on relationship between health and sanitation,
- latrine building,
- organisation of clean-up campaigns,
- promotion of a better diet through vegetable production

Under 'Programme Coverage' - Village level (p 21) the following statement is made for Humla district:

- In the drinking water sites constructed previously by TBBP/KLDP, which are not covered by either of the above two clusters in Humla, a sanitation programme concentrating on sanitation education and latrine construction will start

[It is, therefore, clear that there are two separate types of sanitation programme in two distinctly specified areas, one inside the CDP area and one outside in the old CWSS sites. Sanitation coordinators were hired specifically for this latter task and joined the office on August 15th, 1994]

In chapter 5 'Programme Results of first phase' the intended results for health and sanitation (p.25) the following is explained

For the statement "to improve access to services related to the main health hazards such as MCH care, immunisation and control of diarrhoeal diseases", the intended results are.

- traditional birth attendants (TBA) and community health volunteers (CHV) have been selected and trained and have gained work experience and confidence,
- pregnant women increasingly make use of ante-natal care provided by TBAs,
- basic conditions (ie cold chain) for immunisation have improved and the coverage of immunisation programmes has increased,
- local use and availability of medicines for key-problems like diarrhoea (jeevan jal) and acute respiratory infections have increased.

For the statement "to improve basic conditions within the household and the village", the intended results are

- an increasing number of the households has established a smokeless stove,
- personal and public hygiene standards have increased,
- vegetable growing and consumption have increased,
- sufficient and safe drinking water has become available

[These latter statements are more relevant to sanitation whereas the former are all health-related. H&S are classed as complementary components within the CDP area but not in the 'out of CDP' sanitation prog]

6. NCAR Community Development Programme -Humla Programme Proposal for 1996.

There is nothing specific in the text but in the Activity Planning for CDP-Humla (Annex 1) that was originally done for the KLDP Annual Plan of Activities, '95, there is the following list of activities under Health & Sanitation.

Latrine construction follow-up
Training on personal hygiene & latrine maintenance.
First-aid kit utilisation training.
Village clean-up campaign.
Nutritious food cooking skill training
Kitchen gardening training.
Mobilisation of water user's committee

CWSS Projects in Humla during the TBBP and KLDP Programmes.**Northern Belt**

Name of VDC	Name of CWSS Project	Status / Date of Completion	Relation to CDP Area	Additional Information
Hepka	Hepka Tangin	September 1993 Ongoing	No CDP planned	
Kermi	Kermi	TBBP - May 1992	No CDP planned	
Khagalgaon	Jharkholisi	TBBP - May 1991	No CDP planned	
Dandaphaya	Thaha	September 1993	No CDP planned	KLDP Sanitation Programme 1995
Syanda	Sata	September 1993	No CDP planned	KLDP Sanitation Programme 1995
Simikot	Baraunche	TBBP - Dec 1989	No CDP planned	

Central Belt

Name of VDC	Name of CWSS Project	Status / Date of Completion	Relation to CDP Area	Additional Information
Kharpunath	Karanga Takla Bamta Chaur Kharpelgaun	TBBP - Apr 1992 September 1993 September 1993 September 1993 Ongoing	Current NCAR Area	No CDP yet CDP since 1993 CDP since 1993 No CDP yet CDP since 1995
Lali	Piusa	TBBP - Mar. 1991	Current NCAR	CDP since 1990
Melchham	Korka	TBBP - Apr 1992	Current NCAR	CDP since 1992
Shreemasta	Piplang Pali	TBBP - Apr 1991 TBBP - May 1992	Current NCAR	CDP since 1992 CDP since 1992
Sanya	Dulli	April 1995	NCAR future extension area	KLDP Sanitation Programme '94-5
Darna	Darna	August 1995	No CDP planned	
Sarkidev	Unapani	Ongoing	No CDP planned	

Southern Belt

Name of VDC	Name of CWSS Project	Status / Date of Completion	Relation to CDP Area	Additional Information
Kalika	Barigaun Palsa Lumahu Kargai Gothipata	TBBP - May 1992 TBBP - Apr 1991 TBBP - June 1991 TBBP - May 1992 December 1994	Current SAPPROS area	SAPPROS office established in Barigaun
Madana	Madana Chulu	November 1993 September 1993	SAPPROS future extension area	Proposed start in 1997
Marla	Viyale Bada Khadagaon	May 1995 June 1995	Future SAPPROS	Proposed start by end 1998
Jair	Beguthi	TBBP - May 1992	Future SAPPROS	ditto
Shreenagar	Shreenagar	Ongoing	Future SAPPROS	ditto

Totals: TBBP: 13; KLDP Completed: 13; KLDP Ongoing 4; Grand Total 30 CWSS Projects

Internal Questionnaire

To : Senior Staff plus Humla-based Overseers & Technicians

From : Juloom and Kim, CD Section.

Subject : Sanitation Coordinators

Date: 25/10/1994

We are most interested to have your opinions on some aspects of coordination for the new sanitation initiative. Please provide us with a written answer (no limit on length!) in whichever language you prefer as soon as possible

- 1) To whom should the sanitation coordinators be directly responsible?
- 2) Who should have responsibility for planning the activities and monitoring their progress?
- 3) What should be the limitations of the sanitation coordinators' work? Should they, for example, get involved in vegetable gardening and other activities not directly related to sanitation or should they not?
- 4) If not, how are they going to avoid being drawn into these other activities?
- 5) After the initial experiment in Dullu there will be an assessment of the approach and working methods. However, in your opinion at present, which would be the best way of working in the district? For example should the sanitation coordinators
 - a) Stay in one village for several weeks and then move on?
 - b) Stay in each village for one week or so and move round on a sort of "circuit"?
 - c) Confine activities to recent/ongoing CWSS sites?
 - d) Start with the most ancient CWSS sites first?
 - e) Other

Please give your reasons

- 6) Should these activities be carried out in NCAR sites as well?
- 7) Should these activities be confined to Humla district only?
- 8) Which aspects should be considered in order that the working relationship between sanitation coordinators and technical staff is harmonious?
- 9) Do the technical staff have enough time to involve themselves in the sanitation activities?
- 10) Do the technical staff require any further training in subjects related to the sanitation activities?
- 11) Are there any other worries or useful suggestions?!

With many thanks,
Juloom & Kim

Sanitation Programme: Results of the Internal Questionnaire for KLDP Senior Staff and Humla- based Overseers and Technicians.

Replies received from: LJH, FvH, RLS, SM, BDS, BKG, MKC : INS, KBGC, PRS, BKS, KBB, DBKC.

The answers to the questions have been tabulated using the following format throughout -

Response	Sr.St	O/S	Tech.	Total
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Sr St. = Senior Staff

O/S = Overseer

Tech = Technician

Total = Total number of replies

1) To whom should the sanitation coordinators be directly responsible?

District Programme Manager	7	3	3	13
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2) Who should have the responsibility for planning the activities and monitoring their progress?

a) Planning

DPM/ District Staff	3		2	5
DPM plus back-up from CDS / M&ES	2	1		3
CDS / TS in consultation with DPM	2	1	1	4
Sanitation Section			1	1

b) Monitoring

DPM/ District Staff	3		1	4
Regular by DPM and periodic visits by CDS / M&ES / TS	4	3	1	8
Staff from head office			1	1

3) What should be the limitations of the SC's work? Should they, for example, get involved in vegetable gardening and other activities not directly related to sanitation or should they not?

Purely sanitation and related health activities only	3			3
Should cover a wide range of CD activities inc sanitation	3	3	3	9
Initially sanitation only but can study and discuss others	1			1

4) If the SC's should only be involved in sanitation work how will they avoid being drawn into the other activities?

By not starting them in the first place but referring requests to DPM or appropriate line agencies	1			1
Refuse other activities but reassess after initial san trials	2			2
Not appropriate as SC's should not confine work to san	1		2	3
No reply given to the question	3	3	1	7

5) After the initial experiment in Dulli there will be an assessment of the approach and working methods, however, in your opinion now, which would be the best way of working in the district?

a) Movement planning

Make initial assessment spending one week in each village and then decide how long a stay is nec in each place	1			1
Move around on a circuit of villages staying a few weeks in each place/ several months in a cluster of villages	4			4
Stay in one village for several weeks then move to new site	1	3	1	5
Move around on a quick circuit visiting all sites once a week and staying only a few days	1			1
Stay in one village for 6/7 months then follow-up regularly			1	1
Stay until villagers identify activities as their own and can run everything themselves			1	1

b) Should the SC's work in old or new sites?

Old sites which are not covered by NCAR	1			1
Cluster including ongoing and old sites so a comparison can be made	2			2
Gain experience in new sites then move on to older ones	1			1
Confine activities to recent/ongoing CWSS sites for some time to assess advantages and disadvantages	1		1	2
A mixture of old, new, ongoing sites and joint efforts with line agencies. DDC and NGOs	1			1
Any site where people show interest including those where the DDC or other NGOs have installed the water system		1		1
Only in sites where the CWSS has been completed as the workload is too much in ongoing sites			1	1
No reply given to the question	1	2	1	4

6) Should activities be carried out in NCAR sites as well?

No!	6	1	3	10
Yes!		1		1
Only if sanitation is not part of the NGO's programme	1			1
No. not necessary to work in their sites but regular follow-up and supervision of NCAR work must be done		1		1

7) Should these activities be confined to Humla district only

Yes! in the first instance but maybe they can be extended to other districts later	5			5
No!	1			1
Activities should start phase-wise 1) Mugu, 2) Kalikot 3) Dolpa	1			1
Should start in a few villages of each district in Karnali		1		1
When success has been achieved in Humla the experience can be used to start up in other districts	1	1	3	5

8) Which aspects should be considered in order that the working relationship between SCs and technical staff is harmonious?

Clear coordination / proper logistics & instructions for teamwork	1			1
Detailed planning should be done at district level with active participation of site-in-charge/technicians/SCs	2	1	1	4
SCs should be involved in surveys and formation of UCs	1			1
Good teamwork between SCs and technicians to blend their mutual skills	2			2
Clear job descriptions emphasising technical work for technicians and motivation work for SCs	1	1	1	3
Both parties should be well informed in advance; there must be frequent discussions to avoid communication gaps		1		1
Training for technical staff in CD activities			1	1

9) Do the technical staff have enough time to involve themselves in the sanitation activities?

They should be able to find enough time otherwise their other activities must be done over a longer time	1			1
If combined with their other activities in nearby sites-yes!	1			1
Yes!-provided there is good planning, which is why the technical staff and DPM should be involved in it	2		1	3
Sanitation activities are now part of the technicians work but full involvement would be difficult as even now they can't prepare their paperwork on time	1			1
Not enough time for all activities but it is possible to supervise latrine and other related construction work	1			1
Not enough time except during gaps in construction work	1		1	2
Not enough time as main work is completion of construction project- maybe after finishing				
Not enough time but as technicians can play a significant role in sanitation activities a new policy should be made to ensure that they have the capacity to make time		2	1	3

10) Do the technical staff require any further training in subjects related to the sanitation activities?

Maybe latrine construction/ community organisation trainings and study tours to other projects	1			1
Maybe extra advice on different pit latrine designs	1			1
General training in sanitation matters	4	2	1	7
Short "in-house" trainings to give wider insight into CD activities	1			1
Appropriate latrine construction/environmental sanitation and aspects of CD work		1		1
All kinds of training (literacy, bee-keeping, veg garden)			1	1
No <i>real</i> need for san training but better if provided			1	1

11) Any other useful suggestions and comments?

FvH,

a) To follow up the street theatre training maybe a district-level drama group could be established involving the considerable talents of the technical staff for wider motivation purposes

BDS

b) The results from this questionnaire should be discussed in a meeting so that more ideas and suggestions may be collected.

MKC

c) The sanitation programme should be started as per the situation in each site and the interest of the people and not in a pre-planned way

d) There should be scope for activities to vary between sites depending on the situation

e) As it may be difficult for the villagers to understand and accept the focus just on sanitation it may be more acceptable to them if side activities, such as income-generation, are started at the same time. These side activities should be planned after careful analysis of village needs and there should be adequate follow-up of them once started

f) In order to accurately assess the impact of the programme in the communities a set of indicators should be developed and their use discussed with the concerned staff

g) The monitoring and supervision teams should visit the sites regularly, spending considerable time with the community to really understand the problems so that suitable solutions can be found

PRS

h) Sanitation activities are of the utmost importance in remote rural areas such as Humla and Dolpa, therefore, these activities should cover as wide an area as possible

KBB

i) Let us first see which problems we face with the programme in the sites then we can discuss them with the sanitation coordinators

BKS

j) Low-cost, affordable and appropriate types of design should be developed for the sanitation programme especially regarding pit latrines and environmental sanitation

k) Sanitation and other development activities should be implemented simultaneously

l) Information about KLDP's objectives, approach and working methods (people's participation etc.) should be more accessible to the local people either through noticeboards, posters, calendars etc.

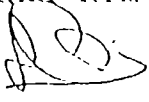
m) Training and observation tours for technical and CD staff are needed to increase levels of skill and knowledge in the fields of technology, project management and mobilising people to participate in development work. Training for local people is also required to increase the skilled manpower available for latrine construction and other related activities

n) The policies, programme approaches and working styles of other major INGOs in Nepal, such as Unicef, SDC/N, CHDP (UMN), ACAP and Lutheran World Services should be studied and observed in order that KLDP can devise the most effective working methodology

**Community Development Section, KLDP,
December, 1994.**

KIDP Office Memorandum

To : Juloom and Kim

From : Lejo 

Date : 16 November 1994

Subject: Questionnaire Sanitation Coordinators

Herewith a brief response to your questionnaire regarding the sanitation coordinators. I apologise for the delay:

1. District Programme Manager
2. District Programme Manager

Reason for this is that we (read I), as also put down in the new working document, would like to strengthen the district teams the coming years and define a stricter supporting role for the Nepalgunj office.

3. SCs should not get involved in any other work than sanitation for at least the coming two years. Sanitation being understood as the environment-health link. Activities would then include sanitation/health information, promotion and extension, clean-up campaigns, latrine promotion, promotion of proper water use and handling, promotion of body hygiene, support of CWSS users committees and involvement of women therein, and possibly smokeless stoves experimenting and promotion. But for the time being NO vegetable gardens, and NO income generating activities.
4. By not starting about it themselves in the first place, and secondly to refer these requests to the DPM.
5. In my opinion the SCs should cover all old CWSS sites which are not covered by NCAR or to be covered next year by a second NGO in the southern belt. They should firstly move around on a sort of promotion campaign (app. one week per village) to get to know the people and the area, to see what the people think and to gauge the support for sanitation work. Then can then decide, in coordination with the DPM, where to stay longer and where not to start at all.
6. No.
7. Yes, certainly in first instance.
8. Clear coordination by DPM, proper logistics considering the female/male composition, proper instructions for team-work.

9. They should! In case they do not have enough time, other activities should be planned in a longer time-span.
10. Difficult for me to judge. Maybe more training on technical aspects, e.g. latrine construction, or maybe more community organisation training and/or orientation tours to other projects like the SCs did.
11. No worries, no further suggestions.

Lots of success, Lejo.

Working Guidelines for Sanitation Coordinators

In this initial experimental phase only guidelines will be given for the implementation of the sanitation programme and these will be used as an input for the sanitation coordinators' eventual job description after experience has been gained in the field

- 1) The sanitation coordinators are posted to Humla District where they will be directly responsible to the KLDP District Programme Manager (DPM) The DPM will supervise site selection, planning, implementing, monitoring, coordination with technical staff, logistics and movement in and out of the district
- 2) The sanitation programme is currently in an experimental phase which will gradually evolve into a flexible, structured programme based on initial experiences In this phase the sanitation coordinators will only implement activities directly related to basic health and sanitation and will not engage in side activities such as vegetable gardening, income generation etc.
- 3) The initial experimental work will be carried out in Dulli village and will concentrate on methods of raising awareness on sanitation issues, the testing of teaching materials, use of different approaches and working methods, encouraging full participation of both women and men and the careful monitoring and evaluation of these efforts Detailed records of methods used and the reaction/response of the target group should be kept in order that the programme may evolve through the learning process Extension of activities into neighbouring areas is possible depending on the situation and should be done in consultation with the DPM
- 4) Subsequent to motivation demonstration latrines may be built, at the request of the local people, in cooperation with the KLDP technical staff currently working in Dulli. The sanitation coordinators and technical staff should first discuss the possibilities of joint activities in the sanitation initiative work so that work schedules can be adjusted accordingly
- 5) There is no fixed time limit on the experimental phase but the decision for the permanent or temporary cessation of activities will be taken jointly by the sanitation coordinators, the DPM and CD section, Nepalgunj
- 6) The sanitation coordinators should report to the DPM on a regular basis (to be mutually agreed) and the DPM will be responsible for reporting to the district authorities and the KLDP CD section in Nepalgunj as necessary
- 7) At this stage in the programme, no involvement in the community development sites of NCAR is envisaged, however, cordial relations and exchanging of ideas should be maintained between the staff of both organisations.
- 8) Cordial relations should be maintained at all times with the local people, VDC members, local and district-level officials.
- 9) Good relations should be fostered between the sanitation coordinators and the KLDP technical staff and planning for joint implementation of programme activities should be done well in advance so that it is not detrimental to ongoing technical work. Problems in coordinating activities/grievances etc should be openly shared so that a better understanding of the difficulties involved may be gained.

Kim Hudson/Juloom Rawal,
Community Development Section,
KLDP, Nepalgunj

23rd November, 1994.

Field Trip Report of Orientation Visit

**Sanitation Coordinators accompanied by N.N. Sharma, Humla Administrative Assistant
25th October to 2nd November 1994.**

The Team walked from Simikot to Dulli (2 days) and spent two days having introductory meetings with villagers about the forthcoming sanitation programme and also making house to house visits to observe the living conditions

Major Observations:

Dulli village lies in the south-east part of Humla district, one and a half days walk from the district headquarters, Simikot. The total number of households is forty. The village is situated on the bank of the Karnali river.

In an observation of the village we found three committees were formed to perform different activities.

- 1) CWSS User's Committee - formed to complete the construction work of the ongoing KLDP Dulli CWSS project,
- 2) Women's Sanitation Committee - formed to clean the village area and motivate village women for cleaning the village and to practice using newly built latrines,
- 3) School boys Group - formed to clean the village area every Saturday

As a result of the above groups and committees we found the following activities and possibilities are in the Dulli village,

- Village people are active in development activities like drinking water supply, irrigation, sanitation and kitchen gardening,
- Village people have a little bit of an idea about group work because they have already formed an irrigation user's committee before starting CWSS activities and they have formed women's, school boy and user's groups.
- Women are also active and have a positive attitude towards development work; in the meeting called on the evening of 28th October some women were also present. They did not hesitate to speak about their problems or to respond to our questions.
- They have started sanitation activities themselves, many households have made a pit latrine before and the village area has been cleaned. They are interested to do all sorts of such jobs with advice from KLDP;
- Villagers are interested to install improved cooking stoves,
- Some males are found to be literate

Poor Points:

- All women are not active because only the women's sanitation committee members attended the meeting,
- Newly built pit latrines are very narrow so cannot be used easily. Some households have not built one yet. They have some hesitation (shame) to use these latrines. In some open places in the village we saw stools; personal hygiene condition is poor,
- Nowadays only 10-20% of the villagers practice kitchen gardening seasonally while the others either don't know about it or do not practice it. The style of preserving seeds is ancient and they do not have much idea about the demonstration of new improved seeds and fertiliser. They don't have much of an idea about collecting improved seeds from the related authorities,

- Village women have the false hope that the funding organisation like KLDP will provide them with soap to wash their clothes and bodies, cement to construct pit latrines, scientific seeds for kitchen gardening and agriculture, sweets for their children etc. due to the illiteracy of the women;
- The personal hygiene of the village people is very poor. They wear dirty clothes and their faces also look very dirty as if they have never had a bath. Villagers are suffering through various diseases like worms, skin and eye diseases;
- Most of the villagers are cooking on a tripod (*udan*). Their houses are full of smoke at the time of cooking

Recommendations and Solutions:

- 1 Motivation for women to involve them in development activities is very necessary, activities which help them in different fields,
- 2 Re-construction of pit latrines is necessary to make them easier to use. If possible permanent latrines could be constructed after a lot of motivation,
- 3 Villagers do not have much idea about kitchen gardening, therefore, they need to be given some idea about it through motivation, training, etc ,
- 4 Awareness-raising activities should be started to eliminate their false attitude and to make them active in their work,
- 5 Literacy classes are also needed mostly for women - such as adult/female education, child education through non-formal means,
- 6 Primary health-care needs to be taught,
- 7 Income generating activities are also suitable because the village lies in the main trail and there is more possibility of selling their products such as cocks, hens, eggs, vegetables, milk, ghee and honey.

Kaushilya Ghaire (Sapkota)
Kalpana Basnet.

Monthly Progress Report- December 1994.

To : DPM Humla
 From : Sanitation Coordinators, Sanitation Programme, Dulli.
 Date : 10th Paush, 2051 / 25th December, 1994.

Part One: Report

To launch the sanitation programme in Dulli village, Humla, we walked from Simikot and arrived on the 13th of Mangsir (29th November) Our first activity was to build rapport and make personal contacts by visiting the inhabitants of Dulli door to door We called a meeting of the sanitation committee which had already been formed by technician D.B. KC but, as the whole community could not be represented, we divided them up into four groups (of eight households) each with its own leader, meetings are called once a week for sessions on sanitation education using flash cards etc , and supervision is done in a way that encourages competition between the groups We have started to train men as well on a weekly basis in basic health and sanitation but this is on an individual rather than a group basis School children have sanitation education and related activities every Saturday In preparation for latrine construction villagers have collected stones and dug pits but many people are currently too busy helping with the installation of the water system to build their latrines just yet

On Paush 2nd there was a local festival ('mella') and we gave a street theatre performance. We were helped by the KLDP technical (overseer and technician) and admin staff who also took part and the local people were so impressed by the performance that they collected money which has been put in the community fund People from one of the nearby villages were also very much influenced by the play and requested a showing in their village as well. In general people have stopped defecating on the footpath, almost all houses are cleaner than before and there is an improvement in personal hygiene too, people now have much cleaner faces The women are now talking about literacy, kitchen gardening and improved stoves One day, while we were on the way to inspect the drinking water source, we spoke to some people from Mundi village (Sanya VDC, Ward No 1) and found they were most impressed by the sanitation programme in Dulli We decided it might be a good idea to try a similar programme in Mundi so, as an experiment, we have started with sanitation education there one day a week

In our experience with the sanitation initiative so far we find it difficult just confining activities to sanitation, if other activities were included in the programme maybe it would be easier to motivate people The usual reaction from villagers is that it is easy for us to be clean as we have soap and extra clothes whereas they are poor, do not have extra clothes so get dirty, the first time they wear their clothes after washing they have to sit near the stove 'chulo' and get dirty immediately We are receiving excellent logistical support from the KLDP technical staff but we have a problem with lighting; the community meetings are held at night, as per the decision of the villagers who are too busy in the day, so we think a Petromax lantern would solve the problem.

Part Two: Street Theatre Performance shown at Dulli on Paush 2nd.Characters

Villager fouling the footpath	D B. KC
Rupasi, wife of above	B D Bhatta
Passers by	K B Bogati, G B Thapa (local participant)
Local 'witch doctor'	Hangsa Thapa (local participant)
Community Development Workers	Kaushilya Ghimire, Kalpana Basnet

Story

There is a latrine in the village but people are not using it and are still fouling the path. After slipping up on this filth some passers-by make an effort to inform the villagers about sanitation and also try to show them that the filth around the village was the cause of the cholera epidemic that occurred in 2049. One villager who has been fouling the path then gets diarrhoea and stomach pain. He tells his wife, Rupasi, to call the village 'witch doctor' to burn his stomach with a steel implement (*bato hannay*)- the local cure for such problems. At this point the CD workers arrive and ask them what is going on. They also see the surrounding filth and tell the villagers that if they want good health then their standards of cleanliness must improve. The villager who was fouling the path (and who is now ill) starts to understand the cause of his illness and speaks to the audience about the importance of cleanliness, using the latrine and washing hands after using the toilet. This is followed by a song about the importance of latrines and knowledge of sanitation matters.

Messages from the performance

- 1) Everyone must make a habit of using latrines
- 2) Hands should be washed after visiting the latrine
- 3) Fouling the footpath/open ground causes many illnesses like cholera, diarrhoea, worm infestation, plus itching of hands and feet etc
- 4) Vegetables should be washed before eating

Kalpana Basnet
Kaushilya Ghimire (Sapkota).

Monthly Progress Report- February 1995.

To : DPM Humla

From : Sanitation Coordinators, Sanitation Programme, Dulli.

Date : 1st February, 1995.

Due to the most cold weather the programme progress of this month is not as satisfactory as the one before. Group discussion was not possible due to snowfall and rainy days, even on sunny days group discussion becomes impossible due to their own household work. That is why the village has become dirty again - the following were the reasons that people were fouling the paths in the village -

- Absence of latrine and unable to go far due to snow and rainfall,
- Development of irresponsible concept in a few persons (such as - if everyone else is using a latrine and I don't, it doesn't matter),
- The proximity to the public footpath (as passers-by still foul the footpath)

However, on the next sunny days the villagers organised group discussions and were busy with latrine construction

The villagers of Dulli are taking interest in the personal sanitation programme and momentum has increased after the supply of drinking water to the village [*villagers previously drank from the Karnali*] but there is still no change in the ladies' lack of hair-combing. They only comb their hair when they take a bath - the reason for this is mainly that they are too busy in their daily household work, they are also lazy about this and dominated by their husbands. Due to the water system, children are much cleaner than before.

As per our schedule, we have a group discussion programme once a week especially for males though until now, it has not been launched due to the fact that they are busy in latrine construction, pipe-line and other personal work. Now 4/5 latrines are nearly complete and the rest (15/16 persons) are under construction

As per our programme, community sanitation education for the children is continuing once a week; in this the children are encouraged to involve in the sanitation programme for their own village. We have also organised one children's sanitation committee which is helping with supervision. It seems that after the latrine construction is finished the village will be a beautiful area.

Twice a week we visit Ward No 1 of Sanya VDC where we discuss in groups about the diseases caused by dirtyness, they are much motivated by this. We are operating a sanitation programme through the committee in Tallo Mundi village. People have started latrine construction and sanitation activities in the village and have made more progress in their personal hygiene. The people of that village are interested in our efforts and have good discussions about the sanitation programme

The people of Dulli are not giving us as much time as they did before, in the case of group meetings they raise a lot of objections such as

- we will be ready to have the meeting tomorrow;
- we are suffering from a 'hand to mouth' problem,
- give us the next programme,
- we don't have smokeless stoves,
- we don't have any more cloth;
- how can we regulate your programme?

Although we are following the office programme the villagers put forward 'multi-situation' problems. They always say "we don't need the sanitation programme, we need another programme also", even though we are trying our best and are as motivating as we can be. We are trying different types of programme for motivating (situational act, brain-storming and role play etc.) We are also giving 'sanitation messages' through different songs. We are conducting this type of programme/activities within the groups and inter-group, in this process we are facing humiliation.

Up to now we have the following experiences -

- 1 Other community programmes should be launched together with sanitation (in which case the motivational process could be easier and we will be busier than we are now).
- 2 Several different sites should be taken at one time so the programme can be run in rotation.
- 3 There are complex problems with sanitation and drinking water programme. proper support (CWSS staff) is necessary for latrine construction.
- 4 A good impression was made by the street theatre which was shown in Dulli and people have demanded similar theatre shows in the surrounding areas. It would seem street theatre will be effective in other villages as well.
- 5 It is not possible to conduct community programmes alone so, if we can be together, it will be easy and helpful.

We are looking forward to proper suggestion and response!

Enclosed
1 model of latrine
Daily Report

Kalpna Basnet
Kaushilya Ghimire (Sapkota).

Planning of Sanitation Programme (Draft)

The sanitation programme has been introduced in the KLDP programme only from the last few months back. In the beginning the programme was implemented in Dullu village of Saya VDC, Ward No 2, on an experimental basis in which it was implemented along with the construction of a community water supply scheme. It is found that the programme is accepted by the villagers. After taking part in different activities related to sanitation programme for three months the villagers became a little aware about sanitation and constructed many pit latrines and developed the habit of using a latrine. Once the villagers were motivated about sanitation they also started talking about health. So the villagers began to request for starting other related activities like kitchen gardening in the village which is not designed in our sanitation programme.

To discuss about the above issue a meeting was held in KLDP Humla office after the KLDP/DDC Humla District Workshop. In the meeting the participants were, Frank van Holst (M&E Officer), Dhan Man Gurung (Mon & Training Officer), Juloom Rawal (WDO), Kalpana Basnet (SC), Kaushalya Ghimire (SC) and MK Chitrakar (DPM), the issue was discussed and the conclusion was reached that the sanitation coordinators should shift from that village to some other sites and request should be made to NCAR to start community development programme in that village as it lies in their working area as per the new agreement between KLDP/SNV-Nepal and NCAR.

The new working sites for the sanitation programme were discussed and it was decided to start work in the north part of Humla, i.e. north of Simikot. TBBP/KLDP had completed five CWSS projects in the north of Simikot, so it was decided to implement sanitation programme in those sites phase wise. The villages where the CWSS projects have been completed are as follows -

01. Thaha village of Dandaphaya VDC,
02. Hepka village of Hepka VDC,
03. Kermi village of Khangalgaon VDC,
04. Jharkholi village of Khangalgaon VDC,
05. Sata village of Syada VDC

The movement of the sanitation coordinators for the above sites will be as follows

- starting from Dandaphaya VDC - they will stay for about one month in Thaha village of Dandaphaya VDC to implement the sanitation activities in this village,
- they will move to Hepka village, after a month, from Thaha and stay in Hepka village for about one month to implement the sanitation activities,
- after one month's stay in Hepka village they will visit to Thaha as a follow-up,
- then the staff will move to Kermi village and will stay for one month in the same village to implement the sanitation activities,
- then the staff will again visit Hepka and Thaha villages for the follow-up of the already implemented activities

In this way the sanitation staff keep on moving from one village to another successively. The effectiveness of the programme will be seen after four months of starting. Based on the evaluation report of the implemented activities in this period the planning of the sanitation activities can be adjusted.

Technical Support:

During the implementation of sanitation programme the sanitation coordinators may not need the help of technical manpower at the beginning. Once the community is motivated towards sanitation and shows interest in construction of latrines then some technical manpower may be needed in such case. KLDP Humla office will manage to assign one technician working in Kharpel CWSS site to support the sanitation programme.

Other Working Area

The sanitation coordinators may have to work in Simkot VDC (district HQ) jointly with the District Water Supply Office, DDC/Humla and any other organisation if a joint sanitation programme is launched with them. Then the movement of the sanitation coordinators will be adjusted accordingly.

Thanks,

M K. Chitrakar,
KLDP District Programme Manager, Humla

Follow-up Report of Dulli.

From - Sanitation Coordinators: Kalpana Basnet/Kaushilya Ghimire (Sapkota)

Among KLDP's programmes, a sanitation programme was conducted first of all in Dulli on an experimental basis, which was mostly successful. After eight months we returned for a follow-up programme and stayed two days. The follow-up programme was conducted in different ways and an informal meeting was also conducted, attended by about 30 people.

The following facts were collected from the Dulli follow-up visit:

- Seven latrines still do not have doors - but the people are using them.
- Only one latrine (a combined one) is not clean, the rest are clean as the people are using ash for the pit,
- Mostly the people are using water to clean the toilet and using ash to clean their hands after visiting the latrine;
- Only two persons have not yet constructed a latrine - still one of the latrines is in the last stages of construction,
- Personal sanitation is neither good nor bad,
- The females are in a better hygienic condition than the males or the children,
- There is a good standard of sanitation in the case of houses and surrounding areas,
- The females have a better level of awareness and now they are able and ready to discuss with the males and the male groups,
- All the tapstands were clean,
- Four of the water taps are not working properly and have to be changed,
- Once, a meeting of the maintenance committee was held to change the water taps but there have been no meetings of the sanitation committee,
- Villagers believe in KLDP's programme and are motivated by it, they have had success with vegetable production and have used their latrines. They now say that if they get vegetable seeds in time they can produce vegetables instead of tobacco,
- The village maintenance worker is confused because he still has no specific rules to follow, for example, there are no plans to clean the water tank

With good regards,

Thank you.

**Record of Sanitation Activities in Humla by KLDP Sanitation
Coordinators (outside CDP) and NCAR (in CDP Area).**

Sanitation Activity Record: KLDP Sanitation Initiative - Nov. 1994 to Sept. 1995.

Activity	Results	Time
Humla sanitation programme (out of CDP) sanitation education to groups of women formed specially for sanitation, classes and role plays to all in village	Awareness raised in Dulli Awareness raised in Sata and Thaha villages, habit of using and maintaining clean latrines with ash established	11/'94 - 4/'95 5/'95 - 9/'95
Latrine construction	Dulli - 40 HH 35 latrines Sata - 12 HH 12 latrines Thaha - 18 HH 8 latrines	11/'94 - 4/'95 5/'95 - 9/'95 5/'95 - 9/'95
Clean-up and maintenance exercises around the CWSS tapstands	All tapstands clean, good standard of sanitation in houses and surrounding areas. Maintenance committee motivated Flagstones around tapstand - Thaha	Dulli 11/'94 - 4/'95 5/'95 - 9/'95
Awareness-raising on personal hygiene matters (hair-combing & washing etc) Demonstrating teeth-brushing, hair-combing, hand-washing etc	Cleaner children, but women complain they have no time to comb their own hair Noticeable difference in people's appearance in Sata/Thaha	Dulli 11/'94 to 4/'95 Sata/Thaha 5/'95 to 9/'95
Weekly sanitation education classes for children at local school	Children involved in sanitation programme in their own village Children's sanitation committee organised	Dulli 11/'94 to 4/'95
Formation of 3 sanitation committees in Dulli and responsibility handed over	Successful during presence of SCs but did not continue once they had departed	11/'94 - 4/'95

Sanitation Activity Record: NCAR CDP- Humla

Activity	Results	Time
Latrine Construction initially temporary latrines were built in the first few sites to help change the habit of fouling the path; later stone/earth latrines were built but there have been problems with the design (small building and low chute angle) so people do not like to use the latrines (Figures given by new NCAR/PC, B. Ghumire in June 1996)	Piusa - 80 HH 25 latrines (15 in use) Takla - 33 HH } Bamta - 22 HH } 9 (4 underway) Piplang - 42 HH 13 Kharpel - 95 HH 5 Pali - 60 HH 25 (5/6 in use) Korka - 12 HH 5 Lali - 42 HH 10 Melchham - 48 HH 16 Total : 108 latrines	1990 - 1996 1993 - 1996 1993 - 1996 1992 - 1996 1995 - 1996 1992 - 1996 1992 - 1996 1995 - 1996 1995 - 1996
Village clean-up campaigns -clearing the path of excrement etc.	Regularly in all sites	1991 - 1996
Health & sanitation groups organised	1 group in each site- discussions on health problems, MCH etc Strength of groups is questionable	Formed in 1993, probably do not exist now
Mobilisation of TBBP/KLDP CWSS User's Groups.	Efforts made to revitalise old user's groups and keep records of meetings.	Occasionally
Health & sanitation puppet show- street theatre performances	Messages on the connection between bad health and poor sanitation conditions passed on to villagers	Occasionally from 1992 onwards

Excerpt from Humla Field Trip Report, KLDP-WDO/CDS,
December 1995 / January 1996.

KLDP Sanitation Programme

The CDS visited Thaha to see the completed latrines from the most recent sanitation activities. Construction is of a very high standard - deep direct-drop pits, good height and plenty of room to move around inside - but none of the latrines has yet been used as the villagers have now moved down to their lower settlement of Dandaphaya to avoid the snow. There is no CWSS in Dandaphaya so no sanitation programme is planned for the lower village. In conversations with 10 men who had come up from there to meet us, it turned out that they now find Dandaphaya very dirty, there is excrement all over the path and they said they really need latrines down there, too. It will be interesting to see whether people's awareness has been sufficiently changed for them to eventually build latrines there as well, although there is less available space. The Thaha CWSS was turned off for the winter but it is being well maintained by an active VMW, flat stones have been placed around the tapstand by the villagers to avoid the surroundings getting muddy. The sanitation coordinators have also motivated the local people to make a separate stone-lined place for washing cooking pots and allowing animals to drink, this has been made away from the tapstand at the end of the drainage pipe.

CDS and WDO also visited Dullu to see the results of the first sanitation experiment. Discussions were held with a large group of women and it was found that they had good comprehension of the principles behind sanitation and hygiene. Latrines were well-built, some with a finishing of cement (the programme was initiated along with CWSS installation) and all the ones we observed were being used. The village is very clean compared with over a year ago [CDS first visited Dullu on the CWSS survey in March 1994] and many people expressed their delight with this, women said that it was now only visitors to the village who dirty the path! Local woman Aunla Thapa told us how much easier it is now they don't have to fetch water from the Karnali any more, she said the occurrence of stomach problems has reduced now they have the CWSS. She and other women related all the new aspects of hygiene and sanitation that they had learned with the sanitation coordinators and she also said the vegetable seeds they had tried for the first time this year had been highly successful and they wanted more, they had also hoped that chicken-raising would start and then help with oil extraction, an improved mill and other activities.

The work of the sanitation coordinators has been found to be of a very high standard and their awareness-raising methods are very effective among the local people, particularly the women. Points raised during the planning meeting and also in the sanitation coordinators' reports indicate that it is very difficult to confine their activities to just sanitation, people are keen to grow vegetables and build smokeless stoves, amongst other activities, and the coordinators find it frustrating not to be able to help. The sustainability of the present initiative confined to just the old CWSS sites outside the CDP area is questionable, it is just a second short burst of activity after water system installations that were completed often 4 or 5 years before and there is nothing to follow. The sanitation is also being 'imposed' on the villages without them having prioritised it as their most important need.

In comparison, the sanitation work done by NCAR within CDP has, so far, been largely unsatisfactory and it would therefore seem logical to bring the sanitation coordinators' expertise in sanitation education into the CDP area as and when needed. After the suggestion was made by the NCAR Programme Coordinator at the quarterly planning meeting, the WDO asked the sanitation coordinators to pay a visit to various NCAR programme sites to assist the field coordinators with methods and materials for sanitation education. In Piusa village, a campaign to clean up the tapstand areas and pave the muddy surroundings was successfully completed in just one day on 24th December.

Recommendations.

- It is recommended that the sanitation activities are no longer carried out in isolation in the ancient CWSS sites. The NCAR- Programme Coordinator plans to involve the sanitation coordinators in the CDP area from the second quarter of 1996. Greater success with sanitation education in CDP will contribute to the overall success and quality of the CD programme and could allow more rapid expansion of the integrated programme so more areas have access to the whole range of activities which can be facilitated by a variety of staff.
- As a result of discussions in the quarterly planning meeting, the position of technical staff in isolated CWSS projects with regard to sanitation activities needs clarification. Some would like to respond to requests for help with latrine construction in these sites and some think that the sanitation coordinators should work alongside the technicians during the CWSS construction phase.
- The results of the ongoing monitoring of the experimental phase of the sanitation initiative should be compiled into a report by CD section using the regular field reports and analyses of the SCs themselves as well as own observations plus those of other staff and villagers.

Kim C Hudson,
January 1996

Field Trip Report (Sanitation Coordinators in CDP Area).

Name : Kalpana Basnet/Kaushilya Ghimire (Sapkota)
Destination : CD Areas ; Pusa and Kharpel,
Period : 23rd to 25th December, 1995
Purpose : Observation / information collection on sanitation activities in CDP area.

Itinerary:

- 23rd Dec - Walk from Simkot to Pusa Information Collection from NCAR FC Nabina Rai.
 Assistance to health staff to maintain stock book
- 24th Dec - Visit to see the condition of the environmental sanitation (especially tapstand area)
 Gathered the villagers to discuss the lack of care and the dirtyness of tapstand.
 Walk to Kharpel
- 25th Dec. - Collecting information from Sabitra Rai (Kharpel) and Manmaya Guring (Takla/Bamta)
 Walk to Simkot

Major Observation.

Pusa and Kharpel villages lie in the middle belt of Humla district Pusa village lies about six hours by foot from Simkot and Kharpel three hours It is our first visit to these CD areas In our observation we found the following information / experience from the sanitation activities in Pusa done by NCAR

- Absence of sanitation materials;
- Field Coordinators (NCAR) have not much knowledge about sanitation,
- Villagers are being involved in sanitation activities only through verbal messages at the time of saving group meetings,
- Most of the households have made pit latrines but they could not get technical support and they had to make them by imposition.
- The trained 'chowkidar' is rather passive and alone. nobody listens to or follows his messages,
- Villagers are not aware about home sanitation / personal hygiene. They don't know "Why we should make pit latrines"

We organised an informal meeting (in Pusa) and gave some messages about 'how to keep clean / maintaining the tapstands' by using flashcards There was some discussion on the 'chowkidar', the tapstands and the surrounding areas, after a long time the villagers came to the main point and began to realise about avoiding the dirtyness of the tapstand area We found they worked actively and in unison We felt that perhaps they needed no further motivation

Kharpel village This is a new community development area and the activities are in the initial stages. We have no observations on the activities but, without materials, the sanitation activities cannot start This matter should be taken seriously if the programme is to run smoothly We also had a plan to go to Takla/Bamta but we got information from Manmaya Guring in Kharpel. According to her the villagers there had moved to another village so we would not be able to meet anybody if we went The rest of the information we received was the same as for the other areas

Recommendations and Solutions

- 1 NCAR field staff do not have much idea about sanitation activities. therefore, it may be better if, either they take training or they should take support from others.
- 2 Awareness-raising activities should start from the very beginning by using educational materials in an effective way,
- 3 They do not have sanitation materials. If they want to run the sanitation activities by themselves, surely it would be better to collect materials in time, this would help the programme to run smoothly,
- 4 To just make pit latrines does not cover all aspects of sanitation. Therefore, the target group should be made aware about home sanitation, personal hygiene and environmental sanitation

With best regards,

Kalpna Basnet,
Kaushilya Ghimire (Sapkota)

Sanitation Programme in Humla

Final Analysis of Experimental Phase: January 1996

Kalpna Basnet / Kaushilya Ghimire (Sapkota): *Translated by Shobhu Bangdel, Secretary, KLDP.*

Karnali Local Development Programme has been running a Sanitation Programme in Humla from 25th November 1994. In the beginning CWSS installation and the sanitation programme were done together as an experimental phase / pilot phase in Dulli. The methods used for this sanitation programme in Dulli are as below:

- Site observation (information collection by calling meeting, visiting homes, personal contact)
- Familiarisation/rapport building (home visit-personal contact)
- Planning with all villagers (to give sanitation education)
- Implementation (in groups, using flash cards, booklets, songs, posters, street theatre, jokes, self-made story etc.)

Various methods were used to find out what changes had occurred after the sanitation education (i.e. what people had gained and learned from the sanitation education):

- The people felt the necessity of having a latrine and had started to construct latrines
- After work had been completed there was an orientation in a group meeting. The orientation was about the use, cleaning and maintenance of the latrine.
- Seeing the positive changes that had occurred and since the villagers were using the latrines all the time, we organised three sanitation committees and handed over the responsibility to these committees and the one for CWSS maintenance and we moved from Dulli to another site.

Strong Points

- Since the community felt the need of improvements in sanitation they participated actively.
- Since the number of members in the team was sufficient (sanitation coordinators plus CWSS staff and visiting Humla office staff) the message could be passed through street theatre dramas and songs.
- Since the technical staff were also working on the CWSS nearby, technical support was available when needed.
- It was easy to encourage both male and female villagers to participate.
- Due to the team it was easy to work at any time (even at night).
- Due to the fact that staff were not working alone, the staff did not become demoralised or lose spirit, even considering the very different culture and customs of Karnali.

Weak points

- There was a felt need of a supervisor with specialisation in sanitation because of the lack of inspection and supervision from the concerned KLDP section.
- Lack of follow up and community development programme once the sanitation work had been completed.
- Only flash cards, personal contact, self-made story, jokes, practical examples and songs were used for education.
- There was no co-ordination and support from DDC and VDC.

Villagers could not dedicate the necessary time to the programme since the male villagers were busy on the CWSS pipe line. Concerned team should be included in the detailed survey.

Thaha and Sata

- Observation of four sites (Thaha, Sata, Jharkolshi and Hepka) and introduction of Programme
- We took Thaha first because it is a temporary dwelling and the people were very enthusiastic
- First we familiarised ourselves with them
- We tried to prepare a work plan three times using participatory methods with the villagers: we finally succeeded at the fourth time.

- After the work plan preparation we tried to give education on sanitation. The men picked this up very well whereas the women could not do so well because of their high workload
- Flash cards, posters, personal contact, self-made story, jokes, practical examples and songs were used for sanitation education
- Since the men successfully learnt about the sanitation education they understood and felt the need to build latrines
- Started Latrine construction work
- Completed nine latrine constructions at Thaha up to now Including one latrine made previously, there are now nine completed latrines in Sata, only the doors remained unfinished

Strong Points

- The influence of the sanitation education on the village men encouraged them to build latrines They also put flagstones all around the tapstand to prevent mud forming They made an outlet so the waste water could be used in the vegetable garden. Villages and footpaths are being cleaned nowadays
- Personal aspects of sanitation, such as brushing teeth, bathing, cleaning clothes, combing hair, taking water to the latrine and washing hands with soap or ash after using the latrine could be seen in their behaviour
- Because of awareness about the community development programme they are also demanding other programmes like chicken raising, vegetable gardening etc.

Weak points

- The work could not be done as quickly as planned because of the bad weather, the festivals, the temporary staying, and interference due to the government land survey team
- It was impossible to arrange street theatre and puppet shows because of small team (two san. coordinators only)
- Due to the social customs and only the women in village, could not give message by songs in interesting way and effective way
- Due to the lack of supervision, the feeling developed in the villagers that maybe the sanitation programme was not good, so that was why no one was coming for supervision.
- Timely technical support was not available, in particular for latrine constructions, since CWSS staff were not working together with the sanitation coordinators in the same area.
- There was no special co-ordination and support with VDC and DDC.

Recommendations

- The team should be fit to run the programme as per need identification
- Concerned person/responsible body should ensure that there is timely follow up and supervision
- Latrine constructions need technical support so there should be a technician nearby.
- The related workers should be fully involved in base line surveys and detailed surveys.
- To increase co-ordination and assistance with line agencies etc there should be a 'Programme Introductory and Co-ordination Workshop' before starting to work in a certain area
- To make the programme more effective, we should not do it in the 'off season'. It would be better to do the programme on the festival days to give information on the subject via street theatre, puppet show, song, jokes or other methods
- Audio-video equipment should be available in time to run the programme
- Sanitation programme should be run at the same time as CWSS because technical support can be needed at any time Due to the local customs the men could feel dominated if they have to learn from female staff If run together with CWSS we could do activities at any time according to when the villagers have time to participate.
- If the team is complete (more staff) the motivational techniques such as 'street theatre, puppet show' could be more effective, also if a new site and an old site are nearby we could run the programme in both villages together.

Wouldn't it be better if the health and sanitation programmes were run together!?

Sanitation Programme :
Progress Reports from Community Development Section
October 1994 to September 1995

CD Progress Report No. 7- October to December 1994.

Sanitation Programme

The experimental sanitation initiative in Dullu village, Humla, finally started towards the end of November after delays caused by the elections. In this initial trial the two sanitation coordinators are testing the various methods they have learnt for creating awareness about basic health and sanitation matters; activities are confined to one village in central Humla where KLDP is currently installing a community water supply system but where no other community development work has been done so far. The first report sent out by the sanitation coordinators indicates that things are going very well and the villagers are participating in the programme with enthusiasm.

Rather than dealing purely with latrine construction the coordinators are concentrating their efforts on helping local people to understand the link between unhygienic conditions and disease. In particular, the coordinators have been trying a very effective medium for elucidating these links known as 'street theatre', a recit drama performance in Dullu involved the sanitation coordinators plus the considerable talents of KLDP Humla-based technical and administrative staff along with a few local people. The drama was developed by the coordinators to show the connection between the habit of fouling the footpath and an outbreak of cholera in Dullu two years ago, the play was performed at a local festival in front of a large audience and was so successful that nearby communities demanded a performance as well.

During this period community development staff prepared and distributed a sanitation questionnaire to senior staff and Humla-based overseers and technicians with the idea of involving staff from all levels in the organisation in the development of the sanitation programme and collecting the different viewpoints from within the office and field-based staff as to how the programme should be run. The resulting answers have been tabulated and will form an important input for the next step which is a gradual expansion of the activities to other areas after sufficient experience has been gained in Dullu.

CD Progress Report No. 8 - January to March 1995.

Sanitation Programme

Heavy snow in the district hampered even the sanitation activities in low-lying Dullu. The sanitation coordinators (SCs) have now almost completed their experimental phase in Dullu village and discussions were held as to where to start next and on what basis. It is hoped that, at some time in the near future, the NCAR field coordinators will be able to start working in Dullu and can follow-up the work done by the SCs. The latter have experienced quite a few difficulties being confined to sanitation activities alone within one village so it is hoped that this will not be the case if they work on a circuit of several villages.

It is a good sign that the local people are so interested in getting involved in many more activities but it also means that a better system of information exchange between the SCs and various line agencies should be arranged. The SCs can then inform villagers as to the specific services available at these offices and they can then go for assistance direct to the line agencies. The SCs can also inform the line agencies of needs expressed at village level so they can develop more suitable programmes. In the next phase it has been decided that the SCs will work on a circuit centered on Dandaphaya and possibly including the district headquarters, Simikot, where other NGOs are interested in a joint scheme to raise sanitation standards.

CD Progress Report No. 9 - April to June, 1995

Sanitation Programme

The sanitation activities in Dulli, Central Humla, were brought to a close in mid April. The programme was very successful and follow-up visits will be made from time to time. It had been hoped that Dulli would be chosen as one of the new sites for the expansion of CD activities by NCAR, so that the current high level of motivation in the village would not drop, however, Dulli was not included in the major survey undertaken by NCAR in March due to a "fear of repetition of activities" and "practical constraints" on their part. This was an unfortunate misinterpretation of the plan by NCAR staff as the sanitation work was supposed to be complementary to CD activities. It has now been suggested that extra funding be made available to start a fourth 'cluster' of activities around Dulli.

The sanitation coordinators have now moved to a group of villages north of the district headquarters, Simikot, where motivation will be carried out on a circuit basis. So far basic awareness-raising has started in the villages of Dandaphaya and Sata. There are two sections to Dandaphaya, an upper village, Thaha, where habitation is seasonal only but where there is a KLDP water supply system, and the lower area where the people are less acquainted with the work of KLDP. Thaha is relatively clean as there is forest nearby but in the lower village housing is congested and the paths very dirty. In Sata the villagers have shown considerable interest in the idea of improving sanitation, the coordinators have started motivation work using flashcards and separate groups of men and women have been formed for sanitation activities.

The coordinators are experimenting with the length of time spent in each village. One week is too short as it becomes effectively only four working days once travel between sites is taken into consideration. A period of 20-25 days seems to be the optimum length of time, especially during latrine construction. During the next quarter the village of Jharkolshi may be added to the circuit but a problem with the native *Bhotia* language is foreseen in the 'Tibetan' villages in this northern belt: few women there speak Nepali. One idea the coordinators have come up with is to explain the sanitation information and use of flashcards to the Nepali-speaking men and ask them to explain, in turn, to the women in the village. Street theatre performances were used at a fairly late stage in the Dulli programme and it is planned to use this medium in the introductory sessions in the next phase as the method is so effective. The coordinators also feel that including information on nutrition and kitchen gardening in their work could complement the sanitation activities but they realise the possibility that their inclusion could equally divert attention away from the sanitation aspects under certain circumstances.

CD Progress Report No. 10 - July to September, 1995.

Sanitation Programme

Sanitation activities have been centred on the villages of Thaha and Sata in the northern part of Humla. After the successful completion of the experimental sanitation initiative in Dulli, Central Humla, it was decided to arrange work on a 'circuit' basis in two or three villages. Basic awareness-raising was started in the last quarter and it was hoped that construction of latrines would follow in this quarter but, due to the heavy working season in the villages, only a few latrines have been built, however, these are particularly well-constructed with a very high ceiling and plenty of room to move about inside as opposed to the very small latrines usually built in Humla. The sanitation coordinators have also been motivating the villagers to keep the area around their tapstands clean, to take interest in their own personal hygiene and the general standards of cleanliness in their villages.

Excerpts compiled from the original reports by Community Development Specialist.

