



Government of Nepal

SANITATION AND HYGIENE MASTER PLAN



STEERING COMMITTEE FOR NATIONAL SANITATION ACTION

2011

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PREFACE

Despite the gradual achievements in sanitation, still 57% of the country's population lacks access to a toilet. A gap of 37 % between people's access to water supply (80.4%) and sanitation (43.04%) facilities stands as a big challenge in achieving the perceived health benefits from water supply and sanitation services. The poor and disadvantaged communities are the most affected, with children and women fairing worst. Solid waste and wastewater problems are growing rapidly in urban areas.

Nepal has to achieve at least 53% toilet coverage by 2015 to meet the sanitation Millennium Development Goal (MDG). The trend of toilet coverage indicates that Nepal will attain the MDG but it needs pragmatic vision, operational strategies, strengthened institutional arrangements, adequate resources and stakeholders' collaborative efforts to achieve the national goal of universal toilet coverage by 2017. Through all South Asian Conferences on Sanitation, Nepal has made firm commitments to develop the Sanitation and Hygiene Master Plan. This commitment was also reinforced through the Nepal Country Plan for the International Year of Sanitation-2008. Considering the existing challenges and barriers to overcome and the commitment needed to meet National and MDG targets, having the Master Plan in place is essential to mainstream the efforts of concerned stakeholders at various levels. Hence, the Steering Committee for National Sanitation Action has formulated this Master Plan to expedite the pace of sanitation promotion and demonstrate Nepal's commitment in its sanitation endeavors.

A wide range of consultations were carried out with various community, district, regional and national level stakeholders to seek feedback and input to develop the Master Plan. The Master Plans of a few other countries were also reviewed.

We expect that the Master Plan will help the concerned stakeholders in effective planning, budgeting, human resource mobilization, implementation, monitoring and evaluation and follow up of hygiene and sanitation programs and projects. We also expect that the diverse approaches and modalities will converge to maintain uniformity and standardization in the hygiene and sanitation sector to accelerate the sanitation pace to achieve the sanitation MDG and National targets.

National Planning Commission		

Dr. Dinesh Chandra Devkota, Hr. Vice Chairperson		

Ministry of Physical Planning Works	Ministry of Local Development	Ministry of Education and Sports
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Secretary	Secretary	Secretary

Ministry of Health and Population	Ministry of Women, Children and Social Welfare	Ministry of Finance
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ABBREVIATIONS

ADB	Asian Development Bank
ADDCN	Association of District Development Committees in Nepal
ARI	Acute Respiratory Infection
BSP	Basic Sanitation Package
CBO	Community Based Organization
CGD	Child, Gender and Differently-abled Friendly
CHRDU	Central Human Resource Development Unit
CLTS	Community Led Total Sanitation
DACAW	Decentralized Action for Children and Women
DDC	District Development Committee
DEO	District Education Office
DOE	Department of Education
DSS	District Sanitation Section
DSO	District Sanitation Officer
DoHS	Department of Health Services
DoLIDAR Road	Department of Local Infrastructure Development and Agriculture Road
DPHO	District Public Health Office
DTO	District Technical Office
D-WASH-CC	District Water, Sanitation and Hygiene Coordination Committee
DWDO	District Women Development Office
DWSS	Department of Water Supply and Sewerage
DWSSCC	District Water Supply and Sanitation Coordination Committee
ESDMS	Environmental Sanitation and Disaster Management Section
FACOFUN	Federation of Community Forestry Users Association Nepal
FEDWASUN	Federation of Water and Sanitation Users Nepal
GWS	Gurkha Welfare Scheme
I/NGO	International/ Non Government Organization
IEC	Information, Education and Communication
IYS	International Year of Sanitation
JAKPAS	Jantako Khane Pani Ra Sarsafai

JMP	Joint Monitoring Program
MDG	Millennium Development Goal
MLD	Ministry of Local Development
MoES	Ministry of Education and Sports
MoHP	Ministry of Health and Population
MPPW	Ministry of Physical Planning and Works
MuAN	Municipal Association of Nepal
MWCSW	Ministry of Women, Children and Social Welfare
M-WASH-CC	Municipal Water, Sanitation and Hygiene Coordination Committee
NAVIN	National Association of Village Development Committee in Nepal
NHSSC	National Hygiene and Sanitation Coordination Committee
NHSSC	National Hygiene and Sanitation Steering Committee
NPC	National Planning Commission
NRCS	Nepal Red Cross Society
NSW	National Sanitation Week
NTP	National Trachoma Program
ODF	Open Defecation Free
PAF	Poverty Alleviation Fund
R-WASH-CC	Regional Water Sanitation and Hygiene Coordination Committee
RCNN	Resource Center Network Nepal
RVWRMP	Rural Village water Resources Management Project
RWSSFDB	Rural Water Supply and Sanitation Fund Development Board
RWSSP-WN	Rural Water Supply and Sanitation Project in Western Nepal
SACOSAN	South Asian Conference on Sanitation
SCNSA	Steering Committee for National Sanitation Action
SOPHEN	Society of Public Health Engineers in Nepal
SLTS	School Led Total Sanitation
SSHE	School Sanitation Hygiene Education
SWC	Social Welfare Council
VDC	Village Development Committee
V-WASH-CC	VDC Water, Sanitation and Hygiene Coordination Committee
WASH	Water Sanitation and Hygiene
WECS	Water and Energy Commission Secretariat
WSSD/SDO	Water Supply and Sanitation Division/Sub Division Office

IMPORTANT TERMS AND DEFINITION

The Master Plan adopts the following terms at conceptual as well as operational levels, unless otherwise stated.

I) Improved Sanitation Facilities (Toilet)

According to the Joint Monitoring Program (JMP) of UNICEF and WHO, an improved sanitation facility is defined as one that hygienically separates human excreta from human contact. The JMP uses the following classification for improved sanitation facilities, however, sanitation facilities are not considered improved when shared with other households or open for public use:-

- a) Flush or pour-flush to:-
 - piped sewer system
 - septic tank
 - pit latrine
- b) Ventilated Improved Pit (VIP) latrine
- c) Pit toilet with slab and lid
- d) Composting toilet (eco-san)

Note: The Master Plan, however, recommends toilet options with a permanent structure up to the plinth/ floor level from the point of view of durability and sustainability of structures.

II) Total Sanitation

Unless otherwise stated, Total Sanitation for the purpose in this Master Plan is a range of facilities and hygiene behaviors that lead to achieve sanitized condition of the designated areas (VDC and municipality including settlements, *Toles*, school's catchments, etc). Total Sanitation concentrates on ending Open Defecation as a first significant step to an entry point of changing behavior. The second step includes all arrangements leading to sustainable hygiene and sanitation behaviors. Therefore, Total Sanitation is expected to achieve a sanitized condition in two phases in a sustainable manner as follows:-

Phase 1: Open Defecation Free (ODF) Situation

Open Defecation (OD) means defecating in the open and leaving the faeces exposed. ODF means 'Open Defecation Free' i.e. no faeces are openly exposed to the air. The collection of faeces in a direct pit with no lid is also a form of OD but with a fly proof lid it then qualifies for ODF. The following indicators/ criteria are expected to be prevalent in any given designated areas in order to declare it ODF:-

- There is no OD in the designated area at any given time;
- All households have access to improved sanitation facilities (toilets) with full use, operation and maintenance; and
- All the schools, institutions or offices within the designated areas must have toilet facilities

In addition, the following aspects should be encouraged along with ODF declaration process:

- Availability of soap and soap case for hand washing in all households; and
- General environmental cleanliness including management of animal, solid and liquid wastes is prevalent in the designated area.

Phase 2: Total Sanitized Post-ODF Situation

This phase includes all arrangements leading to sustainable hygiene and sanitation facilities and behaviors. Although the respective community/ VDC/ municipality themselves will identify and implement

various hygiene and sanitation parameters during the post-ODF, the following indicators may be suggested to ensure that a Total Sanitation situation is achieved in the given area:-

A. Five key hygiene and sanitation behaviors

- Use of toilets;
- Practice of hand washing with soap or cleaning agent at critical times;
- Safe handling and treatment of drinking water (e.g Point of Use treatment) at households level;
- Maintenance of personal hygiene (regular nail cutting, bathing, cloth washing, daily combing, tooth brushing etc.), and
- Proper solid and liquid management in and out of the home.

B. Household sanitation

- All households should have toilet and hand washing facilities such as soap, washing platform, et
- Availability of brush, brooms, cleaning agent, etc. at the toilet;
- Covering food and water;
- Regular cleaning of rooms, yards, and household compound;
- Availability of managed animal shed;
- Availability of covered waste water pit;
- Access of safe drinking water;
- Availability of bins/pits to collect/dispose solid waste, and
- Availability of improved cooking stove/bio-gas (optional).

C. Institutional sanitation

- All institutions should have users-friendly clean, hygienic toilets with hand washing with soap station and proper waste management facilities, and
- All schools must have Child, Gender and Differently-abled (CGD) friendly water, toilet and hand washing (with soap station) facilities including menstrual hygiene facilities. The schools must have garbage pit facilities within the school premise.
- All institutions should keep their premises in clean and hygienic condition.

III) Child, Gender and Differently-abled (CGD) Friendly Features

- *Child friendly features:* include water taps, knobs and latches of toilet doors and windows at suitable heights and convenience for children at different ages.
- *Gender friendly features:* the location of the toilet should be appropriately selected in a safe and secure place and the door, windows and ventilation should safeguard privacy. In addition to water, in schools and other public institutions, the toilet should have facilities for maintaining menstrual hygiene management. For example, a bucket with cover/ lid inside the toilet or an incinerator attached just outside the toilet is essential.
- *Differently-abled friendly toilet:* should include a ramp up to toilet, sufficient space for a wheelchair in the passage, hand railing in the passage and, within the toilet cubicles, appropriate types of seating arrangements and support on the toilet.

IV) Ultra Poor Households

Rural Water Supply and Sanitation National Strategy 2004 has indicated some proxy indicators to identify poverty. These are:-

- Households having food sufficiency (security) for less than six months;
- Households having daily wages as the main source of income;
- Female-headed households and/ or households without adult members and/ or households having physically disabled persons, and
- Other relevant indicators agreed by the community.

V) Stakeholders: All the members of the National Sanitation and Hygiene Steering Committee (NSHSC), and regional, district, VDC and municipal level WASH coordination committees, local government bodies, schools, child clubs, users committees, any other agencies that have roles in water and sanitation promotion ..

VI) Joint Plan: A district, municipality and VDC level Strategic Plan/Plan of Action which the central government, local bodies, donors and International/ Non Governmental Organizations (I/NGOs) follow to promote total sanitation through joint planning, programming, financing and implementation in an unified manner in line with the guiding principles of the Sanitation and Hygiene Master Plan. The District Periodic Plan will also include hygiene and sanitation promotional activities and is endorsed annually in the VDC,, municipal and district assemblies, as appropriate.

VII) Universal Sanitation Coverage: Cent-percent sanitation (toilet) coverage in a given area.

VIII) Universal Access to Sanitation: All users having access to toilet in a given area.

PART 1: GENERAL OVERVIEW

1.1 BACKGROUND

The systematic effort for sanitation promotion in Nepal dates back to the 1980s along with the United Nations (UN) declaration of the International Decade of Drinking Water Supply and Sanitation. Since then, promotion of sanitation has been taking place as an integral component of water supply projects. However, major effort on sanitation is found to have started from the early 90s. In the recent years, sanitation has been recognized as the basis of health, dignity and development. Following is the chronological history of sanitation initiatives undertaken by the Government of Nepal and other stakeholders over the years:-

Table No.1 Chronological History of Sanitation Initiatives in Nepal

Major initiatives	Year
<ul style="list-style-type: none"> • Establishment of the Department of Water Supply and Sewerage (DWSS) 	1972
<ul style="list-style-type: none"> • U N Declaration for International Drinking Water Supply and Sanitation Decade 	1980
<ul style="list-style-type: none"> • Initiation of Community Water Supply and Sanitation by UNICEF 	1987
<ul style="list-style-type: none"> • Establishment of the Environmental Sanitation Section (ESS) at DWSS 	1992
<ul style="list-style-type: none"> • <i>Janatako Khane Pani Ra Sarasafai Karyakram</i>, (JAKPAS), MPPW/ World Bank (Pilot 1993-1996) 	1993
<ul style="list-style-type: none"> • Nepal National Sanitation Policy and Guidelines for Planning and Implementation of Sanitation Program, MPPW • KAP study on sanitation, DWSS/UNICEF 	1994
<ul style="list-style-type: none"> • National Policy on Solid Waste Management • Establishment of Rural Water Supply and Sanitation Fund Development Board (1996-till date) 	1996
<ul style="list-style-type: none"> • Initiation of Child to Child Approach on Sanitation and Hygiene Promotion, UNICEF/NRCS/NEWAH • 20 Year's Water Supply, Hygiene and Sanitation (WASH) strategies, Water and Energy Commission Secretariat (WECS) 	1997
<ul style="list-style-type: none"> • Establishment of the Steering Committee for National Sanitation Action (SCNSA) • National Water Supply Sector Policy (Policy and Strategy), MPPW • Establishment of Department of Local Infra Structure Development and Agricultural Roads (DOLIDAR) 	1998
<ul style="list-style-type: none"> • Development of Basic Sanitation Package, DWSS and UNICEF • Five Year Action Plan on Environmental Sanitation Promotion, DWSS • Local Self Governance Act, MLD 	1999
<ul style="list-style-type: none"> • Publication of Nepal <i>State of Sanitation</i> Report , DWSS/UNICEF/SCNSA • Initiation of an annual National Sanitation Week, SCNSA • School Sanitation and Hygiene Education (SSHE) program in 15 districts, DWSS/ UNICEF • Draft National Sanitation Policy - 2000 and revision in 2002, DWSS • Water Resources Management Project (WARMP) in six districts of the mid-western and far-western development regions (2000- 2012), Helvetas 	2000
<ul style="list-style-type: none"> • Small Towns Water Supply and Sanitation Sector (WSSS) Project, DWSS and ADB 	2001
<ul style="list-style-type: none"> • Pilot project on Eco-sanitation, DWSS WHO • Urban Environmental Improvement Project (UEIP), DUBC and ADB • Strengthening of Environmental Administration and Management at the Local Level (SEAM-N Project) in Dharan-Biratnagar Corridor, Government of Nepal (GoN) /Government of Finland 	2002

<ul style="list-style-type: none"> Community based Water Supply and Sanitation project started and now in operation in 20 districts, DWSS and ADB Nepal participated in the first South Asian Conference on Sanitation (SACOSAN) in Bangladesh Nepal WASH campaign initiated - NEWAH/SCNSA Development and piloting of Participatory Hygiene and Sanitation Transformation (PHAST) approach, DWSS/ RWSSFDB/UNICEF Piloting of Community Led Total Sanitation (CLTS) approach 	2003
<ul style="list-style-type: none"> Rural Water Supply and Sanitation National Policy, Strategies and Strategic Action Plan, Initiation of Hand Washing Campaign, DWSS/UNICEF 	2004
<ul style="list-style-type: none"> Draft National Guidelines for Implementation of Hygiene and Sanitation, DWSS Assessment of National Sanitation Policy by WEDC/ UK Initiation of Sanitation Model District Chitwan, (2005-2011), SCNSA Initiation of Water for Asian Cities Program, MPPW/ UN-HABITAT 	2005
<ul style="list-style-type: none"> Development of the Guidelines on School Led Total Sanitation (SLTS), SCNSA, DWSS and UNICEF Initiation of SLTS program approach, DWSS and UNICEF Nepal participated in second SACOSAN in Pakistan WASH program in the Karnali Region (2006-2010), Concern Worldwide Nepal Rural Village Water Resources Management Project (RVWRMP)-II phase in 10 districts of mid and far western development region, GoN/ Government of Finland Sanitation Model district concept introduced in Chitwan, Kaski and Tanahun districts 	2006
<ul style="list-style-type: none"> Introduction of Sanitation Promotion Norms, DWSS Vision Paper (2007-2027), MPPW Development of Child friendly, Gender Friendly and Differently-abled (CGD) friendly process, tools and materials, UNICEF 	2007
<ul style="list-style-type: none"> Nepal Country Plan for the International Year of Sanitation (IYS), SCNSA Nepal participated in the third SACOSAN in India Pilot Human Value-based Water, Sanitation and Hygiene Education, MoES and UN-HABITAT Celebration of IYS and Global Hand Washing Day Rural Water Supply and Sanitation Project in Western Nepal in 9 districts of the western region (2008-2012), Government of Finland/ DOLIDAR 	2008
<ul style="list-style-type: none"> Draft Solid Waste Management Act, MLD (revision of 1987 act) Urban Water and Sanitation National Policy, MPPW 	2009
<ul style="list-style-type: none"> Establishment of Sector Efficiency Improvement Unit (SEIU) at MPPW Second Small Towns Water Supply and Sanitation Project (2010-2015) Development of Sanitation and Hygiene and Sanitation Master Plan, NSHSC "Aligning for Action to Make Diarrhea Epidemics a History" Surkhet Declaration and Nepalgunj Commitments for Community Approaches to Total Sanitation 	2010
<ul style="list-style-type: none"> UN declaration- WASH as a human right 	2010

1.2 SITUATION ANALYSIS

1.2.1 Demography

Administratively, there are five development regions, 14 zones, 75 districts, 58 municipalities, 3,915 Village Development Committees (VDCs). The country is divided into three ecological regions - Tarai, hill and mountain with 21, 42 and 12 districts respectively. However, once the new federal structure is in place after the promulgation of Nepal's new constitution, names and sizes of the administrative units are likely to change. As per the projection of the National Census 2001, the total population is calculated to be 28.04 million in 2010.

1.2.2 Socio-economic Context

Low land holding: The population census 2001 reveals that the average land holding per household is 0.1 ha. *Dalits*, who together represent some 13 percent of the country's population, remain the most deprived and are either marginal landholders or landless. The census survey also shows that about 29% of the total population are landless. These landless people do not have any physical space to build toilets. They are mostly living as squatters in public places and slums where construction of toilets is not legally recognized.

Settlement pattern: The settlement pattern too poses a problem for building toilets in some parts of the hills and ethnic *Madhesi* settlements in the Terai. The settlements are tightly clustered and there is lack of space for building toilets. The only possible solution is public and community toilets in such areas but these seem difficult in terms of the operation and management perspective.

Poverty: A recent UNDP survey reveals that the number of people under the poverty level is 65% of the total population (rural and urban). The National Planning Commission, however, claims it is only 25.4%. Besides, there is a big gap of sanitation coverage between poor (12 %) and rich (80%) . Hence poverty remains a major factor in the promotion of toilets in the country. Given the widespread poverty in the country, their affordability would pose a special problem for the community-wide promotion of toilets.

Lack of awareness: The illiteracy rate is 37% of the total population above six years old. Due to widespread illiteracy and lack of education, there is inadequate awareness of the connection between unsanitary conditions and practices and vulnerability to disease and ill-health, particularly the fact that human excreta is the main source of transmission and spread of a wide range of communicable diseases.

Rampant open defecation: Open defecation continues to be rampant in the country, more so in the *Tarai*. Due to the high ground water table, construction of a toilet is a costly option and open defecation is a most common practice in the *Tarai*.

Socio-cultural taboos: In some ethnic culture, traditional beliefs such as a father-in-law and daughter-in-law cannot use the same toilet, has also compelled many people to go for open defecation. In other culture specially in the mid and far western region, menstruating women cannot use the toilet with a belief that they are untouchable during those menstruating days.

1.2.3 Role of Government Local Bodies

According to the Local Self Governance Act 1999, local government bodies are responsible for providing water and sanitation facilities. However, due to lack of awareness, human resources and, most importantly, due to lack of planning skills, hygiene and sanitation was overshadowed by physical infrastructures. Only recently some of the District Development Committees (DDCs), VDCs and municipalities have recognized the promotional actions on sanitation to achieve Open Defecation Free (ODF) situation through their annual planning. In the recent years, the Water Supply and Sanitation Division/Sub-Division Offices (WSSD/SDO) have been playing the catalytic role for backstopping ODF initiative in coordination with District Water Supply and Sanitation Coordination Committee (DWSSCC).

1.2.4 NGO/ CBOs as an Essential Complementary Force

Traditionally women/ mothers' groups, forest users groups (FUGs), cooperatives, ex-army groups, youth clubs, etc are quite active in Nepal for cultural, social and community welfare activities. But these entities have contributed very little in hygiene and sanitation promotion. In recent years, the trend has however, changed; they have been an active catalysts to promote sanitation activities. FUGs being the most resourceful in communities have supported members with cash and materials to build toilets, as have

other groups. However, only a few external agencies have mobilized the resourceful Community Based Organizations (CBOs) in the sanitation sub-sector. Among over 20,000 NGOs registered, about 200 NGOs are active in water and sanitation in Nepal. They have potentialities in community mobilization and awareness raising.

1.3 THE STATE OF HYGIENE AND SANITATION

1.3.1 Sanitation Coverage

Graph 1 shows that there has been an increase in toilet coverage in the country from six per cent of the population in 1990 to 43% in 2009. The annual growth rate of sanitation increment thus stands at 1.9% over the years.

The toilet coverage in urban areas is 78% against the rural coverage of only 37%. It proves that there is big disparity between urban and rural sanitation, although urban areas have other urban specific problems of solid and liquid waste. Interestingly, urban toilet coverage has stagnated at around 80% since 2000. The trend analysis shows that if the present trend is continued, the toilet coverage will be only 80% against the national target of universal coverage in 2017.

The Graph 2 shows that the far and mid western development regions have the least sanitation coverage with only about 30%, whereas, western development region has the highest sanitation coverage with about 53% of the respective total regional population.

The DWSS records (DWSS, 2009) also shows that the sanitation coverage in hill region is 52.0%, whereas in *Tarai* it is 35.3% and in the mountains it is 42.3% of the respective regions population.

1.3.2 School Sanitation

The studies of the Department of Education and UNICEF have shown the following facts about the school sanitation:

- 61.9% of schools in Nepal have at least one toilet facility with 35.9% having access to a common toilet and 33.9% providing a separate toilet for girls and 30.2% having a separate facility for teachers.
- Among students, only 47% boys and 31% girls have access to toilets.
- 93% of boys and girls only use school toilets for urinating during schools hours.
- Lack of toilet and urinal in schools has resulted in the drop-out rate among girls during their puberty

1.3.3 Urban Specific Issues

- 12 percent of urban households are connected to the sewer systems or to open drains.
- It is estimated that urban households generate 0.48 kg solid waste per capita per day.
- At this rate, the urban population generates 1,958 tons of solid waste per day or over 700,000 tons per year.
- Estimates also reveal that about 83% of the total waste generated is household solid waste, whereas, agricultural wastes are 11% and industrial waste 6%.
- Only Kathmandu valley produces 29% of the total waste generated in Nepal.
- About 45 percent of urban residents are served by waste collection systems with more than half the waste generated is not collected.
- The liquid wastes that are drained through sewers are disposed to rivers without prior treatment.

1.3.4 Impact of Poor Hygiene and Sanitation

The following Table3 reflects the key impact of poor sanitation and hygiene in Nepal.

Table 3 Impact of Poor Hygiene and Sanitation

Description of impact	Number
Number of children under five who die of ARI and diarrhoeal disease annually due to poor hygiene and sanitation	12,700
Children under five experiencing diarrhea	12%
Children under five experiencing bloody diarrhoea at some time during a given two week period	2%
Cases of diarrhoea in children under five years	4 times the episodes of diarrhoea each year
The number of children who died due to poor hygiene and sanitary conditions in the last decade	700,000
People having worms at any given time	90%
Number of people who have diseases due to unsafe drinking water and poor sanitation	72%
Economic cost of the increased morbidity and mortality due to water and sanitation-related diseases per year	Rs. 1.50 billion and Rs. 6.0 billion
Health expenditure on water and sanitation-related diseases per year	Rs. 2.20 billion and Rs. 3.60 billion
The economic cost of inadequate sanitation results in productivity loss equivalent to	Rs 10 billion a year
Source: 1) Demographic and Health Services Report, MOPH/New Era, 2006, 2) Nepal State of sanitation report 2000	

1.4 COMPLIANCE WITH NATIONAL SANITATION POLICIES AND STRATEGIES

The policies and strategies related to hygiene and sanitation in the country are National Sanitation Policy-1994, Water Supply Sector Policy -1998 Rural Water Supply and Sanitation National Policies, Strategies and the Sectoral Strategic Action Plan 2004, Nepal Water Plan -2005, Vision Paper of MPPW - 2007, the Urban Water Supply and Sanitation Policy 2009 and the Three Years' **Approach Paper** (2010-2012). By reviewing these policies, the following compliance and non-compliances are noted:-

The key compliances

- MPPW is leading the overall drinking water supply and sanitation sector to plan and coordinate.
- DWSS is providing the technical support to capacitate NGOs, CBOs DDCs, VDCs, Municipalities and DWSSCC in matter of hygiene and sanitation promotion in line with the decentralization policy.
- Implementation guidelines developed and in-placed.
- DOLIDAR has undertaken rural water and sanitation projects with less than 1,000 beneficiaries per scheme and adopted total sanitation approach for hygiene and sanitation promotion.
- DWSS is contributing to capacitate the staff of DOLIDAR on promoting total sanitation, especially the SLTS.

The key non-compliances

- Despite policy level commitments for financing in sanitation (up to 20% budget of water supply and sanitation sector budget), allocation of budget is around only 5%.
- The program is planned and implemented mostly with inadequate consideration of prioritized geographic areas, Human Development Index (HDI) and specific groups.
- Sanitation programs are not explicitly reflected in annual planning and budgeting of the local bodies.

- The policy also clearly mentions that there should be no subsidy for household level toilets except for the ultra poor. However, the implementation of the policy remained weak and most of the projects supported by the donors did not comply with the budgetary provisions for sanitation promotion.
- The subsidy also varied from one agency to another. Even government supported projects have varied subsidy modalities from one project to another. And high subsidy for constructing households toilet has the adverse effect on sanitation promotion
- Sewer drains are being disposed to rivers without any prior treatment.

1.5 MAJOR HYGIENE AND SANITATION PROGRAMME APPROACHES

1.5.1 Appraisal of Key Approaches

In Nepal, hygiene and sanitation programs began from the late 1990s. During the initial years, sanitation was usually combined with water supply projects. Only from the early 2000s, sanitation focused program packages were launched by different agencies with different names, approaches and modalities. The approaches and modalities were found to have been modified from time to time after gaining lessons learning. Those sanitation interventions were fundamentally governed by the child-to-child, child-to-parents, adult learning, school and community approaches for increment of toilet coverage. From around 2005, total sanitation approaches were introduced in Nepal to increase Open Defecation Free communities, school catchment areas or VDC through Community Led Total Sanitation (CLTS) and School Led Total Sanitation (SLTS). Besides these, Basic sanitation package (BSP), School Sanitation and Hygiene Education (SSHE) and Integrated WATSAN were also effectively implemented by different organizations. Thus, there has been a great shift of approach from the conventional awareness raising approach to a behavior change approach as a movement. Table 4 illustrates the features of the approaches widely applied over the years.

1.5.2 Other Approaches

There are other innovative approaches and advocacy campaigns being applied at national and local levels.. These other key hygiene and sanitation initiatives are i) National Sanitation Week (NSW), ii) Global Hand-washing Day (GHD), iii) World Water Day (WWD), iv) World Environment Day, v) Community Led Total Behavioral Change in Hygiene and Sanitation (CLTBCHS), vi) World Toilet Day, vii) Nepal **Water Sanitation and Hygiene** (WASH) campaign, viii) End Water Poverty campaign, ix) Human Value Based Water, Sanitation and Hygiene Education, x) Water and Sanitation-Accelerated and Sustainable Universal Coverage (In Dhading) xi) Ecological Approach on Sanitation

Table 4: Key features of the of Various Approaches on Hygiene and Sanitation

Key Features	Basic Sanitation Package (BSP)	School Sanitation and Hygiene Education (SSHE)	School Led Total Sanitation (SLTS)	Community Level Total Sanitation (CLTS)	Integrated WATSAN	Sanitation Revolving Loan Fund (SRLF)
Main strategy	<ul style="list-style-type: none"> Five key messages promoted – toilet use, ORT, hand washing with soap, water and food hygiene and waste management Mobilization of user committees and revolving fund for promotion of toilets and other hygiene behaviors 	<ul style="list-style-type: none"> Child friendly WATSAN facilities in schools and behavior change among students Child-to-child, child-to-community and child-to-parents approach. Development school as a model place of sanitation for learning and demonstration 	<ul style="list-style-type: none"> Child friendly WATSAN facilities in school and ODF in its catchment areas through child clubs Wider community awakening through application of mass sensitization tools, techniques and activities. Partnership and collaboration with VDC, NGOs, local clubs, mothers groups, forest user's group for planning and cost-sharing 	<ul style="list-style-type: none"> ODF declaration in a community through facilitators/ local committee Wider application of IPRA tools for instant community actions Promotion of locally appropriate low cost toilet 	<ul style="list-style-type: none"> Increase of toilets in water supply scheme areas during the project period Formation, mobilization and capacity development of users committee 	<ul style="list-style-type: none"> Sensitize community to build toilet Promotion of health sanitation and hygiene practice Encourage to the poor and marginalized people towards sanitation and hygiene practices Interlink with income generation activities.
Support mechanism	Establishment of a revolving fund at VDC level	Subsidy of 50% of the school toilet cost	Partial support to construct school toilet on cost sharing basis; community reward and recognition to stimulate the ODF	No subsidy for household toilets; reward after ODF	Subsidy for household toilets	<ul style="list-style-type: none"> 25% of HHs having no toilets get fund for the construction of the toilets This fund goes to the community account as a grant
Coverage targets	Catchment area of water supply scheme	School premise	School and its catchment area including households and institutions	Community or cluster	Catchment area of water supply scheme	Water Supply and Sanitation Project
Tools and techniques	IEC materials and training	IEC materials and training	Sensitization workshop and orientations of stakeholders IPRA tools and locally innovated mass sensitization/triggering tools as well as IEC materials and media	Specially IPRA tools for triggering communities	IEC materials, SARAR tools	Local Level Norms
Strength/success	Knowledge, Attitude and Practices (KAP) promoted for students	School sanitation and hygiene environment improved	i) School and its catchment areas declared ODF through mobilization of child club ii) Strong institutional backing of school, VDCs and local level institutions iii) pooling the resources of local level organizations and promotion of cost sharing mechanism	Communities/ clusters declared ODF	Increase in toilet coverage	Encourages opportunities for poor to have access to toilet
Limitation/constraint	Basic sanitation promotion and no universal sanitation coverage	Community not focused to improve sanitation and hygiene; concept of CGD not in place as envisaged	Need of additional funds to construct water, toilet, hand washing facilities together with CGD features.	Post ODF intervention seems weaker due to the lack of permanent institutional set up at grass root level and there is lack of flexibility in financial support modality	Only toilets are promoted, the concept of universal coverage is poorly implemented and sanitation is dominated by the water component of water supply	Take a long time to achieve the ODF status as house hold have to wait their turn

1.6 MAJOR BARRIERS AND CHALLENGES AND LESSONS LEARNT

1.6.1 Barriers and Challenges

The key barriers and challenges for the slow progress of hygiene and sanitation in the country can be summarized as follows:-

- Sanitation sector activities occupied inadequate priority in the past;
- Investment in the water and sanitation sector is inadequate in relation to requirements;
- Planning and programming is patchy - stakeholders lack a consolidated target of toilet coverage either at VDC/ municipality or district level;
- There is lack of breakdown of national targets into local level planning and targets;
- Lack of uniformity in approaches of hygiene and sanitation financing is prevalent;
- The poor, disadvantaged and high risk groups are outside of the sanitation mainstream, causing constrained equity, ownership and participation;
- Local government bodies are not mainstreamed and hence are less involved in the development of hygiene and sanitation sector activities;
- There is lack of commitments of political entities at all levels;
- Regional Water Supply and Sanitation Coordination Committee (RWSSCC) and DWSSCC remained less proactive in matter of hygiene and sanitation promotion.
- Urban sanitation (solid and liquid waste management) is a high cost and high technical development intervention;
- Lack of awareness on the principles of the 4Rs (reuse, refuse, reduce and recycle) among urban people and lack of commitment from the government and other stakeholders in this direction.

1.6.2 Lessons Learnt

Various stakeholders have been active for the promotion of hygiene and sanitation in Nepal for the last two decades and have gained a number of lessons from implementation level to policy making levels. The followings are the key lessons learnt over the years for the promotion of hygiene and sanitation in rural and urban areas in the country:

Policy Level

- Political commitment is must at all levels.
- Mainstreaming of local bodies is a must for accelerated hygiene and sanitation development;
- Ultra poor and disadvantaged groups need special consideration for their access to hygiene and sanitation promotion. Provision of financial support is crucial especially to ensure the access of socially disadvantaged communities to sanitation facilities;
- Water supply and sanitation projects should have universal toilet coverage within the project period;
- The fundamental norms and standards of the program approach and financing modality is essential to maintain uniformity and standards;
- Maintenance of the uniformity and standard of program approaches, modalities and activities, institutional arrangements is a key to success.
- Necessary environment needs to be created to mainstream private sector institutions for financing in sanitation promotion activities through social marketing approaches.

Implementation Level

- Development and implementation of the VDC and Municipality level joint plan of action on sanitation is imperative to synergize the efforts and achieve sustainable sanitation at scale.
- Mobilization of political parties and their sister organizations as well as the administrative wings of the bureaucracy is seen indispensable for better coordination and wider community mobilization.
- Inter and intra sectoral coordination is must for optimizing the resource base and synergizing the efforts at local levels.
- ODF campaigning must mainstream household as well as community institutions such as schools, health institutions, public offices, community buildings, etc;
- Mobilization of schools, child clubs, students, NGOs and CBOs is crucial for massive community mobilization;
- Children are the change agents for hygiene and sanitation promotion in schools and communities;
- The use of natural leaders and VDC level triggers are key elements to create VDC level ODF status and sustainable post ODF level status in hygiene and sanitation;
- Mobilization of FUGs, mothers' group, cooperatives, and women's saving groups is crucial to generate local level resources;
- Construction of permanent structure toilets at least up to plinth level seems crucial from the view point of durability and sustainability of the structure;
- Urban sanitation is complex in terms of inadequate participation of the private sector, technology, financing, management, and inadequate enforcement of rules and regulation. Decentralized system is indispensable for better and sustainable urban environment.
- The advocacy of media, civil society, professional communities, local groups, and the Federation of Water Supply and Sanitation Nepal (FEDWASUN) is essential.
- Massive capacity building, mass sensitization and community triggering activities are needed at district, school and community levels.
- Innovation, creation and flexibility are essential in sanitation sector activities to address the specific need and requirements.
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PART 2: THE MASTER PLAN

2.1 INTRODUCTION

2.1.1 Rationale

- Despite continued efforts of the government, donors and other stakeholders, the trend of sanitation coverage is slow and not meeting the targets set. This is evident from the fact that the sanitation coverage is just 43% of the total population in 2009 against a target of 70% by 2010 as envisaged by the three years' interim plan (2007-2009). Therefore, unless a new trend is taken up the toilet coverage may be around 80%, with the existing trend, against the national goal of universal toilet coverage by 2017.
- It is essential to reduce the coverage gap between water supply and sanitation so as to get the perceived health benefits from water supply and sanitation sector interventions.
- The existing trend of toilet coverage shows that Nepal will attain the MDG but it needs pragmatic vision, strategic actions, strengthened institutional arrangements, adequate resources and stakeholders' collaborative efforts to achieve the national sanitation goal.
- Through all SACOSAN, Nepal had also made firm commitments for developing the Sanitation and Hygiene Master Plan. This commitment was reinforced through the Nepal Country Plan for the IYS 2008.
- Considering the existing challenges and barriers to overcome and commitments to meet national and the MDG targets, the Master Plan is essential to be in place to mainstream the efforts of all stakeholders at various levels, accelerate the pace of sanitation promotion and ultimately achieve the set targets within the given time frame

2.1.2 Scope of the Master Plan

The following are the key scope of the Master Plan:-

- The Master Plan largely focuses to Open Defecation Free (ODF) with universal access to toilet in both the urban and rural context through the total sanitation approach. It has recognized the improved toilet facilities as defined by the Joint Program Monitoring (JMP) Report of UNICEF and WHO. Apart from ODF and toilet coverage, it has encouraged hygiene behaviors at household level and institutional sanitation. And total behavioral change is the envisaged end product of the sanitation and hygiene interventions.
- Toilet coverage along with household level waste management has been considered as the key hygiene and sanitation components in urban and semi-urban settings.
- Most importantly, the Master Plan is intended for formulation of strategies, strategic action planning and for programming in central government, donor, NGOs and local government bodies. The Master Plan largely recognizes the leadership of the local government bodies for effective program undertaking through unified plan/plan of action on sanitation by taking in to account the spirit of decentralization.

2.1.3 Process of the Master Plan Development

The process of the Master Plan development commenced along with the IYS-2008. In order to facilitate the development of Master Plan, the Steering Committee for National Sanitation Action (SCNSA) mobilized a team of experts and an officer from DWSS as a liaison officer. National and international hygiene and sanitation related policies, master plans and others various pertinent documents were thoroughly reviewed.

While developing the Master Plan SCNSA members such as MPPW, MLD, MOE, DWSS, DOLIDAR, DOHS, RWSSFDB, UNICEF, WHO, UN-HABITAT, NEWAH, NRCS and Water Aid Nepal were consulted in the center.

Various districts were visited and interactions were done with the members of DWSSCC, district level relevant government line agencies, NGOs, and selected VDCs, communities, child clubs, School Management Committees (SMCs), Parent teachers Associations (PTAs), Mothers' Groups, FUGs, Water Users and Sanitation Users Committees (WUSCs), etc. In late 2009, two workshops (each of two days) comprising of some of the key members of the SCNSA were held at *Dhulikhel* and *Budhanilkantha*. The draft Master Plan was shared a number of times with the Sanitation Task Force and circulated to the SCNSA members through email. At the later stage, SCNSA formed a wider task force to review the draft final master plan. The wider task force included represented from MPPW, MLD, MOHP, MOE, UNICEF, Water Aid, The comments, opinions and feedback of all the stakeholders received at different stages have been incorporated in this Master Plan.

2.2 GOALS, OBJECTIVES AND PREMISES OF THE MASTER PLAN

2.2.1 Goal

The goal of the Master Plan is to attain universal access to improved sanitation by 2017 for better hygiene, health and environment. To achieve the goal, the milestones are set as follow:-

- Milestone 1 : Toilet coverage of 60% of the total population by 2012/13
- Milestone 2 : Toilet coverage of 80% of the total population by 2014/15
- Milestone 3 : Universal toilet coverage by 2016/17

Moreover, the master plan gives the due focus on sustainable changes on hygiene behaviors including the proper use of toilet and waste management practices in urban and rural areas.

2.2.2 Objectives

The overall objective of the Master Plan is to create an enabling environment in order to achieve the national goal of sanitation through collaborative efforts of the government, local government bodies, UN Agencies, bi-lateral agencies, I/NGOs, schools, private institutions, media, civil society organizations, local clubs and CBOs. The primary objective of this Master Plan is to delineate the ways to provide a strategic direction for all the concerned stakeholders to reduce Acute Respiratory Infection (ARI), diarrhoeal disease and other communicable diseases through pragmatic program interventions. The specific objectives of the Master Plan are:-

- To create an enabling environment for harmonizing the efforts of stakeholders through unified planning and the implementation process;
- To develop the necessary mechanism for maintaining uniformity and standards in approaches and modalities;
- To develop an institutional arrangement at all levels for revitalizing and strengthening the existing structures and introducing new strategic institutions as appropriate;
- To set national and district level milestones in terms of toilet coverage;
- To strengthen the resource pooling and cost-sharing arrangements at action level;
- To help ensure equity, inclusion and sustainability through participatory planning process;
- To develop a mechanism for ensuring access of poor, disadvantaged, and other socially excluded groups to toilets and other hygiene behavior,
- To recommend necessary measures to implement the Master Plan successfully and

- To create an enabling working environment for appropriate hygiene and sanitation interventions so that people have access to sanitation facilities and improved hygiene behaviors.

2.2.3 Premises

Based on the analysis of the existing situation, the performance and lessons of various hygiene and sanitation initiatives in the country, the following premises have been developed as the basis for the design of this Master Plan:-

- Accelerated implementation of hygiene and sanitation master plan is a distinct possibility;
- Health education is a prerequisite for accelerated and sustainable hygiene and sanitation development;
- Wider community awakening and sensitization is crucial for collective community action;
- Sanitation should be treated as public goods and hence needs special consideration of the poor;
- Promotion of hygienic and durable toilets should be treated as an investment in national development;
- Local resources are key to augment and sustain hygiene and sanitation;
- Urban sanitation is basically a challenge in investment and technology;
- Mobilization of political leaders and local government bodies is essential for enhancing commitments in sanitation promotion;
- Effective monitoring and facilitation, especially at program implementation level, to be backed by local government bodies is must;
- Implementation of unified plan/plan of action synergizes stakeholders' efforts and fulfills resource gaps through resource pooling and cost-sharing mechanism; and
- Proactive role of coordination mechanisms at central, regional, district, Municipality and VDC level is a basis for joint efforts.

2.3 GUIDING PRINCIPLES

The fundamental aim of the Master Plan is to streamline and synchronize the scattered and uneven efforts of the stakeholders for a common national goal. Therefore, all the concerned government agencies, local bodies, donors, I/NGOs, and other WASH stakeholders should strictly adhere to the following guiding principles while planning and implementing hygiene and sanitation programs in all water supply projects and other concerned program packages and projects including approaches and modalities:

2.3.1 ODF as the Bottom Line

Total sanitation approach shall be the basic norm to promote hygiene and sanitation in a given area with access to the improved and sustainable toilet for every household and institution. ODF must be the basic minimum and first criteria of total sanitation. All the concerned stakeholders should clearly make provision in the plan and budget for post-ODF activities in the project/ program in order to gain and sustain a sanitized condition along with the provision of waste management in households and institutions in the community.

2.3.2 Universal Access to Sanitation in Water Supply and Sanitation Projects

All new or rehabilitation or reconstruction water supply and sanitation projects must have universal access to sanitation within the project period. As stated in the Rural Water Supply and Sanitation National Policy and Strategy 2004, all the concerned stakeholders shall allocate 20% of the Water Supply and Sanitation Project budget to promote hygiene and sanitation in the water supply scheme areas.

2.3.3 Technology choices for Households Toilets

The communities will be given informed choices of various types of toilets that are low cost, hygienic, users friendly and sustainable. The toilet will be as per the definition given by the Joint Monitoring Program (JMP) of UNICEF and WHO. The Master Plan however, suggests any one of the locally appropriate improved toilet options with permanent structures at least up to the plinth/ floor level for durability and sustainability of the structure. Continuous research and development activities will be carried out on sanitation technologies including various technical options of toilet for improving their economical and environmental efficiency.

2.3.4 Leadership of the Government Local Bodies

Efforts of stakeholders shall be synchronized through the respective DDC, municipality and VDC level joint plan of action of all the concerned stakeholders in the given area. The local bodies shall be responsible for planning, implementation, follow up and monitoring and evaluation in coordination with concerned stakeholders. National Sanitation and Hygiene Steering Committee (NSHSC), **National Sanitation and Hygiene Coordination Committee (NSHCC)** and Regional Water Supply Sanitation and Hygiene Coordination Committee (R-WASH-CC) WSSCC will support the District Water **Supply, Sanitation and Hygiene Coordination Committee (D-WASH-CC)** to formulate the joint plan of action. The plan of action will be implemented through resource pooling and cost-sharing arrangements at program implementation level for the effectiveness of program and wider scaling up of the ODF initiative in a sustainable manner.

The water and sanitation being the services to be rendered by the local bodies, this sector is gradually devolved to be led by the local bodies as anticipated by Rural Water Supply and Sanitation National Policy and National Strategy and Sectoral Strategic Action Plan-2004.

The format for the joint plan of action is attached in the Annex 3 of this document.

2.3.5 VDC or Municipality is the Minimum Program area for Program Intervention

The VDC and Municipality shall be the smallest basic universe of any hygiene and sanitation program intervention. The ODF status may however take place gradually from a settlement, ward or school catchment area to VDC/ municipality or district through total sanitation approaches.

2.3.6 Locally Managed Financial Support Mechanism

A community fund may be established to promote hygiene and sanitation and to stimulate ODF initiatives. This fund may be mobilized in the form of reward-recognition/ revolving fund/ incentives as appropriate locally. A community can make its own decision to locally mobilize the fund and generate local resources in addition to support from government or other external agencies in a way to ensure the access of poor, disadvantaged and marginalized groups to toilets and achieve ODF status in the given area. The NSHSC will decide a financial support arrangement **in coordination with NSHCC** in order to make the sanitation program demand driven and sustainable as appropriate. The size of the community fund may be revised from time to time by NSHSC as per the need of the communities by taking in to account the recommendations of the **NSHCC**, R-WASH-CC and D-WASH-CC.

2.3.7 Sanitation Facilities in Institutions

Within the designated community, all the institutions including schools, health institutions, VDC/ municipality building, community buildings and other public offices/ places must have hygienic toilets. These toilets should be users friendly in the local context as far as possible. The school toilets must have Child, Gender and Differently-abled (CGD) friendly water, toilet and hand washing with soap-station/facilities including menstrual hygiene facilities. Separate toilets for girls in schools may also be provided as appropriate.

2.3.8 Mandatory Provision of Properly Designed Toilets and Sanitary Systems in New Built up Areas and their Regular Maintenance

Provision of toilet facilities must be made mandatory to all new houses in urban, semi-urban, and district headquarters. Locally required and appropriate toilets with adequate capacity and hygiene facilities will also be promoted in institutions (schools, health facilities, VDC/Municipality, other community and government buildings), public places such as bus stands, recreational spots, local Haat Bazaar areas, housing areas, dense settlements, roadside hotels/motels/restaurants etc..It will be encouraged to adopt on-site sanitation with septic tank in these new built up buildings. In the case of new commercial buildings such as hotels, apartments, cinema halls, supermarkets, government buildings etc. however, must have septic tank within the complexes. This provision is expected to decrease load to sewer systems. In case of sanitation system within the complexes is to be connected to sewer, the wastewater should be disposed after proper treatment as per the prevailing environmental and engineering norms, rules and regulations. Solid waste management should also be properly adopted since planning phase and monitored after development of such areas. A mechanism of proper supervision of repair and maintenance activities should be taken into account since planning stage of the facilities and regulated during their operation stage.

2.3.9 Hand Washing with Soap and other Behavior Build up

The activities for promoting hand washing with soap must be ensured as an integral part of water supply projects and sanitation and hygiene promotion programs to stimulate all households and institutions to make provision of hand washing with soap-station/facilities and improve other hygienic behaviors. Community's existing good sanitation and hygiene behaviors are strengthened and built up to ensure these practices are safe and scientific with due consideration of social and cultural recognition. For the wider promotion of hand washing with soap, the partnership of public and private sectors will be enhanced.

2.4 OPERATIONAL STRATEGIES

The following operational strategies are developed based on the guiding principle and goal and objectives of the Master Plan:

2.4.1 Local Bodies to Lead for Participatory Planning, Implementation and Monitoring of Hygiene and Sanitation Programme

All the WASH program are identified, prioritized and planned as per the regular procedures of the VDCs, Municipalities and DDCs. Their roles are also ensured in monitoring and evaluation as to sustain the WASH activities. Importantly, an arrangement will be made to integrate the contribution and synergize the efforts of the government line agencies, donors, I/NGOs and local bodies through the joint plan/plan of action on total sanitation.

Each local body will develop a multi-year strategic plan for universal sanitation and hygiene coverage with financial requirement and action plans and the concerned stakeholders will contribute to implement the action plan through collaboration.

2.4.2 Participatory Approach Crucial for Effective, Inclusive, Gender sensitive, Accelerated and Sustainable Hygiene and Sanitation Development

Existing evidence of successes in sanitation development, particularly in achieving ODF status in various communities, have shown that a participatory approach is essential to the entire community achieving success in hygiene and sanitation development. Unlike in the past, in almost all communities in the country there is a wide array of inclusive and gender sensitive stakeholder organizations at work such as mothers' groups, FUGs, child clubs, various groups, and so on that can influence the agenda of hygiene

and sanitation. Therefore, the promotion of hygiene and sanitation in the communities with the aid and participation of all these organizations promises to be more effective, inclusive, gender sensitive, sustainable and accelerated.

2.4.3 Memorandum of Understanding (MOU) among Local Bodies and Support Agencies

While the program at the district level would be implemented under the leadership of the local bodies, being an autonomous body, the cooperation for sanitation promotion would be based on a Memorandum of Understanding (MoU) to be entered between DDC and the support agencies. The MOU will include the details of mutual cooperation and support for allocation of financial support, geographic project areas and responsibilities of each agency to ensure joint efforts and cost-sharing arrangements and avoid duplication to achieve the common objective in the set time frame as per the local level joint plan/plan of action.

2.4.4 Demand-driven Implementation of Hygiene and Sanitation Programmes

All hygiene and sanitation promotional initiatives, particularly toilet construction, hand washing with soap and total behavioral change in the communities would begin with the promotion of community level health education and mass sensitization activities; particularly spreading the awareness about clear cut linkages of open defecation with many ailments in the communities. It is expected that the DDC/ D-WASH-CC would also organize exposure visits to other successful places in the district or beyond for raising such awareness. It is assumed that the widespread awareness of the health hazards of open defecation through community triggering and sensitization would prepare the community for building and using improved toilets in their communities as fast as possible and make demands for support to that end. Such demand in turn would manifest itself in the form of a local level strategic joint plan/ plan of action on total sanitation" of their own for which the concerned local bodies could access necessary support from higher authorities.

2.4.5 NSHSC/ MPPW to Steer the Program at the National Level

The NSHSC will be the main agency **to steer the hygiene and sanitation activities** at the centre. The concerned government, UN/donor agencies and I/NGOs would participate in a **NSHCC** coordination mechanism. The **NSHSC** will support to promote policy and planning level activities including development of awareness raising materials and celebration of national campaigns and events **with support of NSHCC**.

NSHSC, NSHCC, R-WASH-CC and D-WASH-CC will coordinate all hygiene and sanitation promotion activities in regions and districts respectively in coordination with NSHSC, donors, I/NGOs and local government bodies. These coordination committees will have women representatives with a minimum of 33% of the members as appropriate.

2.4.6 Making Hygiene and Sanitation a Free-Standing Subject for Foreign Aid

Currently, hygiene and sanitation is treated as the poor cousin of the water sector, thus historically forcing it to lag behind water in terms of coverage, even as the health benefits of a good sanitary environment, outstrip that of drinking water. Besides, the kind of motivation needed for promoting hygiene and sanitation including its cost implications and institutional arrangement is different from that of the water. It is therefore proposed that hygiene and sanitation be treated as a self-contained sector of foreign aid.

2.4.7 Establishment of a District Sanitation Desk and Resource Centers in DDC

In order to plan and implement the sanitation program in their district, the DDCs will establish a District Sanitation Desk (DSD) with a Resource Center for enhancing coordination among the members of D-WASH-CC and stakeholders and backstopping the DDC, Municipalities and VDCs for the overall hygiene and sanitation activities in the district. Initially the Social Mobilization Section of the DDC will work as the desk. Gradually, the desk will be converted to District Sanitation Section with provision of sanitation experts and social mobilization experts in it by taking in to account the milestones of the master plan.

Alternatively, the WASH section within the existing District Technical Office (DTO) if available may be activated for this purpose.

2.4.8 Reward and Recognition

Rastriya Sarsaphai Puraskar: A National Sanitation Award (*Rastriya Sarsaphai Puraskar*) will be awarded each year by the Head of State to ODF declared VDCs and municipalities and also to individuals, institutions, media, schools or private companies that have outstanding performance and contribution in the hygiene and sanitation sector. The NSHSC will form a national award committee at the national level for nominating the awardees **with support of NSHCC**. The nomination of such VDCs, municipalities and individuals will be done in close coordination with R-WASH-CC and D-WASH-CC. The final awardees along with amount of award will be decided by the NSHSC **in coordination with NSHCC**.

Regional level awards: Regional level awards will be given away to individuals, institutions, schools, NGOs, child clubs, federations, etc, who have outstanding performance in hygiene and sanitation in the region. The R-WASH-CC, with the help of an award committee, will nominate the awardees for the rewards.

District level awards: Like the national and regional level awards, district level awards will also be given away to VDCs, municipalities, individuals, institutions, schools, NGOs, child clubs, federations, etc, who have outstanding performance in hygiene and sanitation in the year. The D-WASH-CC, with the help of an award committee, will nominate the awardees for the rewards.

Special award: A maximum of five VDCs/ municipalities in each district that have outstanding innovative initiatives/ successes in hygiene and sanitation will be awarded special awards every year to enhance healthy competition among fellow VDCs and municipalities for betterment. The amount of the award will be decided by D-WASH-CC.

Program level awards: Prizes and awards will be in-built to programs and projects to encourage schools, child clubs, teachers, FCHVs, staff, volunteers, user committees, local groups, etc to give outstanding contributions to the projects and program.

In spite of the above mentioned awards, any other appropriate/innovative awards at central, regional, district or program level may be decided by NSHSC, R-WASH-CC, D-WASH-CC, V-WASH-CC and M-WASH-CC including other organizations e.g. private sector in the respective levels.

2.4.9 Identification and Mobilization of Financial Resources

In order to meet the financial gap for achieving the National Goal and MDG in sanitation, the Master Plan aims to mobilize the following internal financial resources in order to minimize the dependency on external resources and support:-

I. National Hygiene and Sanitation Fund:

A National Hygiene and Sanitation Fund (NHSF) will be established to which all government and donor funds for hygiene and sanitation would be allocated under NSHSC especially for encouraging ODF campaigning at district, municipality and VDC levels. The fund will also be required for research and development, development and dissemination of advocacy and Information Education and Communication (IEC) materials, mobilize media and other publication. Multiple stakeholders at the national levels will support the fund. One important implication of establishing the NHSF would be that all the agencies involved in hygiene and sanitation promotion would collectively resolve to contribute to help achieve universal coverage in sanitation in the country in an accelerated and sustainable manner. This collaboration will indeed help strengthen collaboration and resolve the problems of duplication and mutual incompatibilities in approaches that have been costly for the country as observed above.

Since the various donor agencies are committed to contribute to capacity building of national institutions for sustainable development, their support to this NHSF would go a long way in helping the host country to implement the program to be led by local government bodies which itself is the result of the learning

from other approaches and other successful development experiences such as community forestry. The fund should be managed transparently so that both the government's and individual donors' allocations are clearly accounted for. The participation of the donors in the NHSF would present an opportunity for them to work in real partnership with the government in supporting the latter in implementing an approach that promises universal coverage in a time-bound manner.

II. Water Supply and Sanitation Budget:

As provisioned in the Rural Water Supply and Sanitation National Policy-2004, up to 20% of the Water Supply Project budget should be allocated for sanitation and hygiene promotional programs and related activities. The D-WASH-CC will review the allocation of this budget periodically.

III. Institutional Water and Sanitation Budget:

The DoE shall make sure that all schools constructed in future have Child, Gender and Disable (CGD) friendly toilet facilities included into design and that these facilities are constructed in reality. The ongoing budget of the DoE for constructing WASH facilities in schools will be tied up with the SLTS program to speed up total sanitation through promotion of hygiene behavior in both school and communities. No school should be inaugurated or opened without adequate toilet facilities. Furthermore, the MoES shall reserve an adequate amount in their annual budget to equip existing schools with CGD toilets or rehabilitate dilapidated ones. Similarly, the Ministry of Health and Population will also ensure that all old and new health centers, health posts and health sub-posts have toilet facilities through its District Public Health Offices (DPHO) in coordination with D-WASH-CC, M-WASH-CC and V-WASH-CC.

IV. VDC/ Municipality/ DDC Fund:

The Master Plan largely relies on the DDC, municipality and VDC to take the leadership in sanitation and hygiene programs. This is possible only when they allocate adequate financial resources on hygiene and sanitation sector activities. The DDC, municipality and VDC will allocate some fund annually on hygiene and sanitation promotion as per requirements. The allocation is reflected in the annual and multi-year planning. The NSHCC will closely coordinate with MLD to ensure the local bodies would allocate budget on hygiene and sanitation promotion.

V. Resources of Local Level Organizations

In Nepal, a large amount of resources are available within community level local groups and organizations. The funds are mobilized for income generation, general welfare, infrastructure development, etc. These prominent local groups are FUGs, women's saving groups, micro-credit organizations, cooperative groups, etc. For this, micro-finance organizations can also provide soft loans for individuals and institutions for toilet construction, and these will also be mainstreamed. The DDC, municipalities and VDCs will encourage and support these local groups for hygiene and sanitation promotion. The NHSF may also encourage such groups to invest in hygiene and sanitation and award national level rewards and recognitions to such local groups through respective D-WASH-CC and M-WASH-CC and V-WASH-CC by considering their contributions. Toilet promotion activities will have good opportunities through Biogas Support Programs as well. Most importantly, hygiene and sanitation program activities will be linked up with other development endeavors such as poverty alleviation, health, income generation, education, etc. so as to pool the resources and maximize the efforts.

VI. Public Private Partnership

The potential private agencies such as soap manufacturing companies, sanitary unit producers, airlines and other business houses will be encouraged to make a financial contribution the sanitation and hygiene sectors as part of their social services. Such private firms will be invited to join the meetings of NHSSC and encouraged in their support. Through this approach, toilet pans, pipes and soap could be passed on to communities at subsidized cost provided proper social marketing and tax exemption strategies are adopted.

VII. Financial Grant to Local Bodies for Accelerated Sanitation

While the local governance legislations have mandated the local bodies to be the focal point for all forms of local development including drinking water, sanitation and hygiene, it is necessary that the local bodies

be supported with appropriate financial incentives (increased block grant) to encourage them to use their own resources too for promoting accelerated and universal sanitation coverage of sanitary toilet in their areas. Minimum Conditions and Performance Measure (MCPM) mechanism of the MLD would include sanitation and hygiene aspects for financial incentives.

X. Donor Agencies

The Government will encourage UN, bilateral, multi-lateral agencies, international banks, I/ NGOs, Global Sanitation Fund and other potential agencies to collaborate with the government and concerned stakeholders to increase the existing trend of the funding for hygiene and sanitation sector.

XI. Community Contribution

The present sanitation and hygiene development approach largely relies on communities themselves for building toilets, promoting hand washing with soap and adopting water treatment options through the mobilization of human resources, local materials and financial resources. Special consideration should be given to the ultra poor, disable people, female headed households, and other needy marginalized people in consultation with the local community.

2.4.10 Communication, Coordination and Cooperation

In order to emphasize proper planning, programming, implementation, supervision, and monitoring of hygiene and sanitation programs, the existing three tiers (national, regional and district) of coordination committees need to be further reformed and strengthened. No such coordination committees presently exist at the municipal and VDC levels; which are, in fact, recognized as instrumental entities for implementation of hygiene and sanitation program as envisaged by the Master Plan. Hence, a fourth tier of coordination committees are also formed at the VDC and municipal levels and entrusted roles and responsibilities to strengthen hygiene and sanitation activities.

In the case of district, VDC and municipal level coordination committees, respective political parties will also be invited to be committees members. The role of the political parties is well recognized in annual planning and budgeting because they can play a proactive roles for prioritizing hygiene and sanitation programs. The composition of the coordination committee at central, regional, district, municipality and VDC levels and their respective roles and responsibilities will be as follows:-

The NSHSC will ensure a 3 "C" (Communication, Coordination and Cooperation) among its member organizations and donor agencies for promotion of hygiene and sanitation at various levels. Enhanced 3 'C' will by and large help seek funding, run advocacy campaigns, and promote monitoring.

All the relevant Ministries and Departments along with sectoral donors, I/NGOs, private sectors and individuals regularly meet at the national, regional and district levels through respective coordination committees. Planning, programming and budgeting will be done in the annual meeting of the respective committees. Review of the program is also done annually to share learning and recommendations. Campaigning, IEC materials development, research and development is also done jointly at various levels.

Sanitation database is to be established in each region, district, municipality and VDC. In the districts the database should be managed by DSS on behalf of the D-WASH-CC in coordination with WSSD/ SDO and stakeholders. The database is linked to the regional and national level database that will be further incorporated into the Monitoring and Evaluation Unit database at MPPW.

2.4.10 Responsibility and Leadership of Sectoral Institutions and Collaboration

100% improved sanitation and hygiene is the responsibility of all individuals, households, and communities. In short it is the responsibility of all Nepalese. It will be achieved through collective

responsibility with mutually reinforcing roles played by the various sectors and partners at each level through collaboration.

The roles and responsibility of the National Planning Commission, different Ministries, local bodies and the stakeholders has been spelt out in the Rural Water Supply and Sanitation Sectoral Strategic Action Plan 2004. The crucial roles of the WASH, health and education sectors have been well recognized for the promotion hygiene through implementation of the joint plan/plan of action under the leadership of the local bodies. The Master Plan has envisaged the following role of these sector stakeholders to speed up total sanitation initiatives in the country. Their further roles and responsibilities will be as per their mandate.

i) WASH Sector

The WASH sector will see beyond water supply. It should view water as the means to help sanitize villages but understand that it is not the only component. Water is one of the key parts of the sanitary trinity (Water, Sanitation and Hygiene) and a powerful lever to make a sanitized whole. Water supply will be seen an indispensable entity for sustainable use of toilet and promotion of hygiene and sanitation behavior.

ii) Health Sector

The health sector, with such a wide area of contact between health professionals and the people (through health posts, FCHVs and health promoters of NGOs etc), should give consistent messages (based on understanding and research into behaviors) which emphasize prevention and increase individual and collective responsibility for Environmental Health risks. Health facilities will set an example in terms of cleanliness and show casing hygiene behaviors as highlighted in the recently revised National Health Sector Programme-II

iii) Education Sector

The education sector can positively influence current children and future parents. Schools need to provide hygienic and healthy learning environments to protect pupils, enhance learning and set examples of best practice for the home. 'Child-to-Child' approach has been proven successful in Nepal through school-based sanitation and hygiene program so that hygiene and sanitation programs need to be mainstreamed in the education sector programs. The focus should be given on child, gender and differently able - friendly WASH facilities in each all the schools including the provisions for menstrual hygiene.

2.4.11 Urban Sanitation

The issues related to urban sanitation are becoming more complex. In the context of growing urban population and massive extension of built-up areas, the local government bodies should plan and execute sanitation facilities and services with proper consideration of cost-effectiveness of the technologies, cost-sharing mechanisms and sustainability aspects for O&M. The choice of technologies and investment for sanitation infrastructure should be based on proper assessment of local (financial, technical and institutional) capacities and site-specific considerations in design, construction and operation of the systems. The sustainability of the urban sanitation systems including the stormwater drainage should be regularly enhanced through planned monitoring and interventions for improvements in proper coordination and consultations among the sector stakeholders within the respective municipalities, VDCs and DDCs. The compliance to prevailing environmental rules and regulations by the local bodies and service agencies in terms of service level, waste disposal standards/criteria etc. will be simultaneously monitored by the concerned agencies assigned by the government. In this regard, the concerned local bodies should be made fully responsible and accountable for improving and maintaining the standards of service and environmental compliance as per the prevailing regulations. The spirit of total sanitation will be sincerely followed while planning and implementing hygiene and sanitation program in semi-urban and urban areas. For effective waste management the following strategic activities will be taken into account:

- Adoption of decentralized sanitation options
- Minimizing solid waste at source
- Design of waste management system since planning of the infrastructure and regulated repair and maintenance during operation stage

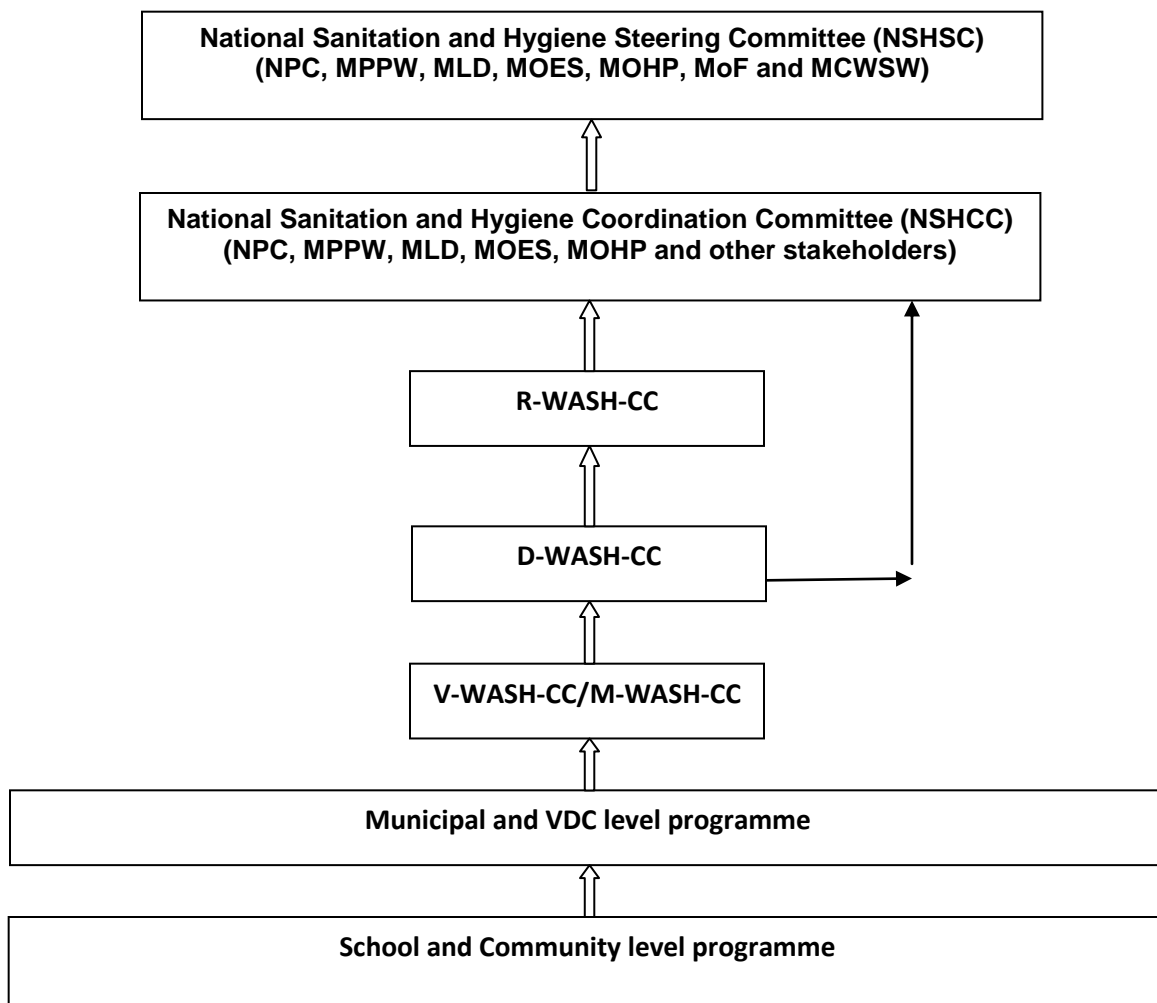
- Greater participation of local communities
- Involve locally-based entrepreneurs for recycling during planning and design of waste management systems
- Empowerment of communities for composting and recycling businesses
- Develop and implement polluters pay principle in order to make urban sanitation services more effective and efficient.
- As much as possible, there will be separate collection, treatment and disposal systems for storm-water, domestic sanitary sewage, industrial effluents, and hazardous hospital/industrial wastes.
- Prevailing engineering and environmental norms and standards will be followed/maintained and regulated for sustainability of sanitary systems in the urban areas.

2.4.11 Redefining Institutional Set-up

The existing sanitation steering committees and coordination committees at various levels are restructured, renamed and their roles and responsibilities are redefined as to effectively plan, monitor and evaluate the hygiene and sanitation activities in the respective areas.

A. The Linkage Mechanism

The linkage diagram of the various committees will be as follows. As illustrated in the diagram, the NSHSC will reports its activities and progress to the concerned ministries and sector stakeholders as a whole. The NSHSC is back reported by **NSHCC**, R-WASH-CC and D-WASH-CC. Similarly, V-WASH-CC and M-WASH-CC will report their activities and progress to D-WASH-CC. The municipal, VDC, school and community level program will report their program activities and progress to V-WASH-CC or M-WASH-CC.



B Composition and roles and responsibilities

I. National Sanitation and Hygiene Steering Committee (NSHSC)

The existing SCNSA will be renamed as the National Sanitation and Hygiene Steering Committee (NSHSC) with the provision of Secretary of the Ministry of MPPW as the chairperson of this committee to ease/ facilitate the inter-ministerial coordination lead for the promotion of the hygiene and sanitation related initiatives in the country. The member organizations and roles and responsibilities of the NSHSC will be as follows.

Chairperson	Secretary-MPPW (Water Supply and Sanitation Division)
Member Secretary	Joint Secretary-Water Supply and Sanitation Division, MPPW
Members	Joint Secretaries- National Planning Commission (NPC), Ministry of Finance (MoF), MLD, MOHP, MOES and MCWSW
Roles and responsibilities	<ul style="list-style-type: none"> • Coordinate with NPC, MOF, relevant ministries, donors and I/NGOs for national level programs and budget • Review sectoral policies, plans, strategies and budget • Give necessary direction, advice and guidance for the effectiveness of sector activities and implementation of the Sanitation and Hygiene Master Plan • Take leadership in dealing with pertinent national sanitation issues • Provide necessary guidance to NSHCC for sector effectiveness • Approve and facilitate to endorse the necessary sectoral documents • Conduct at least 2 meetings in a year

I. National Sanitation and Hygiene Coordination Committee (NSHCC)

The Joint Secretary at Water Supply and Sanitation Division of the MPPW will work as the chairperson of this committee to facilitate the coordination among concerned stakeholders for the promotion of the hygiene and sanitation related initiatives in the country. The roles and responsibilities of the NSHCC will be as follows. The member organizations and the size of the committee will be approved by the MPPW in a way to be inclusive and broader representative. As per the need and requirements, relevant central organizations/entities will be called as invitees in the meeting of NSHSC.

Chairperson	Joint Secretary - MPPW (Water Supply and Sanitation Division)
Member Secretary	Chief of the Environmental Sanitation and Disaster Management Section of DWSS
Members	NPC, MLD, MOHP, MOES, Ministry of Women, Children and Social Welfare, Ministry of Environment and Science and Technology, DWSS, DOLIDAR, DoES, DoHS, Department of Women Development, NHEICC, RWSSFDB, Social Welfare Council, Federation of Nepal Chambers of Commerce and Industry, Concerned UN agencies, Major WASH Donors, Solid Waste Management and Resource Mobilization Center, concerned I/NGOs, National Associations of DDC, Municipality and VDC and national Federation/forum of water supply and sanitation and forest users groups, etc.

Roles and responsibilities	<ul style="list-style-type: none"> • Coordinate with NPC, MOF, relevant ministries, donors and I/NGOs for sector effectiveness; • Develop and review periodically the national hygiene and sanitation program; • Carry out nationwide hygiene and sanitation sensitization workshops, meetings and seminars at various levels – centre, region and district; • Develop and disseminate various users-friendly IEC materials on health education, hygiene and sanitation promotion; • Support R-WASH-CC D-WASH-CC and other local bodies to mobilize their own and user resources towards achieving ODF status in an accelerated manner; • Monitor the performance of the districts in sanitation planning, resource mobilization, sanitation implementation, ODF declaration of VDCs, and on-going implementation of total sanitation program; • Widely publicize the performance and implement the Master Plan in the country at regular intervals to inform the civil society, policy makers, politicians and media about its progress and the support they can extend to this national endeavor; • Prioritize the districts in terms of hygiene and sanitation risks for the government, I/NGO, projects or other donors; • Facilitate to undertake research and develop on various aspects of hygiene and sanitation to improve its performance, quality, and sustainability in the communities; • Reward and recognize predominant individuals and institutions contributing to ODF and total sanitation initiatives; • Organize NSW, GHD, WASH campaign events at national levels support to regional and district levels; • Organize national and international seminar, workshops, conference, etc; • Update and upkeep the national sanitation database including ODF, and • Present the sector performance report annually in the Joint Sector Review Workshop. • Do resource mapping and stakeholders analysis for the effectiveness of program • Organize meeting at every three months for planning, programming and appraisal of the performance of sector activities. • Coordinate with R-WASH-CC and D-WASH-CC to formulate and implement the joint plan/plan of action on total sanitation in all districts, Municipalities and VDCs • Provide necessary support to NSHSC for sector effectiveness • Implement the decisions of NSHSC
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II. Regional Water Supply, Sanitation and Hygiene Coordination Committee (R-WASH-CC)

The existing Regional Water Supply and Sanitation Coordination Committee will be renamed as Regional Water, Hygiene and Sanitation Coordination Committee (R-WASH-CC) and further strengthened with clear responsibilities of planning, monitoring and knowledge management. R-WASH-CC would also help D-WASH-CCs at district levels. The roles and responsibilities of the R-WASH-CC will be as follows The member organizations and the size of the committee will be approved by the Regional Monitoring and Supervision Office of DWSS in coordination with NSHSC in a way it is inclusive and representative. As per the need and requirements, relevant organizations/entities will be called as invitees in the meeting of R-WASH-CC.

Chairperson	Regional Administrator
Member Secretary	Chief of Monitoring and Supervision Office of DWSS
Members	Government regional Offices (Health, Education and Forest), Federation of Nepal Chambers of Commerce and Industry, Concerned UN agencies, Major regional level

	WASH Donors, I/NGOs, development partners, National Associations of DDC, Municipality and VDC and national Federation/forum of water supply and sanitation and forest users groups, etc.
Roles and responsibility	<ul style="list-style-type: none"> • Prepare the regional profile of hygiene and sanitation and strategic Master Plan; • Encourage and support the districts for formulating and implementing their own Master Plan for hygiene and sanitation ; • Formulate programs to help districts for helping them plan and implement their hygiene and sanitation programs; • Monitor the performance of the hygiene and sanitation activities in the region; • Grant reward and recognition to various individuals/institutions that have noteworthy contribution in promoting hygiene and sanitation in their communities. And recognize them as 'sanitation champion'. • Regularly organize seminars and conferences to review the performance of the local bodies in sanitation promotion; • Organize annual WASH sector review workshop; • Link, coordinate and integrate concerned stakeholders so that they plan, implement, monitor, evaluate and report outcomes together using mutually agreed procedures and tools; • Establishes and updates regional WASH resource center and data-base, and • Organize regional multi-stakeholder forums to share the experience between the partners. • Monitor for gender sensitive, inclusion of sanitation program by concerned regional level offices. • Do resource mapping and stakeholders analysis for the effectiveness of program • Organize meeting at every three months for planning, programming and appraisal of the performance of sector activities. Work as a linkage between D-WASH-CC and NSHSC to exchange the decisions, information and program process. • Organize exchange visit for D-WASH-CC for better knowledge sharing. • Innovative and creative activities as appropriate.

III. District Water Supply, Sanitation and Hygiene Coordination Committee

At the district level, the existing DWSSCC will be renamed and activated as District Water, Hygiene and Sanitation Coordination Committee (D-WASH-CC) that will perform planning and implementing overall hygiene and sanitation activities in the district. The D-WASH-CC would help DDC at district level to coordinate stakeholders' activities in the district. The roles and responsibilities of the D-WASH-CC will be as follows. The member organizations and the size of the committee will be approved by DDC in coordination with R-WASH-CC in a way it is inclusive and representative. As per the need and requirements, relevant district level organizations/entities will be called as invitees in the meeting of D-WASH-CC.

Advisor	Chief District Officer
Chairperson	DDC chairperson
Member secretary	Chief of WSSD/ SDO
Member organization	Local Development Officer, DOLIDAR, DPHO, DEO, Women Development Office, Municipality/ies, concerned district level donors, municipalities of the concerned district, FNCCI, association of public and private schools, concerned UN agencies, Major WASH Donors, I/NGOs, development partners, National Associations of DDC, Municipality and

	VDC and national Federation/forum of water supply and sanitation and forest users groups, etc.
Roles and responsibility	<ul style="list-style-type: none"> • Prepare the district profile of hygiene and sanitation and strategic Master Plan/Plan of Action; • Endorses of Strategic Plan/Plan of Action on total sanitation for the DDC approval • Encourage the VDCs and Municipalities for formulating and implementing their own Master Plan for sanitation and support them; • Monitor the performance of the VDCs and Municipalities in sanitation; • Establish and manage a district level basket fund for sanitation, which would consist of DDC funds, allocations from the central basket fund managed by the DWSS and possible funds from other sources; • Encourage and support the VDCs and Municipalities to declare ODF by providing financial incentives from the DDC funds; • Grant reward and recognition to various individuals/institutions that have noteworthy contribution in promoting hygiene and sanitation in their communities. And recognize them as 'sanitation champion'. • Identify the issues of gender, inclusion and participation through proper planning and financing mechanism by considering socio-economic situation, geographical condition and ethnic diversity specifically for addressing the support need of poor and socially disadvantaged groups. • Regularly organize seminars and conferences to review the performance of the local bodies in sanitation promotion; • Link, coordinate and integrate concerned stakeholders so that they plan, implement, monitor, evaluate and report outcomes together using mutually agreed procedures and tools; • Create conducive environment to mainstream private sector in WASH activities. • Coordination of the preparation of periodic and annual district and VDC/ municipality WASH planning processes. • Follow-up of the use of District Development Fund, financial management, expenditures, VDC contribution and user group contribution for WASH implementation. • Facilitate to endorse strategic plan/plan of action and budgets for total sanitation for approval from DDC council. • Foster relationships with and elicit support from external and civil society development partners • Establish coordination and communication with NSHSC and R-WASH-CC for collaboration and information sharing • Do resource mapping and stakeholders analysis for the effectiveness of program • Organize meeting at every three months for planning, programming and appraisal of the performance of sector activities. • Establish district level resource center. • Innovative and creative activities as appropriate.

Note: In the absence of the DDC chairperson, LDO will be the chairperson.

IV. Municipality Level Water, Hygiene and Sanitation Coordination Committee

The Municipality will be the smallest unit for planning and programming of the sanitation program in the municipal level. Hence, the Municipal Water, Hygiene and Sanitation Coordination Committee (M-WASH-CC) will be responsible for over-all planning, implementation, monitoring and supervision of the sanitation and hygiene promotional activities. The roles and responsibilities of the M-WASH-CC will be as follows The member organizations and the size of the respective committees will be endorsed by Municipality in coordination with D-WASH-CC in a way it is inclusive and representative. As per the need and

requirements, relevant VDC and Municipality level organizations/entities will be called as invitees in the meeting of M-WASH-CC.

Chairperson	Municipality Mayor
Member secretary	Executive Officer
Members	Health facilities, NGOs, CBOs, FUGs, development partners, WASH Users' Committee, <i>Tole</i> Development Organizations, Child clubs, FCHVs, headmasters/principals, SMC/PTA, women groups, micro credit organizations, local networks, etc.
Roles and responsibilities	<ul style="list-style-type: none"> • Preparation and updating of the WASH profile of the Municipality; • Analysis of sanitation and hygiene issues and strategies to overcome the existing barriers; • Prepare a short term and long term plan for launching sanitation and hygiene promotional activities along with budget, joint plan of action and responsibilities; • Form up a monitoring team for regularly monitoring and provide technical backstopping to the communities and schools; • Organize review meetings and follow up activities for smooth implementation and monitoring, • Endorses Strategic Plan/ Plan of Action and budgets for total sanitation for approval from Municipality council; • Coordinate with D-WASH-CC for sharing of necessary information and decisions. • Do resource mapping and stakeholders analysis for the effectiveness of program; • Organize meeting at every three months for planning, programming and appraisal of the performance of sector activities; and • Innovative and creative activities as appropriate.

Note: In the absence of Mayors, Executive Officer will be chairperson and Health Facility In charge or WASH focal person will be the member secretary.

V. VDC Level Water, Hygiene and Sanitation Coordination Committee

The VDC will be the smallest unit for planning and programming of the sanitation program in the VDC level. Hence, the Village Water, Hygiene and Sanitation Coordination Committee (V-WASH-CC) at VDC level will be responsible for over-all planning, implementation, monitoring and supervision of the sanitation and hygiene promotional activities. The roles and responsibilities of the V-WASH-CC will be as follows. The member organizations and the size of the respective committees will be endorsed by VDC in coordination with D-WASH-CC in a way it is inclusive and representative. As per the need and requirements, relevant VDC and Municipality level organizations/entities will be called as invitees in the meeting of V-WASH-CC.

Chairperson	VDC Chairperson
Member secretary	VDC secretary
Members	Health facilities, NGOs, CBOs, FUGs, development partners, WASH Users' Committee, <i>Tole</i> Development Organizations, Child clubs, FCHVs, headmasters/principals, SMC/PTA, women groups, micro credit organizations, local networks, etc.
Roles and responsibilities	<ul style="list-style-type: none"> • Preparation and updating of the WASH profile of the VDC; • Analysis of sanitation and hygiene issues and strategies to overcome the

responsibilities	<p>existing barriers;</p> <ul style="list-style-type: none"> • Prepare a short term and long term plan for launching sanitation and hygiene promotional activities along with budget, joint plan of action and responsibilities; • Form up a monitoring team for regularly monitoring and provide technical backstopping to the communities and schools; • Organize review meetings and follow up activities for smooth implementation and monitoring, • Endorses Strategic Plan/ Plan of Action and budgets for total sanitation for approval from VDC council; • Coordinate with D-WASH-CC for sharing of necessary information and decisions. • Do resource mapping and stakeholders analysis for the effectiveness of program; • Organize meeting at every three months for planning, programming and appraisal of the performance of sector activities; and • Innovative and creative activities as appropriate.
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Note: In the absence of VDC chairperson, VDC secretary will be chairperson and Health Facility In charge will be the member secretary.

VI. Task Force

At each level of the coordination committees, there will be a task force comprising of four to five key members of the respective committee to assist the overall planning and programming. The members of the task force will generally be the focal persons of the respective organizations and at least one member will be a female.

2.4.12 Strengthening Partnership with Multiple Sectors

i. Donors and I/NGOs

The broader role of donor communities and I/NGOs and is to continue their support for formulating policy and implementing the Master Plan, contribution for reward and recognition, establish sanitation fund, advocacy and capacity development activities, strengthen the capacity of government agencies and local bodies for planning and financing and running innovative programs to help the government meet the MDG target and national goal in sanitation. The donors and I/NGOs and donor partners are expected to support activities as per the annual or multiyear planning of the Government:-

ii. Civil Society

In order to ensure gender equality, inclusion and participation of every section of the communities, civil society groups such as local NGOs, child clubs, teachers, SMC, PTA, youth club, Junior Red Cross Circle, women groups, users groups and other indigenous/ cultural groups should be extensively mobilized. The implementing agencies will mobilize each group by giving special roles during the ODF campaign. The federation of water and sanitation users will also be mobilized especially for public auditing and community mobilization. Likewise, the youths and volunteers will be mobilized for collecting local resources, fund raising and toilet construction for poor, elderly people, female-headed families and other needy families in the community. Importantly, FUGs, saving and credit groups and women's groups may be mobilized for soft loan support to the needy families to build toilets, preferably durable and hygienic toilets.

iii. Private Sector

Collaboration and partnership with private firms and institutions shall be established at different levels for attracting them to invest in hygiene and sanitation promotion. The concept of public private partnership will be introduced and strengthened especially by targeting soap manufacturers and toilet pan producers to generate demand for construction and use of toilet and hand washing with soap. Similarly, local entrepreneurs will also be encouraged to produce local level pans or concrete rings for the toilet

construction. Also, linkages will be established with other large and small scale private entrepreneurs and business houses to invest in waste management activities especially in urban areas through innovative schemes such as tax exemption, subsidy, co-financing, etc. While producing sanitation units, special consideration will be given to CGD-friendly responsive aspects as well as sustainable sanitation systems such as ecological sanitation. Local level entrepreneurs will be encouraged to establish sanitation marts/sanitation markets at community, VDC, and municipality levels as per need and requirements. In addition, private firms and NGOs will be encouraged to carry out research and development on hygiene and sanitation.

2.4.13 Capacity Building of Stakeholders at Various Levels

DWSS will take lead role to facilitate training/ orientation of R-WASH-CC, D-WASH-CC and local level stakeholders through its sanitation and training units such as the Environmental Sanitation and Disaster Management Section (ESDMS) and Central Human Resource Development Unit (CHRDU). Through this endeavor, local bodies and sanitation champions are in place to back up local level actions.

I. Capacitating the Local Bodies in Formulating Strategic Plan/ Plan of Action

All DDCs, municipalities and VDCs will be oriented to lead sanitation and hygiene through sensitization workshops and seminars. It will empower them to understand the existing hygiene and sanitation situation as well as the barriers and opportunities. It will also help to formulate and implement the local level strategic unified plan/plan of action (See Annex 3) to accelerate ODF campaigns and total sanitation. A sensitizing workshop will also help bring understanding of the various successful approaches and lessons learnt in the country – in districts, municipalities, VDCs and schools. District level politicians, federations, NGOs, private sector, religious faith based organizations, Female Community Health Volunteers, women and excluded associations as well as the members of V-WASH-CC, M-WASH-CC and D-WASH-CC will be the participants of the workshop.

II. Sensitizing National and Regional Level Stakeholders

Periodic sensitizing workshops/ seminars will be organized for the policy makers, planners, politicians and other decision makers at the central and regional levels. The workshop contents will be more or less similar to the district level-sensitizing workshops. The DWSS in partnership with NSHSC will facilitate this activity. Besides, exchange visit of stakeholders will be held for learning of good practices.

III. Ensuring Trained Human Resource in the District

Each district will have a team of facilitators of sanitation and hygiene (for example five to 10 persons **including at least 33% female**). They will be given tailor-made training with a view to enable them to plan and use Ignition Participatory Rural Appraisal (IPRA) tools and approaches to trigger communities stimulate an ODF campaign. They will be employed by the DDC on a contract basis for a certain period and their contracts can be extended until the district is declared ODF. But the regular monitoring and follow up activities should take place even after ODF for the total behavioral changes. The criteria to assess ODF will be set by D-WASH-CC.

The district level facilitators will be imparted on the national master plan, the district's hygiene and sanitation strategies, action planning, total sanitation approaches and tools. The facilitators will then train (20-30) local triggers or natural leaders to carry out the actual household level triggering process in the VDC/ municipality. The triggers ensure the ODF and later on the total sanitation status of the VDC/ municipality as per the criteria of the respective strategic plan/Plan of Action on total sanitation.

IV. Igniting Schools and Local Level Institutions

Special emphasis will be given on training/ orientation for schools, CBOs and other local institutions along with advocacy and awareness raising activities to activate sanitation and hygiene promotional activities. IPRA/Triggering Tools and other locally developed innovative mass sensitization tools will be extensively employed to trigger local level actions by means of wider community awakening exercise. For the capacity development and the promotion of school based sanitation and hygiene education program, due consideration will be given on the School Improvement Program and other promotional activities run by

the Ministry of Education. School level curriculum will also be amended as appropriate to intensify the sanitation and hygiene promotional activities.

2.4.14 Advocacy, Education and Social Mobilization

I. Media and Communication Strategy

Local and national media (print, TV, radios and FM radios) will be encouraged to visit successful VDCs, municipalities and districts and disseminate the progress and best practices on hygiene and sanitation through publication and broadcasting. They will be encouraged through the support of advertisement and cross-visits. Rewards and recognition for the best articles/ news-clips will also be provisioned for. For this, media and communication strategies will be formulated and mass media activities/ media campaigns will be explicitly linked as a part of the total sanitation campaigns at all levels. A separate communication strategy will be developed and implemented to mainstream media in hygiene and sanitation promotion.

II. Social Mobilization

The ongoing national level campaigns will be further strengthened and coordinated for sensitizing planners and policy makers, social marketing for improved hygiene behavior, seeking political commitments, etc. In addition, wider mass awareness raising activities will be held on the occasion of the NSW, GHD, WTD, WWD, WED, WASH campaign, ODF declaration ceremonies, etc. During these campaigns/ occasions the poor, socially disadvantaged communities, schools, CBOs and VDCs/ municipalities at the community levels, NGOs, federations, DDC and line agencies at the district level will be massively mobilized through local initiatives. At community level social mobilization is carried out by the trained triggers by organizing existing local level clubs and groups to take responsibility in community mobilization and hygiene and sanitation campaigning at household level.

III. Basic Behavior Build up Mechanism

For generations, people of almost all castes and religion have been using their traditional sanitation and hygiene facilities and have developed related behaviours accordingly. There are several good traditional practices and behaviours that we need to promote, whereas some of them need further improvement such as hand washing with soap and use of hygienic toilet. Focusing the traditional and cultural aspects in practice and behaviours, the Basic Behaviour Build-up mechanism promotes positive factors for further improvement, respects the social and cultural values and facilities to understand and add in existing practices especially for adult.

IV. Research and Development

Various professional organizations, academic institutions, private firms, research institutions as well as independent researchers will be encouraged to undertake academic as well as action research work on sanitation and hygiene related issues: policy and planning, socio-cultural aspects, technology, program approaches, sustainability analysis, strategic planning, women in WASH, income generation activities, youth participation, mortality and morbidity, disaster, implication of climate change, people's participation and inclusion, institutional arrangements, impact study, training need assessment, media advocacy, documentation, governance, etc.

V. Knowledge Management

The sanitation section at the DDC, WSSD/ SDOs, secretariat office of NSHSC, NMIP/ DWSS and MPPW will keep all the base line data, policies, approaches, progresses, monitoring and evaluation reports for future reference. Periodic meeting, workshop and exchange visits for knowledge sharing will be organized. Various IEC materials for demand creation and promotional activities will be developed. Besides, publication and sharing of articles, news, views, research findings, articles, success stories, etc. through news papers, periodicals, booklets, newsletters, journals, e-bulletin, will be strengthened to form a broad base of knowledge management, alliance building and advocacy. The secretariat office of the NSHSC, CHRDU and other networks in the sanitation sector working for knowledge management will be provided with resource materials. The arrangement will be made to establish data and information centers

in the secretariat office of R-WASH-CC, D-WASH-CC, M-WASH-CC and V-WASH-CC and data verification/ validation mechanisms in close coordination with the DWSS and secretariat office of NSHSC. These knowledge base will be shared from time to time to influence policy, plan and strategies.

2.4.15 Gender Mainstreaming and Social Inclusion

I. Gender Mainstreaming

The Master Plan recognizes gender sensitiveness in all program activities. A minimum of one third of the members will be ensured to be female in the steering committee or coordination committee at all levels including district level facilitators. The advisory team and task force members will also be composed of a fair gender balance. All the capacity building related trainings and workshops will also have a fair gender balance. The advocacy and IEC materials will be developed by considering gender sensitivity. Programme will be designed and developed in response to gender needs. Women participation will be ensured throughout the programme implementation.

II. Excluded Groups and Remote Geographic Areas

Access to toilets is extremely poor among the landless, ultra poor, squatters, slum dwellers and people in remote areas. For ensuring their access to toilet facilities, locally appropriate support mechanisms will be introduced through the decision of the district, VDC and municipality level coordination committees. By ensuring community contribution, the amount of support (e.g. revolving fund, community reward, material support, etc.) can be flexible for those specially targeted groups. In such areas locally appropriate low cost technological options will be emphasized.

2.4.16 WASH Emergency Preparedness and Response

In recent years, Nepal is facing emergency problems (in health and sanitation) due to floods in the *Tarai* regions, landslide in the hills and epidemics in remote mountainous and hilly districts. All three of these areas are affected terribly with hygiene and sanitation related problems due to lack of access to information (knowledge base) and facilities as well as problems resulting from remoteness in the mountainous/ hilly areas, and rampant open defecation, dense settlements and poor drainage systems in the *Tarai*. The absence (and lack of use) of sanitation facilities in those areas has caused the spread of diarrhoea (some times cholera epidemics too) and increased the number of casualties. Special consideration to sanitation facilities will be given to HIV/AIDS affected vulnerable groups, elderly people, children, pregnant and lactating mother, etc. Therefore, this Master Plan proposes the following three measures (but not limited to) to mitigate such problems:-

- Emergency sanitation fund in the district;
- Stock of chlorines and medicines in the district,
- Stocks of toilet building materials
- Water quality testing tools/equipments, and
- Trained facilitators/ volunteers for emergency sanitation and hygiene.

An emergency sanitation fund will be established in each of the high flood prone and epidemic prone districts. The fund will be mobilized for community awareness, toilet building, volunteer mobilization, transportation, etc. The district public health office including WSSD/SDO will keep a stock of chlorine and other medicines in case of outbreak of diarrhoea and cholera and other epidemics. A number of sanitation and hygiene volunteers, FCHVs, facilitators will be trained on emergency sanitation and hygiene in each district.

Volunteer training will include toilet-building, use of chlorine, Point of Use, first aid, etc. These volunteers will be massively mobilized during emergencies in close coordination with the District Disaster Relief Committee (DDRC). The entire activities pertaining to sanitation promotion during the disaster will be held by WASH cluster in coordination with the DDRC. The WASH facilities and services during the emergencies and disasters will be planned/ designed/ executed by considering the SPHERE Standards as much as practicable. The local context and availability of time, space and resources should be taken into account during the process of consultation with responsible agencies and affected/ displaced population since the initial design phase of such WASH facilities.

2.4.17 Monitoring and Evaluation

A monitoring mechanism will be established at different levels to assure that implementation of sanitation program and ODF is achieved and sustained. For this NHSSC, R-WASH-CC, D-WASH-CC, M-WASH-CC and V-WASH-CC will lead to establish and activate such a mechanism. The monitoring indicators for hygiene and sanitation activities will be developed in such a way that these become compatible with the WASH, health, education and local development related activities. The data and information on the Monitoring and Evaluation (M&E) to be held at different levels will be integrated with the M&E unit at MPPW. The M&E will focus on input, process, output and outcome and ultimately at impact levels. Along with the implementation of the Master Plan, a mechanism will be strengthened at DDC, Municipality and VDC levels for the documentation and reporting of all hygiene and sanitation intervention.

For monitoring of school/ community level activities, a VDC/ municipality level monitoring team is formed, whereas, for VDC/ municipality level activities, a district monitoring team is formed. Similarly, a regional or national level or combination of both levels team is formed for district level activities. These teams will facilitate the process for ODF declaration and its verification at respective levels. The monitoring teams will visit the respective areas particularly during the following occasions as per need and requirements but not limited to:-

- During annual planning;
- During review of annual planning; To make recommendation for the validation of ODF;
- To make recommendation for validation of Total Sanitation (Post ODF), and
- For ODF/ Total Sanitation declaration ceremonies of selected VDCs/ municipalities/ districts.

2.4.18 Innovativeness in Program Approaches, Activities and Tools

For implementation of programs and activities, there should be practical flexibility in adoption of approaches and selection of tools and resources at local level. The creativeness of the stakeholders should be encouraged at every step of program design and implementation. Such innovative actions should be taken into account during documentation and knowledge sharing processes.

2.4.19 Adaptation Measures to Climate Change

In the global context of climate change, its impact in Nepal and particularly in WASH sector has already become significant. This is due to the severe scarcity of water in natural sources and water supply systems which is consequently affecting sustainability and O&M of sanitary systems and hygiene facilities. In order to address such climate change issues and even in normal situations also, it is very relevant and important to promote water conserving sanitation technologies and conduct mass awareness campaigns at local level. The community awareness on importance of source protection, assessment of health/hygiene impacts and technological improvements will help to assess and mitigate the impacts at user level. Regular research and development activities in this regard will provide proper guidance for selection of mitigation/adaptation measures to cope with the climate change impacts in the sanitation and hygiene sector as well.

2.5 ENABLING ENVIRONMENT TO IMPLEMENT THE MASTER PLAN

2.5.1 Technical Advisory Team

A full-time technical advisory team will backstop the NSHSC in overall planning, implementing, monitoring and evaluating the national level program activities. Its main function is to support to perform the above listed tasks of the NSHSC and establish linkages with the Sector Efficiency Improvement Unit led initiatives. The team will be stationed at MPPW/ DWSS and is coordinated by a staff at ESDMS of

DWSS (full time desk officer) deputed by the NSHSC. The advisory team will comprise of the following professionals:-

- Team leader: A minimum of a Master Degree in civil engineering/ environmental engineering/ public health/ social science, and over 15 years of relevant work experience.
- Sociologist: A minimum of a Master Degree in social science, and over 10 years of relevant work experience.
- Gender specialist: A minimum of a Master Degree on gender; social science and over 10 years relevant work experience.
- Monitoring and evaluation specialist: A minimum of a Master Degree in social science and over 10 years relevant work experience.

Apart from it, such arrangement can also be made in the region to backstop R-WASH-CC in coordination with donors and support agencies.

2.5.2 Catalytic Support of NGOs

The experience of the many sanitation programs has shown that catalytic inputs of external specialized NGOs have been instrumental in promoting the health benefits of sanitation in general and of toilets in particular. So, the deployment of catalytic NGOs is expected to yield rich dividends in terms of program performance, while, at the same time, it will also largely eliminate the hassle of having to create new positions and recruit new officials on the government payrolls for an expanded program of sanitation in the country.

2.5.3 Human Resource for Master Plan Implementation

The methodology proposed for implementing the Master Plan relies mostly on the re-ordering of the roles and functions of existing institutions and functionaries such as the DWSS at the national level, the DDC at the district level and the municipalities and the VDCs at the tertiary level. At the grassroots level, new stakeholder organizations such as M-WASH-CC and V-WASH-CC are strengthened.

Three to six Master Trainers/Triggerers are developed in each district. These resource persons are expected to support, trigger and monitor the districts to launch sanitation and hygiene program. These personas are also expected to produce required numbers of triggerers at the VDC and municipal levels.

The local bodies will be responsible for recruiting consultants and staff on their own cost for any endeavors of sanitation and hygiene. These are reflected in their strategic joint action plan.

Where professional support at national and district levels are needed in health education for preparing various literatures, imparting training, etc., they too would be hired from the consulting firms or NGOs, thus assuring quality, efficiency, timeliness and cost-effectiveness.

2.5.4 Treating Soap as a Medicinal Item

The government should treat the toilet soap as a medicinal item and should exempt it from taxes with consent of Ministry of Finance (MOF), fix one rate (for soap of the same weight) across the country through PPP and distribute it through health centers, clinics, FCHVs, etc. The NSW, GHD and Nepal WASH campaign will be used as a platform for promoting soap as a medicinal item.

2.5.5 Policy Reform and Implementation

MPPW in coordination with NHSSC, Sector Efficiency Improvement Unit and Sector Stakeholders Group (SSG), will organize policy level dialogues and discussions for the modification/ changes in existing policies, program approaches, institutional arrangements, financing modalities, monitoring mechanism, facilitation and capacity development in line with the Local Governance Act, national commitments made in international forums, and emerging national and international challenges and opportunities. For this, ODF will be a bottom line with special emphasis on attainment of universal access to safe disposal of

human excreta, hand washing with soap, and other hygiene behaviors including waste management. The policy reform will consider the following aspects:-

- Guiding principles of the Master Plan;
- Adoption of the proposed new structural arrangement including establishing DSS at DDCs;
- Total sanitation with focus on universal access;
- Financial commitments as per national targets;
- Enforcement of policy provision of 20% of the water supply and sanitation budget to spend on hygiene and sanitation.
- Resource pooling and cost-sharing mechanism at program implementation level;
- Existing provision of total toilet coverage of 75% as mentioned in Rural Water Supply and Sanitation National Policy and National Strategy-2004 to be increased to 100%, and
- Focus on software with human resource through gender balance.
- Provision of on-site sanitation facilities for new commercial, public and government buildings
- Incentives/encouragement to individual Households to build on-site sanitation facilities
- Enforcement for prior treatment of liquid waster before disposing to rivers

The NSHSC will recommend to the MPPW to revise hygiene and sanitation polices and strategies from time to time to mainstream the policy provision as per the emerging need and requirements of the country and to avoid hindrances. The committee will form a task force to assess and focus on possible changes of the hygiene and sanitation policies and strategies particularly for low sanitation coverage districts including Tarai.

2.6 ACTION PLAN

2.6.1 Action Plan Steps

The Master Plan envisages the following four sequential action steps for promoting hygiene and sanitation. The details of the promotional actions and ODF related initiatives are available with CLTS, SLTS program packages and “Total Sanitation Implementation Guidelines”.

Phase I: Institutional Building

The first phase would be used for forming and reforming hygiene and sanitation coordination committees at the centre, region, district, municipality and VDC levels. An effective secretariat office of the respective coordination committees will be established with proper human resources with a fair gender balance and logistic support. The DSS at all the DDCs and task forces at all levels will be set up immediately, including a technical backstopping team.

Phase II: Planning and Programming

A series of sensitization and planning workshops and meetings will be carried out at the central, regional, district and VDC/ municipal levels. During the sensitization workshop and meeting, barriers to sanitation and hygiene at the local level will be identified and consequent strategies and tools identified to address these barriers. Through these workshops, a unified district, municipality and VDC level Strategic Plan/ Plan of Action on total sanitation promotion will be formulated in line with the Hygiene and Sanitation Master Plan. The Strategic Plan/ Plan of Action will clearly spell out the program for the ODF target, including financial resources, facilitators, support agencies, roles and responsibilities, planning, implementation, monitoring arrangements, etc.

Each DDC, municipality and VDC will allocate their own development budget for hygiene and sanitation promotion in addition to the funds received from central government or donor agencies. The inclusion of sanitation and hygiene in MCPM would encourage the local bodies to invest on the sector. Each district/ municipality/ VDC will establish a WASH fund. The district, municipality and VDC level strategic unified plan/ plan of action will be formally accepted by the D-WASH-CC, M-WASH-CC and V-WASH-CC respectively. And then it is finally endorsed by the DDC, Municipality and VDC councils respectively as

their annual development program. The program will also include recruitment and capacity development of the hygiene and sanitation NGOs and facilitators at the district level.

The minimum program unit of ODF will be VDC / municipality levels. However, ODF at VDC/ municipality is achieved gradually from settlements/ Toles/ school catchments areas. The program would also include post-ODF activities to sustain ODF and hygiene behaviors. A strong mechanism will be established in the respective levels to monitor the activities, evaluate the performance, document the findings and share the information. Besides, the ODF validation and database management system will also be instituted in respective R-WASH-CC, D-WASH-CC, M-WASH-CC and V-WASH-CC.

Phase-III ODF Campaigning and Behavior Change

In the third phase, the schools, NGOs/ facilitators will contribute to run health related messages and triggering of the VDC and municipal level actions for bringing the changes in hygiene and sanitation behaviors. For this, all the support agencies will sincerely follow the ignition and wider sensitization tools to empower communities, local groups and schools. Consequently, the ODF campaign is initiated and run at full swing to declare ODF within a given period. All local institutions, schools, political parties will be mobilized with the leadership of the VDC/ municipality during the entire ODF campaigning period.

All the existing program such as SSHE, SLTS, CLTS, CLTBCHS and any other innovative approach/ campaign will be tied up with the joint plan of action of the respective VDC, municipality and district. Any organization and approach will be encouraged to work for hygiene sanitation promotion. However, it should strictly follow the spirit of total sanitation and be strictly in line with the planning and financing arrangements as delineated in the guiding principles of the Master Plan and district/ municipality/ VDC level strategic plan/ plan of action.

Phase IV: Post ODF Campaigning (Total Sanitation)

The fourth phase would be the sustained ODF and other hygiene and sanitation behavior change/ build-up phase. During this phase, under the leadership of the M-WASH-CC and V-WASH-CC the institutions, schools, communities and VDCs/ municipalities would continue to monitor the ODF status in their respective areas. In addition, toilets will be upgraded and hygiene behavior activities such as hand washing with soap at critical times and water and food hygiene are maintained, waste management will be undertaken, households and environmental sanitation is further enhanced by attaining the status of a 'clean and healthy village' and ultimately 'Total Sanitized Community/ VDC/ Municipality' is declared. To sustain behavior, refresher trainings, exposure visits, networking, documentation and publicity, etc. will be held from time to time. Region and district also support to implement and monitor the program activities.

2.6.2 Mile Stones

The Master Plan sets mile stones for sanitation coverage to achieve on a yearly basis. The mile stones are set as per the Three Years' Approach Paper, MDG and National Goal. The targets are also intended to achieve ODF of VDCs and municipalities in a yearly manner.

Table-5: Number of ODF Target of VDCs Municipalities by Year

Target	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
National toilet coverage	43%	45%	53%	60%	70%	80%	90%	100%
Number of VDCs declared ODF	100	500	1,500	2,000	2,500	3,000	3,500	3,915
Number of municipalities declared ODF			5			50		58

Please see Annex 1 and 2 for detailed calculation.

Annex I: Calculation of Toilets Required to be Constructed Annually

Fiscal Year (English)	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	Total
Fiscal year (Nepali)		2067/68	2068/69	2069/70	2070/71	2071/72	2072/73	2073/74	
Total population (projected with annual growth rate of 2.24%)	28,043,557	28,671,733	29,313,979	29,970,613	30,641,954	31,328,334	32,030,089	32,747,563	
Total HHs (Population /5.6)	5,007,778	5,119,952	5,234,639	5,351,895	5,471,778	5,594,345	5,719,659	5,847,779	
Mile stones of toilet coverage (%)	43%	45%	53%	60%	70%	80%	90%	100%	
No. of HHs to have toilets	2,153,345	2,303,979	2,774,359	3,211,137	3,830,244	4,475,476	5,147,693	5,847,779	
No. of toilets required to construct in each year		150,634	470,380	436,778	619,107	645,232	672,217	700,086	3,694,435
Note:									
1. The base year population in FY 2066/67 is taken from NMIP/ DWSS									
2. The population projection from FY 2067/68 to FY 2073/74 is calculated by using annual population growth rate of 2.24%									
3. The HHs are obtained by multiplying population by an average family size of 5.6									

Annex II: District Plan of Action

By considering the existing toilet coverage of the set districts and national mile stones, the plan of coverage of every district has been adjusted to meet the national targets. Although every district will set their target on their own, this plan of action can be considered as mainly reference. However, it is assumed that the targets will not deviate much while the individual district makes their own plan of action. The solid ground for making the target is the existing coverage and every district has been given sufficient time to increase the coverage in practical manner. The Table-12 shows the district wise plan of action.

		2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
S N	Districts	% of toilet coverag e	% of toilet coverag e	% of toilet coverag e	% of toilet coverag e	% of toilet coverag e	% of toilet coverag e	% of toilet coverag e	% of toilet coverag e
1	Kathmandu	93.77	94.7%	100.0%	100%	100%	100.0%	100.0%	100.0%
2	Kaski	87.47	88.5%	100.0%	100%	100%	100.0%	100.0%	100.0%
3	Bhaktapur	87.1	88.2%	100.0%	100%	100%	100.0%	100.0%	100.0%
4	Lalitpur	83.69	84.9%	100.0%	100%	100%	100.0%	100.0%	100.0%
5	Chitwan	83.08	84.3%	100.0%	100%	100%	100.0%	100.0%	100.0%
6	Parbat	75.35	76.7%	84.0%	90%	100%	100.0%	100.0%	100.0%
7	Kavrepalancho wk	71.2	72.6%	80.0%	86%	95%	100.0%	100.0%	100.0%
8	Syangja	68.4	69.9%	77.4%	84%	93%	100.0%	100.0%	100.0%
9	Ilam	67.97	69.5%	77.0%	83%	92%	100.0%	100.0%	100.0%
10	Gulmi	67.03	68.6%	76.1%	82%	92%	100.0%	100.0%	100.0%
11	Panchthar	62.9	64.5%	72.1%	79%	88%	100.0%	100.0%	100.0%
12	Baglung	59.32	61.0%	68.7%	75%	85%	93.7%	100.0%	100.0%
13	Tehrathum	58.13	59.9%	67.5%	74%	83%	92.6%	100.0%	100.0%
14	Jhapa	57.14	58.9%	66.6%	73%	83%	91.7%	100.0%	100.0%
15	Tanahu	56.63	58.4%	66.1%	75%	100%	100.0%	100.0%	100.0%
16	Lamjung	56.19	58.0%	65.7%	72%	82%	90.9%	100.0%	100.0%
17	Taplejung	53.82	55.6%	63.4%	70%	79%	88.8%	100.0%	100.0%
18	Sankhuwasabh a	53.39	55.2%	63.0%	70%	79%	88.4%	97.4%	100.0%
19	Palpa	52.68	54.5%	62.3%	69%	78%	87.7%	96.8%	100.0%
20	Okhaldhunga	52.2	54.1%	61.9%	69%	78%	87.3%	96.4%	100.0%
21	Dhading	51.43	53.3%	61.1%	68%	77%	86.6%	95.7%	100.0%
22	Sunsari	51.33	53.2%	61.0%	80%	100%	100.0%	100.0%	100.0%
23	Rupandehi	48.74	50.7%	58.6%	65%	75%	84.2%	93.4%	100.0%
24	Dhankuta	48.64	50.6%	58.5%	65%	75%	84.1%	93.3%	100.0%
25	Myagdi	48.2	50.1%	58.0%	65%	74%	83.7%	92.9%	100.0%
26	Dolakha	48.13	50.1%	58.0%	65%	74%	83.7%	92.8%	100.0%

27	Makwanpur	48.05	50.0%	57.9%	65%	74%	83.6%	92.8%	100.0%
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S N	Districts	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
		% of toilet coverage	% of toilet coverage	% of toilet coverage	% of toilet coverage	% of toilet coverage	% of toilet coverage	% of toilet coverage	% of toilet coverage
28	Nawalparasi	47.57	49.5%	57.4%	64.2%	73.8%	83.2%	92.3%	100.0%
29	Morang	46.49	48.5%	56.4%	63.2%	81.8%	100.0%	100.0%	100.0%
30	Arghakhachi	46.2	48.2%	56.1%	62.9%	72.5%	81.9%	91.1%	100.0%
31	Manang	45.59	47.6%	55.6%	62.3%	72.0%	81.4%	90.6%	100.0%
32	Gorkha	44.15	46.2%	54.2%	61.0%	70.6%	80.1%	89.3%	100.0%
33	Dang	44.11	46.1%	54.1%	60.9%	79.6%	100.0%	100.0%	100.0%
34	Dadeldhura	43.08	45.1%	53.1%	60.0%	69.7%	79.1%	88.4%	100.0%
35	Rasuwa	41.89	44.0%	52.0%	58.9%	68.6%	78.1%	87.4%	100.0%
36	Mustang	41.05	43.2%	51.2%	58.1%	67.8%	77.3%	86.6%	100.0%
37	Solukhumbu	39.64	41.8%	49.9%	56.8%	66.5%	76.1%	85.4%	100.0%
38	Kailali	39.2	41.3%	49.4%	56.4%	66.1%	75.7%	85.0%	100.0%
39	Bardiya	39.16	41.3%	49.4%	56.3%	66.1%	75.6%	85.0%	100.0%
40	Jumla	37.21	39.4%	47.5%	54.5%	64.3%	73.9%	83.3%	100.0%
41	Bhojpur	36.8	39.0%	47.1%	54.1%	63.9%	73.5%	82.9%	100.0%
42	Surkhet	36.53	38.5%	46.6%	53.6%	72.4%	100.0%	100.0%	100.0%
43	Banke	35.97	38.2%	46.3%	53.3%	63.2%	72.8%	82.2%	100.0%
44	Kanchanpur	33.85	36.1%	44.3%	51.3%	61.2%	70.9%	80.3%	100.0%
45	Sindhupalchowk	31.85	36.1%	44.3%	51.3%	61.2%	70.9%	80.3%	100.0%
46	Ramechhap	31.27	33.6%	41.9%	48.9%	58.9%	68.6%	78.1%	100.0%
47	Nuwakot	31.15	33.5%	41.7%	48.8%	58.7%	68.5%	78.0%	100.0%
48	Humla	25.83	28.3%	36.6%	43.8%	53.9%	63.7%	73.3%	100.0%
49	Udayapur	25.7	28.1%	36.5%	43.7%	53.8%	63.6%	82.2%	100.0%
50	Baitadi	25.59	28.0%	36.4%	43.6%	53.7%	63.5%	82.1%	100.0%
51	Parsa	25.49	27.9%	36.3%	43.5%	53.6%	63.4%	82.0%	100.0%
52	Jajarkot	25.25	27.7%	36.1%	43.3%	53.4%	63.2%	81.8%	100.0%
53	Mugu	24.38	26.9%	35.3%	42.5%	52.6%	62.4%	81.0%	100.0%
54	Dhanusha	23.87	26.3%	34.8%	42.0%	52.1%	61.9%	80.6%	100.0%
55	Doti	23.31	25.8%	34.2%	41.5%	51.6%	61.4%	80.1%	100.0%

SN	Districts	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
		% of toilet coverage	% of toilet coverage	% of toilet coverage	% of toilet coverage	% of toilet coverage	% of toilet coverage	% of toilet coverage	% of toilet coverage
56	Kalikot	21.86	24.4%	32.8%	40.1%	59.2%	88.0%	100.0%	100.0%
57	Kapivastu	21.78	24.3%	32.8%	40.1%	50.2%	60.1%	78.8%	100.0%
58	Pyuthan	21.03	23.6%	32.1%	39.4%	58.5%	87.2%	100.0%	100.0%
59	Sindhuli	21.01	23.6%	32.0%	39.3%	49.5%	59.4%	83.1%	100.0%
60	Rolpa	20.41	23.0%	31.5%	38.8%	48.9%	58.9%	77.6%	100.0%
61	Rukum	20.32	22.9%	31.4%	38.7%	48.8%	58.8%	82.5%	100.0%
62	Dailekh	19.86	22.4%	30.9%	38.3%	48.4%	58.4%	77.1%	100.0%
63	Achham	19.08	21.7%	30.2%	37.5%	47.7%	57.7%	81.4%	100.0%
64	Bara	19.06	21.6%	30.2%	37.5%	47.7%	57.6%	81.4%	100.0%
65	Saptari	19.01	21.6%	30.1%	37.5%	47.6%	57.6%	81.3%	100.0%
66	Siraha	18.47	21.1%	29.6%	37.0%	47.1%	66.1%	84.7%	100.0%
67	Khotang	18.14	20.7%	29.3%	36.6%	46.8%	65.8%	89.4%	100.0%
68	Dolpa	17.64	20.3%	28.8%	36.2%	46.4%	65.4%	83.9%	100.0%
69	Rautahat	17.58	20.2%	28.8%	36.1%	46.3%	65.3%	83.9%	100.0%
70	Sarlahi	17.47	20.1%	28.6%	36.0%	46.2%	65.2%	83.8%	100.0%
71	Mahottari	17.11	19.7%	28.3%	35.7%	45.9%	64.9%	83.5%	100.0%
72	Darchula	16.43	19.1%	27.7%	35.0%	45.3%	64.3%	82.9%	100.0%
73	Salyan	16.37	19.0%	27.6%	35.0%	45.2%	64.2%	82.8%	100.0%
74	Bajhang	14.03	16.7%	25.4%	32.8%	43.1%	62.1%	80.8%	100.0%
75	Bajura	10.57	13.3%	22.0%	29.6%	39.9%	59.0%	87.7%	100.0%
	Total population		45.1%	53.4%	60.0%	69.9%	80.2%	90.4%	100.0%
	Total HHs								
	Notes:								
1	The population projection is done on the base year population of 2009/10 with an average annual growth rate of 2.24%								
2	The population with toilets in the base year of 2009/10 is taken from NMIP/DWSS data.								
3	The increment of sanitation coverage in each year is based on the mile stones set in the Master Plan.								
4	The increment from 2009 to 10 is 3%, from 2010 to 11 is 9% and from 2011 to 12 is 8%.								
5	The increment from 2012 onwards until 2017 is 11% each year.								
6	However the increment in each district has been varied from 3 % to 30% to adjust for a balanced coverage of sanitation over the years								
7	The increment in some districts where strategic action plans are developed have however been adjusted to meet the specific district plans as far as possible.								
8	The district wise calculation is a basis for national level sanitation coverage.								

Annex III: Format for Joint Plan of Action

- Background
- Brief introduction of the district/ municipality/ VDC
- Problem analysis
- Resource mapping and stakeholders analysis
- Barriers and challenges
- Vision
- Goals
- Objectives
- Norms and operational strategies
- Program approach
- Strategic activities
 - Baseline/update study and planning
 - Advocacy, education and social mobilization
 - Capacity building (of VDC/ municipality, district level)
 - Media activities and mass sensitization activities
 - Institutional activities
 - Joint declaration and other innovative activities
- Resource management (human, financial and material) including mapping
- Defining roles and responsibilities of various stakeholders and coordination mechanisms
- Action plan (prioritization of all the VDCs/ municipalities with **resources and** time bound)
 - ODF actions (triggering, capacity building, action committees, etc)
 - Setting norms for ODF
 - Construction and O&M of hygiene and sanitation facilities
 - Monitoring, evaluation and follow up
 - Reporting and documentation.

Annex IV: Key Activities

SN	Activities
A	National level
1	Overall coordination with relevant ministries, NPC and donors
2	Capacity building of the districts
3	Media campaigning, advocacy and policy formulation and reformulation
4	Monitoring, follow up and technical backstopping to the regional and districts level activities
5	Maintain data base
6	National level awards declaration and distribution
7	Support to districts for formulating strategic plan on sanitation
8	Other activities as appropriate
B	Regional level
1	Coordinate with the districts and central level agencies
2	Monitoring, follow up and technical backstopping to the districts level activities
3	Development of resource centre and knowledge management
4	Support to districts for formulating strategic plan on sanitation
5	Reward and recognition
6	Sensitization workshop of the stakeholders
7	Monitoring for inclusion of sanitation program by regional level stakeholders
8	Generation of resource persons
9	Other activities as appropriate
C	District level
1	District sensitization workshop and sanitation plan preparation
2	Hygiene and sanitation strategic action plan development
3	Coordination, planning, review, workshops and monitoring of D-WASH-CC
4	Development of district level triggerers and trainers and capacity development
5	Learning/ exchange/ demonstration and dissemination
6	Media mobilization and advocacy
7	District level awards
8	Other activities as appropriate
D	VDC / municipal level
1	Capacity building (orientation/sensitization)
2	Hygiene and sanitation action plan development
3	Planning, review and monitoring of V-WASH-CC/M-WASH-CC
4	Campaigning, triggering and awareness raising
5	ODF and post ODF campaigning
6	Support mechanism (revolving fund, awards, recognition, etc)
7	Other activities as appropriate
E	Community level
1	Capacity building (Training to facilitators, mobilizers and community groups)
2	Campaigning, triggering and awareness raising
3	ODF and post ODF campaigning
4	Support mechanism (revolving fund, awards, recognition, etc)
5	Self-monitoring
6	Other activities as appropriate
F	School level
1	Capacity building (Training to SMC/PTA, teachers, child cubs)
2	Campaigning, triggering and awareness raising for ODF
3	Toilet, drinking water and hand washing facilities in schools
4	Support mechanism (revolving fund, awards, recognition, multiple tables, etc)
5	Self-monitoring
6	O & M fund for school toilet
7	Other activities as appropriate

Annex V: List of the stakeholders on Sanitation and Hygiene

- Ministry of Physical Planning and Works (MoPPW)
- Ministry of Finance (MoF)
- Ministry of Education and Sports (MoES)
- Ministry of Local Development (MoLD)
- Ministry of Women, Children and Social Welfare (MWCSW)
- Ministry of Health and Population (MoHP)
- National Planning Commission (NPC)
- Department of Water Supply and Sewerage (DWSS)
- Department of Health Service (DoHS)
- Department of Education (DoE)
- Department of Local Infrastructure Development and Agricultural Roads (DoLIDAR)
- National Health, Education, Information and Communication Centre (NHEICC)
- Melamchi Water Supply Project (MWSP)
- High Power Committee for Integrated Development of Bagmati Civilization (HPCIDBC)
- Rural Water Supply and Sanitation Fund Development Board (RWSSFDB)
- Kathmandu Upatyaka Khanepani Limited (KUKL)
- Nepal Water Supply Corporation (NWSC)
- United Nations Children's Fund (UNICEF)
- World Health Organization (WHO)
- UN-HABITAT Water for Asian Cities Program Nepal
- The World Bank (WB)
- Asian Development Bank (ADB)
- Nepal Red Cross Society (NRCS)
- Nepal Water for Health (NEWAH)
- National Trachoma Program (NTP)
- National Association of Village Development Committee in Nepal (NAVIN)
- Association of District Development Committee in Nepal (ADDCN)
- Municipality Association in Nepal (MuAN)
- Solid Waste Management and Resource Mobilization Center (SWMRMC)
- Society of Public Health Engineers Nepal (SOPHEN)
- GTZ/Udle
- JMA/JICA
- Helvetas Nepal
 - Plan Nepal
 - CECI
 - USAID
 - SNV
 - Gurkha Welfare Scheme (GWS)
 - Biogas Support Program (BSP)
 - Nepal National Teachers' Association (NNTA)
 - Nepal National Teachers' Organization (NNTO)
 - CARE Nepal
 - RVWRMP/FINNIDA
 - RWSS-WN/FINNIDA
 - SEAM-N
 - Water Aid Nepal
 - Nepal Scouts
 - Federation of Drinking Water and Sanitation Users Nepal (FEDWASUN)
 - World Vision
 - Eco Himal
 - Environment and Public Health Organization (ENPHO)
 - LUMANTI
 - Media Help Line
 - Community Development Forum (CODEF)
 - NGO FUWS