



SUSTAINABILITY OF OPEN DEFECATION FREE CAMPAIGN IN GSF SUPPORTED PROGRAMME DISTRICTS, NEPAL

(This study was carried out by Bikas Shrot Kendra)



UN HABITAT
FOR A BETTER URBAN FUTURE



WSSCC
WATER SUPPLY & SANITATION
COLLABORATIVE COUNCIL

Disclaimer

The designations employed and the presentation of material in this publication do not imply the expression of any opinion whatsoever on the part of the secretariat of the United Nations concerning the legal status of any county, territory, city or area or its authorities, or concerning the delimitation of its frontiers or boundaries regarding its economic system or degree of development. Excerpts may be reproduced without authorization, on condition that the source is indicated. Views expressed in this publication do not necessarily reflect those of the United Nations Human Settlements Programme, the United Nations and its member states.

Copyright © United Nations Human Settlements Programme

(UN-Habitat) 2017

Study on Sustainability of Open Defecation Free Communities in GSF Supported Program Districts,
Nepal 2016

All rights reserved

United Nations Human Settlements Programme
Global Sanitation Fund Programme
P.O. Box 107 KATHMANDU, Nepal
Tel: 977-1-5551091
www.unhabitat.org.np/gsfnepal
Email: unhabitat.nepal@unhabitat.org.np

SUSTAINABILITY OF OPEN DEFECATION FREE CAMPAIGN IN GSF SUPPORTED PROGRAMME DISTRICTS, NEPAL

2017



(This study was conducted by external independent research agency (Bikas Shrot Kendra) commissioned by GSF/UN-Habitat)

CONTENTS



1. INTRODUCTION 5

Background 5

Study Objective 5

Methodology 5

Key findings 6

2. DETAILS OF STUDY FINDINGS 7

Objective 1:
To identify whether Households, institutions, and communities in ODF-declared districts continue to use and properly maintain improved toilets and hand washing facilities 7

Objective 2:
To explore factors contributing to or obstructing sustainability of ODF and hand washing results including the rates of slippage 14

Objective 3:
To identify the benefits of ODF and the environmental, health, economic, and social impact of sanitation campaigns, particularly for marginalized groups, women, and children 17

Objective 4:
To identify gaps and lessons for improving sanitation campaigns and sustain ODF results 18

Objective 5:
To assess the effectiveness of complimented ODF results 20

3. FINDINGS ON SUSTAINABILITY OF ODF CAMPAIGN 23

4. RECOMMENDATIONS 24



1. INTRODUCTION

BACKGROUND

The Global Sanitation Fund Programme in Nepal is executed by UN-Habitat from October 2010 with aim to support the Government of Nepal (GoN) to accelerate the open defecation free (ODF) campaign and achieve the National Sanitation target of universal sanitation coverage by the year 2017. The programme adopted the key principles of Sanitation and Hygiene Master Plan (NSHMP 2011).

By 2016, UN-Habitat Nepal had executed Global Sanitation Fund (GSF) programmes in 19 districts covering 696 Village Development Committees (VDCs) and Municipalities. Within this timeframe of implementation at time of the study, the programme had achieved ODF status of four districts (Bajura, Bardiya, Arghakhanchi and Bhaktapur). Other districts are also making efforts towards ODF declarations, and many VDCs and municipalities have been declared ODF areas. Evidence on whether people continue to use sanitation facilities and practice hygienic behaviours, however is to be confirmed assuring the sustainability of the results attained. Thus, this sustainability study is part of an effort to verify the continuity of the use of sanitation facilities and the behaviour change by people after reaching the ODF status. The study covered a total of 1,927 households from 28 ODF VDCs and 3 municipalities (Tikapur, Gulariya, Itahari), in Bajura, Bardiya, Arghakhanchi, Sunsari, and other Terai districts covered by the GSF program. The data was collected from April to July 2016. The study was conducted by external independent research agency (Bikash Srot Kendra) commissioned by GSF / UN-Habitat.

STUDY OBJECTIVES

1. To identify whether Households, institutions, and communities in ODF-declared districts continue to use and properly maintain improved toilets and hand washing facilities
2. To explore factors contributing to or obstructing sustainability of ODF and hand washing results including the rates of slippage
3. To identify the benefits of having achieved ODF status and the environmental, health, economic, and social impact of sanitation campaigns, particularly for marginalized groups, women, and children
4. To identify gaps and lessons for improving sanitation campaigns and sustain ODF results
5. To assess the effectiveness of financing mechanisms for sanitation services

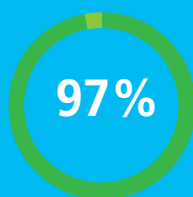
METHODOLOGY

The study applied a mixed methods approach combining Household survey (n=1,927), institutional facility observations (27 schools, 24 health posts,), key informant interviews (KII, n=130) and focus group discussions (FGD, n=24). This study covered 28 VDCs and 3 Municipalities of 10 districts, all declared ODF. The study represented GSF program districts, with VDCs and municipalities within these districts grouped into categories based on time passed since ODF declaration (over 3 years: old; 2-3 years: intermediate; 1-2 years: new). Although sampled Households fall into three ecological zones and five development regions, the survey is not a weighted design, nor meant to be nationally representative.

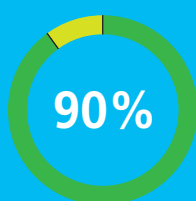
KEY FINDINGS

Total Study Households (HHs): n=1,927

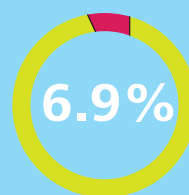
Households with toilet



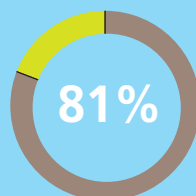
Households with improved toilet



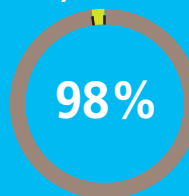
Households with unimproved toilet



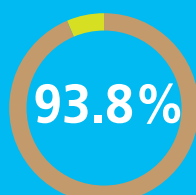
Households with Handwashing Platform with water and soap



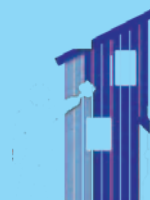
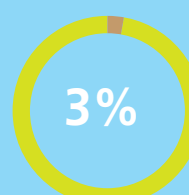
Households practicing Handwashing after defecation (Reported)



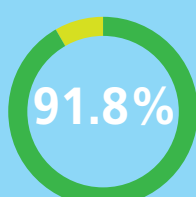
Household with functional toilet



Households with non functional toilet



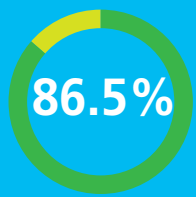
Households with no member defecating in open



Households with one or more member defecating in open



Households with no visible faeces inside and outside toilet



Households with visible faeces inside and outside toilet



2. DETAILS OF STUDY FINDINGS



OBJECTIVE 1: TO IDENTIFY WHETHER HOUSEHOLDS, INSTITUTIONS, AND COMMUNITIES IN ODF-DECLARED DISTRICTS CONTINUE TO USE AND PROPERLY MAINTAIN IMPROVED TOILETS AND HAND WASHING FACILITIES

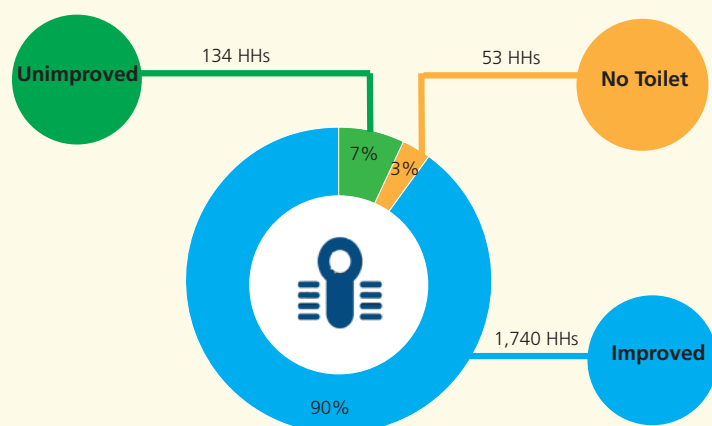


Fig.1: Proportion of HHs with access to sanitation facilities

The study findings stated that out of total surveyed Households (n=1,927), 134 (7%) Households is unimproved and 53 (3%) Households is without toilet facilities. Therefore, 97% Households have access to toilet facilities.

As per the key indicator defined by Masterplan having access to improved sanitation: 90% Households have access to improved sanitation, 7% still using unimproved sanitation facilities i.e. 97% Households having access to sanitation facilities. Relating the findings 84% of the Households having access to improved sanitation in which no member defecating in open and practices handwashing after defecation (reported). However as per the Masterplan which sets five indicators to achieve ODF status, 75% of Households meet all these five indicators complying to ODF as defined by the Government of Nepal.

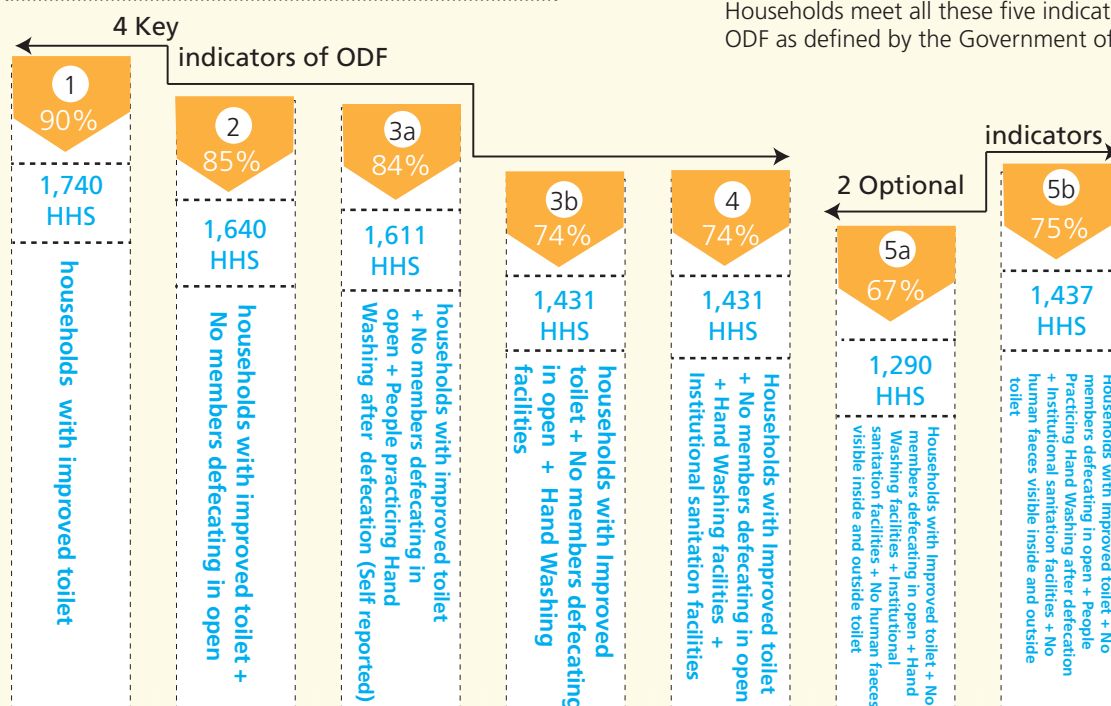


Fig.2: Percentage of HHs complying with ODF criteria of Government of Nepal

ODF criteria Nepal: 1) There is no OD in the designated area at any given time; 2) All Households have access to improved sanitation facilities (toilets) with full use, operation, and maintenance; 3) All the schools, institutions, or offices within the designated areas have toilet facilities. In addition, the following aspects should be encouraged along with ODF declaration process: 4) Availability of soap and soap case for hand washing in all Households; 5) general environmental cleanliness including management of animal, solid, and liquid wastes is prevalent in the designated area.

ACCESS TO SANITATION FACILITIES: HOUSEHOLDS



Out of 134 Households with unimproved toilets, 10% of the Households fell into the highest whereas only 7% fell into the lowest income range. Out of 53 HHs without toilet, 3% of highest whereas only 2% of lowest income range had no toilet. The above information indicates that there is no significant difference in type of toilet and having no toilet in regards of their respective income range.

Table 1: Status of toilet by Household income range

Categories	Lowest	Low	Middle	High	Highest	Total
Total Households	535	256	365	385	386	1,927
Improved	486 (91%)	223 (87%)	343 (94%)	349 (91%)	339 (88%)	1,740
Unimproved	36 (7%)	20 (8%)	18 (5%)	25 (6%)	35 (10%)	134
No Toilet	13 (2%)	13 (5%)	4 (1%)	11 (3%)	12 (3%)	53

ACCESS TO SANITATION FACILITIES: ETHNIC GROUP

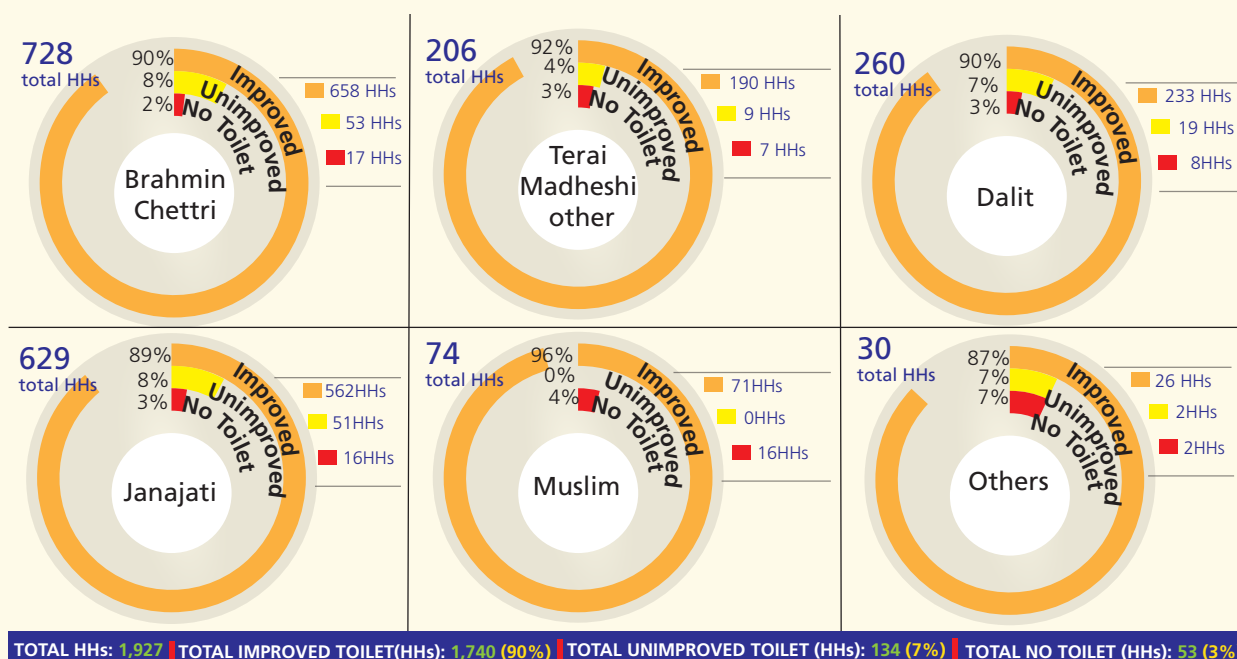


Fig.3: Proportion of HHs having access to sanitation facilities by ethnic group/caste

Out of total Households (n=1,874) 134 Households had unimproved toilets. Among those Households having unimproved toilets 8% Janajatis, 7% Dalits, 7% Brahmin / Chhetri and 4% Terai / Madheshis had unimproved toilets. Among those 53 Households without toilet 3% Janajatis, 3% Dalits, 2% Bhramin / Chhetri and 3% Terai / Madheshi do not have toilet. The above information indicates that there is no significant different between the different cast/ethnic HHs in terms of having no toilet, and in terms of having access to improved facilities

ACCESS TO SANITATION FACILITIES: INSTITUTIONAL



All the 27 schools and 24 healthcare facilities surveyed had toilets. However, only 37% of the schools and 45.8% of the health facilities had soap available but 70.8% of school toilets were appropriate to all age and height of children as per Department of Education Standard. 37.5% of health posts are not user friendly to all categories of people (Children, Disabled, elderly). Privacy particularly for girls and women was maintained at 74% of school toilets and 62.5% health post toilets.

Table 2: Status of toilet and its maintenance at schools and health posts

Institutions	Sanitation coverage	Water availability	Soap availability	Visible faeces (inside)	Visibility of cleaning agents
School (n=27)	100%	100%	37%	67%	25.9%
Health facility (n=24)	100%	12.5%	45.8%	25%	45.8%

USE OF SANITATION FACILITIES: HOUSEHOLDS

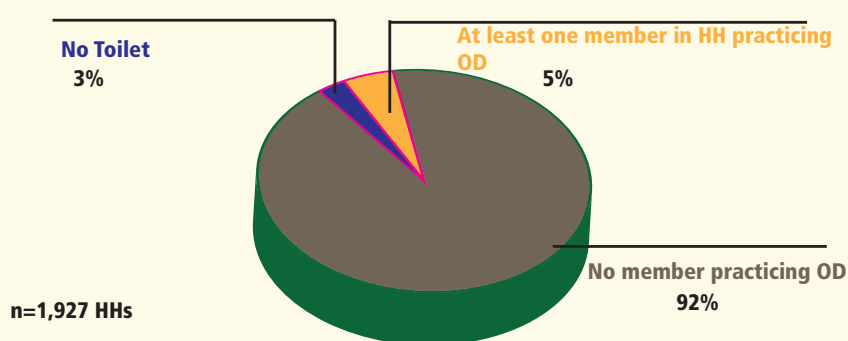


Fig.4: Proportion of HHs with members defecating in open

Out of 1,927 Households surveyed, 1,769 (92%) Households were not practicing Open Defecation. While 105 (5%) Households surveyed reported that one or more family members are practicing Open Defecation though having toilet facilities. However, 53 (3%) Households do not have toilet facilities.

As per time lapsed after ODF declaration, 5.1% Households in the old VDCs, 1.9 % Households in intermediate VDCs and 1.7% Households in new VDCs had no toilets out all 1,927 HH surveyed.



Table 3: Status of HHs without toilet by year of VDC declared ODF

Time Lapse since ODF Declaration	Total Households	Households without toilet	% out of total Households
OLD (more than 3 years ago VDC declared ODF)	527	27	5.1%
INTERMEDIATE (VDC declared ODF between 1 to 3 years ago)	821	16	1.9%
NEW (VDC declared ODF between 6 months to 1 years ago)	579	10	1.7%
TOTAL	1,927	53	2.7%

QUALITY OF SANITATION FACILITIES

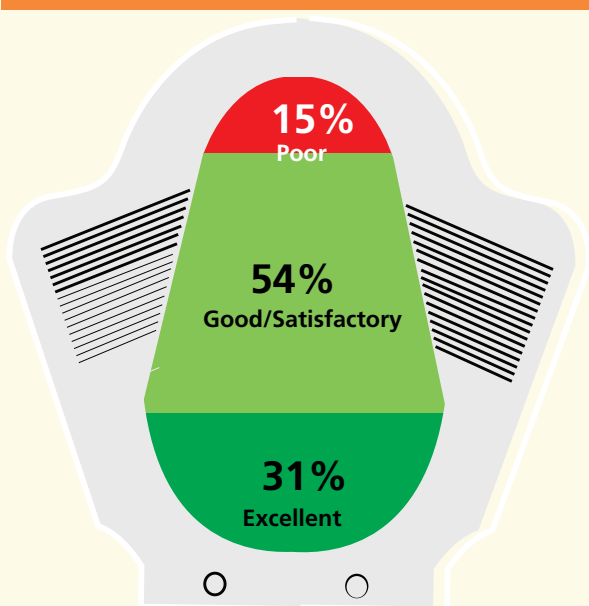


Fig.5: Proportion of HHs with quality sanitation facilities

Toilet cleanliness Categories:

1.Excellent: Well finished with good drainage, hand washing facilities, kept clean, no faeces, flies and odor, and maintained well. No items need maintenance

2.Good / Satisfactory: Toilet has good finish, has Hand Washing Facilities and functional, no faeces, no major items required maintenance

3. Poor: toilet block finish is not good and not maintained and dirty, no Hand Washing Facilities, major item require maintenance.

Observational data indicate that most toilets 31% is in excellent quality and 54% were in good/satisfactory quality. The construction quality was found to be fairly similar in the toilets constructed in the old, intermediate, and newer program VDCs. Cleaning brushes were available in 75.9% of toilets, and a cleaning agent in 55.2%. This finding is surveyed through observation during the Household visit.

Human excreta were not visible in 89% and flies were not visible in 86% of toilets. Hand washing stations or platforms were available inside or outside of the toilets found to be in 83.4% toilets. Soap was available in 70.8% of toilets, and 57.5% of toilets were clean. In 62.5% of Households, water was available within 15 minutes round trip (walking distance). With the exception of VDCs in Arghakhanchi and Bajura, water supplies were not a key barrier for toilet cleanliness

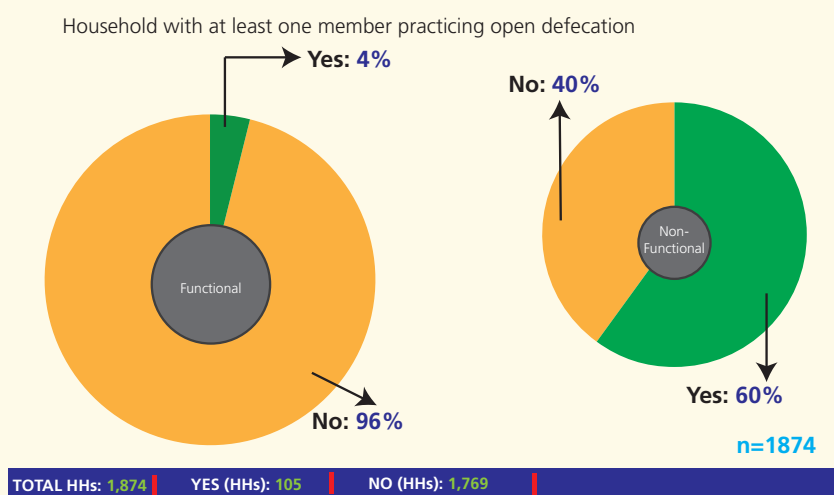
OPEN DEFECTION SCENARIO

Out of 1,927 Households surveyed 1874 Households are with toilet facilities. At least one or more member were not using toilet is reported in 105 Households (5%) out of Households having toilets. Households not having toilet is 53 (3%). In 1769 (92%) of the Households, every member of the family was using the toilet at home. The trend of open defecation practice (n=105) by a family member was higher in old ODF VDCs (2.8%) followed by intermediate (1.8%) and new ODF VDCs (0.8%) (Out of total 5%).

Table 4: Distribution of HHs by Open defecation as per time lapsed of declared VDC ODF

Defecation Practice	Old	Intermediate	New	Total
No Member practicing OD	446 (85%)	770 (94%)	553 (96%)	1769 (92%)
At least one member practicing OD	54 (10%)	35 (4%)	16 (3%)	105 (6%)
No Toilet	27 (5%)	16 (2%)	10 (2%)	53 (3%)
Total	527 (100%)	821 (100%)	579 (100%)	1,927 (100%)

OPEN DEFECACTION AGAINST FUNCTIONALITY OF TOILET



When functionality of toilet was tallied with Households practicing Open Defecation at the time of survey, the data shows that 26 Households reported no member of the Households defecate in open despite of their toilets were found to be non-functional. The data further indicates that they were either sharing toilets at neighbourhood or practicing open defecation in case of non-functional toilet. And despite of having functional toilet 66 (4%) Households still practise open defecation by one or more members of the Households.

Fig.6: Proportion of HHs with functional sanitation facilities Vs Open Defecation by one member of HHs

HYGIENE BEHAVIOUR: HANDWASHING WITH WATER AND SOAP (SELF-REPORTED)

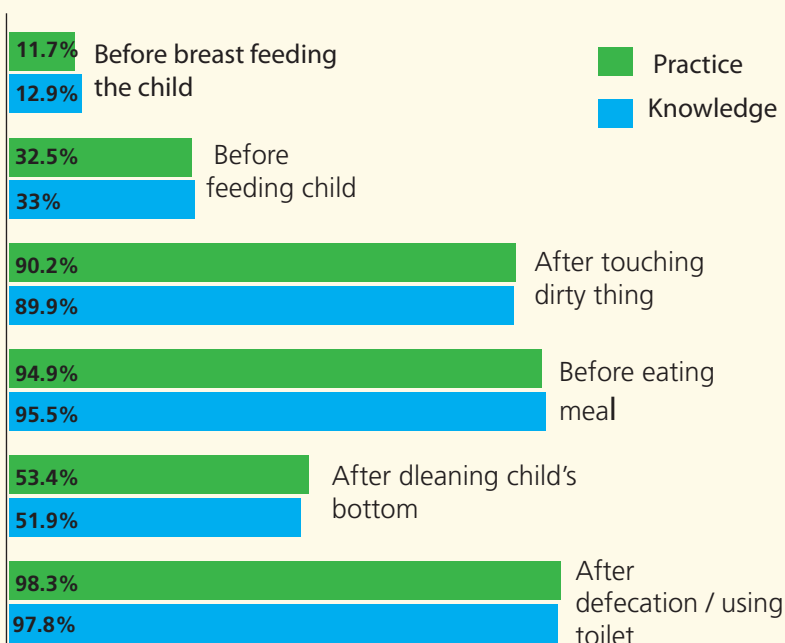


Fig.7: Self reported handwashing data with water and soap

Of the total number of Households surveyed, 98% of respondent reported the practice of handwashing after defecation/ using toilet and 95% wash hands before eating meal. However, only 32% are practising handwashing before feeding the child. Similarly, only 53% of respondents reported handwashing after cleaning a child's bottom.

The survey also indicated that out of 438 households with children under 5, 83% respondents said that they dispose child faeces in a toilet, while 11% disposed into fields, 6.5% disposed in the yard and 6% still used for animal feeding



HYGIENE BEHAVIOUR: PERSONAL HYGIENE

Personal hygiene practices were found to be fairly good as 99% of the respondents said they brush their teeth daily and 94% Households comb hair daily. 60% Households takes bath 2 to 3 times a week and 39% on weekly basis. 95% wash their clothes on weekly basis. 95% wash their clothes on weekly basis.

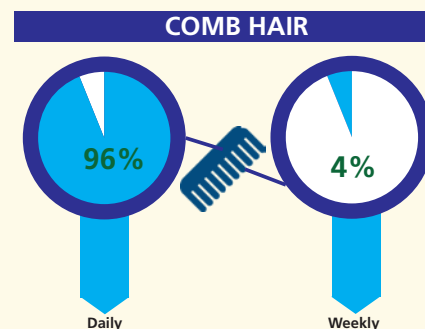
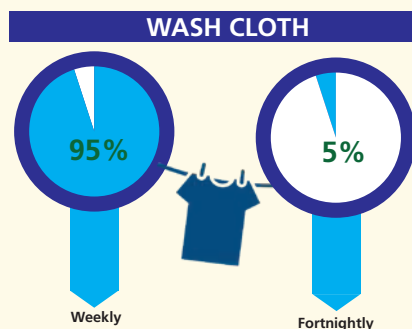
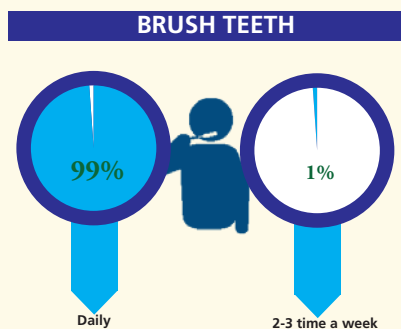
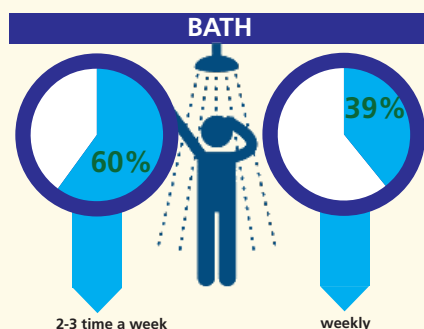
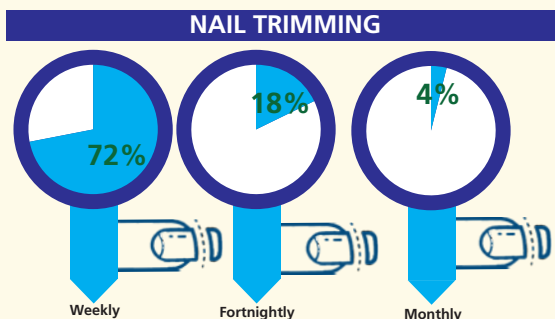


Fig.8: Self reported frequencies of personal hygiene





Out of 1,927 Households surveyed 1,110 respondents use the same room / bed during menstruation, whereas 451 respondents use separate space. It was also found that five out of the 186 HHs surveyed in Bajura 5 HHs still practiced *Chhaupadi*, which is the practice of women living outside their houses in a cowshed during menstruation. The traditional practice of *Chhaupadi* is illegal but still practiced by some households in mid and far western Nepal. Overall, 28.1 % of the women (50% in urban areas and 26% in rural) used locally purchased menstrual products

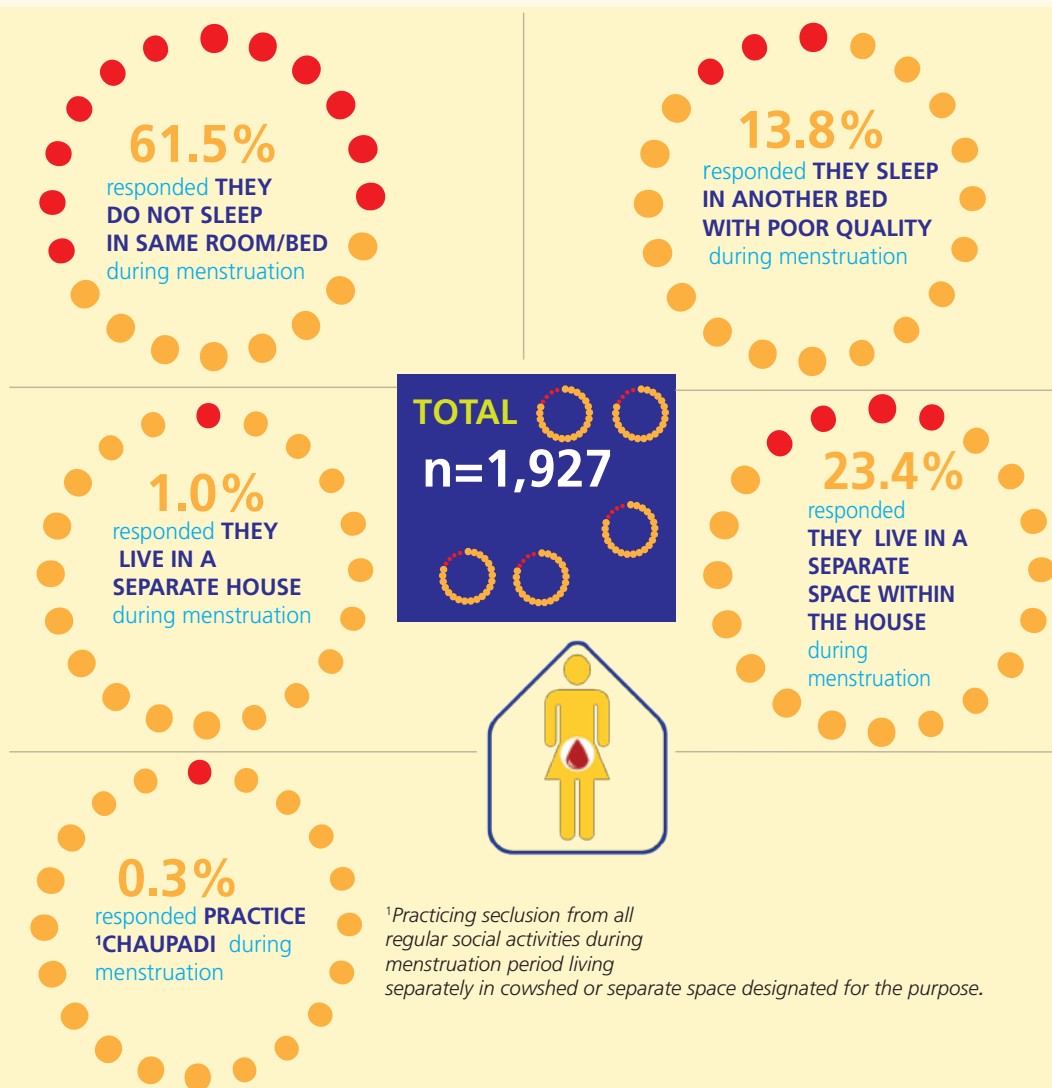


Fig.9: Proportion of HHs with various practices during menstruation

OBJECTIVE 2: TO EXPLORE FACTORS CONTRIBUTING TO OR OBSTRUCTING SUSTAINABILITY OF ODF AND HAND WASHING RESULTS INCLUDING THE RATES OF SLIPPAGE



- The factors that stood as ODF sustainability barriers were related to both visible infrastructure and emotional or motivational factors. This is the findings from FGDs with key informants.
- Households without toilets (n=53) reported multiple reasons including lack of money for construction (74%), no land or space (55 %), no toilet constructed before ODF declaration (25 %), did not need as bushes, river, or fields were nearby (19%), the toilet was filled up with faeces (8%), and monsoon floods destroyed the toilet (8 %)
- Households not using toilets by at least one family member (n=105) reported reasons such as foul smell (35.8%), disliked (13%), toilet was full (4.5%), water scarcity (4%), broken door, windows, roof, or toilet (4.9%), no habit of using toilet (13%), and poor cleanliness of toilet (6.1%).

ENABLING ENVIRONMENT CREATED FOR SUSTAINABILITY OF ODF

- Effective Master Plan enforcement helped maintain operational uniformity and harmonization.
- Pro-active Water and Sanitation Coordination Committees (WASH-CCs) enhanced local ownership, leadership, strategic plan, and unified stakeholder collaboration.
- Toilets regarded as a status 'norm' reinforced pro-sanitation collective community action.
- GSF's unique governance structure (government as a strategic supervisor, UN-Habitat as an executing agency, WASH-CCs as leader, NGOs and local bodies as implementers, communities as owners) is enhancing coordination and resource use. The institutionalized governance structure uses a wide coverage approach (VDC, municipality, and ultimately entire district).
- VDC and municipality matching funds pooled additional local resources and built collective stakeholder ownership. VDCs are now allocating 5-10% of their annual budgets to sanitation.
- A no-subsidy approach (hardware support for toilet construction) reduced financial dependency with increased ownership and investment of Households.
- Recent switch towards total sanitation and disaster response shows that the GSF program is demand responsive rather than supply driven.

A. REASONS FOR BUILDING TOILET

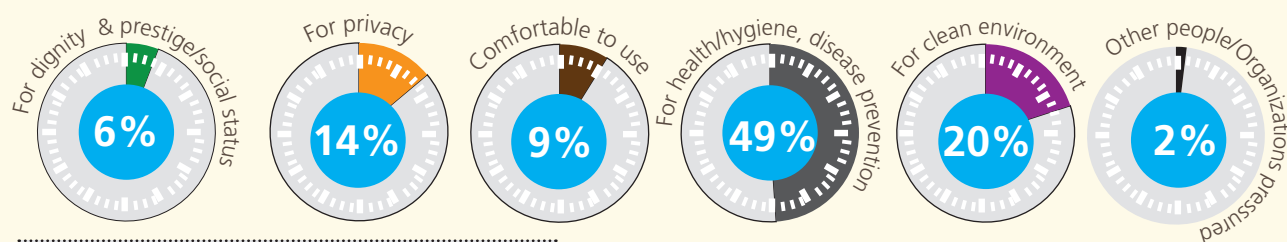


Fig.10: Proportion of HHs with reason for building toilet

49% respondents stated that the reason for building toilet is for health and hygiene. 6% stated toilet to be for dignity and 14% for privacy.

B. REASONS FOR NOT BUILDING TOILET

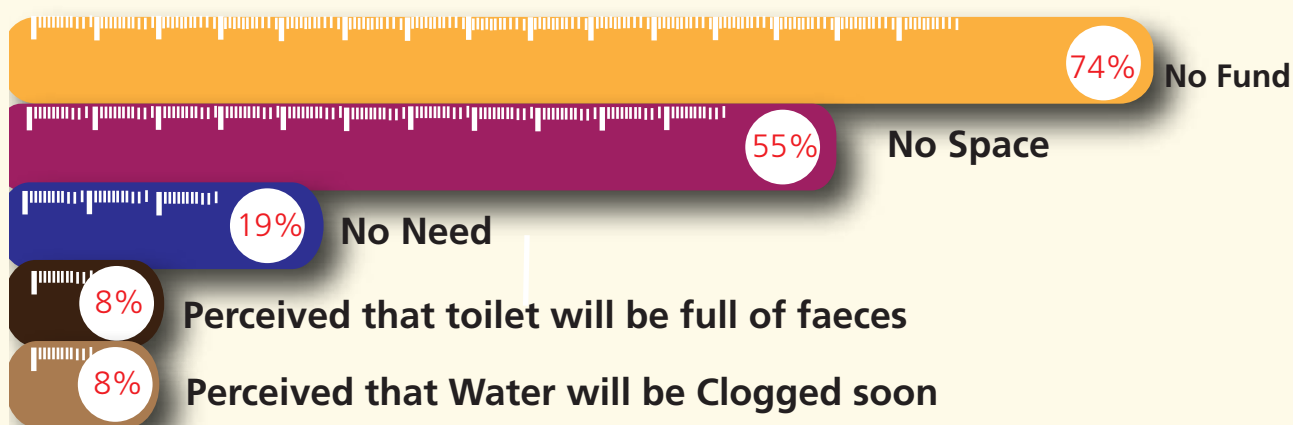


Fig.11: Proportion of HHs with reason for not building toilet

Among those Households having no toilet, when asked with given multiple answers, the majority of respondents reported (74%) the reason behind as having no fund to build toilet. However, still 19% reported no need for toilet. 55% of the respondents having no toilet stated to have no space to build toilet



MOTIVATORS AND DE-MOTIVATORS FOR CONSTRUCTING AND USE OF HOUSEHOLD TOILET

Motivators

1

Communities perceived that toilets made defecation comfortable at any time or season, safeguarded privacy, and protected against wild animals and snakes.

2

Toilets are considered a basic need, a time saving tool, and as a means of gaining high social standing and prestige in front of neighbours and guests.

3

Competition among communities has become a key toilet construction driver.

4

Local incentives and penalties, peer pressure, imitation, and social prestige accelerate toilet construction.

5

Hygiene and sanitation being a local media headline captured attention of Householders towards constructing and use of toilet

6

Reduction in sanitation-related morbidity because of reduced cases of diarrhoea and jaundice, and curbing of medical expenses for treatment

7

Exposure to foreign lifestyle who brought back remittance

De-motivators

1

Some people perceive that using a toilet is shameful as defecation is done inside four walls (Bajura District). For others, defecating always in the same place (toilet) is similar with the defecation practice of a trivial animal (neelgai, or wild cow).

2

There is a belief that toilets used by menstruating women should not be used by men to avoid misfortune, and in the eastern Terai, there is a belief that fathers-in-law and daughters-in-law should not use the same toilet. Traditional healers seem reluctant to eliminate the tradition of Chaupadi in some villages (Bajura District).

3

Destruction of toilets by flood, rhinos, or and elephants (Terai), and by earthquake (Arghakhanchi)

4

Toilet filled up and or collapsed, making it difficult to rebuild.

5

Constructing common toilets for landless families is difficult due to their lack of land.

6

High dependency on subsidy in Terai districts due to previous practice of subsidy before the operational phase of Master Plan and also due to subsidy in neighbouring country.

NOTE: The above mentioned motivators and de-motivators findings are reflection of the FGDs conducted

OBJECTIVE 3: TO IDENTIFY THE BENEFITS OF ODF AND THE ENVIRONMENTAL, HEALTH, ECONOMIC, AND SOCIAL IMPACT OF SANITATION CAMPAIGNS, PARTICULARLY FOR MARGINALIZED GROUPS, WOMEN, AND CHILDREN



Although measuring on environment, health and economic status on some of the qualitative findings from KIs and FDGs reported as below:

- Sampled Households reported the main benefits of toilets were health and hygiene, and disease prevention (48.8%), clean environment (20.4%), privacy (13.7%), and comfort (8.6%).
- During the FDGs it is also reported that the ODF campaign brought socio-economic impacts including reduction in sanitation-related mortality and morbidity (gastrointestinal, skin diseases), comfort (to pregnant women, children, elderly people, person with disability), and elevating social standing and cohesion.
- FDGs and KIs reported that the aesthetic value of surroundings improved post-ODF campaign.
- Households reported the main benefits of hand washing with soap were removal of dirt and stains to keep clean (81.8%), kill and remove germs (58.5%), prevent diarrhoea (52.6%) that indicates towards healthy

behaviour.

- Females benefit more from toilets than males as it saves their time and maintains comfort during menstruation.
- Terai Muslim women traditionally confined to Household chores are engaged in the ODF campaigns, and the belief that Dalits and other vulnerable groups are the last to construct toilets is proven false, as they are forerunners in toilet installation in some districts.
- The ODF campaign helped reduce the adverse impact of dogmas like Chaupadi (Bajura District)
- The ODF campaign increased understanding about safe disposal of infant and child faeces.
- Following community cleanliness, financial saving was noted (from medical treatment of diarrhoea-related illness). A systematic study on ODF's impact on public health is warranted.
- Along with the ODF campaign, new values and social norms of defecating in toilets, and maintaining cleanliness of surroundings, is now entrenched in communities.

OBJECTIVE 4: TO IDENTIFY GAPS AND LESSONS FOR IMPROVING SANITATION CAMPAIGNS AND SUSTAIN ODF RESULTS

The findings on the **gaps of the campaign** are more captured through the KIs and FGDs as well as statements from the local authorities leading the campaigns:

- NSHMP 2011 recommends that Household toilets have permanent structures at least up to the plinth level, but it is silent about the super structure. As a result, some users built weaker superstructures using temporary local materials. This added a repair and maintenance burden to the toilet and hindered their proper use due to lack of privacy. This raised doubt towards sustained use.
- The availability of water and functionality of water supply systems tends to be poor in some communities, which is a challenge for sustaining ODF.
- There are gaps in toilet design. Less attention is given to building toilets appropriate for people with disabilities and children. Senior citizens and children often face difficulties using toilets due to lack of user-friendly features. There are no publicly available toilet designs or 'no water' and 'low water' zones, or 'high water table' and 'flood prone' areas. No subsidy approach has worked, but no clear support mechanisms for people with disabilities (PWD), vulnerable, or ultra-poor people
- Public toilet needs are strongly pronounced in all GSF program districts but WASH-CCs lack clear perspectives, plans, or financing models regarding public toilets in the needy areas.
- Lack of masons having knowledge, skills, or motivation to construct disaster and earthquake resilient toilets and renovate non-functional toilet facilities.
- Communities and WASH-CCs are less proactive post-ODF declaration, jeopardizing ODF sustainability in the absence of concrete action plans, resources, and regulatory mechanisms towards total sanitation. Most VDCs do not have a proper system to allocate funding for post-ODF activities, nor does there exist any concrete guidelines for resource allocation on WASH, necessary for meeting total sanitation requirements.
- There is wide criticism on punitive social pressure measures used in the Terai.



Some of the Key Lessons of the sanitation campaign are:

- National guidelines with clear provisions for constructing improved toilets enhanced the uniform quality of facilities built.
- Provision of water should be aligned both in ODF and post-ODF interventions as sanitation and hygiene cannot be sustained without water.
- There is an urgency to innovate and introduce disability-friendly, flood resilient, and low cost toilets, especially in flood-prone and Terai regions.
- Toilet construction and management mechanisms should be on place, and promotion of communal toilets for landless families, especially in the Terai.
- A clear guideline to guide the local authorities for support of vulnerable peoples should be developed and enforced.
- Linking toilet construction with financial institutions, WCF, and FUGs helps pro-poor Households access resources needed for toilet construction.
- (Re) activate mechanisms for WASH-CCs with proper action plans and resources, and enhance post-ODF follow-up.
- A balance between respect for people's human rights and punitive triggering techniques is to be analysed.
- Re-verification of ODF and promotion of hand washing, personal hygiene maintenance and environmental sanitation, and behaviour change are critical for total sanitation
- The ODF and post-ODF activities are more effective when linked to other sectoral development activities like education, cooperatives, administrative, nutrition, and environment conservation.





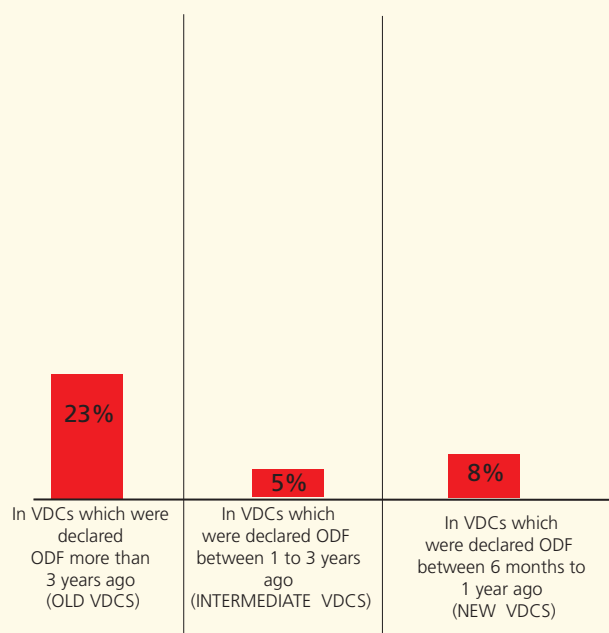
- Nearly 60% of households invested upto US\$50 and nearly 30% Households invested upto US\$ 100 for construction of improved toilet.
- Financial institutions (cooperatives, FUGs) provided loans, as needed. In total, 202 out of 1874 Households (10.8 %) have taken loans (personal loan from local cooperatives, saving groups, or other). Dalits and Janajatis were nearly twice more likely to have taken a loan than the other caste and ethnic groups. However, seven Households that had received loan did not have toilet at the time of the survey. In total, 88 out of 202 Households (44%) paid back the loans. Moreover, out of the seven Households without toilet but took loan, only one Household paid back the loan.
- Similarly, 177 out of 1874 Households (9%) received external support (mostly before ODF declaration and entry of GSF). Still seven Households out of 53 (with no toilets received external support) external support for toilet construction was highest 36% in Sunsari district, and the lowest was in Dhanusha district (3%) Qualitative findings reveal that ultra poor Households were provided subsidies by VDC offices and NGO partners before initiation of the GSF programme and endorsement of the masterplan.

HOUSEHOLD THAT TOOK LOAN AND SUBSIDY

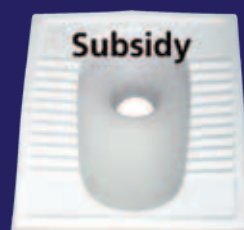
LOAN



Yes



SUBSIDY



Yes

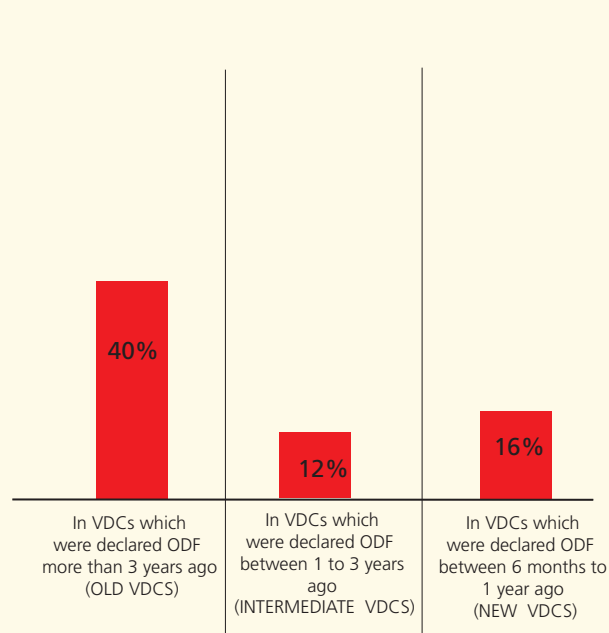
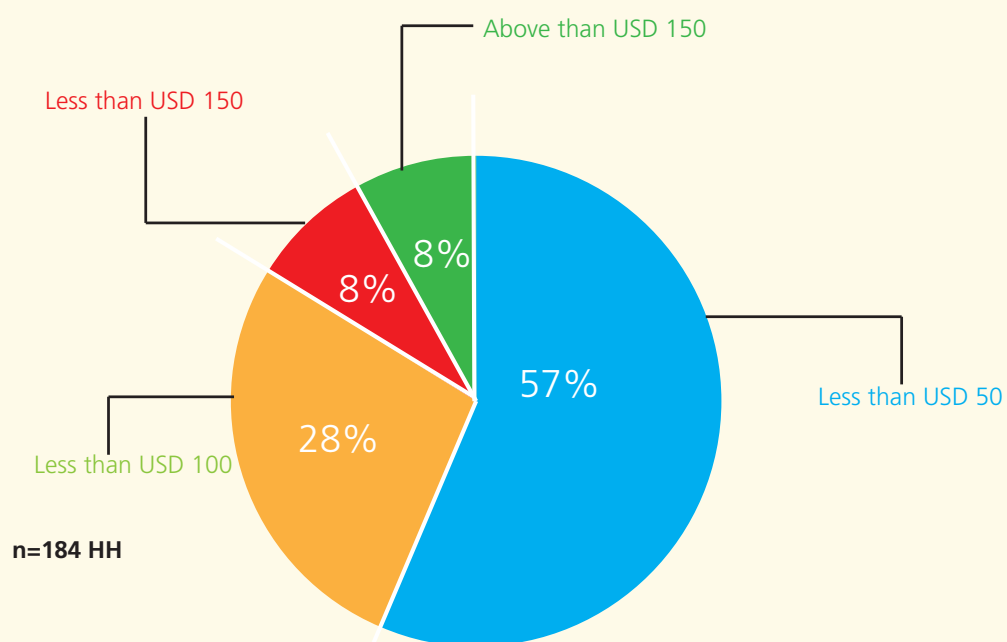


Fig.12: Proportion of HHs that took loan and subsidy

Loan taken to construct toilet is found more in old VDCs which is 23% whereas in new VDCs the loan taken for toilet construction is only 6%. Similarly, the subsidy is also significant in old VDCs with 40% whereas the intermediate is 12% and subsequently 16% in the new ODF VDCs



COST OF TOILET CONSTRUCTION



Out of total households (n=184) who responded to the cost of toilet construction, 56% expended less than USD50 for constructing toilet whereas only 1% had expended above USD500 for the toilet construction which falls within Terai Madhesi and Dalit only.

Fig.13: Investment of HHs in improved sanitation

Table 5: Status of cost of toilet construction by ethnicity / caste

Construction Cost	Brahmin Chettri	Terai Madhesi other	Dalit	Janajati	Muslim	Others	Total HHs
Less than USD 50	32%	73%	53%	53%	73%	100%	104 (56%)
USD 51 to 100	29%	16%	38%	32%	27%	0%	51 (28%)
USD101 to 150	32%	4%	3%	5%	0%	0%	15 (8%)
USD 151 to 200	0%	2%	3%	0%	0%	0%	2 (1%)
USD 201 to 250	4%	0%	3%	5%	0%	0%	5 (3 %)
USD 251 to 500	4%	0%	0%	5%	0%	0%	4 (2%)
Above USD 501	0%	4%	3%	0%	0%	0%	3 (2%)
Total	100%	100%	100%	100%	100%	100%	184 (100%)

1 USD= 100 NPR

3. FINDINGS ON SUSTAINABILITY OF ODF CAMPAIGN

The following summary findings are stated on the basis of quantitative findings through Household survey and qualitative findings through key informants interview and FGDs. The findings are basically assessed in terms of sustainability in regards of organizational / institutional sustainability, financial sustainability, technological sustainability and social sustainability. The summary findings in terms of sustainability are:

ONE

Organizational and Institutional Sustainability

- Organization structures (WASH-CCs) are in place from central to the VDC level and beyond (Tole and ward).
- WASH-CCs have representation from WASH and allied sectors (education, health, women development, local development).
- There is active community empowerment and mobilization in leadership of WASH-CCs ODF phase, but passiveness or lethargy in WASH-CCs post-ODF situation.
- A committed budget, annual program, and logistic supports for the secretariat of the D/M/V-WASH-CCs seems limited



TWO

Financial Sustainability

- Financial support was received from government, NGO, and corporate sectors in the early years of sanitation campaign which is totally transit into No Subsidy approach since the endorsement of Master Plan with provision of local authorities' discretion to support the poorest of the poor though local financing mechanism.
- The GSF program strictly adopted a 'no subsidy' policy as per the Master Plan, and it has worked.
- The GSF program has encouraged linkage of sanitation with biogas.
- Sanitation Campaign is aligned with financial institutions such as cooperatives, FUGs, and corporate financial institutions.
- Communities perceive that ODF reduced gastrointestinal and skin disease, saving Household expenditure in curative health care.
- Several VDCs and municipalities started allocating a token budget for the post-ODF activities



THREE

Technological Sustainability

- 71.6% of toilets are water seal single pits, 12.6% water seal double pits, 7.4% flush toilets, with 28% upgrading post-ODF declaration.
- Households have started constructing attached bathrooms.
- Almost all toilets have permanent structures up to the plinth level. In toilets lacking permanent superstructures, privacy is compromised, and women do not feel comfortable.
- In several Terai Households, water pumps are installed very close to the toilet which had raised the concern by various forums on ground water quality.
- Both skilled and semi-skilled human resources were available for toilet construction and maintenance. Trained human resources for construction of disaster friendly sanitation facilities were lacking. Most of the toilets lack disaster-resilient features (for flood and earthquake).



FOUR

Social Sustainability

- Toilets as a symbol of prosperity, status, dignity, and civilization.
- Early in the ODF campaign, toilets were available mainly in educated and elite Households, but even poor people have toilets now.
- Community people consider toilets an integral component of promoting health and wellness.
- The ODF campaign became a strong social movement with increasing involvement and support from government, civil society, and private sector actors. The ODF movement spread to other sectors including health and education (declaration of total immunization VDCs, total literary VDCs and districts, total green VDCs, total smokeless VDCs).
- Above all the ODF communities had set their own respective social code of conduct to maintain the ODF status and beyond.



4. RECOMMENDATIONS



The GSF program executed in Nepal since 2010 was successful in scaling up sanitation aligning with the policy and leadership of the government. Intensification of local facilitator capacity, strengthening and adoption of community and sector triggering approaches, along with mass media and behaviour change communication interventions, resulted in some local level innovations and wider toilet coverage in GSF program districts.

ODF interventions are sustainable provided post-ODF interventions ensure adequate water supply facilities; durable, user friendly, and disaster resilient structure; locally managed public toilets; generation of disaster- responsive skilled human resources; introduction of pro-poor financing mechanisms; locally managed solid waste and faecal sludge management schemes; and self-monitoring and follow-up within the institutional architect of the National Sanitation Master Plan. Reactivating and strengthening WASH committees to continue total sanitation activities, and formulating a plan for re-verification of ODF along with post-ODF activities every three to five years (in partnership with WASH-CCs and local bodies) are necessary to prevent slippage. It is equally important to introduce more innovative tools and techniques to complement and expedite speedy ODF and post-ODF campaigns rather than using coercive techniques and manipulating triggering strategies. It is important that Drinking Water and Sewerage Section (DWSS) develop and execute clear implementation guidelines on total sanitation, offer incentives and motivational packages (development aids, recognition, and declaration of model places) to ODF-declared VDCs and municipalities. It is recommended that a national level study on the impact of the ODF on public health as well as socio-economic development be conducted.

- Some of the **specific recommendations** as per the findings of the study are:
- Terai required more focus and strategic follow ups to sustain the reached results compared to hill and mountain. (Verified By: Out of 53 Households without toilet 40

Households are in Terai)

- The use of sanitation facilities are intact in newer VDCs compared to the older VDCs where strategic focus is required for its continuity. (Verified By: 5.1% Households without toilet in old VDCs compared to 1.9% and 1.2% Households without toilet in intermediate and new VDCs respectively)
- Operation and Maintenance of institutional sanitation is crucial which required more attention for its proper utilization. (Verified By: only 12.5% studied health post sanitation facilities are with water availability and 67% school toilets are with faeces visible inside toilet)
- Technological options are to be more minutely integrated for access of all: elderly, pregnant, disable, child, women.....) assuring access all the time. (Verified By: 70.8% of school toilets were appropriate to all age and height of children. 37.5% of health posts are not user friendly to all categories of people (Children, Disabled, elderly). Privacy particularly for girls and women was maintained at 74% of school toilets and 62.5% health post toilets.)
- Similarly, the resilient structure technologies are weak point that required enhancement in case of disaster (earthquake, flood, fire.....) scenario. (Verified By: FGDs findings)
- Hand Washing with soap behaviour practice during five critical times are still to be promoted massively with strong monitoring mechanism (Verified By: 81% Households with visible hand washing station; only 32% Households are practising handwashing before feeding the child. Similarly, only 53% Household wash hands after cleaning child bottom)
- Awareness on handling child faeces are to be seriously promoted. (Verified By: only 53% respondents wash hands with soap after cleaning child bottom and 6.5% Households dispose child faeces in the Household yard)
- Institutional strengthening to transit from one sanitation ladder to further ahead is to be enhance immensely. (Verified By: FGDs findings)



This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

GLOBAL SANITATION FUND IN NEPAL

Established in 2008 by Water Supply and Sanitation Collaborative Council, the Global Sanitation Fund (GSF) is a multi-donor trust fund to help large number of poor people to attain safe sanitation services and adopt good hygiene practices. As of December 2016, GSF programmes in 13 countries has assisted more than 12 million people with improved toilets and more than 15 million people live in open defecation (ODF) free communities.

The GSF Programme in Nepal was launched in October 2010 to assist the Government of Nepal in achieving its national target of 100% sanitation coverage by 2017. Under the strategic guidance of the National Sanitation and Hygiene Coordination Committee (NSHCC), and the leadership of local governments, UN-Habitat in partnership with local implementing partners, is executing the GSF programme in Nepal in 19 districts.



National Sanitation and Hygiene Coordination Committee
Ministry of Water Supply and Sanitation
Department of Water Supply & Sewerage
Panipokhari, Kathmandu, Nepal
Phone: 977 1 4413670
Email: dwssesdms@gmail.com

UN HABITAT
FOR A BETTER URBAN FUTURE

United Nations Human Settlement Programme
UN-Habitat
UN House, Pulchowk
P.O Box 107, Kathmandu, Nepal
Phone: 977 1 5542816; 5551091; 5536699
E-mail: unhabitat.nepal@unhabitat.org.np



Water Supply and Sanitation Collaborative Council
15 Chemin Louis-Dunant
1202 Geneva, Switzerland
Phone: +41 22 560 8184
Email: wsscc@wsscc.org