

Report
on
"MID-TERM REVIEW"
of
"CHAURJHARI SANITATION PROGRAMME"



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Around January 1988 SNV/Nepal, with a desire to get the Mid-term Review done of the Sanitation Programme under Chaurjhari-Field Office, was negotiating the matter with a local Consultancy. But the non-availability of enough budget forced SNV/Nepal to look for less costly alternatives.

In this process by good measure of coincidence SNV/Nepal - Programme Officer, Mr. Adarsha M. Tuladhar, came in touch with Dr. Ruth Hope, Health Co-ordinator in the DWSS/Eastern Region Water Supplies Project (E.R.W.S.P.). The chance meeting developed into consultations on the question of Mid-term Review of the Sanitation Component in the CWSS-Programme under Chaurjhari-Field Office. The few consultations that SNV/Nepal had with Dr. Hope revealed that the 'Health Programme' within E.R.W.S.P. would be interested & available to do the proposed Mid-term Review provided SNV/Nepal placed an official request with the British Embassy to that effect and if the Embassy agreed with it. Fortunately things worked out smoothly and the Mid-term Review got off to a start in August 1988.

The Mid-term Review has thus been possible because of the magnanimous offer from Dr. Ruth Hope and her able counterpart, Mr. Harka B. Thapa - Health Programme Coordinator in E.R.W.S.P. assisted by Ms. Indra D. Rai - Health Assistant. Hence, the first words of thanks go to the review team of Mr. Thapa and Ms. Rai guided throughout by Dr. Ruth Hope.

In the process SNV/Nepal also received utmost cooperation from the high officials in HMG/N. eg.:

- Mr. Y.N. Ojha - ex-Additional Secretary (Water Supply)/MHPP who took time from his busy schedule to talk to the review team and gave guidance and valuable suggestions to the team;
- Mr. I.B. Mali - Under Secretary/MHPP, who provided the review team with necessary data and documents;

- Mr. V.R. Joshi - ~~actg.~~ Divisional Engineer/DWSS, who gave most valuable insights into the sanitation programme as understood and carried out in the DWSS;
- Mr. S.S. Manandhar - Senior Officer/Health Education Division, MOH, who spoke at length on the programme of MOH in the field of sanitation;
- Mr. L. Robertson - Project Officer, WES/UNICEF, who gave pertinent suggestions to the review team; and

all those who contributed in one way or other to the successful completion of the review.

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Last but not least, the Coordinators of the Mid-term review from SNV/Nepal side - Ms Eveline Bolt, the Sanitation Coordinator/Chaurjhari - F.O. and Mr. Adarsha M. Tuladhar, the Programme Officer/SNV/Nepal - would like to record their heartfelt thanks to Mr. Hans Rijnveld - the Resident Representative/SNV-Nepal for the moral support and the financial arrangement for the review, Mrs. Mieke Leermakers - the Sanitation Coordinator/Dolakha district for her valuable feed back and all those colleagues at SNV/Nepal who have in some way or other contributed to the successful completion of the Mid-term Review.

Similarly, it should also be made clear that Mr. Adarsha M. Tuladhar as Coordinator of this review had used his discretion in editing the report submitted earlier by the Study team.

List of abbreviations

1. CRD : Central Regional Directorate/DWSS
2. CWSS : Community Water Supply and Sanitation
3. DA : Development Associate
4. DWSS : Department of Water Supply and Sewerage
5. E.R.W.S.P. : Eastern Region Water Supplies Project
6. FO : Field Office
7. HDP : High Density Polythene
8. HMG/N : His Majesty's Government of Nepal
9. MHPP : Ministry of Housing and Physical Planning
10. MOEC : Ministry of Education and Culture
11. MOH : Ministry of Health
12. MPLD : Ministry of Panchayat and Local Development
13. MST : Maintenance and Sanitation Technician
14. PCRW : Production Credit for Rural Women
15. RD : Regional Director
16. SC : Sanitation Coordinator
17. SCF/UK : Save the Children Fund/United Kingdom
18. SNV : Netherlands Development Organisation
19. ST : Sanitation Technician
20. TA/DA : Travel Allowance/Daily Allowance
21. TOR : Terms of Reference
22. UC : Users' Committee
23. UNICEF : United Nations Children's Fund
24. VMSC : Village Maintenance and Sanitation Technician
25. VMSW : Village Maintenance and Sanitation Worker/also known as 'Chaukidar'
26. WDS : Women Development Section
27. WES : Water and Environmental Sanitation
28. WSST : Water Supply and Sanitation Technician



It is the women in the community who are responsible for collecting, storing and using water; for personal hygiene, children hygiene, domestic hygiene including passing their knowledge about this on to the future generations.



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1.0 Preface

Sanitation has, of late, come to be considered as an integral part of the 'Community Water Supply and Sanitation' (CWSS) - Programme run by the 'Ministry of Housing and Physical Planning' (MHPP) or the then 'Ministry of Panchayat and Local Development' (MPLD), with the financial and technical assistance of UNICEF & partly WHO. However, with the pressure on these agencies to construct as many water supply systems as possible every year, the 'sanitation component' has not received its due share of attention even though its importance is regularly reiterated in all programme policy documents and deliberations on the programme.

Sanitation in CWSS-Programme has often meant:

- organising sanitation campaigns in project villages prior to the start of the construction of water systems;
- promoting the construction of simple household pit latrines in the process of the construction of water systems;
- carrying out some extension on health and hygiene education both during and after the construction of water system; etc.

The follow-up on sanitation work initiated during the construction phase is ensured through the formation of a 'Village Maintenance and Sanitation Committee' (VMSC) and the appointment of a 'Village Maintenance and Sanitation Worker' (VMSW) in each project who is sponsored by the beneficiaries of the project. But, despite the emphasis laid on 'sanitation' the results have been far from encouraging. The reasons are, among others, :

- technicians, who execute the construction of water systems also have to work on 'sanitation'. But, since the technicians are usually hard pressed to complete

- the construction in one season, they tend to put aside their obligations on 'sanitation';
- technicians, despite their best of intentions, are often not well trained to undertake other activities related to 'sanitation' rather than the construction of household pit latrines:
 - 'sanitation' means bringing about 'change in the long established habits of people', which is a daunting task given the lack of qualified and motivated personnel to work in it at present; etc.

Improvement in the public health situation through the CWSS-Programme has at best been marginal: one study indicating that the villagers who drink from water systems which are over 2 years of age have as much or more child mortality as those without water systems. It was thought that this adverse association and the minimal impact of the (CWSS) Programme as a whole, was most likely due to a lack of maintenance, contaminated tanks, and insufficient change in local attitudes towards sanitation and health (1). In Nepal most children pass through their early years suffering from undernutrition and frequent diarrhoea caused by the unhygienic environment in which they grow up (2). Half of the children dying before they reach their 5th birthday die from diarrhoeal disease often complicated by malnutrition (3). Against the background mentioned above and the stated policy of SNV/Nepal to support any policy initiative on 'sanitation' within the CWSS-Programme, it agreed to the suggestion of UNICEF, duly agreed by then MPLD, to assign a full-time 'Sanitation Coordinator' (SC) to work from Chaurjhari-Field Office. As a result, in June 1986, Ms Eveline Bolt - the Sanitation Coordinator - designate - arrived in Nepal to take up her assignment.

2.0 Rationale for the Mid-term Review

One of the main problems in any Water Supply and Sanitation Programme is that for rural people the availability of water closer to the house is a goal in itself. Concept of personal hygiene and environmental sanitation is not easily understood by them; any change induced from outside would mean a complete change in their long established and often inherited habits and attitude.

The modest 'sanitation programme' being carried out by the SC from Chaurjhari - Field Office (FO) started very much as a 'pilot' activity. In the one-and-half year that the SC has been working in the programme, she has devoted much of her energy in trying to develop strategies on how to work on 'sanitation' with active participation and involvement of people (beneficiaries).

The start to the sanitation programme was made by selecting three pilot sites meeting the following criteria:

- near to Chaurjhari in order not to spend too much time on walking;
- rather densely populated; and
- three projects at three different stages; one already completed, one under construction and one to be initiated in near future.

At the same time two 'Water Supply and Sanitation Technicians' (WSSTs) were appointed as 'Sanitation Technicians' (STs) to work together with the SC and also some budget was made available. This team of one SC and two STs took first steps in setting-up a sanitation programme by conducting a 'Sanitation Orientation Training' for 18 women and a second training for 10 primary school teachers all from 3 project sites, with the help of outside trainers. Even though these trainings were well liked by the trainees their impact as such was not that remarkable.

In January 1988, the Sanitation programme got new impetus with the appointment at last of one female Co-worker and two female assistants to work together with the SC. With this new team and new enthusiasm the sanitation programme was extended to five new sites to expand the coverage of the population. Simultaneously, the earlier approach taken in the programme was reviewed. The new approach had following main points:

- concentrate on the "Users Committee" (UC) in which at least 2 women should participate;
- tackle one subject per visit to the project sites with interval of few weeks between such visits;
- build trust and confidence first by visiting the project sites several times with a small programme; and
- organise only then trainings for the female members of the UC so as to enhance their understanding of the sanitation programme.

But even with the unlimited enthusiasm of the team it was felt time and again whether the set-up of the programme and the approach taken by the team were right or not. It is in view of this a thorough field level Mid-term Review was proposed with the following overall aim as:

- to get an insight into the ideas and experiences, if any, the beneficiaries have about sanitation programme being carried out by Chaurjhari - FO; and
- to come-up with a set of recommendations to improve the applied field level strategy and thereby the overall effectiveness of the sanitation programme.

3.0 Terms of reference

The main emphasis of the Mid-term Review was on the "efficiency" of the programme which meant finding out whether right means, personnel inputs, materials, trainings, follow-up

activities were chosen to reach the goal to tackling the sanitation problem under the umbrella of the CWSS-Programme. The answer to the above question was to be looked for at three different levels:

1. Village Level - direct beneficiaries;
2. Field Office Level - programme related personnel and resource persons; and
3. Policy Level - policy makers at the centre.

The actual TOR, therefore, was as follows:

A. Village level :

1. can villagers (village leaders, 'trainee women', other people) recall what has been dealt with during the visits of the Sanitation team ?
2. Can villagers point out the relation between water, sanitation and health ?
3. What is the villagers' general opinion about the sanitation programme ?
4. What do the 'trainee women' see as their role in the village ?
5. What do the 'trainee women' see as the role of the Sanitation team ?
6. How do the 'trainee teachers' use what they learnt during the teachers training ?
7. What do villagers/'trainee women'/'trainee teachers' think are important subjects to be dealt with ?

B. Field Office level :

1. Can the Co-worker, Sanitation Assistants and Sanitation Technician give a description of the aim of their work ?
2. How do they experience their work ?

3. What do they think is the best sanitation approach ?
4. Can Engineers, Overseers, Technicians give a description how the Sanitation team is working ?
5. Do they think things should be improved ? if so, how ?
6. What do they think their role is/should be with relation to sanitation ?

C. Policy level :

1. Can MHPP/UNICEF/SNV give a description of how the Sanitation team works or of the topics dealt with?
2. What do they think is the best sanitation approach (within the CWSS-programme) or which are topics to be dealt with ?
3. What do they think their role is/can be/should be with relation to sanitation work on field level ?
4. What would be the consequences in terms of (extra) time and manpower ?

At the more general level the following questions need to be answered :

- In view of the answers referring to last year's approach, does the new approach seem a right one?
- Which recommendations can be made with relation to : approach, "use" of personnel, contents of the programme etc.

4.0 Setup of the Mid-term review

The Mid-term Review as proposed was a part of the trial and review process to assess the strategies implemented by the Sanitation team in an unbiased, objective manner. Because the team was particularly interested in the health and hygiene aspects of the sanitation programme (the 'soft ware') rather than just the construction of latrines (the 'hard ware') it was hoped to engage a woman with relevant

health and sanitation experience to undertake the Review. Negotiations with a Local Consultancy were held, but the overall cost seemed to be quite high. Therefore in August 1988 the "Eastern Region Water Supplies Project" (E.R.W.S.P.) - Health Programme was approached.

The Health Programme Co-ordinators were very excited about the request for collaboration in the Mid-term Review because the questions to be addressed and the problems posed in the 'Terms of reference' (TOR) for the Review were similar to questions the E.R.W.S.P. Health Programme Co-ordinators had been asking each other throughout the 2.5 years of the Health Programme. The E.R.W.S.P. Health Co-ordinator could easily identify with the frustrations about the lack of competence of the SC with the Nepali language and feelings of always being seen as a 'foreign boss' when in the field. But furthermore, it was hoped that undertaking the Review would be a synergistic relationship for both SNV/Nepal and the Health Programme because the Health Programme Co-ordinators also needed to learn of the Ministry's views on the sanitation component of water supply projects and its policy on incorporating topics into future projects. One aspect of the Health Programme's own TOR that had not been undertaken was an evaluation of the Programme - as distinct from the monitoring data which is reported four monthly. It was hoped that the evaluation frame adopted for the Chaurjhari Sanitation Programme might be adaptable for use in an evaluation of the E.R.W.S.P. Health programme at a later date.

At the time of the request from SNV/Nepal, the Health Programme was in the position of being able to offer the assistance of Health Programme Co-ordinator, Mr. Harka Thapa, whose social science research background as well as his health, sanitation and water consumer training experience made him an ideal choice with the assistance of Field Supervisor, Ms Indra Devi Rai, for interviewing in Chaurjhari. Hence

a request was made to the Overseas Development Administration of the British Government for permission to undertake the Review. Permission was granted and Review began at the beginning of September 1988.

5.0 Methodology

The initial stage of the Review was spent studying the background information contained in the SNV/Nepal sanitation File which was gratifyingly full and frank. From this and the TOR it was understood that there should be two major components to the Review. An assessment of the activities undertaken by the Chaurjhari Sanitation Programme including more importantly an understanding of what they had learned from their experiences was necessary. However it was also essential that the experiences be in a way appropriate to SNV/Nepal, UNICEF and line Ministry (Housing and Physical Planning) in the context of their Sanitation policies. Thus in discussion with SNV/Nepal Programme Officer, Mr. Adarsha M. Tuladhar, a three month time schedule was drawn up allowing for preliminary discussions with relevant organisations, Departments and Ministries in Kathmandu to learn of their policies and ideas. Following this a field trip to Chaurjhari and then further discussions in Kathmandu briefing the organisations and Ministries of the preliminary findings, within the framework of their policies. Finally the draft Review Report was to be made available for comments before final drawing up. The time schedule was complicated by the Dasain and Tihar holidays and commitments of the Review Team in Dhankuta.

Many discussions were held with Mr Tuladhar to ensure that the team carried out the Review required by SNV/Nepal and also to gain the maximum benefit from his knowledge of the contacts with various Department and Ministry personnel.



Ms. Indra Devi Rai interviewing trained volunteers

The underlying theme of the Mid-term Review was that the persons met all had a wealth of experience and knowledge that needed collating together and presenting for the benefit of the Chaurjhari Sanitation Programme in the future. Hence the techniques used attempted to draw out as much information as possible within the differing times and situations available to the Review Team.

Thus for Secretary level persons who would have little time available to grant the Team, two or three key topics were chosen for discussion in whatever time was given. However for other Kathmandu personnel who were thought would grant a little longer a structured interview schedule was developed. The draft was first tried out as a role play by the Team and then pilot tested on the E.R.W.S.P. Counterpart Health Co-ordinator. From this a few rough edges were erased for the final interview schedule as used.

At the Field Office, care was taken that the interviews did not appear intimidating to the staff involved. Thus they were seen together in groups using a structured discussion sheet whereby women staff were asked question by Ms Indra Devi whereas the men were posed questions by Mr Harka Thapa. All the staff were asked to come and chat again if they thought of any further things that they would like to discuss. It was hoped that if there were any matters raised in the group from which they dissented or which they did not wish to discuss publicly, that they would avail themselves of the opportunity to chat privately during the stay in Chaurjhari.

Drawing on the Review Team's own field experience, it was decided to interview village volunteers and other village women in small groups. To help the women relax and express their ideas freely, the interviews began with a health song and posed problems for analysis and discussion in the



A trained volunteer dancing to a health song

form of large home-made pictures. Village interviews were scheduled to be held in the homes of one or two women who would call other women to their homes from nearby houses.

A follow-up to the baseline Survey was designed using the SC's comments on the questions that she had asked in her baseline Survey and using the E.R.W.S.P. Baseline Survey which was known to elicit good information from householders elsewhere in Nepal.

Finally, in order to minimise communication limitations a written exercise was devised for gaining information and ideas from the SC. (It was thought that a discussion in Nepali or English might unnecessarily limit the richness of response as neither language is her native tongue.) The exercise was intended to be completed over as long a time as required: and in particular in short spells over several days. The team were fortunate in being able to pilot test the exercise on another SNV/Nepal-D A who had just begun to work as Sanitation Co-ordinator in Dolakha district. In the light of her comments, the draft exercise was extensively revised as she had found it quite 'threatening' in its questioning about problems experienced without adequate questioning of the positive experiences. It was then realised that too much reliance had been made on the very detailed information available in the Sanitation File: and the written exercise was restructured to allow the SC to present her positive ideas and experience too.

English medium was also used for the discussions with the Programme Officer, Mr. Tuladhar; the SNV/Nepal Resident Representative, Mr. Hans Rijnveld; and UNICEF/WES Project Officer, Mr. Larry Robertson. All other discussions were in Nepali. The English translations of the discussion documents. (draft and final versions) are enclosed in APPENDIX I.

6.0 Summary of Findings

a. Preliminary round of discussions in Kathmandu

In terms of definite budget allocations and staffing, sanitation assumes rather low priority in the Ministries and Organisations visited in Kathmandu with the notable exception of SNV/Nepal.

Ministry of Housing and Physical Planning (MHPP):

- MHPP has a central budget of Rs 2,24,26,000/- for CWSS Programme but the proportion for sanitation is not defined. The total District level budget for the CWSS Programme is Rs 4,75,83,000/- for the 75 Districts and in addition to this there is a sum of Rs. 10,95,000/- for the semi-urban sanitation programme in three specified Districts allocated this Fiscal Year. The proposed "Sanitation Policy Formulation and Co-ordination Committee" of the Ministry is to be headed by an Under Secretary on deputation from the Ministry of General Administration with no technical or community extension experience.
- The Secretary in the Ministry views water supply provision as the vehicle for wide ranging development activities in the community and the Additional Secretary (Water Supply) says it is important that sanitation is institutionalised. However, he later indicated to DAs/Volunteers working in the CWSS-Programme during a joint meeting with all volunteer agencies that he considers the Ministry to be a purely 'technical' Ministry. He also said that he would only be interested in employing women working with community for improved sanitation alongside technical staff if there was demonstrated a need for this.

- The 'Department of Water Supply and Sewerage' (DWSS) sanitation policy is entirely related to the promotion of 'sulabh-type' flush latrines with no regards given as to whether the latrine is appropriate in design or cost to meeting the sanitation needs of most people in Nepal. The DWSS gave no evidence of knowing about the health and sanitation activities of its own E.R.W.S.P.
- The 'Central Regional Directorate' (CRD) of the MHPP thought that the sanitation component of CWSS Programme should be strengthened and that the strengthening required institutionalisation rather than being carried out on an ad hoc basis by volunteer agencies. It was suggested that the 1982 Policy for Sanitation was not implemented because it was never ratified as 'HMG/N Policy' but was always perceived as 'UNICEF Policy'. The CRD thought that there probably was a place for Women Sanitation Staff working alongside the technical staff. It was suggested that the emphasis should be placed on institutionalising support for the Women Sanitation Staff within the CWSS-Programme and that expatriate DAs/Volunteers should have a more central co-ordinating role in this respect.

Ministry of Health (MOH) :

- Discussions with the MOH/Public Health Division, Environmental Sanitation Unit were extremely depressing. The Unit is chronically understaffed and underfinanced and headed only by a Senior Technician. The Technician's activities include undertaking food handling courses for hotel staff in Kathmandu valley.

Ministry of Health's sanitation targets were said to be the provision of one pour-flush type demonstration latrine per District with 36 Districts being covered this Fiscal year. The Technician was unsure as to what a pit latrine is. He was of the opinion that although the Ministry of Health has a network of District Public Health Offices, Health Posts and Village Health Workers working with volunteer village health

leaders, it will never effectively undertake sanitation work. This is because health post staff and Village Health Workers get prestige and cash rewards from villagers for curative health service but are not given status for preventive health and sanitation work.

UNICEF :

- UNICEF in Kathmandu does have a commitment to improving sanitation in Nepal and has posts of Assistant Project Officer/Sanitation (at present unfilled) and Sanitation Promotion Training Officer at National level. However budget data supplied indicated that of the total water supply and sanitation budget only 1.49% is allocated for sanitation. At field level, UNICEF has tried to implement the 1982 policy for Sanitation through some Field Offices. They found that the WSS Technicians did not have the time or necessary skills and knowledge to undertake effective sanitation activities. Hence WSS Technicians at Lami Danda- and Ilam Field Offices received intensive training in these topics. They were then allocated to spend one month at the beginning of each CWSS scheme undertaking only sanitation activities in villages to be served by the scheme.

The WSS Technicians developed good rapport with the villagers and motivated them for the construction of latrines. Unfortunately, once the water supply construction began, sanitation activities ceased and there was no follow up for keeping latrines clean or undertaking repairs and maintenance work.

On the Terai Tubewell Project, UNICEF has now started employing Women Workers motivating for sanitation and other health related topics. However UNICEF is concerned that if women are employed to workers, then the technical staff will probably not undertake any sanitation activities themselves.

- UNICEF is also concerned that sanitation activities undertaken through only one construction season will not be effective in changing habits that have been inherited for generations. UNICEF would like to see a co-ordinated national policy for sanitation involving MHPP, MOH, the WDS/MPLD and possibly the Ministry of Education and Culture (MOEC).

It is suggested that an influential person in each community might receive special training and then be retained on a small honorarium to continue to support sanitation activities in the community after the completion of the water supply construction.

Ministry of Panchayat and Local Development/Women Development Section:

- The WDS/MPLD believes that sanitation is one of the urgent basic needs that requires a multisectoral approach. Thus they incorporate sanitation topics into all their training programmes even when these are apparently unrelated to sanitation or health, for example in their 'Production Credit for Rural Women' (PCRW) - Project. They are of the strong opinion that women must be involved in water supply and sanitation at all levels as women are the main beneficiaries who are in a position to improve hygiene and sanitation in the community and for future generations. The WDS also believes that water supply is an ideal vehicle for promoting sanitation and hygiene improvement in the community.

Eastern Region Water Supplies Project/DWSS :

- The E.R.W.S.P.'s total budget is £ 3.28 m for water supply, sanitation and health education. Of this 4.9% is allocated for sanitation and Health education. This has permitted a large staffing of one man and two women Health Promoters (non-gazetted III technical) to each water supply scheme

and also extensive development of health and sanitation training packages. Although training methods and community mobilisation techniques are thought to be applicable for other sanitation programmes in Nepal, the implementation structure is too costly for widespread use as a model.

SNV/The Netherlands Development Organisation :

- Although SNV-Nepal is not a funding agency in the water supply sector, it has used a large proportion of its human resources in water supply and sanitation in Nepal. The first SNV-Development Associates (DAs) were placed in the CWSS-Programme and of the 7 DAs currently working in CWSS 2 are Sanitation Co-ordinators.

But still the question is asked 'is water supply construction the right programme for implementing sanitation activities ?'. Since sanitation activities have to be reinforced over a long time in order to get lasting change in unsanitary habits and since there is conflict of interests for persons obliged to undertake water supply construction and sanitation activities, perhaps sanitation should also be tackled seperately from water supply construction, over a longer period in co-ordination at least with District Public Health Offices.

As sanitation is part of the CWSS-Programme, SNV/Nepal thinks that sanitation must be considered at all stages of the Programme. Especially, women should be involved at all stages of the decision making as they are responsible for hygienic collection, storage and domestic use of water. Only through involving women will there be an improvement in water borne and water washed disease levels in Nepal.

b. Field visit to Chaurjhari

In this section the information will be presented in historical sequence relative to the Chaurjhari Sanitation Programme rather than the order in which the data was collected.

b 1. General :

1 a. Prior to the arrival of the SC sanitation activities by the Field Office staff had been rather limited. School latrines had been constructed with instructions given to the schools on how to use the latrines but there had been no health education and no follow-up to assess the success of the latrines.

At the time of water scheme construction in some villages people had been motivated to build latrines but this had been with the inducement of a sack of cement and a 2 metre length of 90 cm HDP-pipe, for families building a latrine. The latrine design was essentially the same as the Field Office latrine with an off-set squatting slab connected to the pit via the polythene pipe: and subject to blockage if inadequately flushed with water, as has happened at at the Field Office. This unhygienic sanitation and the creating of dependency on the provision of cement and pipe made the design unsuitable for promotion for domestic latrines.

The Overseers thought that they needed better motivation techniques and a government subsidy for domestic latrines to improve their success rate.

2 a. The STs perceived their work as being of low status when compared with water supply construction: less prestige and considerations being granted from the community to STs.

The Overseers thought that the STs found water supply construction easy as they had appropriate training but that they found sanitation motivation hard because they did not have enough background knowledge and the necessary skills.

2 b. The STs found that political people in the community undermined their efforts by demanding cement and pipes

for latrines and not considering the construction of simple pit latrines that do not need cement and pipes.

2 c. With intensive support from SC, the STs undertook a Baseline Survey in three Wards served by the Chaurjhari-F.O., and they assisted with the selection of the first group of women volunteers for sanitation orientation training. From these activities it became obvious that the ST's communication skills and community mobilization skills were weak. They tended to 'direct' the answering in the Baseline Survey and for the first group of women attending training they were unable to get the communities to select persons who would be effective volunteers motivating their friends and neighbours. Women chosen at village meetings did not attend training: instead young unmarried girls attended. A year later the four adolescent girls who attended the training, are still too young to be influential in their village and of the other seven unmarried girls who then attended the training, three have now married and moved away from their villages.

3 a. The first 'Sanitation Orientation Training' was conducted by an outside organisation using a 'standard package' of training exercises with little specifically planned to meet the needs of the Chaurjhari Sanitation Programme. The techniques used tended to be of 'projective' or 'open-ended' style of teaching which assumes that the participants have a basic knowledge of problem causation and encourages them to build on their knowledge using their own unique understanding of their cultural constraints to find solutions applicable to their village.

Unfortunately, women in rural Nepal with no formal education have no traditional understanding of 'germ theory' of infectious disease causation. The Overseers from the Chaurjhari-F.O.

very clearly expressed this when they said that 'villagers have no understanding that they need sanitation to improve their health,' and later 'they do not believe that there are germs that they cannot see in water.'

3 b. Thus the first group of women 'enjoyed' their training but could give little information as to what they had learned even with prompting. The only consistent answer was that they learned about building latrines. However when asked how to prevent the spread of disease from faeces contaminating water only 8 answered by everyone building and using latrines. There was no clear understanding on which diseases are spread by faecally contaminated drinking water or by flies: even women answering 'diarrhoea' also answered 'boils' and 'skin infection'. Other answer included 'headaches', 'heart pain', 'scabies' and 'TB'.

4 a. The STs supported by the SC visited the villages many times after training to undertake intensive motivation of the people to build pit latrines and succeeded in getting 20 built at Jungle Gaon, Purtim Kanda V.P. where there are 31 houses, and approx. 12 at Munkot V.P.

It became obvious on follow up visits that there were problems with the latrines as they were not being used. People commonly complained about green flies in their latrines and demanded chemicals to kill the flies. At the time of the Review only a maximum of 5 of the latrines were currently being used: others having fallen into disrepair or the pathways being blocked by stinging nettles. The owners said that they had stopped using the latrines when they began to smell bad or when there was a problem with flies.

5 a. The SC, after a lot of persuasion-work with the line Ministry and UNICEF, got necessary sanction to recruit a Woman Co-worker and 2 Women Sanitation Assistants in an



Ms Indra Devi Rai interviewing trained volunteers with the help of the Chaurjhari Sanitation Programme staff.



attempt to make the village level programme more effective. She recognised that it was important to have stronger links with the women in the villages who are responsible for domestic hygiene and children's hygiene if the Sanitation Programme were to be successful in the fullest sense.

As the process of creating new posts and recruiting new staff is rather lengthy, the SC concurrently undertook a Health and Sanitation Education Training for local primary school teachers. The main purpose of this training was to improve health and sanitation education, in order to finally enlarge the impact of the sanitation programme by also having school children taught about the relation between health and sanitation. The school sanitation programme is reviewed in section 12. below.

6 a. After recruitment and appointment the Co-worker and Sanitation Assistants attended various trainings. The Co-worker attended a three week UNICEF workshop about how to teach and motivate sanitation topics in villages and the Sanitation Assistants attended for a week at SCF (UK), Surkhet plus two short trainings for WSS Technicians and Chaukidars at the Chaurjhari-F.O. They also attended a week long (second) 'Health-and Sanitation Education Training' for primary school teachers. None of these trainings was specific to their work and although they learned various techniques such as using flash cards they all think that they need more training to do their jobs.

6 b. The women, who attended the 'Sanitation Orientation Training' said that they need more training about how to do their jobs and how to make their work successful. They also felt they needed to learn how to recognise common illnesses, what advice to give and what first aid to give. They wanted to know about infectious diseases and how to prevent them.

The Sanitation Assistants on the other hand wanted to know how to attract village women to their Programme to make it more effective.

6 c. This mirrored the SC's beliefs that the staff need a greater understanding of sanitation and hygiene related topics in order to be able to answer questions raised by the village women.

She also felt that they need improved teaching skills including communication skills and motivation skills. The SC too noted that it was difficult to get villagers to play an active part in the programme or to work together to improve on the problems even though they recognise the problems.

7 a. After training, the women staff took part in the selection and training of a second group of women volunteers from new villages. The villages were visited several times and meetings called - including calling the users' committee members - at which discussions were held using visual aids to raise an interest in sanitation and the trainings to be held. The women were then asked to select volunteers for training themselves but were advised against the selection of young unmarried girls.

7 b. At some meetings there were problems with politically motivated men being disruptive. They said that the villages did not need sanitation training but need to be given cement and pipes to build latrines.

7 c. Although older, more mature women were chosen, the SC was able to identify a recurrent problem with the selection of the women: most were high caste. At community meetings, the community voice is a high caste voice as other castes do not attend meetings or do not speak out.

7 d. The second group of women volunteers were trained by SC and the women sanitation staff. They gave much fuller answers about what they had learned than the first group of women volunteers. However, there was still a problem with their knowledge of faecal-orally transmitted diseases. Five of them answered that flies and cockroaches spread coughs, boils, skin wounds and scabies. Only four mentioned that transmission of disease from faeces by contaminating water could be prevented by everyone building and using latrines.

7 e. Many of the second group have not yet built their own domestic latrine because of pressure of farming work. But they recognise that they need to build their own latrines if they are to be effective volunteers.

8 a. All the women volunteers, both the first group trained and the second, feel that they have had difficulty teaching their neighbours. Some people listen to them, but many question on what authority the volunteers are teaching. The volunteers have 'only had 1 week's training and do not know everything', 'people think we are only children and have no faith in us' (from the adolescent girls); 'people believe that if you give water to a baby with diarrhoea it will die and so say "What do you know?" when taught about nun-chini-paani'.

8 b. One group of volunteers said that there was a lot of jungle so it was difficult to get people to build toilets.

8 c. Seven of the women volunteers wanted to learn 'how to teach nicely' so that they could be more effective and eight women from the first group trained wanted refresher training to help them understand the subject better and teach better to others what they had learned.

9 a. All the women volunteers except the adolescent girls, thought that the Sanitation Programme staff should teach villagers too, in order to reinforce the volunteers' teaching and give credibility to new ideas. They would all advise a SC beginning a new programme that staff should visit the villages everyday after the training or a woman member of staff should live in the village to give training. One group of women suggested that a woman from the village should become a trained member of staff but another group specified that an outsider who understood village life and language should work with them.

9 b. All the women volunteers, again except the adolescent girls, said that women are important people to be sanitation programme staff for working with community.

10 a. In the follow-up to the Baseline Survey a one-in-eight random sample of houses was taken from the lists of households held by the Ward Chairmen. This gave a total of 46 houses, including households in the wards of which women were trained in fiscal year 2043/44 and households of women who were trained in fiscal year 2044/45, to be visited. But out of this total three were found to be shut up and the occupiers migrated elsewhere. Thus a total of 43 houses were visited and an adult woman from each was interviewed by Ms Indra Devi Rai. However it must be noted that by the time of the Review the follow-up activities in the households trained in the fiscal year 2044/45 have not taken place.

10 b. Of the 43 houses, 5 had pit latrines but there was doubt about whether they were all used regularly: two were ill maintained and one difficult to reach.

10 c. Seventeen of the women interviewed had received teaching from the Sanitation Programme: either at their houses when the staff had visited or at village meetings. None mentioned that they had learned anything from a trained volunteer.

10 d. Thirtytwo of the women had heard of nun-chini-paani but four did not know what it is used for saying 'fever' or 'colds'. Of the thirtytwo women who had heard of nun-chini-paani, six could accurately describe the proportions of salt, sugar and water.

10 e. Only five households had sugar (including one having sugar and honey) which cost Rupees 20/- per kilogramme.

Fifteen houses had no soap (soap cost between Rupees 5/- and Rupees 8/- per tablet) and further one house had only very small pieces. However one woman said that her family bathed using a locally available soap substitute,

10 f. Only three women did not know that there are more flies in dirty places than clean places and of those three one answered that there were more flies between Falgun and Srawan than other months.

This contrasted markedly with the knowledge of where children's worms come from: one woman clearly stated that worms are transmitted by faeces contaminating food. Two other women said that worms came from eating dirty food or contaminated water. Most women 'did not know', though a few gave answers like 'from drinking too much cold water', 'from eating uncooked rice', 'eating sweet things' 'being affected by witches' 'spells'.

10 g. Four women did not know what 'sarsaphai' meant. To all the others it meant hygiene with bathing, clothes laundering, keeping houses clean and occasionally and courtyard clean; a few mentioned keeping food clean, one mentioned using the latrine for urinating and defecating and one mentioned keeping the tapstand clean.

10 h. Twenty women knew of women living nearby who had received 'Sanitation Orientation Training'.

10 i. Twentytwo women were able to name a woman living in their neighbourhood who they believed influenced other people's opinions. Of the 11 women named six had not received 'Sanitation Orientation Training'.

11 a. One important problem identified by the Mid-term Review was that of salary and TA/DA payments to the Sanitation Co-worker and Sanitation Assistants. All three women and the SC complained that the Assistants were paid on a daily wage basis only. This means the women have to sign attendance register in the Field Office every day that they are working and hence not eligible for TA/DA payments as per HMG/N rules. The Co-worker rarely receives any TA/DA payments.

The SC and the staff all believe that this hinders the effectiveness of the Programme as the staff are not encouraged to be out working with volunteer women in the villages but are forced to walk long distances out from the Field Office during working hours, and without adequate remuneration.

b.2 Health-and Sanitation Education Training for Teachers :

12 a. In June 1987 the SC organised a Health-and Sanitation Education Training for primary school teachers from Rukum and Salyan districts despite major difficulties in arranging funding. It was thought to be important that the teachers were trained during the period of Sanitation Programme in their villages so as to improve health-and sanitation education, in order to finally enlarge the impact of the Sanitation Programme by also having school children taught about the relation between health and sanitation. This also to permit follow-up activities in the schools with co-ordinated support from the Chaurjhari-F.O.

12 b. An experienced Health Educator from Tribhuvan University was engaged and the teachers received a thorough introduction to health and sanitation topics including the transmission of faecal oral diseases, the importance of personal and environmental hygiene including school hygiene; the value of teaching sanitation subjects in primary schools, the use of visual aids and the value of active learning techniques.

The schedule included teaching practice in a local school, discussions of the teachers' own experiences and plenty of time for answering the teachers' questions.

12 c. The SC and the Co-worker were then very disappointed to find that little or no sanitation activities followed in the schools. The Co-worker in particular worried that she did not know what the problem was: were the teachers badly taught? or were the teachers not believing what they were taught (because of conflicts with their own beliefs)?

12 d. The SC hoped to strengthen activities in schools after her second Teachers' training by having the support of the School Inspectors from the District Education Office. It was hoped that these persons would then encourage the teachers. Unfortunately only one of the Inspectors attended the training.

12 e. The Health Educator thought that the Training itself would be inadequate for producing activities in the schools: he felt that the teachers would need support by followup visits and guidance on activities.

12 f. During the Mid-term Review, the Sanitation staff themselves were teaching primary school children in their schools.

However the techniques used for teaching about the importance of hand washing were not all really appropriate for such young children. They were shown serial pictures of a hand before washing: some with lots of small arrows representing germs, and after washing with plain water and soap and water:

with fewer arrows representing the relative decrease in germs after washing.

Discussion with the Sanitation Programme staff revealed that they taught hand washing in that way because they had a visual aid (the serial pictures of a hand) which was supplied by UNICEF. Hence they planned their teaching around their teaching aids rather than thinking about the best way to teach the subject.





Jungle Gaon, Purtim Kanda V.P., compact settlement of 31 houses: 20 built latrines but only maximum of 5 now in regular use because of fly and smell nuisance.

c. Reasons identified for the difficulty in promoting latrines

The sanitation programme constitutes of 'hard ware' part (i.e. the construction and promotion of simple household pit Latrines) and 'soft ware' part (i.e. the training in health - and hygiene education etc.). The Sanitation team undertook as one of its first important activities the promotion of simple pit latrines in its project villages and also tried to build its health - and hygiene education programme around the construction of pit latrines.

The construction of pit latrines in itself did not change much. Instead, the improper use of these latrines has created nuisance with bad smell and flies, especially in project villages with compact settlements.

In view of this the Review team decided to give special attention in finding out the reasons for non-use of the latrines and, hence, the difficulty in promoting latrines as part of the sanitation programme.

The main reasons identified were as follows:

- No tradition of using latrines;
- Difficulty in changing traditional habits;
- Resistance to the use of latrines by older people with religious objections to defecating in one place twice;
- Plenty of tree coverage in neighbourhood for defecation;
- Lack of awareness of relationship between poor sanitation and ill health;
- Difficulties in spreading an awareness of this relationship:
 - i) difficulty in involving women;
 - ii) need for stronger motivation techniques.
- Latrine design previously promoted required materials not readily available to villagers (cement and polythene pipe);
- Problems with smell and fly nuisance in simple pit latrines;
- Compact village settlements having little land available near houses for latrine construction;

- Women embarrassed about being seen entering latrines; and
- Women volunteers trained at a time just before they get to many farming commitments to have time to build their own latrines.

7.0 Summary of Recommendations :

Based on the findings as outlined in the preceding chapter, the following recommendations have been drawn:

- there is a need for trained woman/women to work on sanitation programme in the villages with the trained Sanitation volunteers teaching the other women;
- the Sanitation Assistants' remuneration and working conditions must be rationalised so that they are encouraged to be in the villages working and not in the Field Office or walking long distances during working hours;
- the Sanitation Co-worker's remuneration and especially TA/DA payments need to be institutionalised so that she is encouraged to visit the villages to support the activities of the Sanitation Assistants;
- fuller job descriptions for the Sanitation Programme staff are to be worked out so that they can give more structured guidelines to their daily activities;
- specific training for the Sanitation Programme staff need to be given to enable them to carry out their job according to new job descriptions (referred to in above point);
- strengthening of community mobilization techniques must be thought of so that all women whether high caste or low caste could be reached;
- strengthening of communication and teaching skills must also be thought of as staff have so far learned how to use various teaching aids rather than how to teach important sanitation related topics;



Discussions with village women about hygiene problems



- the Overseers and Technicians from the FO need to be better motivated and they need to be actively involved in the Sanitation Programme activities - possibly by organising 'sanitation campaigns' in project villages;
- the input on design, use and maintenance of a pit latrine that does not depend on materials not readily available to villagers must be enhanced; and
- institutionalisation of sanitation education through schools need to be given utmost attention, so that there is a structure for health and hygiene activities to take place in schools which reinforce activities being promoted in villages.

8.0 Strategy for implementing a 'sanitation component' in CWSS-Programme: a model developed on the experiences from the Chaurjhari-Field Office

Based on the findings from the Mid-term Review and the set of recommendations made on the basis of these findings, a strategy has been suggested for implementing sanitation programme within the CWSS-Programme, in a sequence as suggested below:-

1. Recruit and train Sanitation Co-worker;
2. Recruit and train Women Sanitation Assistants;
3. Sanitation Assistants, supported by Co-worker, to undertake a Baseline survey in a random sample of the houses in the proposed new programme area. (Baseline Survey to identify the caste and ethnic breakdown of the community, the health and sanitation practices, problems and needs, and influential women.);
4. Sanitation Assistants, supported by Co-worker, to undertake a regular programme of meetings in the community (suggested on a locality by locality basis to ensure the involvement of all ethnic groups and castes) including calling the 'Users Committee' Members to raise an awareness and interest in a Sanitation Programme. (Perhaps feeding back the information

learned in the Baseline Survey.);

5. Sanitation Assistants and Co-worker hold meetings for the selection of women Sanitation Volunteers to be trained by the Sanitation programme;
6. Sanitation Co-ordinator makes preparations for a 'Health-and Sanitation Education Training' for teachers teaching in primary schools in the same villages where the Sanitation Programme has been launched;
7. Sanitation Assistants and Co-worker undertake trainings for women Volunteers;
8. Health-and Sanitation Education Training held for teachers which will be attended also by Sanitation Programme staff (while women volunteers in the villages are busy building their own domestic latrines.);
9. Co-ordinated programme of regular teaching sessions in volunteers' houses and follow up support to the trained school teachers in the same villages;
10. At this time it may be appropriate to hold a combined 'sanitation campaign' with the assistance of the Water Supply Overseers and Technicians.

(Intermittent return to the village after the initial input to motivate continued activity by the volunteers when the Sanitation Programme moves on to be active in new programme villages.)

TOPICS THAT NEED TO BE INCLUDED IN VILLAGE LEVEL SANITATION TRAININGS
AS IDENTIFIED BY THE SANITATION PROGRAMME STAFF AND VILLAGE WOMEN

1. Simple germ theory: the causes of diarrhoeal diseases
skin infections
eye infections
2. Pathways of spread of infections
3. (Flies)
4. (worms)
5. Prevention of infection spread: including immunisations
6. Latrines: why and how to build
how to hygienically use and maintain
7. Home treatment of diarrhoea
skin infections
eye infections
and other first aid treatments
8. Improved nutrition including kitchen gardens
enriched weaning food-sarbottam pitho
9. Personal hygiene including hand washing (using soap/soap substitute)
10. Domestic hygiene particularly food and water handling
(also smokeless stoves)
(and rubbish pits)
11. Tapstand hygiene
12. Personal and individual responsibility for health and hygiene
improvements for the benefit of the people as individuals, families
and community.

NB. : topics in parenthesis suggested by the Review Team

9.0 Post Script

People in rural Nepal are living in unsanitary conditions that are affecting their health, well being and potential for development. The resulting levels of faecal orally transmitted diseases, skin and eye infections as well as malnutrition and increased mortality strain the primary health services and the essential drug budget in addition to draining individual family resources. However there is little awareness of the connection between poor hygiene and ill health, and so people do not protect their water supplies, maintain their piped water schemes or use the water to improve personal and domestic hygiene. They do not perceive the need for latrines.

Water Supply construction staff rarely have the knowledge, skill or time to undertake sanitation activities effectively: thus they are reluctant to work in the field of hygiene improvement in the community. Where construction staff undertake sanitation activities they are limited to the promotion of latrines only. Even with a great deal of support to the Sanitation Technicians and repeated visits to the villages, the Chaurjhari Sanitation Programme ran into difficulties with latrines falling into disuse and disrepair because they developed smell and fly nuisance. This is in common with findings elsewhere in Nepal that when the community is motivated by water supply construction workers to build latrines before the commencement of water supply construction, the latrines are inadequately constructed, ill-maintained and fall rapidly into disuse (4). Thus the Chaurjhari Sanitation Programme quickly demonstrated the need for Women Sanitation Workers working alongside the technical staff to undertake sanitation activities. This fact was well appreciated within the Line Ministry and UNICEF and one Woman Sanitation Co-worker and two women Sanitation Assistants were appointed.

But, the position of the Woman Sanitation Co-worker and the women Sanitation Assistants need still to be institutionalised within the Chaurjhari-F.O. This would mean that they are paid regularly to be in the villages working with the women. It is not appropriate especially for the women Sanitation Assistants to be paid on a daily wage basis and to have to sign the attendance register in the Field Office each day. To avoid conflicts the women could be paid on the same basis as Ministry of Health Village Health Workers who maintain a daily diary of their activities and receive a 'Field Allowance' instead of TA/DA for the walking entailed by thier work, thus minimising administration.

There is a need for the Sanitation Assistants to work intensively in the villages after volunteers are trained. It is probably unrealistic to expect volunteers who have only had 1 week's training to do more than act as 'models' for new ideas in their community and spread the word by traditional communication channels. They perceive their need to have the new ideas given status by the Sanitation Assistants teaching groups of village women as well as themselves. The maximum effect may be achieved by holding regular teaching sessions in the homes of the volunteers who would call in their friends and neighbours and act as key people in discussions.

The Sanitation Co-worker needs her job description to be well defined so that she has goals against which to measure her achievements. Similarly the Sanitation Assistants perceive their need for more detailed job descriptions to guide their activities in the villages as women at this grade cannot initiate the range of activities (holding village meetings, selecting and training volunteers, holding health education classes in village homes) without guidelines and regular supervision and other support. It has been shown that the Sanitation Programme staff should undertake village trainings by themselves rather than using trainers

from outside, both because of the cost of using outsiders and also to ensure a certain level in training which is appropriate to the level of the trainees.

Ideally the Sanitation Programme staff need specific training to enable them to undertake their responsibilities effectively, eg. strengthening their community mobilisation techniques and communication and teaching skills. Their training to date has tended to focus more on how to use various teaching aids rather than how to teach sanitation topics. Training specific to their needs would help them produce guideline lesson plans for the topics they are required to teach and then through those lesson plans they would learn how to use the teaching aids effectively.

It would be inappropriate to expect a small Sanitation Programme such as the Chaurjhari Programme beginning with very limited resources and a DA just beginning to gain Nepali linguistic skills to be able to fulfil all its training requirements from the start. However, after two years of trial and review the Chaurjhari Sanitation Programme has developed an approach to an effective solution to the unsanitary conditions prevalent in Nepal and the Sanitation Co-ordinator and her staff have defined their present training needs. If improvement in sanitation is to be implemented through the MHPP/CWSS-Programme then the Ministry needs to address the problem of effective staff training as well as the institutionalisation of salaries, allowances and working conditions. The new 'Sanitation Policy Formulation and Co-ordination Committee' within MHPP would be ideally placed for undertaking this.

Other needs that this committee under MHPP could address are designs for appropriate technology latrines, their construction from locally and readily available materials

and the necessary education needed for the community, and the policy for involving construction staff in sanitation campaigns co-ordinated with the necessary education of the community.

However, institutionalisation of support for the sanitation component of the CWSS Programme through the Ministry is by no means certain and will take some time to establish even if they are convinced of the need. The SNV-DA working as Sanitation Co-ordinator from Chaurjhari-F.O. has a personal need to strengthen her Programme and see results in the last months of her posting in Nepal, but envisages having to spend a great deal more time and effort in securing salary and allowance payments for her staff. Since such payments are going to be only partly met by the Ministry in the current fiscal year there are good arguments for UNICEF as the funding agency to regularise those payments in the interests of gaining more field evidence for the value of having women Sanitation Assistants working alongside the water supply technical staff.

For the school sanitation programme, the need is for a structure through which the teachers can implement their new knowledge and ideas. School teachers are accustomed to working with set curriculums and books and have little experience of developing new lesson plans which is why Tribhuvan University Health Educator was able to pin point the need for follow up support. The SC could strengthen the Sanitation Programme input either by helping the teachers to develop lesson plans using the new textbooks from the MOEC/'Curriculum Textbook Development and Supervision Centre' or alternatively by developing lesson plans with her Sanitation staff for them to use in local schools with the involvement of the teachers who have received Sanitation Orientation Training. Both approaches would involve a regular commitment to return to the schools and work with the trained teachers on sanitation activities.

For the SC's own immediate training needs, her Nepali language skills are quite competent enough to undertake this herself if she has access to suitable materials and proven effective communication and community mobilization techniques. Here the Mid-term Review Team may be able to be of assistance by making available their resources in Dhankuta. These are in the form of training packages from which relevant sections could be extracted and adapted to meet the needs of Chaurjhari staff training.

However the most important and difficult aspect of the SC's job description: 'to develop a standard procedure for the implementation of the sanitation component in 'Community Water Supply and Sanitation' projects has been achieved despite all the frustrations along the way. The implementation of this small Sanitation Programme from the Chaurjhari-Field Office deserves being presented as evidence in support of a 'National Sanitation Policy' to be co-ordinated through the Ministry of Housing and Physical Planning.

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APPENDICES

SANITATION: HOW, WHEN, WHY ? Proposal for evaluation of the sanitation component of Chaurjhari Field Office	APPENDIX 1
ENGLISH TRANSLATIONS OF DISCUSSION DOCUMENTS - draft and final versions- and other exercises used during the Mid-term Review	APPENDIX 2
A POLICY FOR SANITATION, 1982 Report of the conference sponsored by UNICEF held in Pokhara October 1982	APPENDIX 3
VARIOUS DOCUMENTS/BACKGROUND INFORMATION - the administrative structure of the Ministry of Housing and Physical Planning. - letters of introduction sent by SNV/N. and the Ministry during the Mid-term Review	APPENDIX 4





