

Application of tools to support national sanitation policies

R8163

Assessment of Nepal's national sanitation policy

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Abbreviations

CBS	Central Bureau of Statistics (Government of Nepal)
DDC	District Development Committee
DOLIDAR	Department of Local Infrastructure Development and Agricultural Roads
DTO	District Technical Office
DWSS	Department of Water Supply and Sewerage
EHP	Environmental Health Program
FCHV	Female Community Health Volunteer
HMG	His Majesty's Government (of Nepal)
JICA	Japanese International Cooperation Agency
MCWSW	Ministry of Child, Women and Social Welfare
MDG	Millennium Development Goal
MHPP	Ministry of Housing and Physical Planning (replaced by MPPW)
MLD	Ministry of Local Development
MOES	Ministry of Education and Sport
MOF	Ministry of Finance
MOH	Ministry of Health
MOPE	Ministry of Population and Environment
MPPW	Ministry of Physical Planning and Works
NGO	Non government organisation
PRSP	Poverty Reduction Strategy Paper
VDC	Village Development Committee
USAID	United States Agency for International Aid
WEDC	Water Engineering and Development Centre
WUSC	Water Users and Sanitation Committee

1. Introduction

1.1 Background

In recent years, there has been increasing recognition of the importance of sanitation. The most obvious manifestation of this recognition was the addition of a sanitation-related target to the Millennium Development Goals (MDGs) following the Johannesburg Summit on Sustainable Development in 2002. Many researchers and commentators on sanitation have concurrently recognised that relevant and effective policies can play an important role in ensuring that progress is made towards national sanitation targets. With this in mind, the Environmental Health Programme (EHP) of USAID developed a written 'Guidelines for the Assessment of National Sanitation Policies' in 2002. This starts from recognition that '*sanitation policies are critical to creating an enabling environment to encourage increased access to sanitation services*'. Mobilising resources in a focused and systematic way is likely to be difficult, even impossible, in the absence of a suitable policy framework. Conversely, a relevant sanitation policy can serve as a stimulus for local action, serving to set priorities and providing the basis for translating needs into action. EHP suggest that in doing so, it can create the conditions in which sanitation can be improved.

In order to ensure the relevance of the EHP Guidelines document, was agreed that it should be field-tested in a number of countries and WEDC agreed to lead the field-testing process in two countries, supplementing field-testing activities undertaken directly by EHP with its own resources.

1.2 Purpose

The purpose of the current research exercise is twofold, first to field-test the EHP Guidelines in relation to sanitation policy in Nepal and second to contribute to the policy dialogue, development and implementation process in Nepal.

1.3 Definitions

1.3.1 Policies

EHP define policy as '*the set of procedures rules and allocation mechanisms that provide the basis for programmes and services*'. This set of procedures, rules and allocation mechanisms is normally set out in a written document. To be successful, such a document must be supported by suitable policy instruments. EHP identify four such instruments:

- *Laws and regulations*. The latter are rules and/or government orders that are designed to regulate behaviour and often have the force of law.
- *Economic incentives*, which may include subsidies, fines for unsafe disposal, emission charges and charges that penalize other types of poor behaviour and practice. (Strictly, the reference here should be to financial incentives).
- *Information and education programmes*, designed to raise awareness and generate public demand for improved sanitation services
- *Assignment of rights and responsibilities for providing services* among national agencies and the public, private and non-profit sectors.

1.3.2 Sanitation

EHP use the term sanitation to denote the ‘facilities and hygienic principles and practices related to the safe collection, removal or disposal of human excreta and domestic wastewater’. In one sense, this is a narrow definition; it does not include either solid waste management or the aspects of water supply that relate to the need to meet minimum conditions for a healthy and hygienic lifestyle. However, it is broad in the sense that it goes beyond facilities to include principles and practices. This assessment is primarily concerned with sanitation, as defined by EHP although it is worth noting that some national sanitation policies cover solid waste management as well as excreta disposal.

1.4 Basic assumptions

The research started with the assumptions set out in section 1.8 of the EHP Guidelines, which are summarised below:

1. *Policy is important.* Sound sanitation policies are a prerequisite to improving sanitation on a scale that matters.
2. *Effective policies require adequate information.* As far as is possible, this information should be disaggregated to allow comparisons between rural and urban areas and between different districts and regions.
3. *The policy-making process is important.* It can affect both the content of policy and the likelihood that it will be successfully applied.
4. *Whenever possible, policy improvements should build on what exists.* Existing policies may be incomplete, technically unsound and unrealistic. Nevertheless, they offer a starting point for action and should be built upon whenever possible.
5. *Policy should not be the sole responsibility of central government.* Sub-national levels of government may have an important role to play in policy development and implementation.
6. *Assessment should not be viewed as a stand-alone exercise.* Rather, it should be seen as the first step in the policy development process.
7. *Sanitation policies cannot be viewed in isolation.* They are inextricably linked with and influenced by policies and activities in related areas, particularly water supply and hygiene education but also including local government, solid waste disposal tourism, education and the environment¹.
8. *Policies cannot be assessed without taking account of capacity to implement.* A policy may look good on paper without having a significant impact because there is insufficient capacity to implement it.

¹ The EHP Guidelines do not specifically mention health, which should certainly be added to the list.

2. Basic data, Nepal

2.1 Demographic data

Information on Nepal's population, based on the census data for 1981, 1991 and 2001 is summarised in Table 2.1 (Source <http://www.mope.gov.np/population/chapter1.php>).

Table 2.1 Overall population growth in Nepal

Year	Population	% Growth rate over previous 10 years
1981	15,022,839	2.66
1991	18,491,097	2.08
2001	23,151,423	2.25

The Central Bureau of Statistics estimates that population will reach 30.7 million by 2015. (WaterAid 2004 page 7). The CBS estimates the division between rural and urban population as follows:

Table 2.2 Urban and rural population growth

Year	Rural (million)	Urban (million)	% urban population
1990	16.3	1.8	10.0
2000	19.7	3.0	13.2
2015	23.9	6.8	22.1

These figures indicate a rapid rise in urban population, 3.8 million over the period 2000 to 2015. This compares with an increase of 4.2 million in the rural population over the same period but starts from a much lower base figure. The Municipality Act of 1992 further subdivides urban areas into three categories, Mahanagarpalika (metropolis), Upa-mahanagarpalika (Sub-metropolis) and Nagarpalika (municipality). Information on these categories and their populations are given in Table 2.3.

Table 2.3 Breakdown of urban population

Category	Requirements	Municipalities in this category	Total population 2001
Metropolis	Population > 300,000 Revenue > Rs 100 (million)	Kathmandu	672,000
Sub-metropolis	Population > 100,000 Revenue > Rs 50 million	Biratnagar	166500
		Birgunj	112500
		Lalitpur	163000
		Pokhara	156000
		Total population	598000
Municipality	Any area Population > 20,000 Revenue > Rs 2 million In hill and mountain Population > 10,000 Revenue > Rs 1 million	53 municipalities	1,960,000

Source draft National Urban Water Supply and Sanitation Policy-2004

Average urban population growth over the period 1991 to 2001 was 3.45%. The average rate for metropolitan and sub-metropolitan areas was slightly greater than that for urban areas as a whole, varying from a high of 4.95% in Pokhara to a low of 2.53% in Biratnagar. Even so, population growth in the 53 municipalities averages over 3%². WaterAid Nepal estimate that by 2015, 54% and 46% of the urban population will live in small towns and the Kathmandu Valley respectively. These figures are slightly misleading in that the small towns figures includes Pokhara, Birgunj and other medium-sized towns. Nevertheless, together with the figures in Table 2.2, they do indicate that growth in both larger and smaller towns will be significant over the coming years. There is little doubt that both will include low income areas, some of which are likely to be informal.

The Ministry of Population and Environment also provides information on population growth by what it terms ecological zone. This is summarised in Table 2.4.

Table 2.4 – Population by ‘ecological’ zone

Populations in millions, percentages in brackets

Census yr	Mountain	Hill	Terai	Total
1981	1.30 (8.7)	7.16 (47.7)	6.56 (43.6)	15.02
1991	1.44 (7.8)	8.42 (45.5)	8.63 (46.7)	18.49
2001	1.69 (7.39)	10.25(44.3)	11.21 (48.4)	23.15

² For further information see <http://www.mope.gov.np/population/chapter9.php>

The Table 3 figures show that population is growing faster in the Terai than in other zones and that, in absolute terms, population growth in mountain areas is relatively low. This ties in with the available information on the distribution of urban areas. Of Nepal's 58 municipalities, only two are located in mountain areas while 32 are located in the Terai. So, it seems that rapid urban growth in the Terai, driven partly by migration from hill/mountain areas for employment and security reasons, is contributing to the redistribution of population. This has potential implications for sanitation policy.

2.2 Health indicators

In Nepal as a whole, life expectancy in 1997 was 56.1 years. The Ninth Plan Target was to increase this to 59.7 by 2002, while the 20 year target was to increase it to 68.7 by 2017³. In 2001, life expectancy was estimated at 58.95 years and the male to female ratio as 0.997 (HMG Health Information Bulletin 2001).

The infant mortality rate and under five mortality rate in 1997, at the end of the Eighth Five Year Plan, were 74.7 and 118 per 1000 live births respectively⁴. The Ninth Five Year Plan set targets to reduce these figures to 61.5 and 102.3 respectively. HMG's Health Information Bulletin 2001 gives figures of 64.2 and 91 respectively.

Recent information on morbidity caused by sanitation-related illnesses is given in Table 2.5.

Table 2.5 - Morbidity due to sanitation related ailments

Diseases	Mountain	Hill	Terai	Total
Diarrhoeal diseases	10.4	9.7	9.0	9.4
Intestinal worms	9.9	7.9	7.1	7.7
Skin diseases	11.9	13.6	19.7	16.1
Gastritis	7.0	6.8	5.3	6.2
Typhoid	1.9	2.5	2.1	2.3
Total due to poor sanitation	41.1	40.4	43.2	41.7
Others diseases	58.9	59.6	56.8	58.3
Total	100	100	100	100

Source: Annual report, Department of Health Services (2001/2002)

These suggest that diarrhoeal diseases and intestinal worms are more prevalent in mountain areas, where sanitation is generally poor. The 2001 overall morbidity rate of 41.7% compares with a figure of 72% in 1997, suggesting significant improvement over the intervening four years⁵.

³ Figures taken from Ninth Plan

⁴ UNICEF give an under 5 mortality figure of 15000 deaths per year for the country as whole.

⁵ It is probable that some of this disease has causes other than sanitation. For instance, skin diseases are normally associated with lack of access to adequate quantities of water rather than lack of sanitation.

2.3 Coverage – existing percentage and trends

2.3.1 General situation

Different sources give different assessments of sanitation coverage. Recent figures are as listed below.

Data source	Sanitation coverage (total)
BCHIMES/UNICEF (2000)	29%
Global Water Supply and Sanitation Assessment (2000)	27%
Central Bureau of Statistics taken from census (2000)	47%
National Planning Commission (2001)	25%

The last figure is that given in Chapter 25 of the 10th Five Year Plan. It is also the figure presented in the Nepal Country Report prepared for Sacosan 2003.

Figures for previous years are similarly varied. In 1990, for instance, the Nepal State of Sanitation Report (Colombo Resolution) gave a coverage of 6% while the Global Water Supply and Sanitation Assessment figure was 20%. Four estimates are available for 1996, ranging between 18% and 30.5%.

This variation in coverage estimates has important implications for policy objectives. If sanitation coverage did really increase from 6% in 1990 to 47% in 2000, as claimed by DWSS, the target of universal sanitation coverage by 2017 seems achievable. However, we have already seen that the figure for 2000 contained in the 10th Five Year Plan is only 25%. WaterAid Nepal notes that the levels of coverage reported in the census figures used by DWSS do not seem consistent with available information on the level of investment and per-capita expenditure on services. It has developed its own coverage estimates, based on a best fit regression analysis of all available data (WaterAid 2004). It notes that these estimates, which indicate an increase in coverage from 18% in 1990 to 27% in 2000, are consistent with available information on the level of investment and per-capita expenditure. If correct, these figures suggest that meeting the MDG targets, let alone the more ambitious policy target of achieving 100% coverage by 2017, will be very difficult to achieve.

The discrepancy may be explained by the fact that the 2000 census coverage figures include all forms of sanitation facility, including crude facilities connected to temporary pits. This suggests that the lower figures obtained from other sources provide a better indication of satisfactory sanitation coverage.

One specific point to take from the discrepancies in coverage data is the need to devote attention to the development of reliable and generally accepted information on sanitation coverage. In the absence of such an estimate, the estimates of sanitation needs that follow in Section 2.3.2 rely on 10th Plan and WaterAid figures.

2.3.2 Toilet construction needs

This conclusion is further reinforced by estimates of the number of toilets that need to be constructed to meet various targets, as compared to the numbers constructed during the decade 1990 to 2000. According to the 10th Plan, increased sanitation coverage benefited 1.49 million people over the five year period of the 9th Plan (1997 – 2002). This amounted to just over 28% of the targeted population (5.26 million). During this period, urban coverage grew from 51% to 75% while rural coverage languished, increasing only 4% from 16% to 20%. As with overall estimates, the census figures suggest a rather higher rate of growth with urban coverage increasing from 34% to 78% and rural coverage from 3% to 41%. The stated 10th Plan sanitation targets for 2007 are as follows:

- Total population to be served by new sanitation facilities 7.42 million
- Total rural population to be served by new sanitation facilities 5.61 million
- Total urban population to be served by new sanitation facilities 1.81 million

These figures suggest that it will be necessary to build about 230,000 new latrines per year over the 5 year period of the plan. A similar yearly latrine construction rate will be required to achieve universal coverage (100%) by 2025. Achieving the national policy goal of 100% coverage by 2017 will require a significantly higher rate of construction, around 350,000 latrines per year.

WaterAid estimates that about 14,000 toilets will need to be constructed per month (168,000 per year) to meet the sanitation MDG target of halving the unserved population by 2015. Of these, about 10,000 per month would be required in rural areas and 4000 per month in urban areas. It further estimates that 2,650 and 1,420 toilets per month were constructed in rural and urban areas respectively in the decade 1990 – 2000. Based on these figures, it concludes that the rate of toilet construction needs to be increased by a factor of 2.7 in urban areas and 1.7 in rural areas.

The figures provided in the 10th Five Year Plan are different from those estimated by WaterAid but are of the same order of magnitude. Both lead to the conclusion that there is a need for a greatly increased rate of toilet construction if either the MDG or the policy targets are to be met. This, in turn, suggests that there is an urgent need for a review of the implementation of policy and, perhaps, the policy itself. The only caveat to this conclusion is that the census figures used by DWSS indicate that Nepal is already well on the way to meeting its policy targets, suggesting that policy is working and that there is no pressing need for changes in the way in which it is being implemented. However, as already indicated, it is probable that the census figure covers all sanitation arrangements, including those that cannot be considered to be satisfactory.

2.3.3 Hygiene promotion / awareness / education

The 1994 Sanitation Policy gives a definition of sanitation that includes personal hygiene. The policy includes an objective to “bring about attitudinal and behaviour changes for improved sanitation and hygiene practices”. The 2004 Draft Hygiene and Sanitation policy has dropped the definition, but maintains that hygiene is an essential component of the “package of activities and services related to personal, household and environmental sanitation...” However, there are no associated targets for addressing hygiene awareness.

Figures are also available on hand washing after defecation. In rural areas, 37% of people wash with water only and 12% with soap and water (source: BCHIMES/UNICEF (2000)). The relatively low figure for washing with soap and water suggests a need for an increased focus on hygiene promotion.

2.3.4 Approaches to the assessment of risk

On the basis of available data, Nepal's 75 districts have been divided into three hygiene and sanitation categories, high risk (24 districts), medium risk (45 districts) and low risk (6 districts). Categorization is based on a number of criteria, of which the most important are low sanitation coverage, high incidence of diarrhoeal and other water and sanitation-related illnesses and the human development index (HDI).

Section 2 of the Guidelines that accompany the 2004 Draft Sanitation Policy defines risk purely in terms of coverage. High risk districts or VDC areas are those with less than 20% sanitation coverage. Those with sanitation coverage between 20% and 50% and above 50% are considered to be medium risk and low risk respectively. The Guidelines go on to suggest a total of seven indicators of poor sanitation and hygiene status in individual communities. Communities that display four or more of the risk indicators are considered to be high risk, those that display two or three of the indicators are considered to be medium risk and those that display one or none are considered to be low risk.

2.4 Costs

WaterAid (2004) provide information on the per-capita cost of sanitation provision by both sanitation technology and zone. The figures are reproduced in Table 2.6.

Table 2.6 Per-capita sanitation costs

Region	Sanitation technology	Per-capita cost (\$)
Rural Hill	Single direct pit	8
	Single pit offset latrine	16
	Double pit offset latrine	19
	VIP latrine	10
Rural Terai	PF single pit	36
	PF double pit	42
	Ecosan	36
	Septic tank with soak pit	97
Semi-urban	PF single pit	40
	PF double pit	46
	Ecosan	40
	Septic tank with soakpit	107
Urban	PF single pit	44
	PF double pit	51
	Septic tank with soakpit	119
	Latrine with sewer connection	95

2.5 Investment

Table 2.7 gives details of annual expenditure required to meet various projected targets⁶.

Table 2.7 Annual Expenditure required to reach various targets

Target	Rural sanitation	Urban sanitation	Total
10 th Five Year Plan	9.41 million	3.1 million	\$12.51 million
MDG (half unserved population by 2015)	\$7.96 million	\$3.64 million	\$11.60 million
Universal sanitation by 2025	\$9.03 million	\$4.69 million	\$13.72 million

Source: Sustained Drinking Water and Sanitation for all in Nepal - Sector Financing Requirements, Feb 2002, Water Aid Nepal.

The report provides further information on the estimated availability of financial resources to meet the MDG goals, which is summarised in Figure 2.8. All resource requirements are given in millions of dollars per year.

Table 2.8 Resource availability and gaps (\$ millions per year)

	Rural	Urban	Total
Resource requirement	7.96	3.64	11.60
Resources available	0.98	1.44	2.42
Gap	6.98	2.20	9.18

No specific mention is made in these estimates of the amount to be provided from people's own resources. Similarly, the report does not distinguish between 'hardware' and 'software' resource requirements. A more recent report (WaterAid 2004) includes a detailed assessment of resource requirements to meet the 2015 MDGs, based on the per-capita costs given in Table 2.5 and making allowance for significant community contributions⁷. The WaterAid figures are summarised in Table 2.9⁸:

⁶ ADB (2004) estimate that the total expenditure required to meet the 10th Five Year Plan target for rural sanitation is \$34.76 million for hardware with an estimated additional \$6.13 million for software. This converts to a lower level of annual expenditure (about \$8 million) than that given in Table 2.6 (\$9.41 million) despite the fact that the ADB figure is based on WaterAid data. The discrepancy may be explained by an increase in the value of the dollar against the Nepali rupee.

⁷ These range from 100% for simple pit latrines in hill areas, septic tanks with soak pits and sewer connections to 43% for ecosan toilets and only 21% for double pit off-set latrines in rural hill areas.

⁸ Based on WaterAid 2004, Table 5.6

Table 2.9 Summary WaterAid estimates for financial resource requirements

Total population to be served	13,828, 825
Capital cost	\$486.5 million
Overhead cost	\$43.8 million
'Difficulty level' cost ⁹	\$15.6 million
Total cost	\$546.0 million
Community contribution	\$383.1 million
'External' resource requirement ¹⁰	\$162.9 million

Assuming that the figures are based on the investment required over the period 2000 to 2015, the annual external resource requirement is \$10.86 million, which is compatible with the figure given in Table 2.7 (\$11.60 million).

WaterAid (2004)¹¹ state that total expenditure in the drinking water and sanitation sector in financial year 2003/2004 was \$47.5 million, which compares with an average annual expenditure of \$25.8 million in the 1990s. Foreign aid contributed 67% of the \$47.5 million and sector dependence on foreign aid has been increasing over the years. Total external resource availability is expected to be \$489 million between 2000 and 2015. However, no less than \$329 million of this is to be used to support the Kathmandu reforms, including the Melamchi scheme, leaving only \$160 million for all other projects, of which only \$48 million is estimated to be available for sanitation. Government resource availability over the same period is estimated at \$26 million, giving a total resource availability for sanitation of \$74 million or almost \$5 million per year. This is rather higher than the figure given in Table 2.7.

Based on these figures, WaterAid estimates that the gap between resource requirements and resources available to meet the sanitation MDG targets over the period 2000 – 2015 is \$89 million, equivalent to just under \$6 million per year. Clearly, the gap will be higher if the aim is to meet the policy target of complete sanitation coverage by 2017.

At first sight, these figures suggest that the prospects for reaching the MDG target and, even more so, the 2004 policy target, are bleak. However, WaterAid goes on to make the point that the problem becomes less daunting when it is broken down to the level of individual wards. At this level, it estimates a monthly requirement for only 2.5 new toilets in each VDC and 5 new toilets in each municipal ward to meet the MDG target. This analysis does not take account of the variation in need between different wards. Further information available from the Nepal WASH Campaign, reproduced in Table 2.10 suggests that some Districts may need to achieve roughly twice the average rate of new toilet provision to meet the MDGs.

⁹ Difficulty level refers to the additional costs incurred in providing facilities in regions that are remote and/or with difficult access.

¹⁰ The term 'external' here refers to resources external to the community not to the country as a whole. So, it does include government funding.

¹¹ Taken from figures given in WaterAid Figure 6.2

Table 2.10 Sanitation requirements to meet MDG Target in some Districts

Taken from <http://www.newah.org.np/wash.htm>

	Current Situation			To Achieve MDG target					
	2001			2015			no. of latrines to build		
District	No. of hh	No. of latrines	coverage	Estimated hh	No. of latrines	MDG target	Total	each year	each month
Kailali	94,430	36,906	39%	119,565	83,695	70%	46,789	3,342	279
Bardiya	59,569	16,347	27%	75,425	48,272	64%	31,925	2,280	190
Banke	67,269	33,882	50%	68,413	51,309	75%	17,427	1,245	104
Morang	167,907	69,939	41%	212,599	150,946	71%	81,007	5,786	482
Siraha	98,754	18,730	19%	125,040	74,399	60%	55,669	3,976	331
Mahottari	94,229	16,785	18%	119,310	70,393	59%	53,608	3,829	319
Rautahat	88,162	15,150	17%	111,628	65,302	58%	50,152	3,582	299
Chitwan	92,863	73,412	79%	117,581	105,234	89%	31,822	2,273	189

Population growth rate estimated at 1.7%
 These Districts were those in which community discussions were held in the course of WASH Campaign investigations. The WaterAid figure of 14000 new toilets required per month, quoted in Section 2.3.1 appears to be based on these investigations.

The WaterAid analysis also implicitly assumes that all VDCs are working effectively and will be prepared to prioritise sanitation and either make resources available for sanitation provision or encourage householders to make their own resources available. The reality is that, partly because of Maoist activity, many VDCs are not operating effectively. If they were, they are only likely to prioritise sanitation if sanitation promotion systems are locally effective.

Overall, it can be concluded that, despite the apparent achievability of the sanitation target in individual VDCs, achieving the target can not be taken for granted. Indeed, achieving the target will require a significant improvement in present performance and this in turn suggests the need for new approaches and initiatives.

3. Summary of existing policies

3.1 Introduction

This section of the report introduces the policies that currently impact upon sanitation provision in Nepal. It looks first at the transectoral policies that are likely to have an impact upon sanitation provision, covering policies relating to health, decentralization, poverty and the role to be played by the private sector and civil society.

Attention is then directed towards policies that deal specifically with sanitation. These include the following:

The 1994 National Sanitation Policy and Guidelines

The 2004 Rural Water Supply and Sanitation National Policy, Strategy and Action Plan

The 2004 Draft National Hygiene and Sanitation Policy, Strategy and Guidelines.

The first two have been approved by Government and are so officially in use. The third is available in draft form and has been circulated to all the district level and regional offices of DWSS for comment. This is the second time that an attempt has been made to revise and update the 1994 Sanitation Policy. An earlier exercise, carried out in 1999, resulted in a revised draft policy, produced in 2000 but not formally approved by government.

In 2004, MPPW also prepared a draft National Urban Water Supply and Sanitation Policy, in cooperation with the Japan International Cooperation Agency (JICA). This is currently being discussed with experts and stakeholders before being finalised. One stated objective of this policy is to involve the private sector in the development and management of urban water supply and sanitation services. Recognising current policy on decentralisation, the policy states that the water supply and sanitation sector will also be decentralised, with central government agencies acting as facilitators, policy makers, technical support providers, monitoring and evaluation agents and regulators while the implementation and management of projects is delegated to local government and private sector organisations. The policy states that a National Water Supply Regulatory Board will be created. The draft policy was only produced towards the end of the research period and so the assessment does not examine it in any detail.

The remainder of this section is concerned with the form and content of policies rather than experience with their implementation, which is considered later in the report.

3.2 Transectoral policies that impact upon sanitation provision

3.2.1 Decentralization

Over the years, a number of attempts have been made to decentralize government powers in Nepal. The most recent and indeed most serious of these is ongoing and is underpinned by the Local Self Governance Act (LSGA) 1999. This defines the principles and policies of decentralization, devolving wide sectoral authority to local governments (LG) and institutionalising a participatory bottom-up planning process. The Act makes a clear distinction between the tasks to be undertaken by Central and Local Governments. The former is charged with implementing policy and has a general coordinating and monitoring

role. The latter are charged with delivering sectoral services (by establishing their own sectoral units) and preparing long and short-term local policies, plans and programmes.

The LSGA has profound implications for sanitation service delivery and is strongly reflected in the provisions of water supply and sanitation policy documents developed since 1999. It provides a clear overall policy framework and is supported by legislation. The main issues concern willingness and ability to implement it.

One important issue arising from decentralization is that of coordination between the various concerned agencies. The overview of the 10th Plan notes that during the 9th Plan period 'effective decentralization could not be established among the agencies involved in drinking water and sanitation sector because of ineffective decentralization of authority to local bodies and consumers' groups'. It goes on to note the inability of local bodies to take an effective role, perhaps because of the problems associated with the Maoist insurgency, although this is not explicitly stated.

3.2.2 Health

The Ministry of Health adopted a National Health Policy in 1991. The primary objective of this policy is to extend the primary health care system to the rural population so that they benefit from modern medical facilities and trained health-care providers. The policy has components relating to preventative health and promotive health, both of which should arguably cover sanitation issues among others. The Ministry of Health has also developed the second Long-Term Health Plan, covering the period 1997 to 2017, designed to guide health sector development, paying particular attention to health improvements for those whose needs are currently not met. The targets set in the Health Plan do not relate directly to sanitation although those relating to reductions in infant mortality (34.4 per 1000 live births) and under five mortality (62.5 per 1000 live births) will not be achievable without improvements in basic sanitation and hygiene. Nepal's National Reproductive Health Strategy, adopted in 1997, has a section devoted to control of diarrhoeal disease but the focus of this is on treatment rather than prevention.

3.2.3 Poverty reduction

Nepal is a poor country and poverty reduction has been a strong policy imperative for a number of years. The stated overarching objective of the Ninth 5 Year Plan was to reduce poverty. This was to be achieved through a three-pronged strategy involving broad-based growth, social sector spending and targeted programmes for backward and vulnerable groups. (<http://www.nssd.net/country/nepal/nep08.htm#strat>).

The 10th Five Year Plan continues the emphasis on poverty reduction. In the period before completion of the plan, the National Planning Commission prepared an Interim Poverty Reduction Strategy Paper (I-PRSP), intended to provide a common basis within which all donors could design their assistance strategy to Nepal. The final version of the I-PRSP, which is available at http://poverty.worldbank.org/files/Nepal_PRSP.pdf, doubled as the approach paper for the 10th Plan. The close identification between the PRSP and the 10th Five Year Plan demonstrates the importance given to poverty reduction in overall

government policy and points to the need to ensure that poverty reduction is taken into account when preparing sectoral policies.

3.3 1994 National Sanitation Policy

3.3.1 The policy document

Nepal's first national sanitation policy was approved by Government in 1994. The Policy is a short (6 page) document incorporating a policy statement, directives and objectives and a section headed 'strategies'. The latter contains some points that might better be described as principles. It goes on to make mostly general statements about important issues, including women's involvement, appropriate technology, knowledge and awareness creation, community participation, resource mobilization, legislation and coordination. Some key specific points are made, for instance that all village level user committees should include women and that no programme should be 100% subsidised and that at least 20% of the sanitation budget allocation should be reserved for education and awareness-creation activities.

The Policy states that the Ministry of Housing and Physical Planning (MHPP now the Ministry of Physical Planning and Works MPPW) will be the lead agency for setting national sanitation policy and that DWSS will be the lead department for programme implementation through coordination with related agencies and departments, including Health, Education, Local Development, Women's Development and NGOs. The sanitation cell of DWSS will act as the focal point for the planning, management and coordination of all national environmental sanitation programmes while regional offices of DWSS will be responsible for technical and administrative back-stopping of district level activities.

The Policy requires that District Water Supply and Sanitation Coordination Committees are formed, under the supervision and guidance of the National Water Supply and Sanitation Co-ordination Committee.

3.3.2 Guidelines

The Policy is accompanied by a 20 page set of 'Guidelines for Planning and Implementation of Sanitation Program'. The guidelines start from the premise that the DWSS needs to adjust its focus from that of providing facilities to that of providing education, awareness and training to other stakeholders, particularly community members, on the requirements for improved sanitation practice. The requirements and recommendations of the Guidelines in relation to coordination, action planning and staffing are briefly discussed below.

Coordination A district level coordination committee chaired by the Local Development Officer (LDO) of the Ministry of Local Development is to be initiated by the District Engineer/sanitation coordinator who will also act as member secretary. Other members of the committee, as specified in the Guidelines, include the Women's Development Officer, the District Education Officer, the District Public Health Officer, the District Housing and Physical Health Officer and representatives of other relevant government offices and all relevant international, national and local NGOs.

Similar committees are to be formed at the Regional and National levels. The National Water Supply and Sanitation Coordination Committee is to be under the chairmanship of MHPP with DWSS acting as its secretariat.

The national committee is required to meet at least three times a year, regional committees quarterly and district committees bi-monthly.

Action plans Regional and district offices are required to develop a detailed plan of action in collaboration with the regional directorate and with the active participation of community representatives. The Guidelines suggests the steps to be taken to develop these plans of action and, in an Annex, provides a guide to the form that each plan should take. The Guidelines stress that sanitation promotional activities and demonstrational activities are to be regarded as an integral part of water supply projects but also states that an intensive sanitation program will be implemented in 5 districts in each region every year, so that 75 districts will have been covered after 3 years. The coverage plan is to reflect the Eighth Plan targets.

The Guidelines also include general recommendations as to the types of sanitation facility to be considered in rural hill and rural terai areas. No specific guidelines are given for small towns and larger urban areas.

Staffing requirements The Guidelines build on the basic material contained in the Policy itself to provide a detailed breakdown of man and womanpower requirements at the Central, Regional and District Levels. At the Central level, the Guidelines call for the creation of a sanitation cell within DWSS with three full-time staff members, including a sociologist with a communications background. At the Regional Level, a divisional engineer is to be assigned to take care of sanitation-related issues. A sanitation section is to be established in each District Water Supply Office and an engineer is to be assigned as sanitation coordinator. The role of the Woman Sanitation Supervisor in each district office is highlighted. Provision is also made for an overseer, to be in overall charge of the sanitation program, water supply and sanitation technicians, who are to work at the community level in assisting communities in construction of sanitation facilities. Four women workers are to be appointed in each District to 'guide and supervise the health and sanitation education, training and promotion of sanitation facilities'.

Provision is also made for unpaid village level sanitation motivators, whose task is to educate and motivate the community. These motivators, who should preferably be women, are to be selected by the 'implementing department' from local women's organizations, women's groups, school teachers, community health volunteers, opinion leaders and users groups.

3.4 2004 Rural Water Supply and Sanitation National Policy

3.4.1 The policy document

A new Rural Water Supply and Sanitation National Policy was produced in early 2004 and approved by Government later that year. Some participants at a stakeholder workshop, held in Kathmandu, April 2004, insisted that this was now the operative policy and that it had incorporated and superseded the 1994 National Sanitation Policy. Like the earlier policy, the Policy itself is a short document, eight pages in all. It sets general, non quantified objectives relating to access to water supply and sanitation facilities, reduction in water-borne disease

and increased productive time before moving on to policy recommendations. These include some more detailed but still mostly unquantified objectives, the one exception being the requirement that 100% of the population will have access to sanitation facilities by the year 2017.

The Policy continues into a rather general statement of technical principles and then moves on to consider institutional, legal and financial points. Reflecting the approach of the LSGA 1999, it states that 'consumers groups and community organizations will be made responsible to provide water supply and sanitation services' and that 'HMG and local bodies will play the role of regulating, monitoring and facilitating the implementation of projects. Another specific requirement is that 'Water Users' and Sanitation Committees (WUSCs) will be compulsorily registered according to the Water Resources Act 1992 and the Water Supply Regulations 1998¹². Otherwise, the points listed are principles rather than specific quantified requirements. So, for instance, the Policy requires that 'participation of gender, caste and disadvantaged ethnic groups will be made essential to all decision-making processes regarding water supply and sanitation services'.

The Policies' brief statements on operation and maintenance relate to water supply initiatives and appear to have limited relevance to sanitation. The Policy closes with brief references to monitoring and information management requirements, requiring the establishment of a 'data bank', information centres at the centre and districts and regular mechanisms for monitoring the implementation of water supply and sanitation sectoral policy.

3.4.2 Strategy

A Rural Water Supply and Sanitation National Strategy accompanies the Policy and is printed in the same booklet. The first part of this sets out systems and responsibilities for policy formulation, planning and budgeting, implementation, operation and maintenance and monitoring and evaluation. It follows the 1994 Sanitation Strategy in identifying the need for a National Coordination Committee (for water supply and sanitation rather than sanitation alone) and also identifies the need for a Sectoral Stakeholder Group to formulate sectoral policy and co-ordinate sectoral activities. Other institutional recommendations include the formation of a 'Water Users and Sanitation Federation' and the development of standardized monitoring and evaluation systems, backed by a sectoral data-base.

The section on planning and budgeting is important as it clearly sets out the way in which a decentralised approach to planning and implementation is to be applied to sanitation. District Development Plans are to be developed 'on the basis of the priorities submitted by VDCs with the inputs of the community'. Each District Development Committees will prepare and update a 'District Water Supply and Sanitation Profile', including comprehensive information on all schemes (and presumably facilities) within the district. DDCs will also be responsible for implementation, coordinating and monitoring of rural water supply and sanitation plans in their districts although they and central agencies will 'provide assistance for implementation and technical assistance only when requested by the VDCs and their respective WUSCs. The DWSS is required to gradually phase itself out of direct scheme implementation, handing over ownership and O&M responsibility for all schemes to local bodies. It will not

¹² The Strategy that accompanies the Policy states that a simplified and transparent procedure for the registration of WUSCs will be introduced.

provide technical assistance through its Divisional offices once the DDC becomes capable and sets up its own sectoral section. This is an important statement, indicating that the DWSS is eventually envisaged to have a very limited role in a completely decentralised system. Its focus will be on formulation of policy, co-ordination, development of training materials, analysis, monitoring and evaluation and sectoral research activities. It will continue to be required to design, implement and monitor schemes in urban and 'semi-urban' areas and provide technical and managerial support for large-scale technically complex schemes.

On equity and gender issues, the Strategy is more specific than the 1994 Guidelines in requiring 'proportional representation of gender, caste and disadvantaged ethnic groups' and that such groups 'should include at least 30% representation of women'.

Further information on the financial provisions of the strategy is given in Section 4.9.

3.4.3 Strategic Action Plan

A Rural Water Supply and Sanitation Sectoral Strategic Action Plan is provided to supplement the Policy and the Strategy. The term Strategic Action Plan is rather misleading because much of the document is concerned with setting out the responsibilities of the various stakeholder organizations. It notes that the main role of the National Planning Commission (NPC) is to incorporate sectoral plans into a comprehensive national development process while that of the Ministry of Finance (MoF) is to allocate the budget, release it and monitor expenditure. The NPC is also charged with reviewing the water supply and sanitation policies drafted by MPPW and effecting coordination between MoF and MPPW. The Ministry of Local Development is charged with assisting DDCs to establish branch water supply and sanitation offices, conducting training and providing assistance as per the provisions of the Local Self Government Act. It is also required to work with MPPW to remove duplication of functions, effect improved coordination at the District level and establish effective modalities for investment and coordination in the rural water supply and sanitation sector. For other organizations, including MPPW, DDCs and VDCs, the Action Plan provides more detail on the responsibilities set out in the Policy and Strategy.

Reflections on the extent to which these responsibilities have been carried out are included in Section 4/10.

3.5 2004 Draft National Hygiene and Sanitation Policy

3.5.1 Policy

DWSS is leading the preparation of the draft Hygiene and Sanitation Policy. Its stated purpose is to "formulate guidelines for assisting the central, regional, district and village level stakeholders in planning and implementation of hygiene and sanitation programme in accordance with the Rural Water Supply and Sanitation National Policy, Strategy and Action Plan (RWSSNPSAP)-2004." As such it is seen as complementary to the Rural Policy and indeed it adopts a broadly similar approach. Like other policies, it is a short document, supported by a strategy and implementation guidelines.

The Policy departs from earlier policies in including a brief introductory section that sets out some of the key facts about the current situation, although it does not provide the current sanitation coverage figures. It reiterates the objective identified in the 2004 Rural Water Supply and Sanitation Policy of achieving 100% sanitation coverage by 2017¹³. It then moves into a rather general policy statement and a slightly more focused set of policy objectives. These are similar to the objectives identified in the 1994 Sanitation Policy.

The next section, headed 'Policies' sets out a mixture of policy objectives and principles. As with earlier policies, the objectives include both quantified 'hard' targets and unquantified 'soft' aspirations.

Like earlier policy documents, the policy assigns a central role to the MPPW, which is stated to be the lead agency for periodic policy revision and for the development of guidelines on management information systems. The roles of DDCs and VDCs in planning, implementing and monitoring hygiene and sanitation programmes are also stated. The Policy states that 'User committees and CBOs will be effectively empowered to implement hygiene and sanitation programmes. In these provisions, the Policy reflects Nepal's current decentralised approach to service provision. Similarly, its statement that Public Private Partnerships will be established for hand washing initiatives and other hygiene and sanitation promotional programmes, whenever and wherever applicable, appears to reflect more general efforts to increase private sector involvement in aspects of service provision.

Key points from the policy include the following:

- 'Stand-alone hygiene and sanitation programmes will be prioritised and implemented in high-risk areas.
- Recognition of the need to develop short, medium and long-term action plans
- The need to offer a wide range of sanitation technologies, including the use of decentralised or 'on-site' facilities in slum and squatter areas.
- Adequate treatment facilities will be required when wastewater is disposed via sewers.
- Sanitation should be considered as an essential service. (This is the only substantial point made in a short and otherwise vague section on legislation).
- No subsidy will be provided for private latrine construction although subsidies are allowed for what the policy terms software/mindware activities. The policy also acknowledges the possibility that support may be provided for revolving funds and credit facilities.
- Communities should be empowered to carry out participatory monitoring of hygiene and sanitation programmes.

No specific responsibilities for operation and maintenance are stated, suggesting that the policy allows, even if it does not necessarily encourage the involvement of community groups in such tasks as the operation and maintenance of local sewers.

¹³ It is worth noting that this objective is considerably more ambitious than those contained in the 9th and 10th Five Year Plans.

3.5.2 Strategy

The Strategy document that accompanies the Policy provides additional information to support the policy. In some cases, this is detailed. For instance the section on the hygiene and sanitation package lists nine components to be included in the package. The section on planning and programming gives an intermediate target of 50% sanitation coverage by the end of the tenth five year plan (2007) and 75% by the end of the eleventh five year plan (2012).

The Strategy includes a wide range of requirements and recommendations, some more concrete than others. It recognizes the need for a range of sanitation options, including 'total sanitation', ecological sanitation, low cost sewerage and treatment, and the setting up of sanitation marts. Indeed, it requires that the Total Sanitation Approach is to be applied wherever a new hygiene and sanitation programme is to be implemented¹⁴.

The Strategy states that the National Sanitation Week Steering Committee should be provided with 'adequate budget and logistic supports to effectively plan, coordinate, implement, monitor and evaluate the national sanitation campaign'.

To ensure gender sensitiveness, the Guidelines require that at least 33% of users committee members will be women, with at least one key position held by a woman. IEC materials are to be reviewed and revised/developed as necessary to ensure that they are gender sensitive. Men and women are to be 'treated on an equal footing'.

The Guidelines categorically state that high risk zones will be given priority for hygiene and sanitation programmes, particularly for stand-alone sanitation and hygiene programmes. Beyond this, the focus should be on poor people, who are to be identified using PRA tools.

There is a specific requirement that separate and annual long-term budgets will be allocated for research and development relating to child/woman friendly sanitation facilities, behavioural change, sustainability of the sanitation programme, Total Sanitation, innovative hygiene and sanitation activities and IEC materials development and reproduction.

With regard to institutional arrangements, the Strategy states that DWSS will act on behalf of MPPW as the focal point for all national environmental sanitation programmes and for the implementation of sector policy. Stakeholders at the District level, implicitly including those from organizations other than MPPW will work to develop the capacity of DDCs, VDCs, municipalities, NGOs and CBOs to execute WATSAN activities. WATSAN Coordination Committees will be regularised through laws enacted at district, regional and central levels. Each concerned ministry will 'gradually provision the post of sociologists at central, regional and district level'.

3.5.3 Guidelines

The first part of the Guidelines echo the Sectoral Strategic Action Plan for Rural Water Supply and Sanitation in assigning roles and responsibilities to a wide range of organizations, from the National Planning Commission down to Hygiene and Sanitation Users Committees. Limited information is given on technical options and the guidelines

¹⁴ Interestingly, the workshops revealed some scepticism among DWSS engineers about the relevance of the Total Sanitation Approach in the Nepal context.

then move into fuller descriptions of a number of participatory techniques. An introduction to the Total Sanitation Approach is given although it is unlikely that this would provide sufficient information, in itself, to allow practitioners to implement the approach.

The Guidelines also provide a list of parameters to be monitored and indicates the agencies that should be responsible for monitoring them. A table follows, providing information on training requirements and the target groups for that training. Finally, information on the form and content of a district level plan of action for hygiene and sanitation is given.

3.6 Draft 'National Urban Water Supply and Sanitation Policy 2005

The draft policy was circulated to concerned ministries for feedback shortly before this report was completed. The policy covers metropolitan cities, sub-metropolitan cities and municipalities. It provides an overview of the 2004 Rural Water Supply and Sanitation Policy and the 1998 National Water Supply Sector Policy but this overview does not extend to either the 1994 National Sanitation Policy or the 2004 Draft Hygiene and Sanitation Policy.

After providing information on objectives, overall policy and overall strategies, the Policy considers policy objectives, policies and strategies for:

- Demand responsive and supply driven approaches (There is arguably a need to clarify how the two will be integrated).
- Private sector participation and public private partnerships
- Water tariffs
- Water quality and quantity
- Access to services for poor and disadvantaged groups
- Institutional arrangements and regulatory reform
- Environmental aspects of WATSAN.

Overall, the policy is strongly orientated towards water supply and should be seen as complementing sanitation policies in urban areas.

4. Results and principle findings

4.1 Political will

The references to the importance of sanitation in national planning documents illustrate at least a basic political will to improve sanitation. The 8th, 9th and 10th Five Year Plans (covering 1992 – 1997, 1997 – 2002 and 2002 – 2007 respectively) all set sanitation-related objectives. The 9th Plan was particularly ambitious, seeking to double the population with adequate sanitation over the 5 year plan period.

The various five year plans are lengthy documents and it is doubtful whether the sections devoted to specific sectors, including water supply and sanitation, will be widely read by those who have no direct involvement in those sectors. In the case of the 10th Plan, a more accessible document is the Summary, (http://poverty.worldbank.org/files/Nepal_PRSP.pdf), which includes a general statement that sanitation is an important factor in ensuring human development and thus reducing poverty but, significantly, does not include sanitation in its table of key targets.

The Minister for Physical Planning and Works was one of the signatories of the Dhaka Declaration on Sanitation during the South Asian Conference on Sanitation (SACoSan), in October 2003. The ministers and other heads of delegations at the SACoSan Conference committed themselves to formulate and implement national programmes in partnership with all sanitation stakeholders, to raise the profile of sanitation and hygiene and to use mechanisms such as Poverty Reduction Strategy Papers (PRSPs) to establish national sanitation plans and programmes. All these initiatives were seen as contributing to the achievement of the Millennium Development Goals (MDGs) for sanitation. The conference statement also called for sanitation improvement efforts in the Region to be based on a paradigm that is “people centred, community-led, gender sensitive and demand-driven”. Unfortunately, the Nepal minister has since been replaced and it is not clear whether his successor will provide active support to sanitation policy.

The National Sanitation Action week was started in 2000 as a means of drawing together local leaders, CBOs and development workers to increase public awareness of hygiene and sanitation. The second Action Week, in 2001, focussed on achieving the construction (or initiation) of 40,000 latrines as a direct result of the initiative. 38,000 latrines were reported as being constructed as a result¹⁵. More recent Action Weeks have been linked to Nepal’s WASH Campaign and have focused as much on ‘soft’ issues such as promoting handwashing with soap and disseminating hygiene messages through an actively engaged national media as with latrine construction. The extent to which National Sanitation Action week has increased the profile of sanitation is unclear but the basic concept of focusing attention on sanitation for a short period every year appears to be sound.

¹⁵ Taken from a report of the National Sanitation Action Week 2002, produced by the Steering Committee for National Sanitation Action (SCNSA), ESS/DWSS and UNICEF-Nepal.

The current state of armed conflict in Nepal has a detrimental effect on local political support for sanitation policy. Maoist groups have threatened local politicians with the result that Village Development Committees have ceased to function in many Districts. This lack of local political representation has serious implications, given the decentralised nature of official political and administrative systems in Nepal.

Official approval of the 2004 Rural Water Supply and Sanitation Policy is indicative of at least some political commitment to improved services. However, this must be set against the failure to approve the revised version of the Sanitation Policy produced in 2000. It remains to be seen whether the new 2004 National Hygiene and Sanitation Policy, Strategy and Guidelines will be formally approved.

4.2 Policy development processes

The 1994 National Sanitation Policy and the Draft 2004 Hygiene and Sanitation Policy were both produced by MPPW/DWSS with support from consultants and financial assistance from UNICEF. As a member of the Sanitation task Force and the Sanitation Steering Committee for National Action (SSCNA), UNICEF was closely involved in the formulation of the Draft 2004 Hygiene and Sanitation Policy.

Members of the SSCNA and the Sanitation Task Force played an important role in facilitating the activities of the consultant during preparation of the 2004 Draft Hygiene and Sanitation Policy. Unfortunately, the National Planning Commission, MOH, MOF, MLD and their departments, all of which are members of the SSCNA have yet to provide an input. Feedback was sought from local NGOs, CBOs, users committees, teachers, students and social workers from a district (Banke) in the course of consultation with local people.

The 2004 Rural Water Supply and Sanitation Policy was prepared in the course of an ADB PPTA Consultancy. The process adopted was very participatory, incorporating no less than twelve facilitated thematic workshops and three major plenary sessions. The workshops were built around issues identified by and agreed to by stakeholders and open dialogue was encouraged. Indeed, all conclusions were drawn out in open participatory events. Professional facilitators, led by an experienced consensus-building specialist, managed all workshops. The workshops involved elements of both consensus building and conflict resolution but the main emphasis appears to have been on the former. While it was possible to achieve consensus on most subjects, two critical issues could not be resolved through the process. These related to the mechanisms to be used to funnel resources to RWSS service delivery and the actions to be taken to deal with duplication of effort between different government agencies, particularly DWSS and DOLIDAR. These issues are considered in more depth in Section 4.10.

The Rural Water Supply and Sanitation Policy, Strategy and Action Plan, produced using an explicitly participatory process, is similar in form to the two sanitation policies, both of which were developed using a consultative process rather than the extensive workshop sessions held while developing the rural policy. It seems clear that the professionals who were leading the policy development process decided the form of the policy, using previous policy documents as a model.

It is harder to draw firm conclusions as to the ways in which the policy development process affected the contents of the various policies. The Rural Water Supply and Sanitation documents are more specific than the two sanitation policies on some issues and less specific on others. For instance, the Rural Strategy and Action Plan go into great detail on organizational responsibilities but say little about the resources required to discharge those responsibilities. In contrast, the 1994 Guidelines provide detailed information on the DWSS staffing at District, Regional and Central levels. Overall, it does not appear that the Rural Water Supply and Sanitation policy documents, developed through a fully participatory process, are any more realistic and relevant than the two sanitation policies. In particular, it seems that the focus on developing consensus has meant that the Rural Policy fails to adequately tackle some of the contentious issues concerning the allocation of responsibilities and the need for some organizations to change their remit.

4.3 Acceptance of policies

To what extent have policies been accepted? This question has to be answered in relation to four main groups of stakeholders – those working within MPPW and DWSS, those working in other ministries, those working in the sector but outside government and the general public. Findings in relation to each group are summarised below.

MPPW and DWSS As the main government sponsors of the various policies, it is clear that MPPW and DWSS have accepted the broad thrust of policy. However, some specific policy requirements have not been implemented. For instance, the requirements of the 1994 policy in relation to the employment of women sanitation supervisors and sanitation motivators have not been implemented. This probably relates to lack of funds as much as to acceptance of policies but it does perhaps suggest that DWSS was not fully committed to implementing all aspects of the policy.

An arguably more strategic question concerns DWSS's acceptance of a shift in role from being a provider of services to enabling the activities of other stakeholders. There is a rhetoric of acceptance but DWSS continues to act in many ways as a provider. This situation is not uncommon where government has been decentralised. It may be due partly to lack of clarity about what the enabling role means and how it might be carried out. However, it is important to recognize that institutions with long experience of operating in one way may be resistant to changes that threaten their image of what they are called upon to do.

Other ministries and departments Few government stakeholders outside MPWW appear to have engaged actively with the various sanitation policies. To the extent that they are aware of the policies, they largely ignore them. This may be partly due to the fact that policy development took place mainly at departmental level. Even where the development process included workshops, as was the case with the Rural Water Supply and Sanitation Policy, few of the participants are likely to have come from the highest levels of other ministries. This suggests a need, no matter how participatory the policy development process, to follow up with efforts to obtain wide agreement with and commitment to policy objectives and processes among senior decision-makers in concerned ministries other than the 'sponsoring' ministry. Once agreed and accepted at the national level, there is a clear need to do more to ensure that DDCs, VDCs and other local stakeholders accept the policy and consciously try to work within it.

Other sector stakeholders Few participants at a district-level stakeholders' workshop (held in November 2004) were aware of the details of policy, beyond a general understanding of the institutional arrangements and responsibilities under decentralisation. Participants included members of WUSCs, NGOs and some government and DDC representatives. At national workshops, some NGO and agency representatives were aware of the various policies and some were not. Clearly, those organisations that are involved in policy development are more likely to recognise and accept key aspects of policy. Regardless of this, the overwhelming response among those attending workshops was that sanitation as it stands at present has little impact on their activities and is therefore largely irrelevant.

The general public It is doubtful whether the general public needs to know and accept everything about policy. A more realistic and useful approach is to identify whether or not members of the public know about the specific aspects of the policy that might impact upon their activities. In particular, it is important that they accept policy recommendations relating to their responsibilities for sanitation provision. It seems, for instance, that few local stakeholders are aware of policy recommendations on subsidy. This may be partly due to the fact that the approach to subsidy proposed in the National Hygiene and Sanitation Strategy is rather different from that proposed in the Rural Water Supply and Sanitation Strategy. Nevertheless, the fact that different organisations have different policies on subsidy is indicative of a need for more effective dissemination of policy recommendations on this point.

4.4 Legal framework

The 2004 Rural Water Supply and Sanitation Policy makes general rather than specific references to legal changes to support the policy, stating that *'necessary legal bases will be prepared by making improvements in the existing legal aspects to stop pollution of water at source, keep the environment clean, maintain the quality of water and increase the participation of the private sector'*. One specific point is its requirement that Water Users' and Sanitation Committees should be compulsorily registered. The Draft National Hygiene and Sanitation Policy is even more general, stating that *'sanitation needs to be treated as an essential service and relevant acts needs to be formulated'*.

More detailed information is contained in the Rural Water Supply and Sanitation Strategy, which states that:

- The Water Resources Act 1993, Water Resources Regulations 1993 and the Water Supply Regulations 1999 will be amended to take account of the Local Self Government Act and other related acts
- A simplified and transparent procedure, ensuring the participation of women and disadvantaged ethnic group and caste members, will be introduced.
- National water quality standards will be developed and implemented.

The Draft National Hygiene and Sanitation Strategy refers to the need to effectively implement existing legislation. It also notes the need to avoid duplication and formulate rules, regulations and by-laws as required, by both line ministries and local authorities.

Existing legislation includes the Environmental Protection Act-1997 and Environmental Protection Rule-1997, both of which fall under the Ministry of Population and Environment (MOPE). MOPE believes that these regulations need to be considered in the hygiene and sanitation policy and strategy. However, it seems that the provisions of these acts may be more relevant to the National Urban Water Supply and Sanitation Policy which is currently under development.

4.5 Population targeting

The 1994 Sanitation Policy, together with the revised versions produced in 2000 and 2004 covers both rural and urban areas. Small towns are not considered separately from the larger towns of the Kathmandu Valley. Reference is made to the needs of low-income urban communities but the policy does not set separate targets for different types of urban area.

The 2004 Rural Water Supply and Sanitation National Strategy clearly focuses on the needs of rural areas. Similarly, it appears that the Draft Urban Water Supply and Sanitation Strategy will be concerned mainly with larger urban areas.

It seems that there is a need for sanitation policies to pay more specific attention to the needs of small towns, which are growing fairly rapidly, partly because people are moving to them to escape conflict in the countryside. Migration-fed growth is particularly strong in small towns located along the East-West National Highway and in the foothill areas.

Despite the policy gap, both government and donors have paid attention to the needs of small towns. HMG has prepared a fifteen-year development plan in order to implement water supply and sanitation programs in emerging small towns all over the country. The fifteen-year plan envisages that the total investment requirements for small towns water supply and sanitation improvement will be about \$174 million for a service area population of about 2.1 million. With the financial assistance of Asian Development Bank, HMG plans to implement the Small Towns Water Supply and Sanitation Sector Project, covering 40 to 50 small towns, during the period of 2001 to 2006. MPPW is the executing agency, with DWSS responsible for implementation. The Sector Project includes the components of construction or extension of water supply facilities, drainage and sanitation facilities and health and hygiene education program. The project approach assumes full participation of the local water users in the formulation, implementation and operation and maintenance of the projects and costs are to be contributed equally shared between HMG and users with the users' contribution includes up-front cash, kind and loan.

4.6 Levels of service

The 2004 Rural Water Supply and Sanitation National Policy focuses mainly on water supply and has little to say about levels of service for sanitation

The 1994 Sanitation Guidelines provide some information on the types of sanitation that are likely to be appropriate for use in rural hill and rural terai areas. No recommendations are given regarding levels of service in small towns and urban low-income areas. No guidance is given as to the situations in which either shared or communal sanitary facilities might be

considered. No specific references are made to the options for dealing with wastewater in urban areas. Standards are given for the level of latrine provision in schools, health posts and health centres.

The 2004 Draft Hygiene and Sanitation National Strategy develops some of the themes that are touched upon on the 1994 Policy and Guidelines. It gives a list of possible sanitation technologies, including 'non-conventional' approaches such as ecological sanitation and low-cost sewerage and so indicates a flexible attitude to the levels and types of service that are considered to be acceptable. The issue here is whether existing laws and regulations need to be altered to allow these technologies to be used.

The Strategy contains a specific requirement that no sewerage system will be constructed unless appropriate provision is made for treatment. Like the 1994 policy, it provides standards for latrine provision in schools.

4.7 Health considerations

Key policy objectives of the 2004 National Hygiene and Sanitation Policy include bringing about changes in personal hygiene and reducing the incidence of sanitation-related morbidity and mortality. The Policy notes that safe drinking water alone cannot contribute to decrease diarrhoeal disease, which is one of the top five major killer diseases in Nepal. It therefore identifies the need to promote improved hygiene and sanitation within the context of a holistic approach to water supply, sanitation and hygiene.

The Strategy that accompanies the Policy refers to a number of initiatives associated with public awareness, including the Nepal Water, Hygiene and Sanitation (WASH) group, which was established in 2002, the establishment of resource centres for water and sanitation, various references to Information, Education and Communication materials and 'National Sanitation Week'. Reference is made to a number of community-orientated approaches to sanitation and hygiene promotion, including PHAST, SARAR and Triple A and the Strategy goes on to say that *'front line workers at community level like locally elected representatives, Community Health Volunteer (CHV), Village Health Workers (VHW), Water Supply and Sanitation Technicians (WSST), Village Maintenance and Sanitation Workers (VMSW), Social Workers, teachers etc. should be mobilized as far as possible for the implementation of hygiene and sanitation programmes irrespective of the implementing agencies'*. The key question is now this might be achieved. Some of these workers fall under the Ministry of Health and others under the Ministry of Local Development and so the strategy can only be implemented if it is accepted and followed by these ministries.

4.7.1 Ministry of Health

Unlike DWSS and DOLIDAR, the Ministry of Health (M0H) has a staff present at the VDC level and volunteers working at the ward level.

It operates at the district level through its District Public Health Office (DPHO) and the District Hospital. The former is headed by a Public Health Officer and is concerned primarily with preventive activities, including training, sanitation and health awareness creation and the dissemination of IEC materials. At the VDC level, health assistants and community medical

auxiliaries, representing the DPHO and District Hospital, are employed at health posts and sub-health posts to provide both simple curative and preventive services.

The DPHO is represented at the ward level by female community health volunteers (FCHVs), one for every ward. These volunteers are required to work with staff assigned to health posts and sub-health posts. Since there are about 4000 VDCs in Nepal, each containing nine wards, the total number of FCHVs is about 36,000. FCHVs are trained to provide guidance on personal hygiene, family planning, vaccination, nutrition and WATSAN-related diseases among others. They are provided with first aid kits, oral dehydration packages and other basic equipment relating mainly to mother and child care. Participants at stakeholder workshop said that they are not currently seriously engaged in sanitation and hygiene promotion.

There is potential for the FCHVs to be involved in hygiene education and sanitation promotion activities, providing outreach that is not available to other government departments. This possibility is mentioned in the Draft Hygiene and Sanitation Strategy (6.1, vii) but it will only become a reality if proper coordination is established between the DPHO and WSSDO/DTO. This, in turn, will require that MPPW and MoH agree a shared strategy for the deployment of these workers for sanitation promotion purposes.

4.8 Environmental considerations

The 2004 Rural Water Supply and Sanitation National Policy refers briefly to the need to reduce environmental impacts but only in the context of water supply projects. The accompanying Strategy contains some general statements on environmental issues, including the requirement that environmental screening/appraisal will be included in all projects to identify environmental concerns.

The National Hygiene and Sanitation Policy makes passing references to the impact of poor sanitation and wastewater disposal on the environment and notes the need to provide treatment for wastewater. It also notes the need to consult the Ministry of Population and Environment and involve it in periodic revision of policies but other than this there is no specific reference to the environment. The accompanying Strategy notes the need to develop and implement appropriate standards for disposal of wastes to rivers. Later, it states that the Ministry of Population and the Environment should be responsible for reviewing and formulating the necessary regulations and ensuring compliance with those regulations. Despite these provisions, it does not seem that environmental considerations are a high priority for most stakeholders and there is little evidence that discharge standards are being applied in practice.

In general, it seems that the primary concern of both policies is with health rather than the environment. This is reasonable, given the fact that the majority of Nepal's population is rural and hence likely to be served by on-plot sanitation facilities with limited environmental impact. However, the environment should not be ignored completely and there is arguably a need for a greater emphasis on the environmental impacts of sanitation choices, particularly in urban areas.

4.9 Financial considerations

The ADB PPTA team that facilitated the development of the 2004 Rural Water Supply and Sanitation Strategy note the large gap between the 'HMG RWSS development targets and the funds currently available to meet them'¹⁶. DWSS participants also emphasised this point in the course of stakeholder workshops. The figures given in Section 2.5 provide quantitative evidence to support it. Where might the additional resources that are required be found? The answer must involve some combination of increased donor funding, increased government allocation for sanitation and greater contributions from users. Each of these is considered in turn below;

4.9.1 Donor contributions

The WaterAid (2004) figures given in Section 2.5 suggest that there have been significant increases in donor contributions to the WATSAN sector in recent years. However, much of this increase will be used in the Kathmandu valley, on reforms and the Melamchi scheme. It is clear that increased donor funding for sanitation cannot be relied upon and so the focus here is on contributions from government and users

4.9.2 Government contributions

The 1994 Sanitation Policy gives no specific guidance on the allocation of funds to sanitation-related activities other than to say that at least 20% of the sanitation budget should be for sanitation education awareness creation activities.

Later policy documents do provide more information on government funding for sanitation. The 2004 National Hygiene and Sanitation Strategy document notes the need for all concerned stakeholders, including MPPPW and the Ministries of Local Development, Health, Population and Environment and Education, to make annual and long-term budget allocations for hygiene and sanitation programmes. WATSAN Coordination Committees at all levels are to be given budgets in order to facilitate their role in programme planning, monitoring and evaluation.

The Sectoral Strategic Action Plan that accompanies the 2004 Rural Water Supply and Sanitation Policy states that Water Supply and Sewerage Division/Subdivision Offices should allocate 10% of the total annual budget for running sanitation programmes in places where water supply projects have been completed and ownership transfer has taken place. This requirement is repeated in the 2004 National Hygiene and Sanitation Strategy Document, which also states that a minimum of 20 % of the cost of any water supply and sanitation project will be allocated for the hygiene and sanitation programme.

The clear issue is whether and how these requirements will be carried out. The requirement that ministries other than MPPPW should make budget allocations for hygiene and sanitation programmes is dependent on those ministries accepting the need to follow policy. The provisions on the percentage of annual budgets allocated to sanitation are under the control of DWSS but may be of limited relevance as responsibility for sanitation provision is decentralised to the District level and below.

¹⁶ Nepal Community-based Water and Sanitation Project Preparation and Technical Assistance

There is a need to ensure that the budgets allocated for sanitation-related activities are sufficient and that targets set for sanitation provision take account of the budget available. In this respect, the statement in Chapter 25 of the 10th Plan, that linkage between target setting and budget allocation was hardly maintained during the 9th Plan, is important.

4.9.3 User Contributions

The level of user contribution to sanitation initiatives is heavily dependent on the way in which policy deals with subsidy. Key points from the various policies with regard to subsidy are summarised below.

1994 Sanitation Policy The Guidelines that accompany the policy state that 'construction of latrines will be promoted through 100% beneficiary contribution as far as is possible' although they recognise that subsidy up to 50% of the cost up to pan level may have to be provided where people cannot afford the cheapest technology that is suitable for their area.

The 2004 Rural Water Supply and Sanitation Policy This policy lacks clarity on the subject of subsidies. It policy states that 'delivery of water supply and sanitation facility will depend on effective demand', suggesting the need for a high level of subsidy. However, this statement is not supported by the accompanying strategy. This requires that only 20% of the construction costs of sanitation facilities should be fully borne by the community, with a minimum of 1% of this amount provided in cash. The remainder of the community contribution, including labour and local materials, can be in kind. This requirement is further relaxed for 'marginalised groups', who will only be required to provide 10% of the construction costs, in cash or in kind. It may be that these requirements are only intended to apply to communal facilities but this is not clear in the wording. Individual households are expected to meet the full operation and maintenance cost of family latrines, implying that some subsidy is expected to be available for constructing household latrines. Overall, it seems that this policy is ambivalent about subsidies.

2004 Draft Hygiene and Sanitation Policy This is more rigorous and specific than the Rural Water and Sanitation policy. It states that 'No subsidy will be provided for private latrine construction but support may be provided for software/mind ware activities. However, revolving fund and credit facilities may be provisioned. Institutional latrines may be supported in an appropriate resource matching with communities'. This approach is very much in line with current international thinking in suggesting that the focus for subsidies should be on software rather than hardware. The Guidelines that accompany the Policy and Strategy also provide for user contributions towards the cost of sewer, treatment plant and drainage construction (40%, 10% and 25% respectively).

Revolving funds, managed by Users Committees, are to be established as part of each hygiene and sanitation programme in order to provide credit, which can be used to finance the household contributions that together make up the community contribution. Reference is also made to the need for soft loans, administered by NGOs, to be provided for hygiene and sanitation activities.

Consideration must also be given to the efficiency and effectiveness with which available resources are used. This is influenced by the way in which roles and responsibilities are allocate and carried out. (See Section 4.10 below).

4.9.4 Funding for hygiene and sanitation promotion activities

The 2004 Rural Water Supply and Sanitation Policy required that improvements in water supply should be integrated with the basic sanitation package of UNICEF/DWSS through the Hygiene Improvement Framework (HIF) with 20% of the budget of HIF projects being allocated to health promotion, hygiene behaviour change and safe excreta disposal. The Draft 2004 Hygiene and Sanitation Strategy goes a little further, requiring that at least 20% of the cost of any water supply and sanitation project should be allocated for hygiene and sanitation activities. It further states that at least 10% of the annual WATSAN budget should be allocated to stand-alone hygiene and sanitation programmes in areas where water supply projects Institutional roles and responsibilities

4.10 Institutional roles and responsibilities

4.10.1 General

Figure 4.1 sets out the most important links between the organisations with a role in financing, facilitating and implementing sanitation initiatives in Nepal.

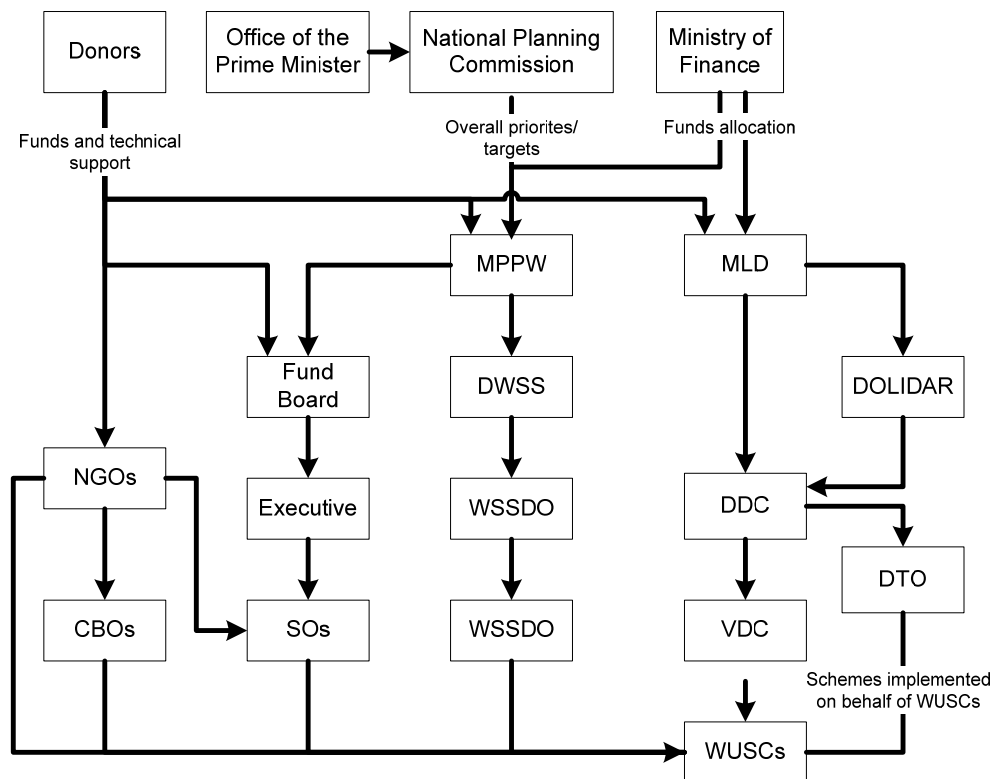


Figure 4.1 – Organisations with an interest in sanitation and the links between them

Based on diagram in ITAD (2002), *Institutional Assessment of the Rural Water Supply and Sanitation Sector*, Draft Report, 24th July 2002, revised to show recent institutional changes

For the sake of simplicity, Figure 4.1 does not show either the new MIS unit within the MPPW, supported by DFID, and the less significant links with other relevant ministries such

as MoE, MoH and MoPE. The MIS unit has links with other ministries and also provides a link with the NPC.

The links shown in Figure 4.1 are not the only ones between the organisations shown but are identified by ITAD as the official/formal ones.

The 2004 Rural Water Supply and Sanitation Policy, with its accompanying Strategy and Action Plan sets out stakeholder roles and responsibilities in some detail. In particular:

- The Ministry of Finance is responsible for the overall allocation of the available budget and so has an important influence on the funds that are available for sanitation.
- The National Planning Commission is responsible for setting overall priorities and targets, including those that relate to sanitation. It is also required to monitor progress, incorporate 'significant achievements' into national plans, arrange budgeting and effect coordination between the Ministry of Finance and the MPPW.
- The MPPW has a wide range of responsibilities, but is clearly required to facilitate the work of other organisations rather than provide services itself. This represents a significant change from its role prior to decentralisation and reform. Specific responsibilities include the development of policy, the preparation and monitoring of national sectoral plans, chairing the Sectoral Stakeholder Group and collating and disseminating information from the various stakeholders.
- The MLD is the parent ministry for the local units (DDCs and VDCs) that are now responsible for infrastructure planning and, indirectly, implementation. It is charged with providing support to local bodies, a task which is to be carried out through its subsidiary department DOLIDAR and the District Technical Offices (DTOs)
- DWSS is charged with a wide range of responsibilities. It is required to take a leading role in policy formulation, advocacy and coordination, provide support to DDCs, develop training materials and ensure that staff at the DDC level and below are appropriately trained, take a lead role in the development of monitoring and evaluation systems and generally to promote better sanitation. Its only role in implementation and subsequent operation and maintenance relates to large scale complex projects. A specific role mentioned in the Strategic Action Plan is to prepare a Sanitation Master Plan by early 2005.
- The District Water Supply Offices (DWSOs), referred to in the 1994 Sanitation Policy, have been replaced by WSSDOs/WSSSDOs. These are not mentioned in recent policies. The 1994 National Sanitation Policy Guidelines do note that a sanitation section is to be set up in each DWSO but, as already indicated, these sections have not been staffed as originally intended. Although not explicitly stated in the various policies, the role of WSSDO/WSSSDOs appears to be to allow DWSS to carry out the functions required of it at the District Level and below.
- The Rural Water Supply and Sanitation Fund Board is required to 'assist HMG in the reform of sectoral policy, provide financial and technical assistance to local implementing organisations and evaluate experience from the projects that it supports.
- The DDCs have overall responsibility for the preparation and management of District-level plans. They are responsible for coordinating and supervising District-level activities

and assisting VDCs in carrying out their responsibilities but do not have a direct implementation role. Technical tasks should be carried out through the DTOs, but these still have very limited capacity.

- Municipalities and VDCs are required to enhance coordination at the community level, propose projects for inclusion in the District list of priorities, take the lead in participatory projects at the municipal/village level, liaise between WUSCs and higher level organisations and provide training and other forms of support to WUSCs.
- The WUSCs are intended to play the main role in identifying and implementing projects. They are also required to conduct community self-monitoring and participate in evaluation of health, hygiene and sanitation, and behaviour change programmes. Figure 4.1 shows that they are expected to receive support from a range of organisations, including NGOs, the Fund Board and the WSSDO/WSSSDOs.

4.10.2 Arrangements for coordination

A number of bodies do exist to facilitate coordination between the different stakeholders. These include:

- *The National Steering Committee for Sanitation Action (NSCSA)* This committee is reasonably active and draws representatives from a wide range of organisations. However, there is a protocol problem in that it is chaired by the Director General of DWSS with the result that representatives of other ministries and even other departmental heads that are ranked higher in the government protocol do not attend meetings. Thus, participation is mainly by DWSS and MPPW and the organisations that work with them. (WHO, UNICEF and some NGOs). This committee has played an active role in developing sanitation policy.
- *Sanitation task force* This is a small unit and does not include major stakeholders such as MLD, MoH and MoE. It operates at the departmental level and is led by the ESS chief, with secretariat provided by ESS/DWSS. Its location at departmental level means that it does not include decision-makers. MLD has suggested that DOLIDAR and DOE should be included in this task force
- *Sectoral Stakeholders Group (SSG)* This group covers both water supply and sanitation. It occupies a higher place in the government protocol than the NSCSA as the head of the SSG is the Secretary of MPPW. The members of the SSG include heads of department and key section chiefs in a number of concerned ministries. This suggests that the SSG has the potential to explore and decide upon key policy issues and allocate responsibilities between different ministries and departments

4.10.3 Problems and difficulties

In practice, there are some problems with these arrangements. These can be summarised as follows:

- There are problems with coordination between the different stakeholders. These are partly due to the number of organisations with similar roles. They are exacerbated by the lack of formal links between organisations. The SSG and other links are intended to overcome this problem but, regardless of their effectiveness, there are problems at the

District level, where there appears to be considerable duplication of roles and responsibilities. This problem is recognized in the 10th Five Year Plan, which blames lack of coordination between agencies involved in water and sanitation on ineffective decentralisation of authority to local bodies and consumers groups.

- There are clear problems of capacity at WUSC, VDC and DDC level. Lack of technical capacity in the District Technical Offices (DTOs) appears to be a particular problem. Again, the situation is not helped by duplication of roles and responsibilities. Another problem is the lack of formal links across ministerial boundaries.
- There must be some doubt as to whether central government organisations and their subsidiaries at regional and district levels have fully accepted the need to change to a facilitating and enabling role, partly because this change requires a fairly radical change in approach and outlook and partly because it is not clear that the decentralised arrangements can work effectively.

The 2004 version of the National Hygiene and Sanitation Policy states that MPPW should liaise with the Ministries of Education, Health, Population and Environment and Local Development on the planning, programming, monitoring and evaluation and coordination of the hygiene and sanitation programme. The fact that MLD is the only one of these ministries to be included in Figure 4.1 indicates the current weakness of links with the other ministries.

The ADB report on the policy development process for the Rural Water Supply and Sanitation National Policy identifies two critical issues with regard to liaison between different departments:

1. The need to clarify the mechanisms used to funnel HMG and donor resources to RWSS service delivery in the light of HMG's clear mandate to decentralize operations to DDCs and VDCs¹⁷.
2. The 'clearly inefficient and duplicative RWSS delivery modalities currently being championed by DWSS and DOLIDAR.

The ADB consultants go on to note that resolving these issues will require major shifts in current policy and higher deliberations. It seems that much remains to be done in this respect.

The relationship between DWSS and DOLIDAR has been clarified in that DOLIDAR will take responsibility for schemes serving populations up to 1000, with DWSS being responsible for larger schemes. However, this still requires that both organizations retain a presence at the District level and so there is bound to be duplication and waste. None of the current policies address this issue.

Section 5.1 of the 2004 Rural Water and Sanitation Strategy states that DWSS will play the role of facilitator of water supply and sanitation services and goes on to list facilitating roles.

¹⁷ A Council of Ministers decision in January 2003 placed the District Infrastructure Development Office (DIDO, now DTO) under the DDC, with the eventual aim that implementation will be a district level responsibility through a department linked to MLD. This would significantly reduce the role for DWSS, but due to a lack of technical capacity at the district level, the proposal has not been implemented in full.

These include the formulation of policy, coordination, preparation of directives and technical manuals, updating of the GIS system, assisting DDCs to update district profiles, conducting sectoral research and development and establishing laboratory facilities to ensure water quality standards. DWSS continues as a provider in the urban sector, designing, implementing and monitoring urban and semi-urban water and sanitation projects and complex water supply and drainage management projects.

Later in the same sub-section, the policy calls for DWSS to 'gradually reduce direct investment on WATSAN schemes and handover ownership, implementation, operation, repair and maintenance of water supply and sanitation projects to users groups, or local government bodies such as VDC, DDC and municipalities. Once the DDC becomes capable and establishes its own technical offices, DWSS will withdraw its role of technical assistance for implementation of WATSAN programme.' There is a need to further spell out, perhaps in an action plan, how long each phase will take and what changes will take place during it. To date, this has not been done and so there is considerable uncertainty about a key policy issue.

4.11 Support for the implementation of policy

4.11.1 Plans and programmes

In order to support the hygiene and sanitation policy and strategy, DWSS intends to develop a Sanitation Master Plan, focusing on the action required to achieve the MDG and the national sanitation targets. This Master Plan will have to indicate ways of raising finance to cover the gap between required and available finance.

A sanitation and hygiene programme, entitled Decentralised Action for Women and Children (DACAW), has been implemented in 15 districts with UNICEF report. Both DWSS and UNICEF were concerned with the development of sanitation policy and so this programme can be seen as directly linked to policy. The programme has now been extended to 23 districts and, from 2005 onwards, a new 'schools led total sanitation (SLTS) programme will be implemented in these districts, with UNICEF support to DDCs and DWSS.

Ministries and departments other than MPPW and DWSS have not developed programmes to support or explicitly following national sanitation policy.

4.11.2 Guidelines and training packages

DWSS has developed a number of guidelines and training packages to support the implementation of sanitation policy. These include:

1. Basic Sanitation Package (BSP), 1999 with support from UNICEF
2. Five Year Action Plan on Environmental sanitation Promotion 1999, with UNICEF support
3. Sanitation Indicators, 1999, with support from UNICEF
4. Criteria for high risk community, 1999
5. Guidelines for School Sanitation and Hygiene Education (SSHE) programme, 2000, with UNICEF support;
6. Design, Drawing and Estimation for School Sanitary Facilities (latrine, urinals) 2001
7. Piloting Participatory Hygiene and Sanitation Transformation (PHAST) approach, 2004
8. Guidelines for School Led Total Sanitation (SLTS), DWSS/UNICEF, 2005

9. Training package for School Led Total Sanitation, 2005 (just initiated)

The BSP and SSHE guidelines were used in the implementation of the sanitation and hygiene programme in the UNICEF supported districts, referred to in Section 4.11.1. They were generally recognised as being an effective tool. The Guidelines and training package for SLTS are a development of the basic BSP and SSHE packages and will replace them.

Other agencies do not follow the BSP and SSHE guidelines. Rural water supply and sanitation Fund Development Board, GWS, NEWAH, RWSSP/FINNIDA, WARM/HELVETAS, Plan Nepal all have their own guidelines and training packages. While there are similarities in the content, there are also clear differences.

PHAST and SARAR guidelines are available with UNICEF and Fund Board respectively. SARAR have been explicitly used by hundreds of NGO partners of the Fund Board. In contrast, limited use has been made of PHAST.

5. Conclusions and recommendations

5.1 Conclusions regarding the role of policy

Many participants in the Nepal workshops, particularly those with direct responsibility for and/or involvement in the delivery of services stated that current policies had little impact on their activities. To be effective, the policy has to be known and accepted. In order to be accepted it has to be realistic.

There is clearly a need to increase awareness of existing policies at the District level and below. There is also clearly a need to consider whether existing policies are realistic in every respect. However, beyond these points, it is important to recognise that policy provides a starting point rather than a complete answer to sanitation needs.

5.2 Conclusions regarding the processes used to develop policies

It is commonly assumed that the more participatory a process, the more likely it is to:

- Address real demands and needs,
- Be owned by all the stakeholders and hence implemented.

Comparison of the various policies suggests that, while this assumption may be partly true, other points need to be taken into account when considering the role of participatory processes, and in particular participatory workshops, in policy development.

Because participatory workshop-based processes are resource intensive, they may not be implemented unless there is donor funding. In theory, this constraint could be overcome if key national stakeholders were convinced of the value of the process. However, there are other more basic issues, the most important of which are listed below

- Workshops are not an appropriate forum for addressing contentious issues. Because of this, it is highly unlikely that a policy that is produced using entirely or almost entirely participatory methods will provide the firm guidance needed to resolve such issues.
- Those attending workshops tend to be 'middle level' practitioners, many of whom are based in Kathmandu. Senior decision-makers from ministries such as Finance and organizations such as the National Planning Commission may not be represented. This may result in the workshops arriving at unrealistic assumptions about how these organizations will engage with sanitation-related issues.
- Workshops are more likely to identify broad themes than work through detailed issues. This point is illustrated by Section 4 of the 2004 Rural Water Supply and Sanitation Strategy, which sets out general aspirations regarding the need to ensure gender, caste and disadvantaged group equality but gives no indication of the practical steps to be taken to ensure that these aspirations can be realised. This fact must be seen in the light of the report on the policy development process undertaken for the ADB-PPTA, which states that the Gender, Caste and Ethnic Participation workshop 'yielded an immense amount of insightful and practical recommendations for how to incorporate concerns about marginalized groups into the formal planning and implementation process'. There is a clear discrepancy between the 'concreteness' suggested by this statement and the very general references to gender, caste and disadvantaged groups in the policy.

- Workshops participants are more likely to identify what should happen than how it might happen.

These findings suggest that a process that is driven by workshops will tend to produce policies that are strong on ends but weak on means and hence unlikely to be implemented. A better approach may be to use workshops to validate and obtain feedback on information that has been obtained and proposals that have been developed in a more conventional manner, perhaps by consultants or a small policy drafting team.

Regardless of the approach to the development of policy, there will be a need to explain policy recommendations to people with decision-making powers in key stakeholder organizations in order to develop their active support for the policy. In the case of Nepal, these key organisations include the Ministry of Finance, the National Planning Commission and the Ministry of Local Development.

5.3 Conclusions regarding the policies themselves

5.3.1 Regarding overlapping policies

In Section 3, we saw that Nepal has two approved policies that address sanitation directly. Two further policies are being developed to either replace or supplement existing policies. The existence of parallel policy documents is problematic for the following reasons:

- No matter how carefully efforts are made to harmonise the documents, there are likely to be points on which they do not agree. This will inevitably create confusion.
- Proliferation of policies, and the strategies and guidelines/action plans that go with them, is likely to increase the number of activities required of various organizations. When some of these organizations have limited capacity, as is the case in Nepal, the consequent lack of focus will tend to reduce the likelihood that key policy recommendations are implemented.

5.3.2 Regarding the form in which policies are presented

All Nepal's sanitation-related policies are presented in the form of short policy documents backed up by more detailed information, which may be in the form of a strategy, guidelines and/or an action plan.

The basic concept of producing a short policy document and supporting strategy and guideline/action plan documents is a good one. It should be continued when developing future policies at both the national level and more local levels. However, there is room for improvement in the implementation of the concept. Documents are not always what they say they are. For instance, the rural Water Supply and Sanitation Sectoral Strategic Action Plan is not in fact an Action Plan. It contains hardly any references to the time required to undertake activities or the dates by which they are to be completed. Within individual policy documents, objectives and principles are not always clearly separated. For instance, in the 2004 Rural Water Supply and Sanitation Strategy, some specific objectives are included in the planning and programming section alongside points of principle. The requirement that 'cent percent population will get sanitation facility by 2017' is an objective

while 'projects will be selected for implementation on the basis of projects prepared by the local bodies' is a principle.

This suggests that there is a need to provide more guidance on the form that policies and the supporting documents should take. This advice need not and indeed should not be prescriptive but should be sufficiently detailed to provide a framework for sound policy formulation.

The only policy that provides any information on existing conditions and problems is the draft 2004 National Hygiene and Sanitation Strategy. Failure to put policy into perspective may result in the adoption of objectives and methods that are either inappropriate or unrealistic. A clear example of the latter is the target of providing the whole of Nepal's population access to adequate sanitation facilities by 2017, despite the clear evidence that past efforts have failed to achieve less rigorous targets.

5.3.3 Regarding the comprehensiveness of policy

Existing policy and strategy documents do provide a fairly comprehensive statement of what most stakeholder organizations are required to do. However, they have much less to say about whether and how those organizations can fulfil the roles assigned to them. To be effective, policies and the documents that support them need to provide guidance on how to ensure that stakeholder organisations:

- either have or can develop the financial, human and organizational resources required to fulfil the roles assigned to them.
- have access to guidance on how they can best fulfil their assigned roles and carry out policy recommendations.

Stakeholder comments and study of available secondary data reveal that resource constraints are a problem. DWSS emphasises the need for increased financial resources and there is a more general recognition of the limited capacity currently available to implement policy recommendations at the district and village/municipality levels.

As indicated in Section 4.12, DWSS has produced a number of manuals and guidelines. Assessment of these manuals and guidelines is beyond the remit of this report. However, it is worth noting that manuals and guides are likely to be most useful when used by those with some knowledge of the problems and conditions that are likely to be encountered in conjunction with structured training courses. It is also worth noting the need for guidelines to focus on processes and not just on the individual tasks that make up those processes.

Overall, we conclude that Nepal's sanitation policies are reasonably comprehensive and that the real challenge is to determine practical ways of implementing them. This will require that greater attention is paid to the development of systems and procedures and the targeted allocation of resources in order to implement policy.

One specific point regarding the scope of policies is the need to pay greater attention to the needs of small towns. The 2004 Rural Water Supply and Sanitation National Policy focuses explicitly on rural areas and as such does not cover small towns. The 1994 Sanitation Policy and the current draft Hygiene and Sanitation Policy do not explicitly exclude small towns but their provisions are framed in the light of the conditions to be found in rural areas. It thus

seems that there would be considerable merit in developing additional guidance on the ways in which current policies can be implemented in small towns.

5.3.4 Are current policies realistic?

Policies will only be implementable if they are realistic. There is some doubt about the feasibility of implementing several aspects of current policy. In particular:

- Can the policy target of 100% sanitation coverage by 2017 be achieved?
- Do DDCs have the capacity to prepare reliable District Water Supply and Sanitation profiles and to use these, together with inputs from VDCs, as the basis for the development of District Development Plans¹⁸?
- Do staff of central government departments have the attitudes and skills to act as facilitators and enablers¹⁹?

Unless such issues are addressed, there is a danger that there will be a rhetoric of compliance without significant changes in practice.

Policies may also be unrealistic in that they pay insufficient attention to the powers available to stakeholder organizations. A possible example is provided by the failure to implement the 1994 National Sanitation Strategy recommendations regarding the appointment of a woman sanitation supervisor and four female sanitation workers in each District. A possible problem here may have been that DWSS lacked the powers to recruit the significant number of workers required to implement the proposal.

Another aspect of realism, or the lack of it, concerns the ability to not only institute the formal structures and systems required by policy but also to ensure that they function as intended. The Government of Nepal's Policy Paper on Decentralization, produced in February 2002 (http://www.mld.gov.np/whatisnew/policy_paper_on_decntrlsn_for_ndf_2002.doc) notes that a large gap still remains between legal provisions and actual devolution. Political decentralization has taken place but administrative and fiscal decentralization are largely inadequate. There are issues of accountability of local bodies to the people, and the capacity of locally elected authorities. In response to the 'emergency', the King has approved an ordinance which states that local government bodies will be run by civil employees of central government. For example, DDC is led by the Local Development Officer (MLD employee), VDC is led by the Secretary (MLD employee) and municipalities are led by Executive office (MLD employee). This arrangement has been sanctioned for a period of three years but may well continue beyond this time if there is no change in the political

¹⁸ There is a wider question about the efficacy of 'bottom-up' planning processes based on the aggregation of local priorities. This can easily lead to a disjointed and non-strategic approach to development and may result in a decrease in service coverage.

¹⁹ The chapter on Nepal in the 'Sourcebook on decentralization in Asia', available at <http://www.decentralization.ws/srcbook/nepal.pdf>, raises some of these concerns. These include the resistance of technical ministries to decentralization, perceived weakness of local bodies, weak financial capacity of local bodies, weak partnerships between government bodies and the private/civil society sector, weak local accountability and poor monitoring of decentralization and local governance.

situation. There are currently virtually no elected representatives in local government bodies, particularly DDC, VDC and the municipalities.

There are two specific concerns when government is committed to decentralisation:

1. How to ensure that the resources required to implement the policy are available at the local level.
2. How to ensure that existing line departments are willing and able to move from the role of providers to that of enablers.

(In fact, a key conclusion is that lack of capacity at the local level is likely to lead to confusion with central agencies continuing to provide services

One specific question relating to the functioning of formal systems concerns the coordination committees, required by policy at the District, Regional and National levels. These committees have indeed been formed but the information collected by the research team suggests that few are meeting as regularly as recommended by the 1994 Policy. Interviews with ex District Chairpersons and other local elected representatives suggest that action at the District Level tends to depend on the efforts of specific individuals and is often hard to sustain. The situation is not helped by the insurgency and its effects, However, there have been some successes. For instance, Nawalparasi DDC launched a sanitation campaign on "One house-one latrine" in 1997. As a result of this campaign, about 50% of DDC representatives constructed latrines at their houses and one ward of Sarawar VDC has recently been declared a 100% sanitized village in which all households have constructed a latrine and proper drainage facilities

The overall conclusion to be drawn from all these points is that there is a need to pay greater attention to ensuring that policy is realistic. In this respect, it is not sufficient for there to be political commitment to policy formulation but rather that this commitment extends to a policy formulation process that is firmly grounded in current realities and mindful of what is and is not likely to be possible. This may require changes in the political culture, with politicians and senior decision-makers encouraged to take decisions on the basis of information rather than whims and prejudices. In particular, it will require changes in the culture that requires instance responses to problems, regardless of whether or not those problems are understood. These changes will be difficult to implement because the very nature of politics means that politicians have a tendency to demand instant solutions and promise what cannot be delivered. Some ideas on what they might involve in practice are given later in this report.

5.4 Conclusions regarding the implementation of policy

At present, the main issues in Nepal relate to the implementation of policy. Key policy requirements, such as that for the decentralization of responsibilities for sanitation provision, are being implemented slowly. Many stakeholders, particularly those for whom sanitation is not a core concern (for instance the Ministry of Health and perhaps the Ministry of Local Development) have limited awareness of existing policies and appear to pay little attention to these policies when making strategic decisions. Representatives of NGOs that are working for sanitation improvements in the field do not feel that policy has much effect on what they do.

Policy is unlikely to be implemented unless:

1. It is implementable. As already indicated this requires that it provides a sound basis for stakeholders to develop sanitation-improvement initiatives, including programmes and action plans and that it is based on realistic assumptions about what is and what is not possible.
2. Key stakeholders are aware of the policy, think that it is important, agree with it and have the resources required to carry out the role that the policy assigns to them.

As already indicated, current policies are not sufficiently realistic in their assessment of what can be achieved with current institutional, human and financial resources. Capacity constraints at the District level pose particular difficulties for decentralization proposals. Other organizations also face capacity problems. For instance, it is hard to see how DWSS can respond effectively to policies on gender and the inclusion of marginalized groups without implementing the 1994 Strategy proposals on the recruitment of women workers at the District Level.

An equally important issue is the fact that many stakeholders, particularly those who are already working on sanitation-related activities in the field, do not see current policies as being particularly relevant to their work. In effect, they are rejecting the very basis of the EHP Guidelines. This is perhaps the most serious issue. One response to it must be to return to the policies themselves and look at the options for making them more relevant and useful. However, this should not be the first priority for the following reasons:

- Three separate policy revision exercises have either been completed in 2004 or are in their final stages. There is thus likely to be very little enthusiasm among stakeholders for further policy revision.
- There is a strong probability that any new policy developed in the near future will suffer from the same deficiencies as existing policies since people will enter into the policy development process with the same assumptions as those they held while preparing existing policies.

A better approach will be to see revised policy as the end product of a process of shared learning and analysis. This would draw upon the experience of stakeholders already working in the field, not least international agencies such as UNICEF and NGOs such as NEWAH and GWS. Possible actions to help this process of learning and analysis might include:

- Encouraging 'progressive' Districts to develop their own policy statements, referring to national policies wherever possible but tailoring objectives and responsibilities to their local situation.
- Working with key non-government stakeholders to identify key features of their current policy and practice, whether the former be written or unwritten
- Improving M&E systems, to enhance availability of reliable data – of sufficient clarity and value to enable decision-making and actions at the appropriate level, be that district or central. This will also support better allocation (targeting) of resources to districts, based on performance and/or need.

One of the objectives of this exercise might be to move towards the adoption of a sector-wide approach to sanitation provision. Once the majority of stakeholders accept the need for a sector-wide approach, it will only be a short step to recognizing the need for a realistic policy to support the approach. This will make it much easier to develop a policy that is realistic, relevant and accepted by the majority of stakeholders.

Another possibility to be explored is the development of district level policies and strategies, based on national policy and with the aim of ensuring that policy is implemented at the local level. These would go beyond simple by-laws, which can and should reflect policy but do not provide guidance on when and how policy imperatives are to be implemented.

6. Recommendations

The focus in Nepal over the next few years should be on the implementation of policy. Lessons learnt during this period can then be used to inform efforts to develop updated policy and strategy documents. However, where policy change processes are already in progress, they should be completed.

Specific recommendations are listed below.

1. Every effort should be made to have the draft Environmental Sanitation Policy finalised and approved by government. This should be seen as complementary to the Rural Water Supply and Sanitation Policy and the draft Urban Water Supply and Sanitation Policy. International agencies, including DFID, UNICEF, the ADB and the World Bank, should be encouraged to support efforts to have the policy ratified.
2. Renewed efforts need to be made to ensure that ministries and government departments other than MPPW are aware of the sanitation policy and its implications for them.
3. These efforts should include action to rationalise the roles of existing committees, working groups and task forces, combining or discontinuing arrangements where necessary. A consultancy to identify the exact roles and remits of the various committees could usefully be commissioned.
4. Committees and working groups should be to create a wider awareness of policy and its implications for stakeholder institutions. In some cases, this may mean seeking wider membership of key committees and groups. In particular, every effort should be made to widen the membership of the Sanitation Task Force to include all government organisations with a direct interest in sanitation.
5. The international community should be asked to provide support for the improved coordination arrangements over a fixed period of say 5 years in the first instance.
6. DWSS should facilitate the development of 'model' sanitation improvement processes, based on policy recommendations, in selected Districts. These should be used to develop 'model' by-laws and procedures and to explore ways of activating and improving coordination arrangements. Implementing this recommendation is likely to require limited funding from an international donor.

7. The possibility of developing district level sanitation coverage targets, based on analysis of existing coverage figures and trends, should be considered. This action does not have to go ahead in all districts simultaneously and so provides the possibility of developing an incremental approach to the achievement of policy targets.
8. The possibility of using FCHVs for sanitation promotion should be explored. This will require liaison with the Ministry of Health and, once the idea has been accepted in principle, technical and financial assistance to ensure that FCHVs are appropriately trained and that effective working practices have been developed in the field.

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