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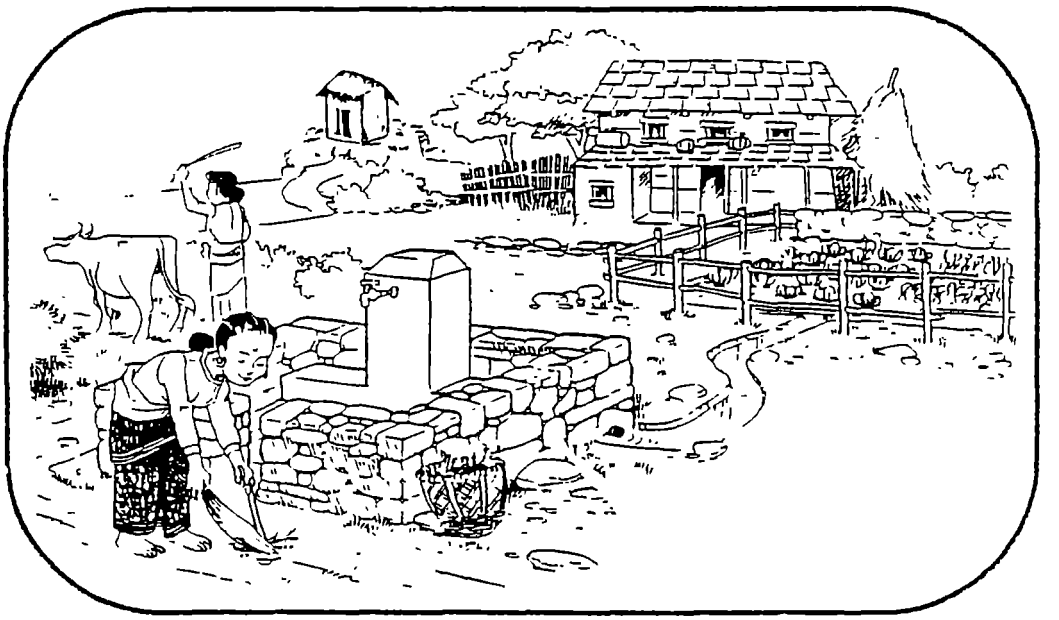
HELVETAS' EXPERIENCES

ON SANITATION IN RURAL NEPAL



helvetas Nepal

1. INTRODUCTION

This paper has been prepared for the Regional Consultation on New Approaches to Sanitation for High Risk Communities, organised by WHO in Pokhara, Nepal 17 - 19 November 1998

As the title of the consultation indicates, the key words are ***Sanitation; New Approaches; and High Risks Communities.***

'Sanitation', according to The Nepal National Sanitation Policy (DWSS, 1994) is defined as 'All activities which improve and sustain hygiene in order to raise the quality and health of an individual' This includes proper methods for disposal of human excreta, personal hygiene, food hygiene, proper handling, storage and use of drinking water, proper solid and liquid waste disposal, and proper animal waste disposal

Helvetas subscribes to the national definition, but for its own programme objectives it gives higher importance to the process of change, whereby people in the communities develop ownership for the betterment of their own lives Helvetas is in a fortunate situation that it has been able to combine its Health and Sanitation Education (HSE) programmes with the planning and implementation of drinking water schemes The communities' understanding of the linkage between a clean environment, healthy behaviour and safe water is an effective motivation to embark on a process of change

'New Approaches', the second key issue of the consultation, is a major challenge for all working for improved sanitary conditions Successes and failures in the field of sanitation are not always immediately visible Change in behaviour and processes of change in general take their own time It is important to be aware of what has worked or not on the short and longer term One should be aware not to throw away the baby with the bath water

Helvetas has gone through many processes of learning which are reflected in the changed programme approaches and methodologies, explained more in ensuing sections

The term ***'High Risk Communities'*** is a critical one In its national policy on sanitation (DWSS, 1994) the Government of Nepal does not make a distinction between high and low risk areas

Helvetas has experiences only with rural communities Especially the poor sanitary habits and behaviour pattern of rural people have disastrous impact on the health of individual family members or sometimes on the entire community or even beyond It is therefore, that Helvetas treats all communities as being at equal risk and, thus, does not exclude any community from sanitation awareness raising programmes

This paper gives an in-depth account on the Helvetas supported **Self Reliant Drinking Water Support Programme (SRWSP)** Section two gives an historic overview, while section three explains on the SRWSP strategy and stepwise approach All activities directly or indirectly related to sustain the process for improved sanitary conditions are elaborated in section four Section five gives the achievements and lessons learned Finally, issues for further consideration are worked out in section six

2. HISTORIC OVERVIEW

HELVETAS, Swiss Association for International Cooperation, has been supporting His Majesty's Government of Nepal (HMG/N) in the implementation of drinking water and sanitation facilities over the last 25 years It started work in 1976 with the initiation of the Community Water Supply Programme, later called the **Community Water Supply and Sanitation Programme (CWSSP)**

Under CWSSP, during the late seventies and early eighties sanitation was understood as safe disposal and treatment of excreta (Pickford,1995) Helvetas/CWSSP, following the global line of thought, helped local schools and health posts build their latrines, and encouraged individual families to build their private latrines In 1983 it was concluded that "Sanitation is gradually being recognised as an essential part of the CWSS programme Yet, it is the hard reality that this component is very, very new to Nepalese thinking" (IRC, 1988)

Helvetas supported a health impact study (Leentjes, 1986) which confirmed the hypothesis that an improved water supply is not in itself sufficient to improve the health status of children It recommended to pay more attention to water use practices through integrated hygiene education in order to maximise the benefits of a water supply

Helvetas, thus, developed an **Integrated Health and Sanitation Education (IHSE) Package** (CWSSP/Helvetas, 1987) which included awareness creation on transmission routes of water borne diseases, motivation for private latrine construction, demonstration and motivation of smokeless stoves, and personal and environmental sanitation activities These sanitation and health education activities were combined with the motivation to involve women in the planning and implementation of drinking water activities Women had to become change agents for improved health in the family and the community This approach has become a part of the National Sanitation Policy

Meanwhile, Helvetas reconsidered its traditional role in the CWSSP, and in 1992 launched a new programme called **Self Reliant Drinking Water Support Programme (SRWSP)** designed to help reactivate, promote and support people's self-help capacities for planning, construction, and operation and maintenance of their drinking water schemes with equal consideration for sanitation

SRWSP disregarded the IHSE approach of CWSSP, and developed a **Selective and Intensive Approach** which covers few issues only i.e hand-washing practices and motivation for construction, use and maintenance of latrines

Inspired by the outcome of an extensive participatory evaluation exercise held in 1997, which concluded that "the promotion of latrine construction has led to high rates of build compliance, but also that greater emphasis on hygiene education activities would enhance an improved health" (SRWSP, 1997, Whiteside, Shrestha, 1997), Helvetas decided to broaden its HSE activities This, together with the growing awareness on gender roles, and the impact that drinking water and sanitation activities could have on the role and responsibility of men and women in the community, encouraged Helvetas to develop its present approach **The Gender Balanced Process Approach for Sanitary Change**

3. THE SRWSP STRATEGY AND STEP-WISE APPROACH

The strategy of SRWSP is based on principles rather than target outputs SRWSP/Helvetas works in partnership with Local Non Governmental Organisations (LNGO) or Community Based Organisations (CBO) and Water and Sanitation management Committees (WSMC), but also with private firms for the construction and supervision of the drinking water schemes

With the SRWSP/Helvetas approach and strategy it is assumed that, among others (SRWSP, 1998c)

- communities, and in particular women in these communities are able to plan and implement activities independently,
- drinking water and sanitation facilities are used, maintained and managed by the local communities, and
- sanitary practices are applied

SRWSP follows a community action planning and **step-wise approach** for project completion in three phases preparation, implementation, operation and maintenance (SRWSP, 1994) The step-wise approach is a series of activities and benchmarks that guarantee the integrity of the project process and increase community ownership of schemes It requires a series of activities to be fulfilled by user communities in successive order

During the **preparation phase**, before construction of a drinking water scheme, many activities are conducted which lead to improved community management and better sanitation practices among the beneficiaries Among those activities are assessment and analysis of the village reality in the field of drinking water and environmental sanitation, community mobilisation for Water and Sanitation Management Committee (WSMC) formation; Health and Sanitation Education (HSE), training of WSMC members, collection for operation and maintenance fund, and participatory monitoring

It is only after all those activities that technical survey and planning for the drinking water system is initiated At the end of the preparation phase a planning is made for collection of local material and transportation of other construction material This is the start of the implementation phase

The **implementation phase** is the shortest of the three SRWSP/Helvetas provides skilled and technical qualified staff, but it is the people who have to build their own drinking water scheme During this phase a Village Maintenance Worker (VMW) is appointed by the community and trained on the job and during a two weeks training After completion of the construction work, the operation and maintenance phase commences

The **operation and maintenance phase** is open ended for the community, but for SRWSP/Helvetas it has a duration of two years only During this period the project area is visited for at least five times Then SRWSP/Helvetas withdraws from further obligations to support the community

4. SRWSP ON SANITATION

SRWSP/Helvetas' understanding of development is the process of change, whereby people in the communities develop ownership for the betterment of their own lives The rural people of Nepal suffer from bad health caused by low sanitary conditions and unsafe drinking water The process of change should therefore, also cover a change in sanitary practices and behaviours The HSE activities are all geared towards this change

The main actors to disseminate the health and sanitation message in the village are

- The WSMC members who are trained on the issue of sanitation twice during the management training, and on the job in the village during motivation sessions,
- The VMW who is made aware on the basics of sanitation during his training,
- The Woman Tapstand Caretaker (WTC) per tap who receives a training during the beginning of the operation and maintenance phase

SRWSP/Helvetas' Community Facilitators (CF) or its NGO partner Community Motivators (CM) are responsible to train the key persons and to make them aware on their role in the process of change They are also the ones to initiate village based house to house motivation activities and other related matters like construction of demonstration latrine or conducting sanitation campaigns

All activities directly or indirectly related to sanitation are elaborated below

4.1 Sanitation activities during the preparation phase:

- Soon after an application for drinking water and sanitation has been received and verified, a **participatory assessment** of the drinking water and sanitation related village reality takes place As many as possible villagers, both men and women, together with the CF or CM make an **environmental walk** through the village The used water points and the proposed source for the new drinking water system are visited, storage practices of water in the houses is looked at, defecation and hand-washing practises are discussed, and cleanliness of the village paths and household surroundings are observed
- With the use of **PRA tools** the village reality is **analysed** and a very first planning for improvement made
- Based on this awareness the CFs and CMs visit the community on a regular basis and initiate **HSE activities** These can vary from village to village, depending upon the local situation, but, mostly include
    - practical and theoretical sessions on transmission routes of diseases,
    - hand-washing practices,
    - storing of water,
    - use of waste pit,
    - cleaning up of local water points,
    - domestic animal control,
    - awareness on defecation practices,
    - motivation for latrines use,
    - advantages of latrine use,
    - kitchen utensils drying set use, and others

The tools used for these activities are posters, songs, puppet shows, drama, flash-cards, comics, practical classes, and others

- Some villages need **special activities** which include observation visit to a nearby village which has already gone through the process of change, cleaning up campaigns, special motivational activities for hard-to-motivate-groups, school education programmes, etc
- All these HSE activities result in the interest to build latrines The villages are explained about the different technical options and the costs involved Based in the interest of the people, one **demonstration latrine** is build People are explained about the most proper location for the latrine, the way to measure the size and to start digging For this a small booklet and comic cards are used
- Only after the **sub-structure** is finished various options for the **superstructure** are shown For this, special drawing have been developed to show different options which vary in cost and durability SRWSP/Helvetas gives high importance to the sub- as well as to the superstructure
- Community people are in need for supervision while constructing their latrine That is why **home visits** are paid This is not only for the latrine supervision, but at the same time feedback and advice is given on matters like storage of water and personal hygiene
- Throughout the process of constructing latrines in the community, which can take from a few months to more than half a year, the HSE and latrine construction motivation activities are continuing. One of the most important motivational tool during this process is the **participatory latrine construction monitoring** tool During this exercise the people themselves monitor the progress made and plan for the future
- After the latrines are completed, the people are taught on the proper use and the maintenance of the toilets For every toilet a **toilet maintenance flash-card** is distributed which is hung in the toilet for the purpose of reminding the people to keep their latrine clean.
- After the formation of a WSMC, for which again special tools are used, a **management training** is organised for its members The WSMCs of two project communities are called to one village and are trained in matters relevant for their function One of their responsibility is to motivate the community people for improved sanitation In this way the WSMC members are closely involved in the above mentioned village level activities, but also during their training course sanitation issues are given high importance
- At the end of the preparation phase the beneficiaries decide, in a participatory way, with the use of PRA tools, the location of the tapstands and tanks At this moment people are made aware of the need for **proper drainage of the wastewater** and agreements have to be made on whose land the waste water will flow The people are also given some suggestions on waste water utilisation as well

4.2 Sanitation activities during the implementation phase:

During the implementation phase all the energy and time available goes to the construction of the drinking water scheme For a few months there is no time to think about something else than water, pipes, cement, and hard work It is only after completion of the work that people feel happy and convinced about the benefits of their hard work Thus, no real sanitation activities are considered during this time Only those activities which are related to construction are taken up, like **protection of the source area and installation of drain pipes.**

At the beginning of the implementation phase, mostly in January or February, A VMW training takes place, where one or two VMWs each of one project are trained together In this training the HSE message is disseminated as well

4.3 Sanitation activities during the operation and maintenance phase:

It is SRWSP/Helvetas' experience that during the operation and maintenance phase the whole community needs again a booster for the management of the sanitation and drinking water facilities (SRWSP, 1997) For this, several activities and visits to the community are developed, all with a strong sanitation component to it (SRWSP, 1998b)

- Soon after completion of the drinking water scheme, a **second management training** for the WSMC members is conducted Besides specific issues like fund management, sanitation matters are also covered such as waste-water use and cleanliness of the tapstand and its surrounding, and maintenance, use and repair of the toilets The WSMC members are encouraged to make an action plan for the repair of the toilets, which will be monitored during another visit
- A **first monitoring** takes place six months after completion A team visits the project area and together with the users and the VMW, monitor the functioning of the drinking water scheme and the maintenance work done by the VMW At the same time the activities of the WSMC are looked at and also the sanitary condition in the village in general and the toilet and tapstand cleanliness in particular are monitored Depending on the situation in the village, on the spot HSE sessions will be organised These can be on any issue, but mostly cover toilet maintenance and repair, and waste water management
- Around the same time a training is organised for female tapstand representatives, called **Women Tapstand Caretakers Training** The training focuses on providing technical skills to the WTC, so that they can maintain their tapstands on their own and can assist in cleaning the tanks and intake and maintain the pipeline, thus facilitating a flow of clean and safe water to the village During the training health and sanitation messages are also covered By the time of this training the latrines might be in need for repair, and the tapstands and their surroundings need cleaning up. Therefore, the HSE message in this training is mostly of latrine use, maintenance and repair, and management of waste water
- After six months of the training, a **WTC follow up visit** is paid to the trainees, to monitor their ability to bring their learned skills into practice, including their key role as a disseminator in the health and sanitation message After all trainees have been visited at their own tapstand, certificates are distributed As a special programme some drama and puppet-show will be performed on the need to keep the sanitation and drinking water facilities well functioning
- About two years after the completion of the drinking water system, which is at least three years after the first activities in the community, a **final participatory monitoring** is exercised The impact and the sustainability of the programme is monitored and evaluated according to indicators which are linked to the programme objectives After completion of the monitoring, in a large meeting with the WSMC members, WTCs, VMW, and other users, the impacts are discussed and feedback provided on where improvements can still be made.

5 ACHIEVEMENTS AND LEARNINGS ON SANITATION

5.1 Achievements in the field of sanitation

Over the past five years (1993 - 97/98) 67 small to medium drinking water projects have been built benefiting 3378 households Another 25 projects are in preparation and planned for construction in 1998/99

Of all households covered by the drinking water scheme, 80% have constructed latrines (Helvetas/SRWSP bi-annual report, 1998) The major reason for not building latrines is attributed to the poor economic situation of the people Altogether 1178 latrines have been reported as complete in the 25 project communities for 1999 This is a 60% coverage, and will increase significantly by the beginning of the coming construction season (SRWSP, 1998a) Over the last year only, demonstration latrines were built in 18 projects out of the 19, where there was demand from the beneficiaries Another 13 demonstration latrines have been built in the projects planned for the year 1999

During mid 1998 a final participatory monitoring exercise was conducted in all the projects constructed until 1996 From this exercise it was learnt that still 65% (every 2 in 3) of the constructed latrines are in use over a period of 2 to 5 years, and are in reasonable condition The reasons for abandoning the latrines (1 in 3) are collapse of pit mostly because of high water table, increased smell and flies due to bad maintenance, lack of motivation and/or understanding on the importance of latrines, and latrines built under pressure -not out of motivation It was also found that people who have developed the habit of using latrines now feel now more convenient to use latrines than defecating openly Only in exceptional cases the number of latrines in a community have increased

Better sanitation practices like proper hand washing, cleaning utensils, washing clothes and taking baths were found to have increased in all project areas Community people have also expressed that they have improved their sanitary habits and that their village is cleaner now than before (SRWSP,1997)

5.2 Major learning from SRWSP/Helvetas experiences

In the section 'Historic Overview' the major learning and the impact it has had on the approach to sanitation have been covered The more recent learning from SRWSP can be summarised in the following points

- **Sanitation and health education as a part of a drinking water programme have the most impact if covered before providing the drinking water facilities** People are eager to receive drinking water and thus show an openness for other issues related to it If HSE activities are carried out during the preparation phase, people show an openness for change and are motivated to complete their latrines Those people who were not motivated to build a latrine during the preparation phase, do not tend to do so afterwards This approach practised by Helvetas is seen as a **guided motivation or a positive pressure** for change
- **Having the majority of the community people motivated for sanitation is a challenging task, often consuming longer time, and requiring repeated motivation**

When properly motivated, poor people also show an interest to construct latrines or to have access to sanitary facilities

- **Sanitation is not a one off activity, but should be an integral component of all activities** In this way sanitation issues can be covered in all trainings even the more technical ones, and be discussed during all village meetings and get-to-gathers
- **Changed behaviour is an issue which concerns all and as such should focus on all community and family members** The past approach in which women were made responsible for sanitary change had its effect only partly Still women can be very strong change agents, and as such should be in the focus of the programme, but without the support and motivation on the part of men and male leaders in the village a remarkable change can not be expected
- **A gender sensitive approach should first analyse the varying interest and needs of men and women, and conduct their programme activities accordingly.** Helvetas has seen that men often take the initiative for latrine construction, as it has a certain prestige as well, and that women are more interested in e g use of waste water for kitchen gardens
- **People are willing to change but just need a small push or motivation to act** Asked why people have built such nice latrines but have waited for the programme to activate them, the answer given is that either they didn't know how to build a latrine, or that they actually knew it all but just needed the push to start
- **Subsidy is not an issue for motivation to construct latrines** So far SRWSP/Helvetas has not provided any subsidy for the construction of a latrine Only in exceptional cases, where there was no local material available to make a good quality slab, Helvetas subsidised a concrete slab for the very poor All other latrines are constructed without any cost sharing The cost of a simple pit latrine made from local material is estimated to be around Rs 3000 (= $ 45) A more recent policy states that slabs made from mud should be avoided as they are difficult to be kept clean, and be replaced by stone or concrete slabs The cost of a concrete slab (Rs 300) will be subsidised for the poor
- **Different technological options for latrines should be offered** Until now, Helvetas has demonstrated simple pit-latrines made from local material, with a pit from dry stone masonry and good quality super structures made from material available Now, voices have come from the community for simple offset latrines, and for different options In this line three options have been developed the simple pit latrine, the single pit offset latrine, and the twin-pit offset latrine
- **Community people have their own reasons to decide for the construction of a latrine** It has been Helvetas' experience that reasons for convenience are seen equally important than better health Therefore, during motivational activities both reasons should be covered
- **The focus should be on the process people embark on for improving their (health) situation** 100% coverage of latrine use can be an ultimate goal, but not very realistic for the rural setting in Nepal Changing old practices and habits is very difficult, albeit the need for this change has been understood and even felt Reasons for not or late embarking on this process can be plenty The ones seen by Helvetas are
    - in heterogeneous communities underprivileged groups leave the initiative to the innovative and mostly better off groups, underprivileged homogeneous groups, however, show more openness for change,
    - people have been spoiled with the provision mentality of donors and are not yet ready for the facilitation approach,

- the very poor people do not have the time and energy to think about something more than getting enough for fulfilling their daily needs,
- the facilities do not provide the benefit people had expected, e.g a latrine can become a smelling place if not well maintained,
- religious beliefs can keep elderly people from changing their habits and,
- the decision makers are not at home, mostly in female headed households,

- **Once used to a good latrine people to not want to go back to open defecation** Simple pit latrines will be filled after a few years of use Helvetas has seen cases where people build a second latrine which is longer lasting The habit of using a latrine has been developed and people have experienced the benefits the use of a latrine gives to the family Some people seem to be willing to make higher expenditures for a second latrine, others stick to the direct pit latrine.

6. IMPORTANT ISSUES FOR FURTHER CONSIDERATION

For the purpose of the Regional Consultation on New Approaches to Sanitation for High Risk Communities, Helvetas wants to raise two major issues for further consideration

6.1 Definition of high risk groups in rural Nepal

For SRWSP/Helvetas it is hard to make a distinction between high and low risk groups Looking into the rural communities of Nepal, it is not so much the settlement pattern, or the socio-economic situation which increases the risk, but more the traditional water handling and defecation practices which are the cause of bad health Helvetas, therefore, would argue that for rural Nepal the differentiation between high and low risk is not a very workable strategy

The urban and semi-urban situation is different from the rural villages Rural people tend to migrate to the (semi)urban areas which have bad infrastructure facilities like open or no drainage, no toilets, unreliable water supply, and dense housing This, combined with the traditional sanitary habits makes those areas more vulnerable for disease and epidemic outbreaks Different approaches will have to be developed to have the areas improved and the people changed SRWSP/Helvetas has however, no experience in this field and as such can not add to the discussion on high risk groups in (semi)urban areas.

6.2 Need for a gender balanced approach in sanitary activities

Based on the work in the rural village in Nepal, Helvetas has learned that rural and men each have their own roles when concerning the health of the family members Decisions related to expenditures for improved health are mostly made by the male head of the household, e g if a latrine is constructed, or a doctor visited Women have a stronger influence in educating children, and especially girl children, in the field of personal and environmental sanitation. Women do not have equal access to information and knowledge, and are therefore, not regarded as equal decision makers Men again pretend more knowledge than they really have, and can thus make wrong decisions

A gender approach analyses the different areas of work, responsibility and authority of men and women in the field of sanitation It ensures that the programme information reflects the

differences in demand and reaches and mobilises both categories Programme activities should be geared to making women and men feel responsible for the improvement of the health of their family members and the community as a whole (IRC, 1998)

In conclusion it can be said that the learning by doing approach of Helvetas/Nepal, over the past twenty years, has helped to gain an insight in the complexity of achieving sustainable results for better health through health and sanitation education as a part of drinking water programme Helvetas/Nepal has learned that good listening to the community people, combined with a self critical and flexible approach, is probably the best way to adjust the programme activities to the changing living environment and needs of the rural people of Nepal

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