

## Chapter Four

# CHILD'S ENVIRONMENT

## Hygiene, sanitation and sustainable water supply

*Children have a right to grow and develop in a healthy and safe environment. All too often that environment is precisely what hinders their development, making them prone to infection and malnutrition.*

*In Nepal, the environmental hazards for children are grave. In any given two week period one quarter of all young children would be suffering from diarrhoea. Less than half of households have effective access to safe drinking water, and around four-fifths of rural families have no means of sanitary excreta disposal.*

*More importantly, the very concepts of hygiene and sanitation, and of the transmission of diseases via the faecal-oral route, are not widely understood.*

*This Programme seeks to address these problems by raising the profile of sanitation as a national development issue, and developing viable, sustainable models for hygiene, sanitation and management of drinking water resources through activities at local level. It concentrates particularly on families' and communities' own capacities for assessment, analysis and action for an improved physical environment for the child.*

*The Programme has been formulated in close collaboration with the Government's various partners in this sector and will continue to facilitate such convergent action.*

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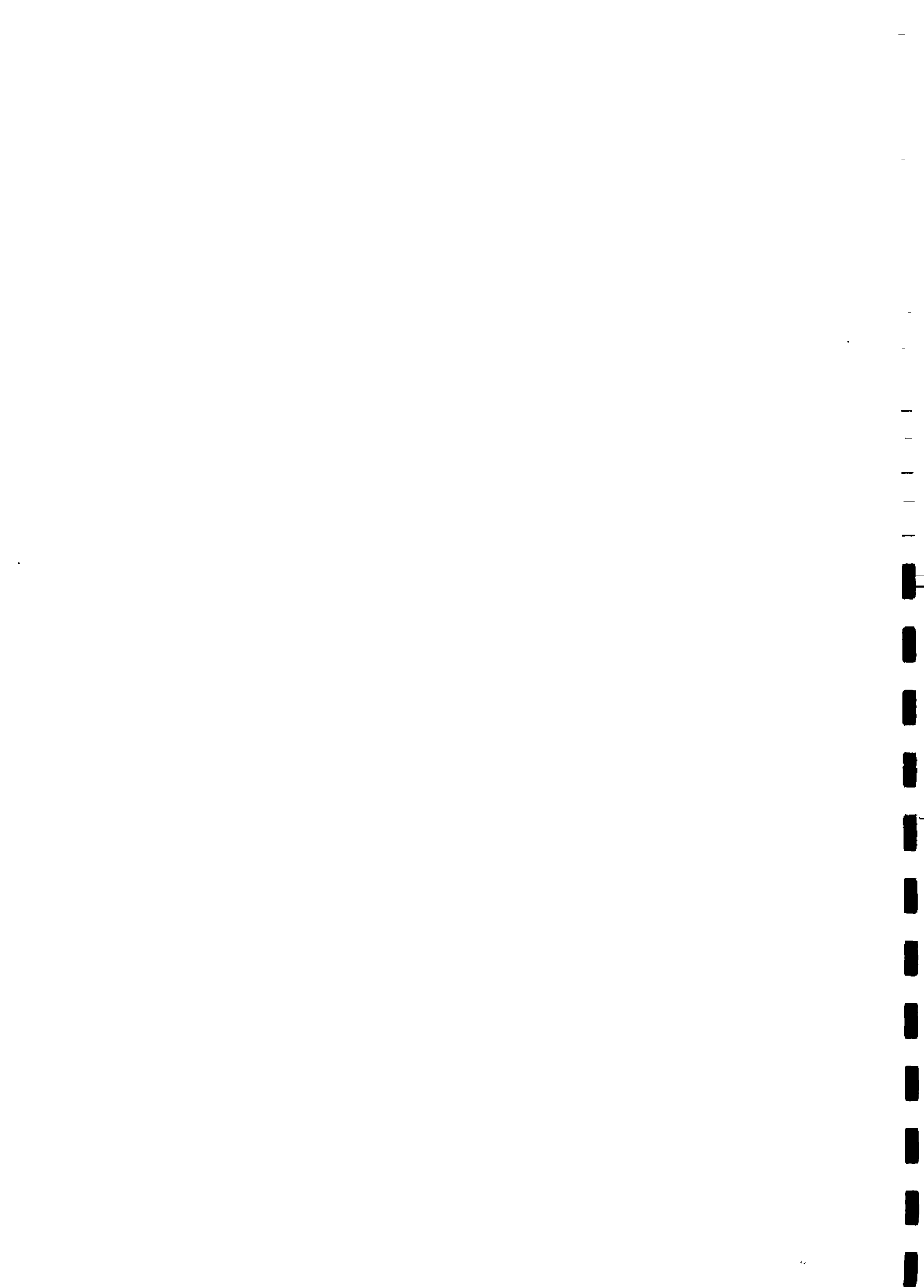


**I. INTRODUCTION**

1. This Programme is an integral part of the Country Programme of Cooperation for the period 1997-2001 and is governed by the provisions contained in Part I of this Master Plan of Operations, as well as by those of the basic Cooperation Agreement between His Majesty's Government of Nepal and UNICEF.

**II. BACKGROUND**

2. Significant gains in the provision of safe water have been made over the past 25 years reaching 47% coverage in 1996 (NMIS, 1996) but, the expected associated health impacts on children have not materialised. In 1996, in any given 2 week period, over 25 percent of children under the age of five years old suffered from diarrhoea, (NMIS, 1996; DHS, 1996). Although access to 'safe' water and sanitation has increased, a recent KAP study reports that the gap between knowledge of sanitation and actual practices of the population remains wide. Lack of good hygiene practice leads to a broad variety of ailments from skin and eye infections, to intestinal parasites, worms and diarrhoea. This lack of hygiene practice also leads to available water supplies not being used in a way that will prevent diseases, a basic assumption associated with water supply installation. The recent NMIS findings showed very little difference between sites with improved water supplies and sites without as related to the incidences of childhood diarrhoea, which can be taken as an indicator of proper use of water and of sanitary conditions.
3. The diseases associated with water and problems associated with inadequate sanitation influence the entire life of the child and are a far greater problem than figures on incidence of diarrhoea indicate. Girls may feel uncomfortable in a school without a proper latrine, recurrent infections weaken the child and are associated with malnutrition, sicknesses make it difficult to pay attention, and mothers spend time caring for needlessly sick children. Suffering results from poor hygiene practices but also impacts on the entire cognitive and physical development of children.
4. Poor sanitation and hygiene practices are particularly disturbing in light of recent research linking incidence of diarrhoea and poor sanitation with high levels of malnutrition and child mortality in South Asia. It has been reported that most children in the region become malnourished during the period 6 - 24 months, which also corresponds with the highest incidence of diarrhoea in children in Nepal. Young children are particularly vulnerable to recurrent episodes during



various seasons of the year. In addition, the lack of proper hygiene and sanitation also practices leads to the spread of infections to other family members, the water supply and the community.

5. UNICEF in collaboration with the Environmental Sanitation Section (ESS) of DWSS has been supporting the implementation of the Nepal National Sanitation Policy. Past experience shows the interest of HMG/N as well as donors in promoting sanitation as a priority area but this can be further actualised. In the National Sanitation Policy government has acknowledged that sanitation and hygiene education are essential components required to improve health of the general population. KAP studies have shown that the sanitation programme has contributed to greater awareness of basic sanitation and hygiene and has led to improved health benefits in project areas.
6. Progress has been made in the development of participatory methods for implementing water supply schemes which promote community ownership and have integrated hygiene and sanitation components. *Capacity building at all levels, community participation, management and contribution in kind and cash, gender-balanced approaches, and a comprehensive approach to include sanitation and hygiene* were the **software** hallmarks of the UNICEF assisted water supply programme over the past five years. For an exhaustive list of the software package implemented with DWSS see the table Watsan Software Package later in the chapter. As a result sustainability of water and sanitation systems has improved and communities have taken responsibility for financing, managing, operating and maintaining water schemes.
7. Women's involvement had been part of the ongoing programme of the former MPO however this needs to be expanded to more fully include women's active participation and monitoring needs to incorporate the women's empowerment framework more fully. A shift from Women's involvement to gender balanced approaches is essential. Women's active participation in the planning and management of water supply projects has been essential and ensured that issues of time and energy spent by women in collecting water as well as in care for sick children have been addressed. The benefits of hygiene, sanitation and water supply relieve women of many burdens and drudgeries of their daily lives. In addition the participation of women on Users Committees and as Volunteers has raised their status in the communities and contributed to their self confidence.
8. Experience in Nepal is mirrored by global experience of UNICEF as detailed in UNICEF Strategies in Child's Environment, 1995. These experiences identified a need for a shift in emphasis to place greater emphasis on health and socio-economic benefits and on providing the knowledge, skills and techniques, as well





as on generating motivation and fostering supportive systems for communities and people to take decisions and make choices to help themselves. Globally, UNICEF's new emphasis is on:

- Increasing attention to environmental sanitation and hygiene promotion as well as to operation and maintenance in water supply;
- Emphasizing communication methods, as well as behavioural and attitudinal changes, with sanitation and hygiene education in schools as a key channel;
- A greater focus on the utilization and sustainability of services, not merely on coverage;
- A greater focus on cost-sharing, cost recovery and financing mechanisms for equity and sustainability;
- Increased attention to the health impact on populations and geographic areas with high prevalence of water and sanitation related disease;
- Attention to sustainable community-based water resources management;
- Pilot research and development projects on cost-effective approaches community participation and management and inter-sectoral linkages with continuous learning and dissemination of learning experiences.
- Standardizing the definition of 'coverage' (globally or regionally) and improving monitoring systems to include impact and process indicators as well as coverage figures.

### **III. PROBLEMS ADDRESSED**

9. As an indication of poor hygiene and sanitation conditions approximately 44% of child deaths result from diarrhoea. Many more deaths are indirectly linked to malnutrition worsened by repetitive incidences of diseases easily preventable through proper hygiene. Integrated interventions that lead to changes in hygiene and sanitation habits are essential to realize health and nutrition benefits.
10. Capacity building, community participation, management and gender-balanced approaches are instrumental in ensuring community ownership, empowerment and sustainability of water supplies. In addition greater health impacts,



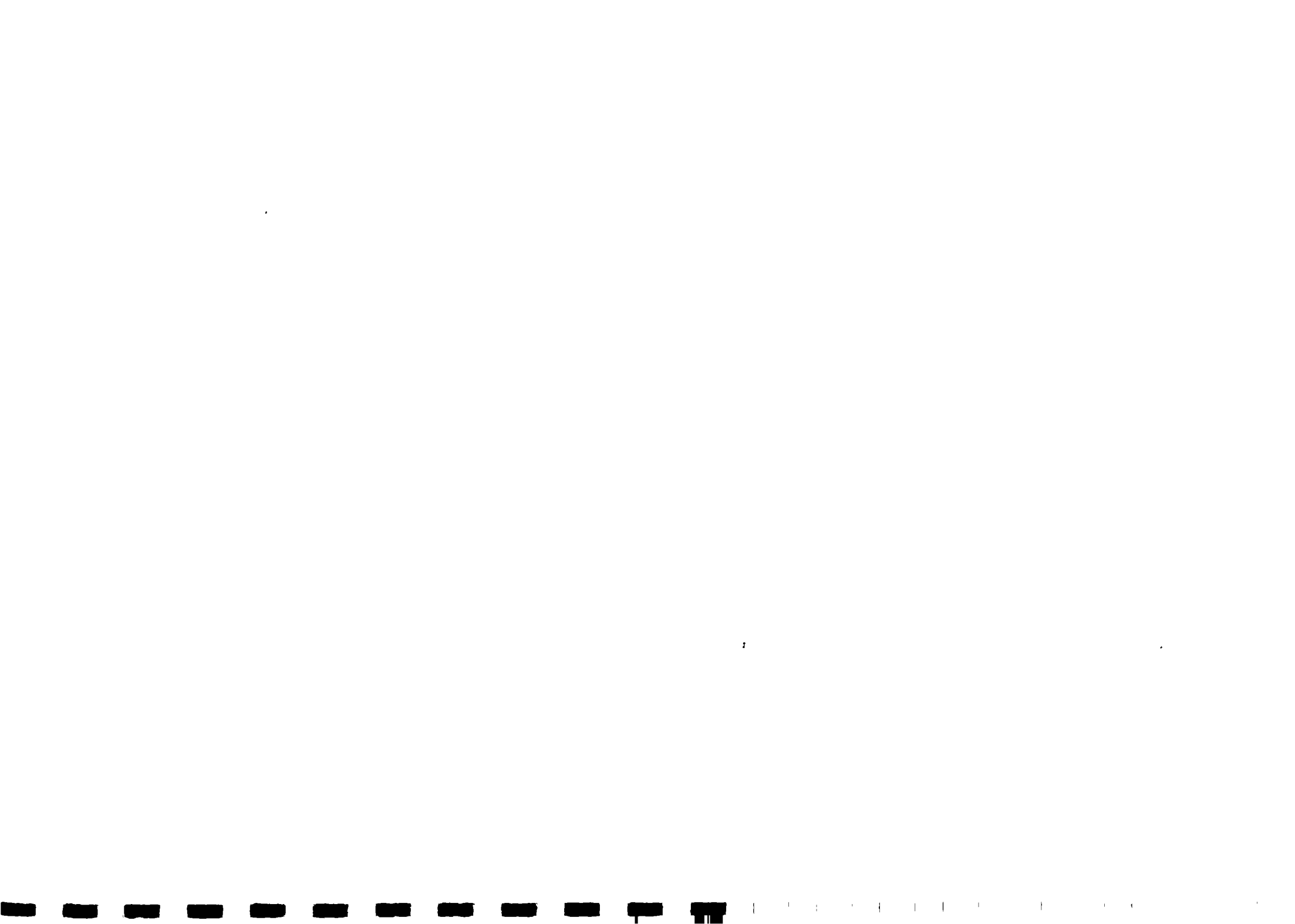
contributing to reducing the number of child sicknesses and deaths are not realized without a strong hygiene and sanitation component in water supply implementation. This programme will support the expansion of the existing successful software components of water supply implementation.

#### **IV. OBJECTIVES**

11. The aim of the Child's Environment Programme is to upgrade family health and hygiene practices by promoting hygiene and sanitation activities and to ensure sustainability of water supply schemes by supporting community participation in implementation. Women are acknowledged key change agents and participants in water and hygiene related activities and so the programme also aims to incorporate gender as an underlying principle. The Programme's objectives are by end 2001 to have:
  - a. upgraded hygiene, sanitation and health practices which will contribute to reduction in the incidences of water borne and filth borne diseases as indicated by a reduction of incidences of diarrhoea among children from approximately 25% to 23% resulting in about 1000 fewer child deaths due to diarrhoea annually,
  - b. empowered communities to manage, operate and maintain water schemes in about 300 sites ensuring sustainability and impacting health among nearly 900,000 people, 180,000 of which are children under five,
  - c. facilitated the adoption of changes in hygienic and sanitary habits, especially among children from a early age in 10 districts through promotional activities and community and institutional mobilisation.

#### **IV. PROGRAMME STRATEGY**

12. The actions of this programme are directed towards initiating **positive changes in the practice of hygiene and sanitation** by individuals. Reaching children early in their lives and influencing them in the development of healthy hygienic habits will be a key component. UNICEF's comparative advantage in effective advocacy and in the integration of software and hardware in sector programmes will be applied, emphasising hygiene and sanitation which have been given relatively less importance in the past. The recent KAP study indicated the willingness of people to contribute to the construction of facilities in their homes given the design and cost options within their afford ability. Providing options

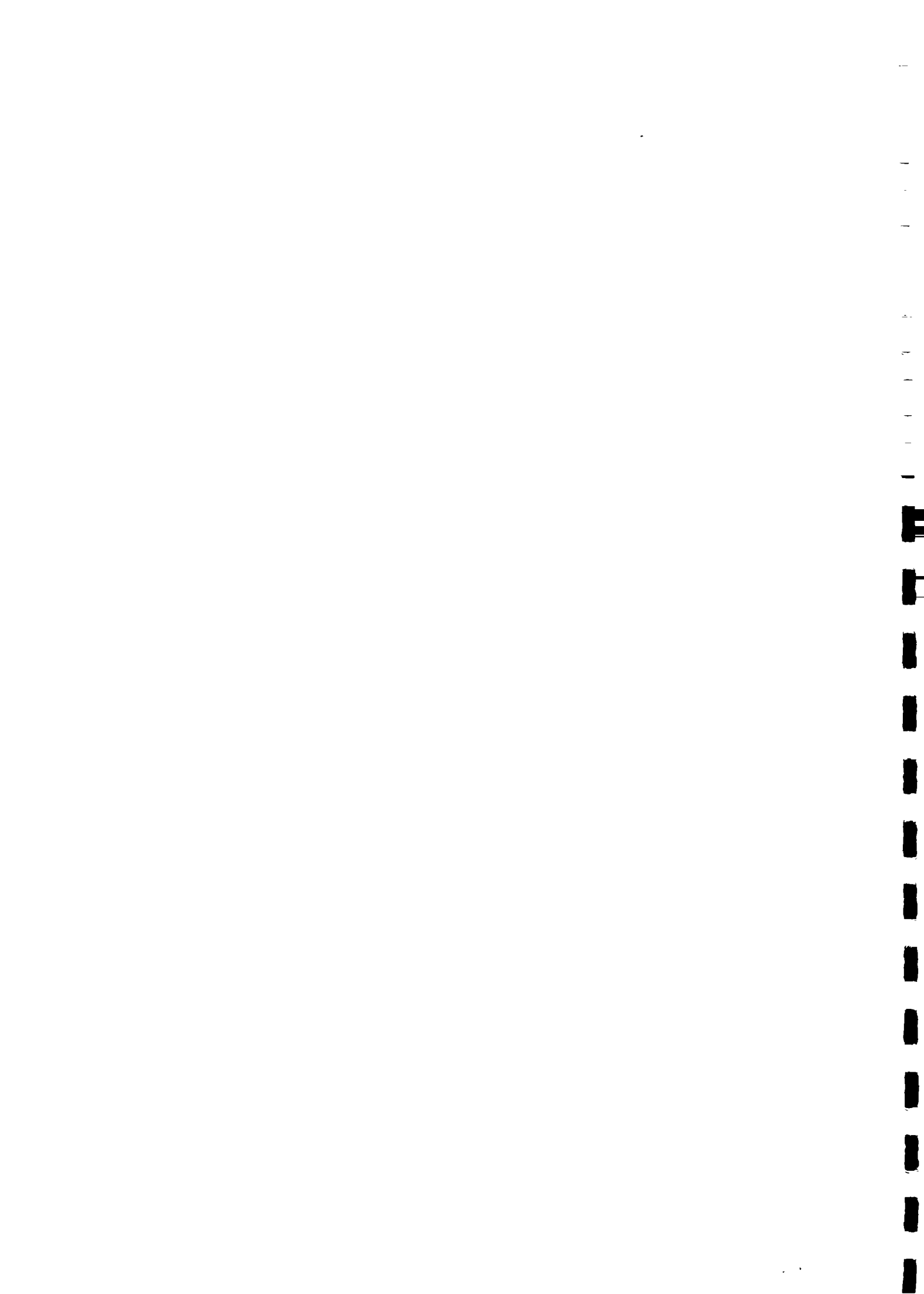


and allowing individuals to make choices will also be part of UNICEF's strategy. Underlying the programme will be the integration of a gender perspective to the planning, monitoring and evaluation of the programme as well as including gender sensitivity in the existing and developing materials and activities.

13. The programme can be divided broadly into three strategic areas: **National Sanitation Action; Intensive Hygiene and Sanitation** in 10 districts; and **Sustainability in Water Supply**. The programme will focus hygiene and sanitation interventions in the 10 decentralized districts where many UNICEF interventions will be converging. In addition approximately 300 project sites impacting nearly 180,000 children under five will be supported over the five year duration of this plan with a software package including integrated components of hygiene with other counterparts providing funding for construction of water supplies.
14. For this programme to meet its objectives it has been assumed that a combination of continuous reinforcement of messages along with demonstrations of results and means to improve hygienic conditions will result in changes in peoples attitudes and practices. The hope is that the connection between good hygiene and improvements in health can be demonstrated in a convincing way at the household and individual level. It is also assumed that communities will actively participate in the process and take ownership of the activities undertaken in their communities and the water supply schemes and not simply see these as interventions taken by outsiders. It is also clear that people will be required to commit a significant portion of their time and financial resources towards these objectives. A high degree of motivation and dedication is required to undertake activities in hygiene and volunteers and frontline workers will need to be sufficiently motivated to undertake these tasks.

## V. PROGRAMME MANAGEMENT

15. The Department of Water Supply and Sewerage (DWSS) is the main authority and collaborating government partner for implementing the Child's Environment Programme. Under DWSS, the Environmental Sanitation Section (ESS) and the Central Human Resources Development Unit (CHRDU) will be responsible for various components and activities. In order to diversify channels for initiating changes in hygiene practice UNICEF centrally and through its Field Offices will collaborate with NGOs both as umbrella organizations and to implement specific community based activities. As well UNICEF's traditional NGO partners in the water sector, NRCS and NEWAH will be important counterparts in ensuring the programme's success.



16. Through CHRDU annual sector coordination and planning workshops will be organized in order to assist in sector coordination. UNICEF will also assist in coordination by providing collaborating agencies with information and by staying in close communication with partners.

## **VI. MONITORING AND EVALUATION**

17. An evaluation of the programmes progress will be initiated in 1998 and again in 2001. The evaluation will examine the work being done in the sector within Nepal, the relative priority given hygiene and sanitation and its potential for improvements in health and in saving the lives of children. In connection with NMIS and other surveillance systems and data collection studies the report will attempt to link hygiene and sanitation interventions to reductions in child death.
18. Annually DWSS in collaboration with UNICEF has been and will continue to conduct a review of the past years progress. The review meeting will be attended by sector agencies and reports the progress and constraints encountered in the previous year. The resulting report from the review meeting as well as progress reports from major NGO partners will now be expected to include comparative data on both the incidence of diarrhoea and on the practice of hygiene. This will be in addition to the traditional reporting of coverage and training targets.





**VII. UNICEF INPUTS**

19. **Subject to the availability of funds**, UNICEF's contribution to the Child's Environment programme for the five-year period will be US \$7,543,000 (General Resources: US \$2,133,000 and Supplementary Contributions: US \$5,410,000). In support of this programme UNICEF will also appoint appropriate technical and administrative personnel.

(US \$'000)

Project	Source	1997	1998	1999	2000	2001	Total
<b>National Sanitation Action</b>	GR	20	6	6	6	6	44
	SF	90	80	80	80	80	410
	Total	110	86	86	86	86	454
<b>Inrensive Hygiene and Sanitation</b>	GR	133	46	43	43	23	299
	SF	369	345	353	370	377	1,814
	Total	502	391	396	413	400	2,113
<b>Sustainability in Water Supply</b>	GR	195	110	105	120	109	639
	SF	420	495	485	480	500	2,380
	Total	615	605	590	600	609	3,019
<b>Project Support</b>	GR	205	218	231	246	262	1,162
	SF	121	160	167	175	183	806
	Total	326	378	398	421	445	1,968
<b>Grand Total</b>	GR	553	380	385	415	400	2,133
	SF	1,000	1,080	1,085	1,105	1,140	5,410
	Total	1,553	1,460	1,470	1,520	1,540	7,543

**VIII. HMG/N INPUTS**

20. HMG/N will provide personnel, premises, materials, supplies, equipment and funds necessary for the successful implementation of this programme, except as provided by UNICEF or other agencies. UNICEF and DWSS will determine the cost sharing which is feasible and in line with government and UNICEF priorities during the development of annual Project Plans of Action. Specific co-ordination of funding will be required where UNICEF will be supporting software and training activities in sites where DWSS will be providing construction materials through government as well as through funding from other donors.



## **PROJECT 1: NATIONAL SANITATION ACTION**

### **A. Problems Addressed**

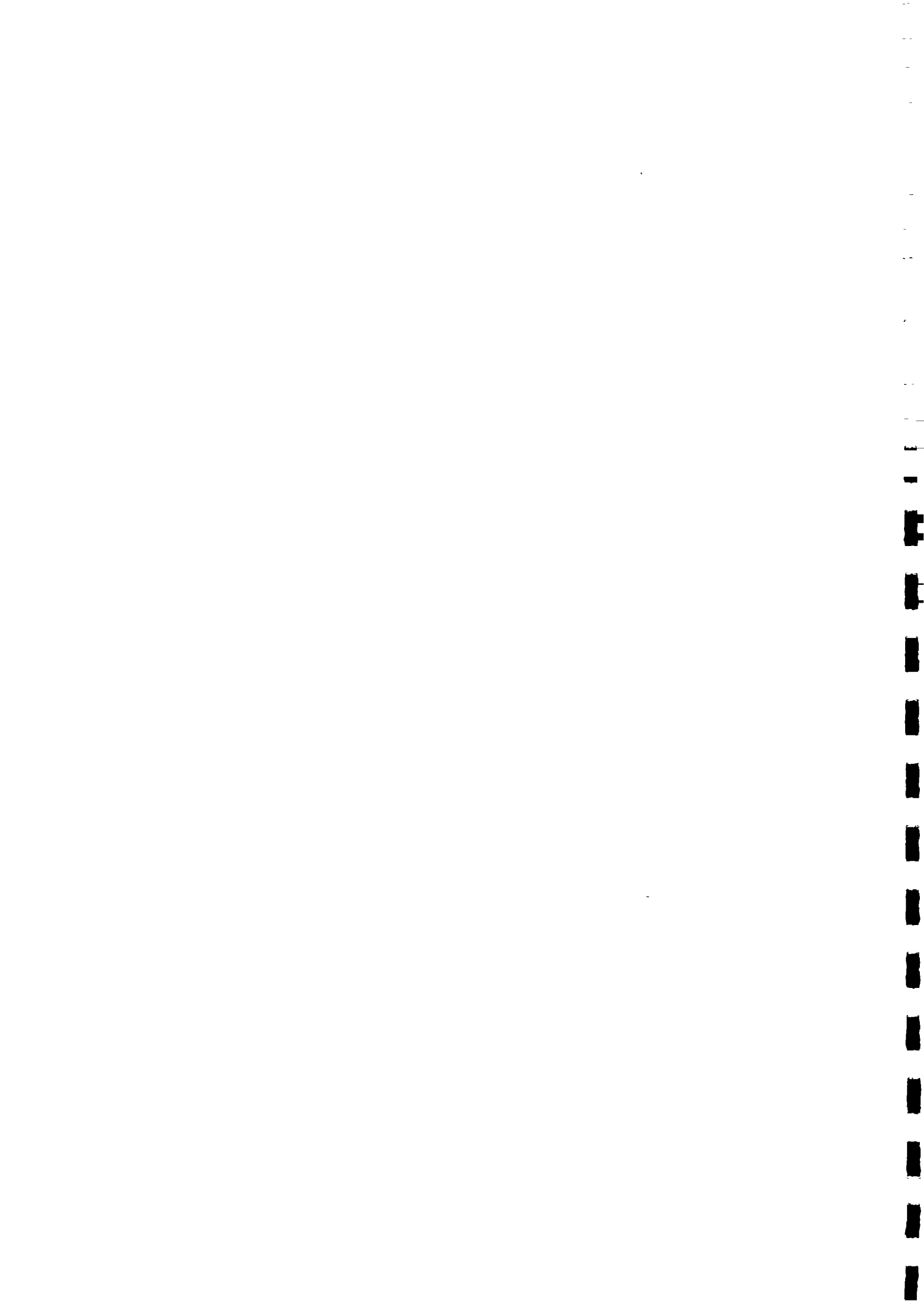
1. Initiatives at the national level will be undertaken to advocate for a higher profile for hygiene and sanitation, and support the implementation of the community activities by strengthening partners and reinforcing messages. Though sanitation and hygiene interventions are agreed to have a high priority this has not been fully actualized. Advocacy at the national level will serve to leverage improvements for the general population via policy development and sectoral cooperation.

### **B. Objectives**

2. The project's objectives are by end 2001 to have:
  - a. improved the awareness, priority, attitudes and practices of hygiene and sanitation nationally through national advocacy and communication,
  - b. integrated community participation, sanitation and hygiene, as well as child rights and gender issues, in the national policy, planning, programmes and packages of HMG/N, DWSS and sectoral partners.

### **C. Project Strategy**

3. Nationally the project will **advocate to raise the status of hygiene and sanitation** related interventions. In collaboration with ESS the National Policy on Sanitation will be built upon and the process of implementation accelerated. Coordination between sector partners will be enhanced through activating and strengthening existing committees and mechanisms.
4. Participatory approaches with integrated components of hygiene and sanitation are acknowledged by all sector partners as the correct method of water supply implementation. However, no clarity exists on what is the minimum required for sustainability. With DWSS counterparts, other donors and active I/NGOs, **policy and guidelines** will be developed to ensure the mandatory incorporation of community participation and sanitation components in all water supply projects. Donor's and government have already acknowledged the need and potential for minimal software and community involvement activities. An



essential part of the success of this programme will be political will and donor support behind these initiatives.

5. **Sector Co-ordination** will serve to build collaborative action on hygiene and sanitation and reduce duplication of efforts. The reactivation of existing co-ordination committees will be supported at the national, regional and districts levels.
6. **National Communication** efforts will be supported, which will encourage communities and families to improve their sanitation and hygiene practices, and which advocates sharing family responsibilities between men and women in the care and hygiene of children and which empowers women and children as key partners in the promotion of sanitation, hygiene and behavioural change.
7. **Gender equity and child focus** will be integrated into the existing program and included in all new activities developed. All software packages and IEC materials will be reviewed to incorporate a gender component. Women will be encouraged to take an active role in decision making and sanitation activities. Women's role in these activities will be highlighted to enhance their status and the status of women.

**D. Activities**

**Evaluation of national progress in sanitation:**

8. An evaluation of national progress on hygiene and sanitation will be initiated through a consultant to UNICEF. The evaluation will examine the work being done in hygiene and sanitation within Nepal, the relative priority it has been given and its potential for improvements in health and in saving the lives of children. In connection with NMIS and other surveillance systems and data collection studies the report will attempt to link hygiene and sanitation interventions to reductions in child death. The report will include case studies of successful interventions/projects as well as success stories of individuals. The report will be released in an intersectoral workshop coinciding with a national sanitation day and media release.

**National policy on community participation and sanitation:**

9. At the central level UNICEF and DWSS will collaborate, along with other donors and water sector agencies and NGOs, to **develop a national policy on community participation and sanitation** for implementation with future water



supply projects. The policy hopes to impact all water supply installations in Nepal regardless of donor by providing a minimal guide for community participation, training and sanitation undertaken to promote sustainability and ensure the realization of health benefits. The policy will ensure that user committees with female members, community savings schemes and sanitation software activities will become part of all water supply projects, regardless of the donor. Drafting of the policy and initial development of indicators will be undertaken by a consultant to DWSS who will also coordinate inputs from concerned partners. As part of this activity existing sector co-ordination mechanisms will be reactivated. The policy will be further refined in a sectoral workshop. Advocacy among partners through further workshops and coordination meetings will assist in finalizing the policy and developing sector support. These policies will be shared and refined with inputs from DWSO and NGO staff in the districts, and will be disseminated nationally to all DWSO staff through orientation training and seminars regionally.

**Water supply and sanitation indicators and monitoring mechanism:**

10. In addition, with the central level group of counterparts and donors, water supply and sanitation indicators for assessing the current status and future impacts of water supply installations and sanitation activities will be developed and a system for their use in the community piloted and established. Indicators will focus not only on the coverage, but also on impact indicators in terms of health status of children, such as incidence of diarrhoea. This will be accomplished along with strengthening and expanding the existing National Information Management Project to enable it to collect and update data with the purpose of showing health impacts of activities and providing information in support of planning, and maintenance activities undertaken at the district level. The project will work towards activating and improving the existing monitoring mechanisms and look at providing relevant information to planners and policy makers. Over the period of five years the role of this project will be expanded and the project will be developed into a unit.

**Training of key counterparts:**

11. Training and technical support will be provided to ESS and CHRDU to improve their capability to plan and monitor activities, to undertake communication and materials development and to coordinate with other centrally based agencies. In addition to the building of capacity of central level partners. Regional Directorates and DWSOs will also be given technical support in order to develop an in-country pool of human resources capable of supporting efforts in sanitation. In addition, the monitoring and communication capacity of the Regional





Directorates will also be strengthened. In the DWSO, the Training and Sanitation Unit will be provided with training on planning, managing and monitoring programmes and on sanitation/hygiene, as well as the resources to support activities at the local level.

**Integration of gender and child focus:**

12. Review and incorporation of gender and child focus will be undertaken by DWSS with the close collaboration of UNICEF staff and experts. The process of institutionalizing gender will begin by providing gender sensitization for all DWSS staff by including this activity as an additional part of existing training. Training of all DWSO staff and NGOs staff involved in water projects will be supported to sensitize workers to the importance of women's roles and the need for gender equity. Later incorporation of gender and child focus into the community level activities and reviews of DWSS policy to more fully incorporate a gender perspective will be added. Specifically, the review will concentrate on increasing the active participation of women in community management and on raising the status of women involved as sanitation motivators and volunteers at the community level.

**E. Monitoring and Evaluation**

13. The following indicators and sources of verification will be used to monitor progress towards project objectives:

Objective	Indicators	Source of Verification
Improved awareness, priority, attitudes and practices of hygiene and sanitation nationally through national advocacy and communication.	National incidence of diarrhoea, national knowledge of basic hygiene, coverage of latrines, proportion of water sector funding dedicated to hygiene and sanitation.	Annual State of Sanitation in Nepal Report, NMIS, Progress Reports from sector partners. NMIP data.



Objective	Indicators	Source of Verification
Integrated community participation, sanitation and hygiene, as well as child rights and gender issues, in the national policy, planning, programmes and packages of HMG/N, DWSS and sectoral partners	Completion of the policy to ensure community participation in water supply, proportion of sectoral staff sensitized on gender, degree to which child and gender focus has been incorporated into policies and packages.	Policy on community participation, progress reports from partners, gender and child focus audits of partners.

#### F. Project Management

14. DWSS will manage and coordinate the project, with individual activities the responsibility of ESS and CHRDU. CHRDU will continue to play an active role in organizing sectoral and intersectoral co-ordination meetings. UNICEF and DWSS will also enlist consultants and NGOs to undertake various components of the activities.

#### G. UNICEF Inputs

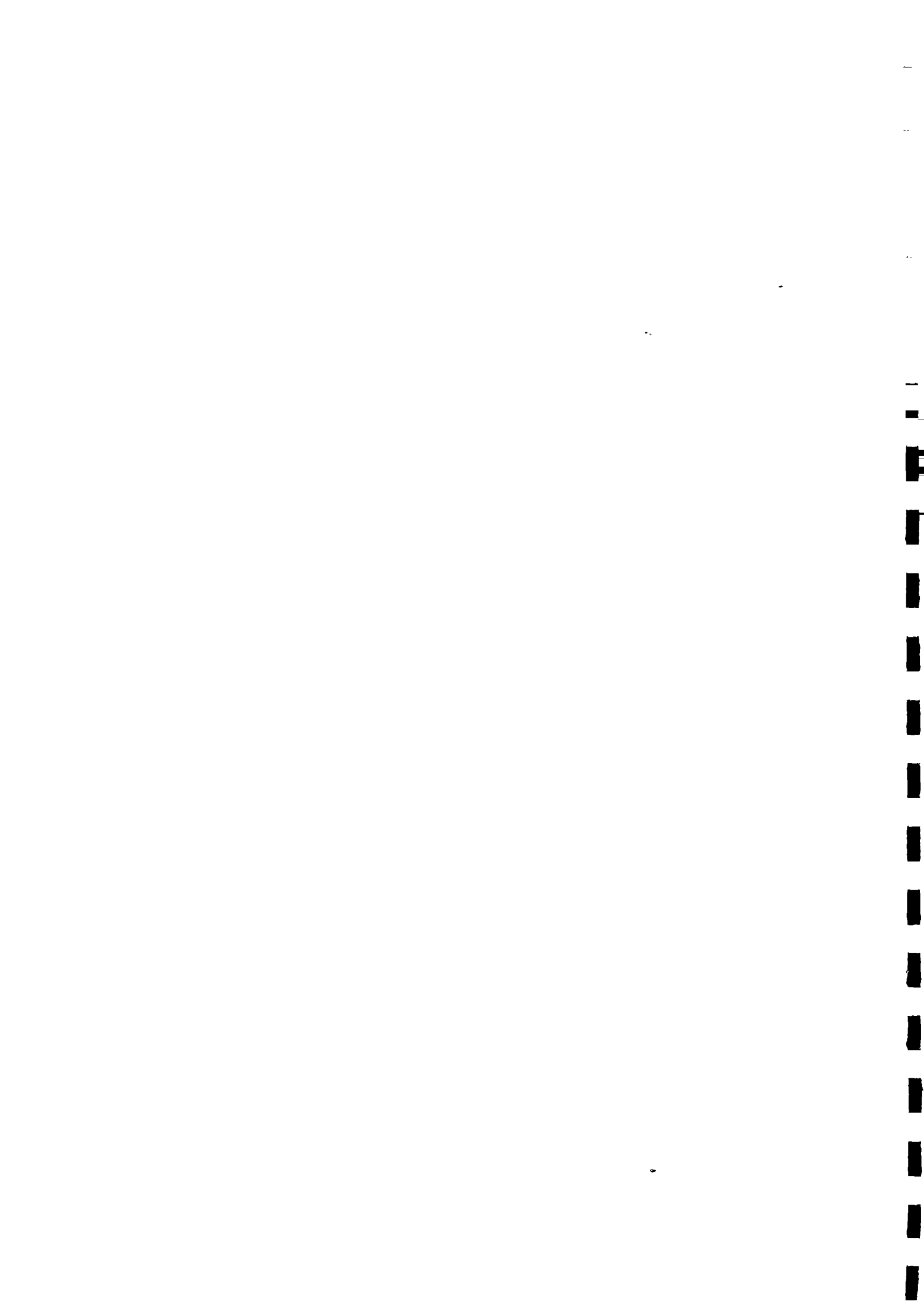
15. **Subject to the availability of funds**, UNICEF's contribution to the National Sanitation Action Project for the five-year period is US \$454,000 (General Resources: US \$44,000 and Supplementary Contributions: US \$410,000).
16. UNICEF staff will work together with DWSS, ESS and CHRDU as well as with NGOs and consultants to undertake these activities. Technical support for the development of policies and of communication and promotion activities will also be provided.

(US '\$000)

Activity	Source	1997	1998	1999	2000	2001	Total
Evaluation of National Progress in Sanitation	GR	0	0	0	0	0	0
	SF	15	15	15	15	15	75
	Total	15	15	15	15	15	75
National Policy on Community Participation and Sanitation	GR	0	0	0	0	0	0
	SF	13	4	4	4	4	29
	Total	13	4	4	4	4	29

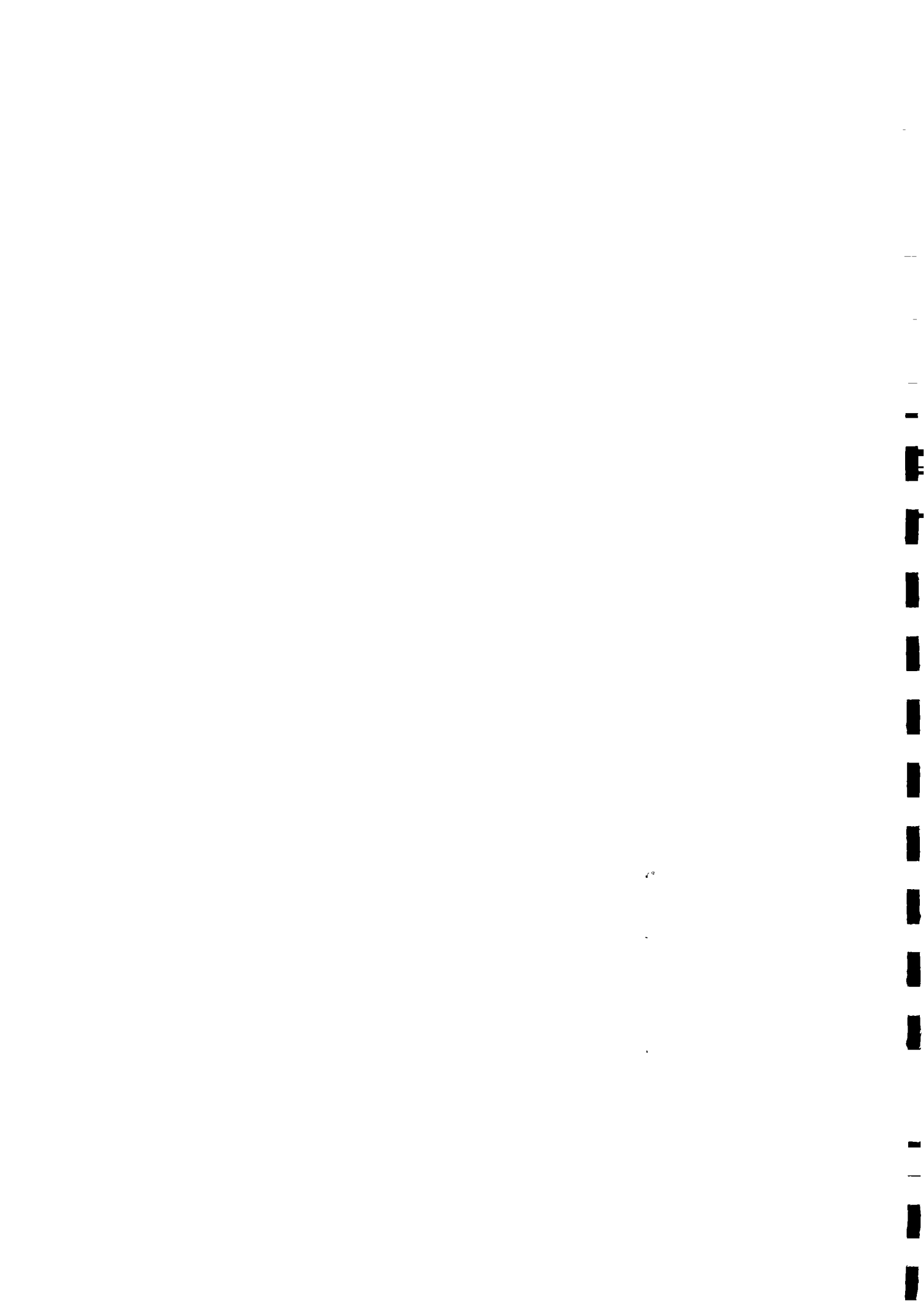


Water Supply and Sanitation Indicators and Monitoring Mechanisms (NMIP)	GR	5	0	0	0	0	5
	SF	25	30	30	30	30	145
	Total	30	30	30	30	30	150
National Hygiene and Sanitation Promotion	GR	0	0	0	0	0	0
	SF	22	21	21	21	21	106
	Total	22	21	21	21	21	106
Training of Key Counter Parts (DWSS/CHRDU/ESS)	GR	0	0	0	0	0	0
	SF	15	10	10	10	10	55
	Total	15	10	10	10	10	55
<b>Grand Total</b>	GR	20	6	6	6	6	44
	SF	90	80	80	80	80	410
	Total	110	86	86	86	86	454



**G. HMG/N Inputs**

17. HMG/N will provide personnel, premises, materials, supplies, equipment and funds necessary for the successful implementation of this programme, except as provided by UNICEF or other agencies. UNICEF and DWSS will determine the cost sharing which is feasible and in line with government and UNICEF priorities during the development of annual Project Plans of Action.





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**PROJECT 2: INTENSIVE HYGIENE AND SANITATION  
IN TEN DISTRICTS**

**A. Problems Addressed**

1. Clean and healthy environments where children can play and grow are rights which can be partially met by simple practices like hand washing and building garbage pits. Many children die each year as a result of a lack of practice and knowledge of basic hygiene and sanitation and many more suffer as a result of diarrhoea, parasites, worms as well as skin and eye infections. Poor hygiene also leads to diseases which impact the nutritional status of children and potential mothers. Poor hygiene and sanitation impedes the development of children throughout their lives.

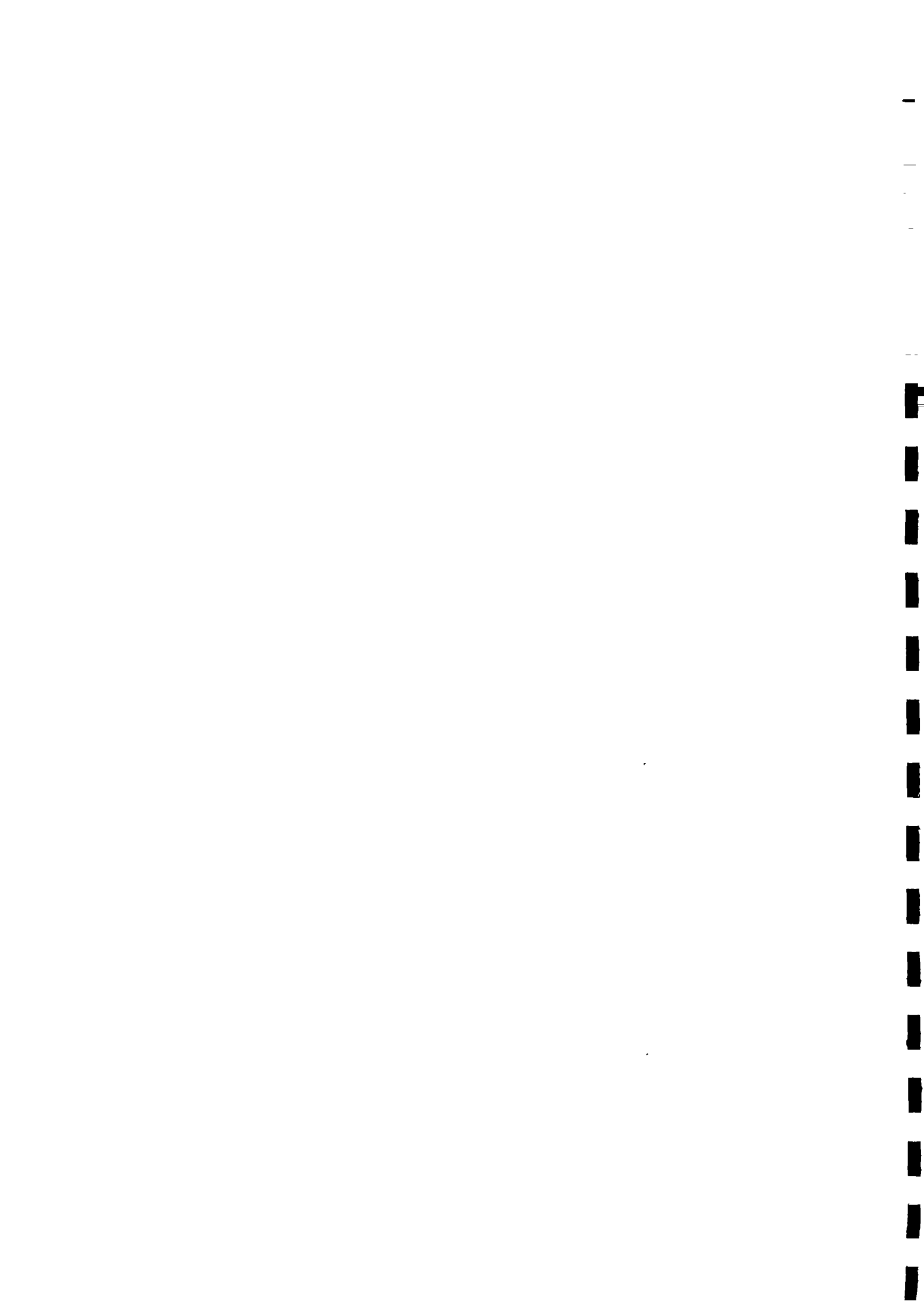
**B. Objective**

2. The objective of this project is by end 2001 to have:

improved hygiene practices at the household level leading to the reduced incidence of diarrhoea among children from approximately 25% to 12% in 10 targeted districts by increasing use of sanitary facilities to 80% and increasing knowledge of the six basic habitual hygiene practices to 80%.

**C. Project Strategy**

3. In the 10 targeted districts intense focus will be provided to produce measurable changes in the health of children. The activities in this project will be coordinated with the Decentralized Planning for the Child Programme (Chapter Six) and begin in 4 district in 1997 and expand to a total of 10 districts. In addition the 3 intensive sanitation districts supported in the previous MPO will be continued. These activities will be complemented and reinforced by efforts of other programmes in the same districts and communities.
4. By comprehensively **transmitting and reinforcing messages**, focusing on families and homes, and through careful monitoring the project aims at broad impact. The focus of communication will be on six basic hygienic practices which are mentioned in Facts for Life: 1) hand washing; 2) food and water protection/covering; 3) garbage disposal; 4) construction and use of sanitation facilities e.g. garbage pits and latrines; 5) clean food; and 6) use of pure water.



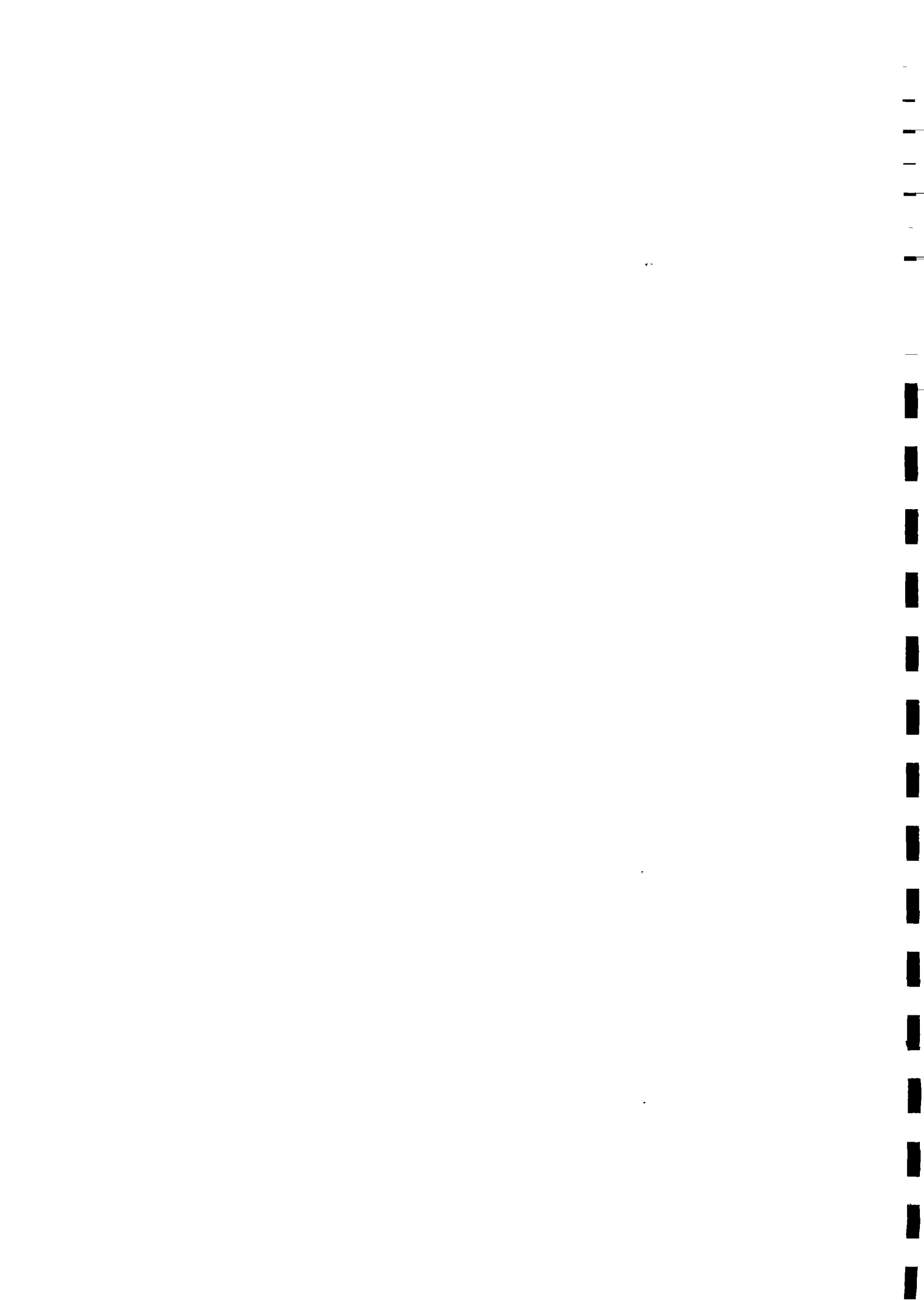
Specific district level educative and communicative efforts to bring about real change in sanitation and hygiene practices of communities and homes will be supported through the existing network of DWSS, and through local and regional NGOs like NEWAH, NRCS and Scouts. The strategy will look at building total community support for activities through existing networks using schools, child-to-child approaches, local and traditional media, community based groups and women's non-formal education channels, ex-army groups, ex-students etc. The project will also work inter-sectorally by collaborating with other UNICEF sections to incorporate sanitation messages into their programmes and also work to include the key messages of other programmes in communication activities in this project.

5. At the local level, links will be made with FCHVs, Sanitation motivators/volunteers, and PCRW credit group members, as well as with Ward or VDC members, to establish community ownership of plans which support improved sanitation and hygiene practices. Research on current practices, as well as district base line information will help in guiding the approaches and assessing impacts.
6. **Sustainable community based access to sanitation** will be promoted through NGOs, VDC, DDC and private sector partnerships. Community based resource centres will be tested in selected VDCs within the 10 districts to examine the potential for private sector provision through "sanitation marts" of a variety of sanitation facilities. A variety of cost, financing and service options for the various sanitation facilities will be provided. Training of CBOs and private sector technicians on sanitation and the construction of sanitary infrastructure will be undertaken through NGOs. Local innovation and variations to address social and cultural norms will be encouraged. To facilitate private sector provision of sanitation facilities communities will be supported through setting up revolving funds increasing access to facilities.

#### **D. Activities**

##### **Research and evaluation of hygiene and sanitation practices:**

7. Ethnographic and qualitative methods will be developed to examine the roles and interactions of individuals in the family context, to identify sanitation and hygiene practices that already exist in the community and home, and determine how messages can be transmitted to effect behaviour. Research will be conducted by independent research organizations, under guidance of Environmental Sanitation Section, (ESS) of DWSS and UNICEF, and will examine the



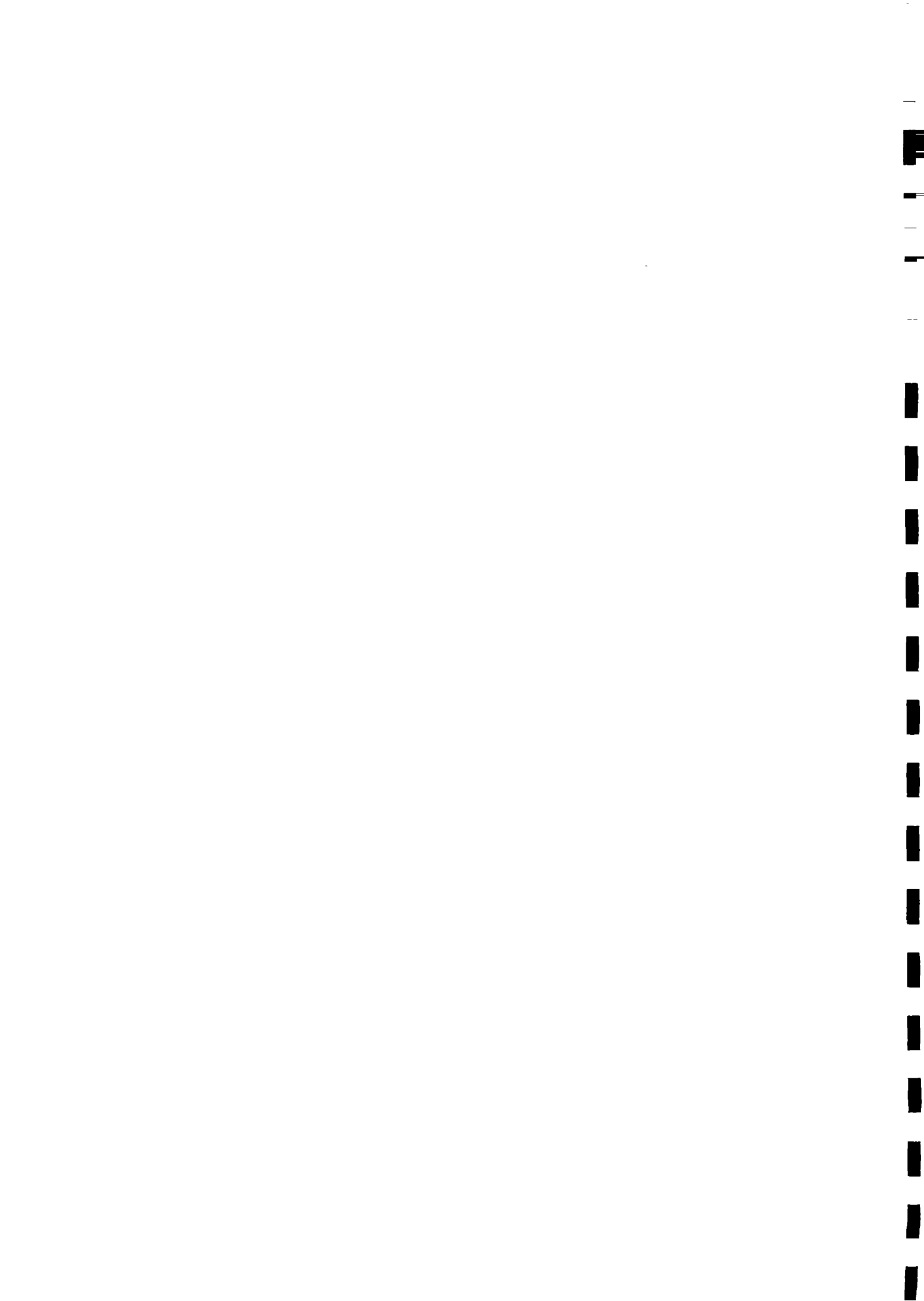
variations that exist geographically and ethnically, to incorporate lessons into materials and communication strategies. In addition, a process to monitor the impacts of different modes of communication in terms of impacts on practices will also be supported and will be closely linked to NMIS. Annual studies will be conducted to determine progress in project areas, specifically in the 10 targeted districts, with regard to piloted communication activities.

**Materials development and adaptation:**

8. Based on the above research on existing practices and appropriateness of various communication channels, existing messages and materials will be adapted and new materials and strategies will be developed for national coverage. This project will collaborate with the other UNICEF sections to develop the key messages on hygiene and sanitation and develop materials appropriate for inclusion in the materials and activities of the other sections. The materials and methods of transmission will be tested with children and parents and by learning from results as the programme is developed and implemented. The materials developed, with ESS, Regional Directorates and NGO partners, like NEWAH, will take special care to incorporate appropriate gender sensitivity and child focus as well as promoting the increased role of men in child rearing. The emphasis of this communication activity will be on solutions available to individuals and families to improve their own physical environment. The six basic practices cited above will be promoted.

**Intensive hygiene activities:**

9. Intensive hygiene activities will be undertaken through ESS, Regional Directorates of DWSS and NGOs identified by UNICEF Field Offices in the 10 targeted districts. Street theatre, poster campaigns, house to house visits, workshops for traditional media, rallies and the promotion of national sanitation days and training will be undertaken as part of the continuous transmission and reinforcement of hygiene messages in communities. Additional activities such as child-to-child activities, school sanitation and women's post-literacy classes will form some of the channels through which changes in hygiene practice can be promoted. Partnerships will also be developed for broad dissemination of messages with national counter parts such as NRCS, NEWAH and DWSS as well as NGOs through proposed projects undertaken by them with the goal of changing hygiene and sanitation habits. By continuously reinforcing messages through mass media and at the same time aiming for contact with individuals the hope is to raise awareness to a point where attitudinal changes occur leading to improved practice. As part of this activity experimentation will be undertaken exploring improved methods of demonstrating the benefits of improved hygiene



and sanitation and initiating positive changes in behaviour. Some examples may include model sanitary villages, sanitation marts, and national sanitation days.

10. As part of strengthening child focus in the targeted districts, child-to-child approaches to initiate hygiene and sanitation action will be piloted in the first year of the MPO and later incorporated as a regular component of the project. In support of greater child focus in hygiene and sanitation, this activity will promote the development of child-to-child methods and materials with DWSS, MOE and NGO partners, including Redd Barna, SCF, LWS and NEWAH. Key partners at the local level, which will involve children in changing behaviours and practices in both the community and home, will be school children in Class 4 and 5, as well as children in the out-of-school children programme. This will involve close coordination with the Education Section, the DEOs and existing umbrella NGOs. In addition, collaboration with the Nepal Scout, Junior Red Cross and Junior NATA to develop appropriate mechanisms for these youth to promote construction of sanitation facilities and use as well as other community sanitation practices and activities.
11. In follow up to the women's basic literacy programme, which is supported by other donors, a women's sanitation post-literacy course will be supported in the targeted districts. The three month course, which was developed and piloted jointly by SCF US and UNICEF in 1995, will be implemented as a follow up course to the six month basic literacy course. Partners at the district level would be the DEO, DWSS and NGOs, who are already active in the basic literacy programme. UNICEF will support the costs of the training, facilitators salary, supervision, and materials for the course, which has shown to have a direct impact on the construction of latrines and other sanitary practices among the women who participate.

**Sanitation infrastructure:**

12. Demand for household latrines and other sanitation and health hygiene facilities will be generated through sanitation and health hygiene education. Community training on sanitation infrastructure will be undertaken to develop community based skills and promote the establishment of sanitary marts for the construction of latrines, garbage pits, soakaways, smokeless stoves and other sanitation infrastructures. This will involve training masons and other community participants on hygiene, sanitation and the technical aspects of constructing sanitation infrastructure. For example in the terai, due to unstable soil condition it is not possible to promote durable sanitary latrines out of locally available materials. In order to assist those in most need a specific criteria and monitoring





mechanism will be established for the provision of subsidies to those most in need.

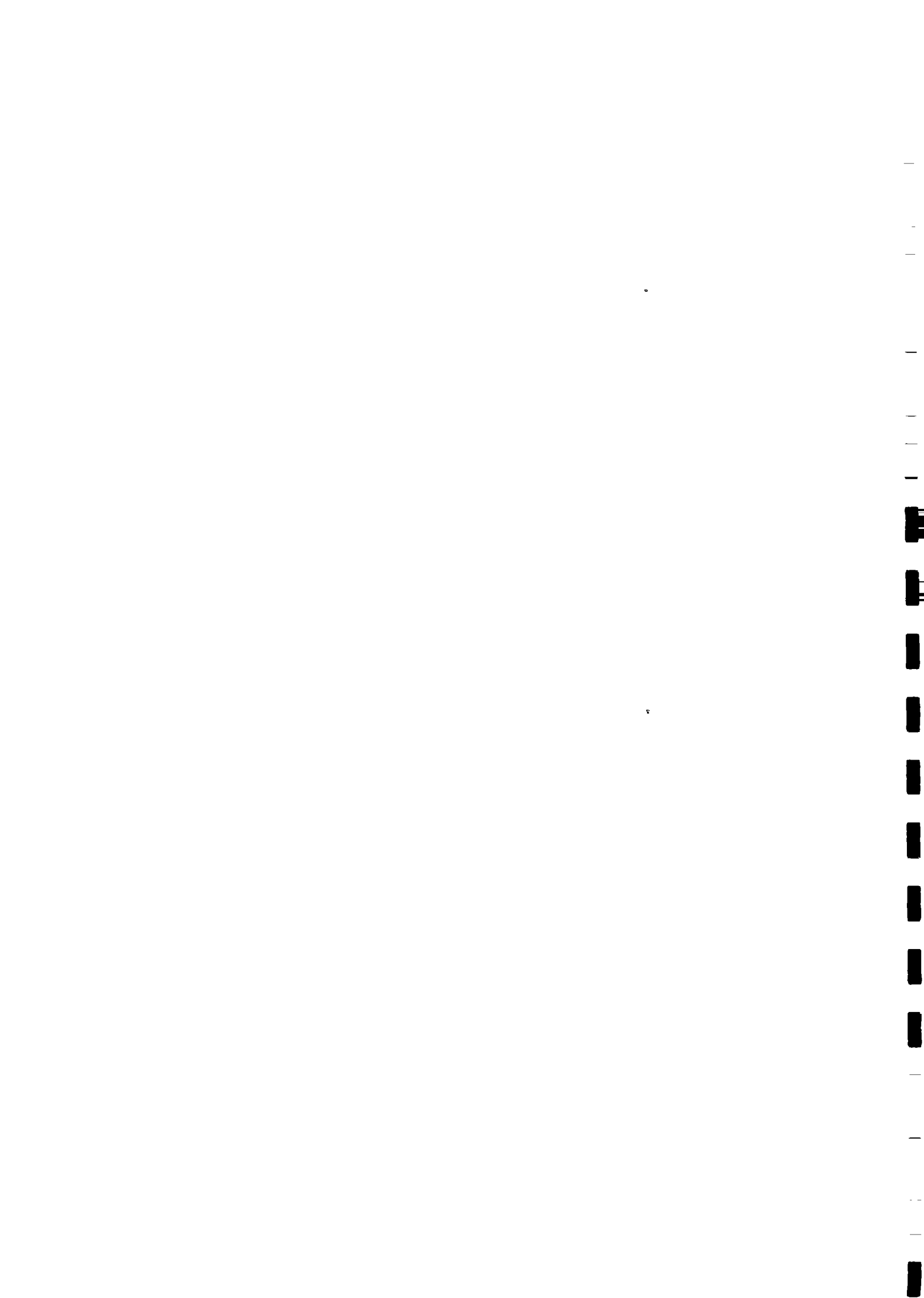
13. A number of demonstration latrines and other facilities will be constructed in the programme areas as part of training given to local masons for production of sanitary units for local marketing through the sanitation marts. Schools and health posts in the programme areas will be supported with the construction of demonstration latrines provided they have developed a plan and fund for the daily cleaning and maintenance of it. Initial financial and technical support will be provided to the communities which have a potential for establishing revolving fund schemes for production and promotion of locally produced sanitary facilities.
14. The School Sanitation programme was piloted in 1996 by the Basic and Primary Education Project (BPEP) of MOE in 6 districts. This activity will be continued in the new MPO in the targeted districts, and involves primary school teachers and students in learning about sanitary and hygienic practices. Teachers will receive training, monitoring forms and materials while students will receive posters, pamphlets and booklets that are being revised based on the pilot experience. Outcomes will be improved sanitation in the school and its compound, information and messages for children to bring home, and heightened teacher and community awareness of the importance of sanitation and hygiene. The MOE will be involved in the planning process for the targeted districts, while the actual programmes will be planned and conducted at the district level through the UNICEF Field Offices with the DEO and umbrella NGOs.

**Sanitation activities as an entry point:**

15. In the first year of this MPO, in collaboration with Nepal Red Cross Society (NRCS), a sanitation/hygiene entry point process will be piloted, in which communities will be mobilized around sanitation and hygiene and village based initiatives supported on behalf of improved sanitation practices village wide. Once piloted, mobilization and orientation packages will be used to motivate villages to construct latrines, establish household garbage pits, protect water sources and promote other sanitation/hygiene practices for the whole village. These activities will be channelled through PCRW and Grameen saving groups, the FCHV mothers groups, and existing Sanitation Motivators, Volunteers and users committees. ESS, NRCS and other NGOs will provide the technical inputs to the Sanitation and Training Units of DWSO to carry out these activities and to build a human resource base at the district level with the above partners. Incorporated into this process will be the base line survey using the national sanitation indicators, with impact assessment after one year of the programme.







**E. Monitoring and Evaluation**

16. The following indicators and sources of verification will be used to measure progress towards project objectives:

<b>Objective</b>	<b>Indicators</b>	<b>Source of Verification</b>
Improved hygiene practices at the household level contributing to the reduced incidence of diarrhoea among children from approximately 25% to 12% in 10 targeted districts by increasing use of sanitary facilities to 80% and increasing knowledge of the six basic habitual hygiene practices to 80% and confirm improvements in the practice of those habits.	Percentage of children under five with diarrhoea in the last two weeks, coverage of latrines, percentage with knowledge of the six basic hygiene practices, qualitative appearance of communities.	Annual KAP studies in the 10 targeted districts, NMIS, DWSS and Implementing Partners baseline and follow-up surveys.

**F. Project Management**

17. This project will be conducted under the authority of DWSS and ESS. Partnerships with Umbrella and implementing NGOs as identified by UNICEF Field Offices and the Country Office will be used to broaden the potential for implementing the project. Specific efforts will be made to build partnerships with sectoral agencies like NEWAH and NRCS. DDCs, VDCs, and PCRW and SFDP groups can be used as means of transmitting and reinforcing messages as well as channelling inputs to the community level.



**G. UNICEF Inputs**

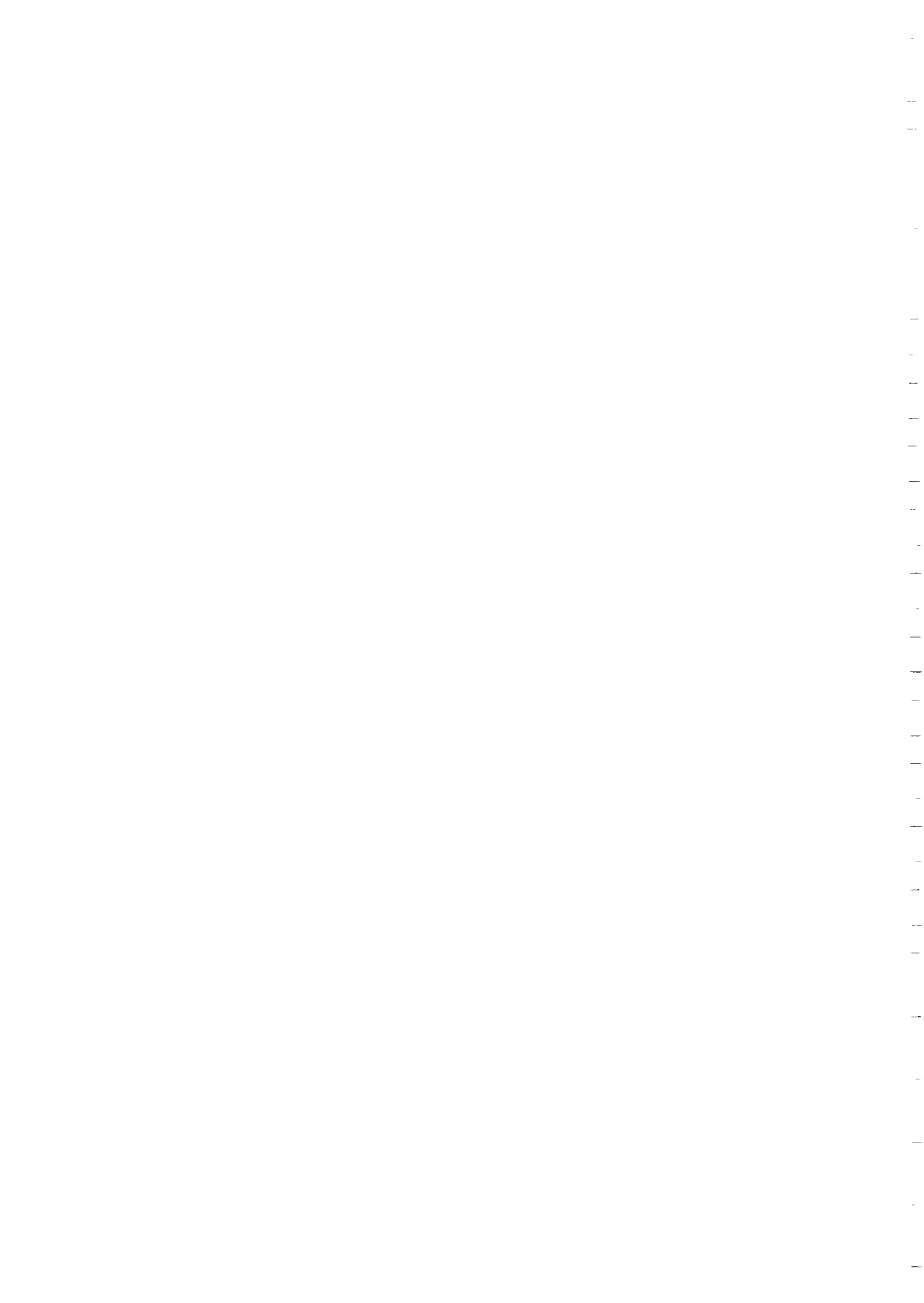
18. **Subject to the availability of funds**, UNICEF's contribution to the Intensive Hygiene and Sanitation Project for the five-year period is US \$2,102,000 (General Resources: US \$288,000 and Supplementary Contributions: US \$1,814,000).

(US \$'000)

Project	Source	1997	1998	1999	2000	2001	Total
Research and Evaluation on Hygiene and Sanitation Practice	GR	15	15	15	20	20	85
	SF	14	15	15	15	25	84
	Total	29	30	30	35	45	169
Materials Development and Adaptation	GR	0	0	0	0	0	0
	SF	35	30	15	10	5	95
	Total	35	30	15	10	5	95
Intensive Hygiene Activities (Child-Child, Sanitation Post Literacy, School Sanitation etc.)	GR	93	19	28	23	3	166
	SF	135	123	145	167	174	744
	Total	228	142	173	190	177	910
Sanitation Infrastructure (training and demonstration)	GR	0	0	0	0	0	0
	SF	125	100	100	100	100	525
	Total	125	100	100	100	100	525
Sanitation Activities as an entry point (NRCS)	GR	25	12	0	0	0	37
	SF	60	77	78	78	73	366
	Total	85	89	78	78	73	403
<b>Grand Total</b>	GR	133	46	43	43	23	288
	SF	369	345	353	370	377	1,814
	Total	502	391	396	413	400	2,102

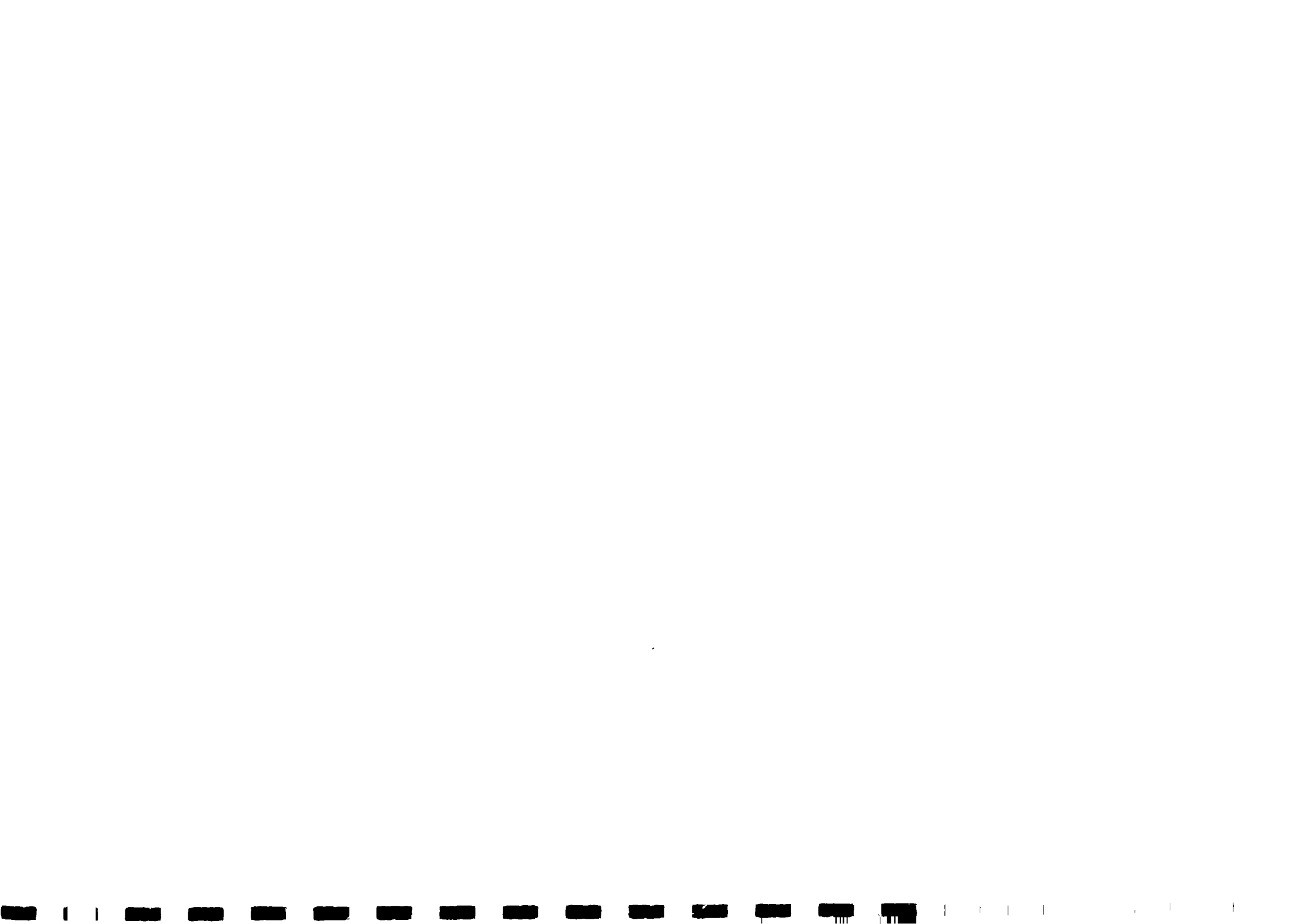
**H. HMG/N Inputs**

19. HMG/N will provide personnel, premises, materials, supplies, equipment and funds necessary for the successful implementation of this programme, except as provided by UNICEF or other agencies. UNICEF and DWSS will determine the cost sharing which is feasible and in line with government and UNICEF priorities during the development of annual Project Plans of Action. Specific co-ordination of funding will be required where UNICEF will be supporting software and training activities in sites where DWSS will be providing construction materials through government as well as through funding from other donors.









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### **PROJECT 3: SUSTAINABILITY IN WATER SUPPLY**

#### **A. Problems Addressed**

1. The 1992-1996 Country Programme of Cooperation promoted the integration of gender and sanitation into the implementation of water supplies as it became apparent that to realize the health benefits a strong component of sanitation and health hygiene was required. In addition, sustainability remains an issue with out which the benefits from the large investments in water supplies will be lost. It has been shown that communities provided with training, mobilization and technical support can effectively manage and operate their own water systems. This project builds on the past experience to assist in the realization of health benefits from water supplies, and ensure sustainability of these systems through community participation.

#### **B. Objective**

2. The Sustainability in Water Supply project aims to support achievement of health benefits, by promoting community participation, management and operations as a integral component of water supplies implemented both through DWSS and with NGO partners. The project's objective is thus by end 2001 to have:

strengthened the health impact of 300 existing water supply sites contributing to a reduction in the incidence of diarrhoea in approximately 180,000 children under five by one quarter (from approximately 25% to 18%).

#### **C. Project Strategies**

3. Promoting sustainability in water supply will be addressed through three broad groups of strategies, incorporating gender equity into all activities. The first supports software activities where DWSS will be providing water supplies. The second will deal with revitalization and re-mobilization of communities using similar software components and also addressing operations and maintenance issues. The third will focus on technology transfer which will deal mainly with providing communities with technical and management support and linking communities to financial resources through VDCs, DDCs, saving and credit schemes and other donors. This project is based on the assumed co-operation of donors, governments and communities in providing a majority of the resources



for physical components of activities while UNICEF will be providing, training, information and IEC materials for community participation and mobilization. Communities will also be expected to make significant contributions in finances, and kind.

4. Currently DWSS with support from UNICEF has been implementing the community participation activities listed in the table later in the activities section as part of the regular process of water service provision. In cooperation with DWSS, UNICEF will be **supporting the Watsan software package** along with central and regional level capacity building where DWSS is providing water supplies. The continued development and improvement of the package and implementation process along with a review to further include gender and child focus will be priorities. An estimated 220 project sites can be supported nationwide benefiting approximately 132,000 children under five through this strategy.
5. To promote continued sustainability of projects and to promote greater realization of health impacts **communities will be revisited** with a similar software package as the Watsan software package. This strategy will emphasize the reactivation of communities and users groups around the water scheme, with the focus on improving sanitation practices in the home and the construction and use of sanitation infrastructure such as latrines, garbage pits, soakaways and smokeless stoves by communities. UNICEF will specifically work towards the registration of Users Committees providing them with legal powers to impose water tariffs in support of the operation and maintenance of their systems. The important role of women, as sanitation motivators/volunteers and members of the users committee, will be further strengthened. Training for communities will take place to ensure the proper functioning of the Users Committees, that there is a motivated and well trained village maintenance worker, the community has established a fund for maintenance and that the water scheme is in good repair. In the Central and Eastern Region approximately 60 sites will be selected through negotiations between UNICEF Field Offices and Regional Directors of DWSS for implementation of these activities.
6. In targeted districts linkages between VDCs, DDCs, DWSOs, Regional Training Centres, Umbrella NGOs, Cooperatives, Credit Banking and affiliated organisations will be explored to **link technical expertise, financial resources and community demand**. This process can be demonstrated in 20 sites and will be focussed in the Eastern Region. The output of the strategy is to develop special training packages and mechanisms for linking communities with resources which can be used by other donors and partners. This will be especially relevant for low cost appropriate technologies like Spring Protections, Deep



Tubewells, Simple Pit Latrines, Small Gravity flow schemes, garbage pits, etc. for which local governments or communities themselves can raise sufficient resources but, lack access to technical skills. Some of these technologies can lead to income generating activities as shown by experience with latrine pit rings and water seal pans.

**D. Activities**

**WATSAN software package:**

7. An emphasis on the health benefits and impacts on incidence of diarrhoea will require that prior to initiation of any water supply and sanitation construction, the programme staff in cooperation with the community members and local NGOs, conduct a community survey to assess the base line condition of the community. This survey of the status of the community will be accomplished through PRA and PLA processes ensuring that the community is involved from start to finish as well as in the evaluation of progress. This process will be incorporated as part of the activities occurring under the Watsan software package which are listed in the table below. One or two years later, a follow-up survey will be conducted. Mechanisms for transmitting and analysing the data for use at the regional and central level will need to be strengthened. This type of data collection and analysis can be closely linked to the monitoring undertaken by other programmes, such as Health and Nutrition and Child Care.
8. Women Workers under the DWSS and NGO representatives will provide continuous back up support to the community by making monthly monitoring visits and reviewing the progress with the community volunteers and motivators to assess the change in practices. The community volunteers and motivators will be provided with some performance based incentives either in cash or in kind for their contribution to the programme. This will serve to raise the status of their work with the community and motivate them to higher achievement. A guideline for the granting of these incentives, the monitoring of performance and the allocation of funds for incentives will be developed and agreed between DWSS and UNICEF before incentives are provided.
9. In the areas where new water supply scheme is being built by DWSS and other partners, UNICEF will provide assistance to implement the Watsan software package. UNICEF's Field Offices will plan with the Regional Directorates of DWSS exact locations and numbers of projects to be supported. The software package will be supported with cash and material assistance excluding materials





required for the construction of the water supply schemes. The district level activities included in the Watsan software package are listed in the table below.

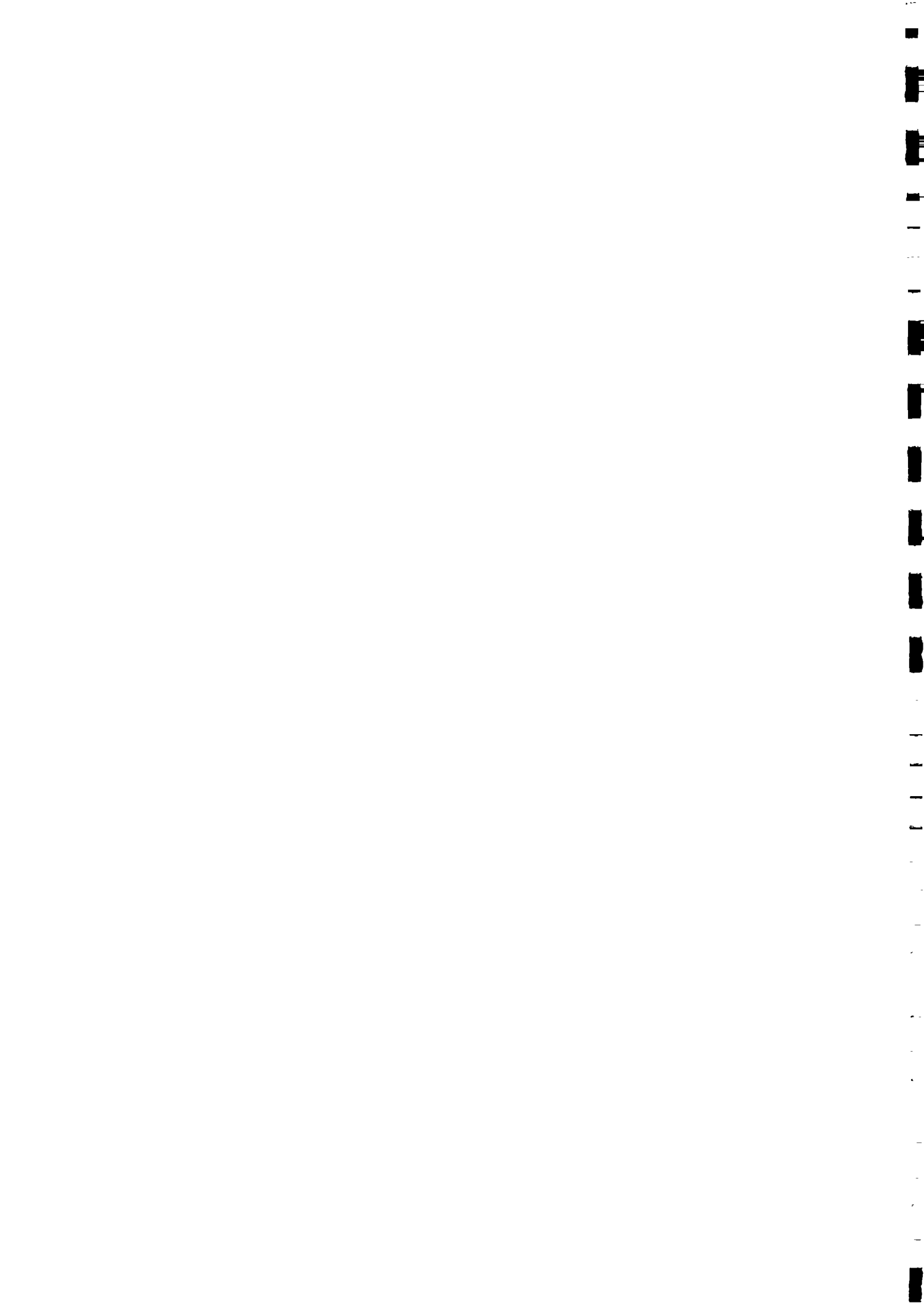
<b>WATSAN SOFTWARE PACKAGE</b>	
<b>1. IEC and Training Materials</b>	<ul style="list-style-type: none"> <li>- Develop and Print IEC Materials,</li> <li>- Develop and Print Training Materials.</li> </ul>
<b>2. Community Aspects</b>	<ul style="list-style-type: none"> <li>- WATSAN Programme Briefing to Community,</li> <li>- Water Point Site Selection/Finalization,</li> <li>- User Committee Formation</li> <li>- Selection of Motivator, Volunteers and Village Maintenance and Sanitation Workers</li> </ul>
<b>3. Training/Orientation</b> <b>(A) District Level</b>	<ul style="list-style-type: none"> <li>- Sanitation Motivator Training - (6 days)</li> <li>- Pre-construction Training of UC - (3 days)</li> <li>- Primary School Teachers Training - (3 days)</li> <li>- Mason Training - (6 days)</li> <li>- Caretaker Training (HP/SP) - (3 days)</li> <li>- Post-construction Training of UC - (3 days)</li> <li>- VMSW Training (GF) - (10 days)</li> <li>- DWSSCC Orientation - (1 day)</li> <li>- DDC members, VDC Chairperson and Vice-chairperson Orientation - (1 day)</li> <li>- Sevika/Sanitation Volunteers Training - (3 days)</li> <li>- UC Members Training - (3 days)</li> <li>- Refresher Training for Motivators - (3 days)</li> <li>- Refresher Training for Volunteers (GF) - (3 days)</li> <li>- VMSW on the Job Training (during the construction period)</li> </ul>
<b>(B) Community Level</b>	
<b>4. Special Activities</b>	<ul style="list-style-type: none"> <li>- Sanitation Campaign - (6 weeks)</li> <li>- Demonstration Model Units</li> <li>- School Sanitation Programme</li> <li>- School Sanitation (Hardware) Component</li> <li>- Revolving Scheme for H/H Latrine Construction</li> <li>- Semi-urban/Model Village Sanitation Package Programme</li> <li>- WATSAN Day Programme</li> </ul>



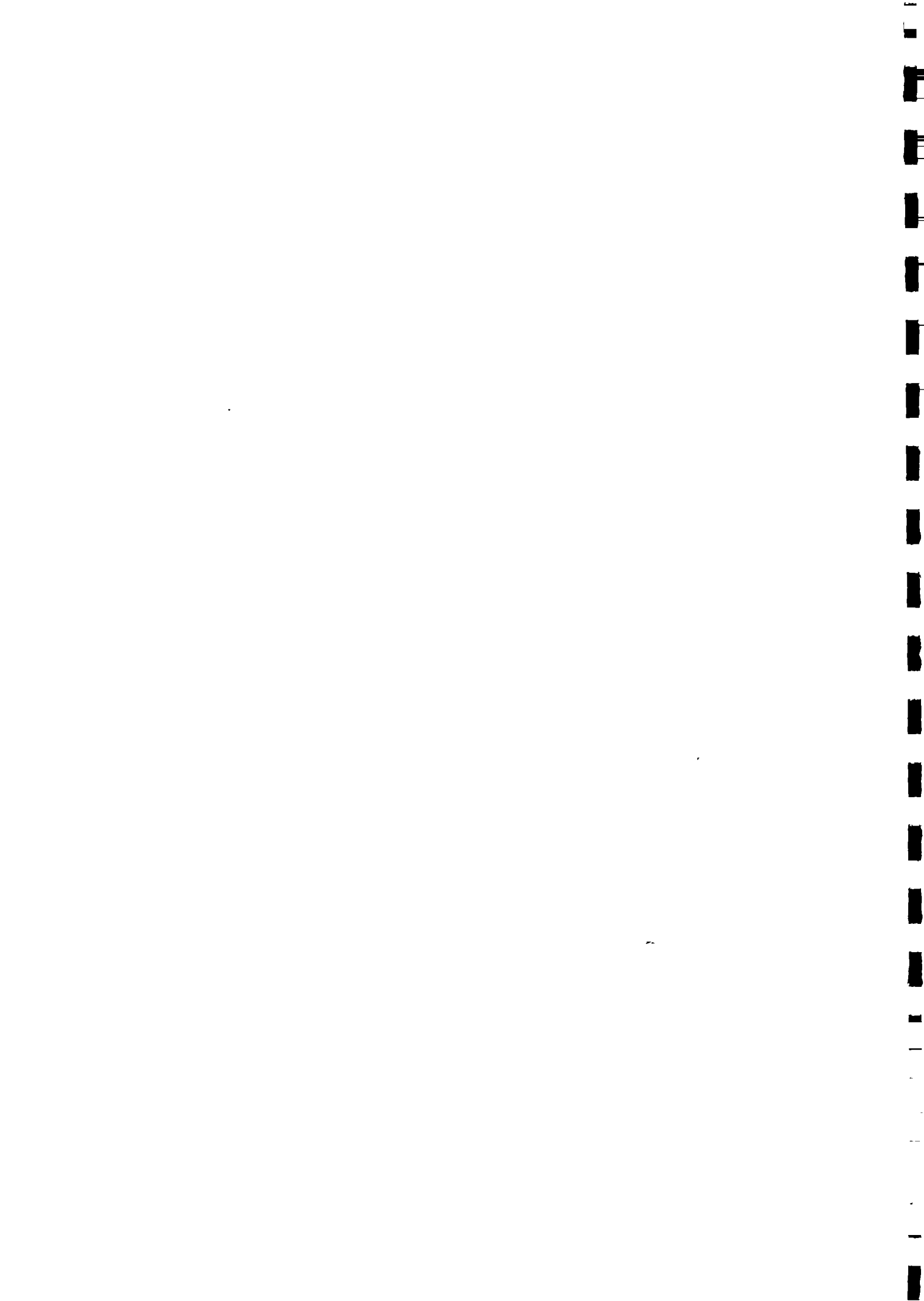
<b>5. Other Activities</b>	<ul style="list-style-type: none"> <li>- Base Line and Follow-up PRAs on Community Condition</li> <li>- Monthly Meeting with Volunteers (motivators and programme staff)</li> <li>- Supervision and Monitoring (programme staff)</li> <li>- Door to Door Visit (volunteers/motivators)</li> <li>- Health Education in Community/Group (motivators with volunteers)</li> <li>- Briefing in VDC Meetings (Motivators)</li> <li>- Handover to Community Programme (1 day)</li> </ul>
<p><b>Notes:</b></p> <ul style="list-style-type: none"> <li>☐ To support the above software activities, Central Human Resource Development Unit (CHRDU) and Regional Training Centers (RTCs) will conduct different levels of staff and external resource persons training/workshops/orientations such as Basic Training for Women Workers/ Technicians, TOT Training for Engineers/Overseers/Women Workers/Technicians/External Resource Persons and Refresher Training for Women Workers/Technicians etc. The training packages and related training/IEC materials will be developed by CHRDU and Environmental Sanitation Section (ESS). Sanitation demonstration models will be installed at the premises of CHRDU Training Centre at Nagarkot.</li> <li>☐ Collaboration with NGOs and private sectors will be made as per the programme requirement</li> <li>☐ Gender must be incorporated where possible by adding additional sessions to these training as appropriate</li> </ul>	

### Training of DWSS staff:

10. To support the implementation of the Watsan software package in communities training for DWSS staff at the Regional and Central Levels will be conducted. UNICEF will provide partial funds and provide materials for approximately 1000 staff of DWSS to be trained annually. CHRDU conducts a variety of trainings, which themselves will be improved through reviews, evaluations and introduction of new components. Special consideration will be made to include gender sensitization into the existing training in the first year of the MPO followed by additional specific training on integrating gender into planning, implementation and monitoring. In coordination with the Women Development Division and the PCRW programme appropriate staff from WDD will be included in the training on hygiene and sanitation undertaken by CHRDU. The following list shows training currently undertaken by CHRDU:







**Central Level:**

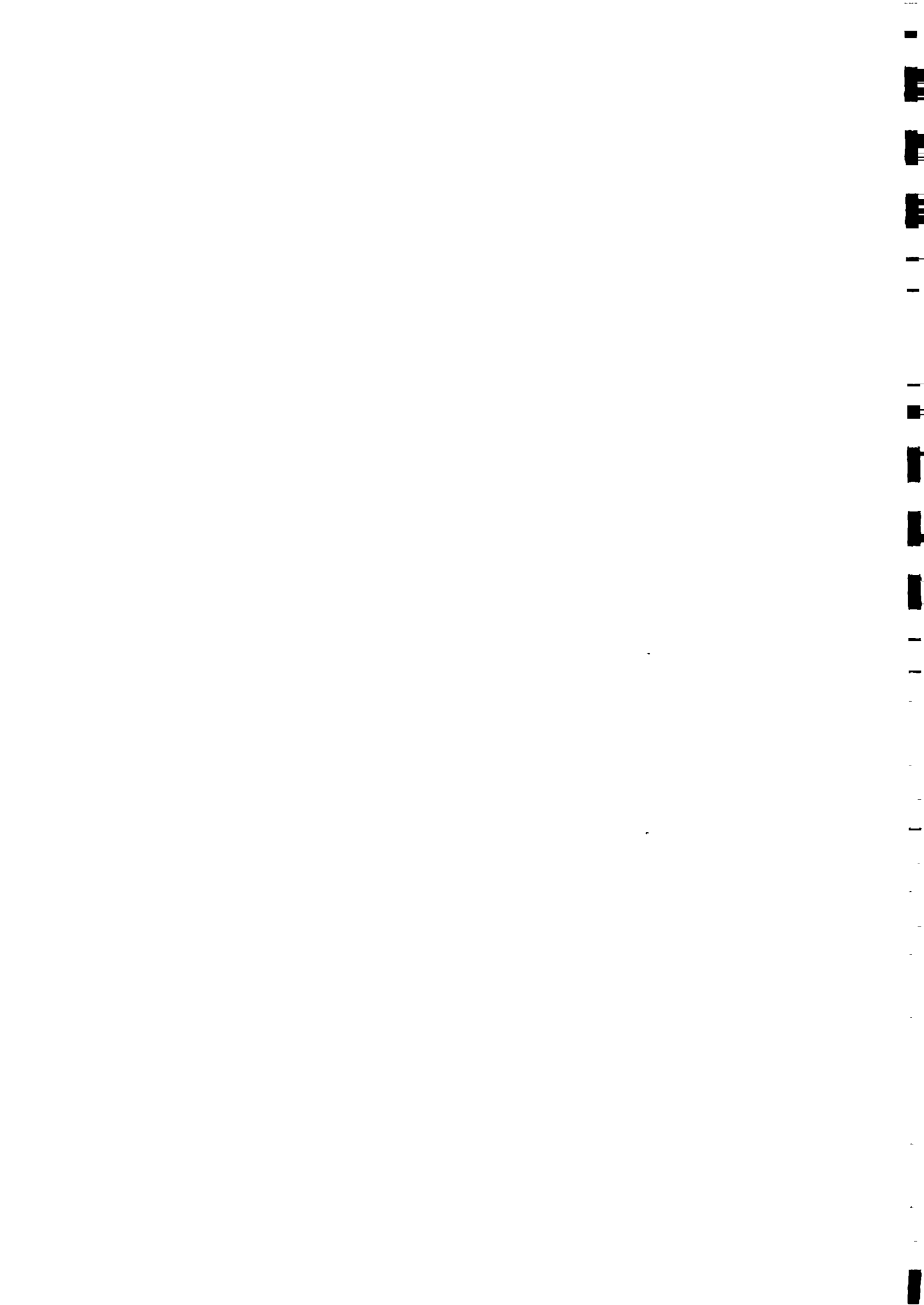
RD/DRD Workshop	20 Participants	2 days
Inter Sectoral Agency Workshop	30 Participants	2/3 days
External Resource Person Workshop	20 Participants	1 week
Trainer's Training x 4	85 Participants	1 week
PRA/RRA for Engineers/Overseers	15 Participants	1 week
Technical Orientation	30 Participants	20 days

**Regional Level:**

DE/ADE Workshop x 10	220 Participants	3 days
Refresher Trainings x 20	475 Participants	1 week
NGO/INGO Orientation x 2	40 Participants	2/3 days
Basic Trainings x 5	115 Participants	30 days

**Revision of the existing software package:**

11. The existing software package will be reviewed by DWSS, DWSO and NGO counterparts to determine additional requirements in order for greater transfer into action at the community level, especially in the areas of community participation, toilet/latrine construction, proper drainage of water supply sites, appropriate garbage disposal, household hygiene practices and the use of smokeless stoves. Promotion of biogas will also be incorporated as this has significant benefits for the household environment. This will be undertaken in coordination with counterparts who are supporting the construction and subsidies for biogas facilities.
12. In addition UNICEF will support development of standardized packages of training for pre- and post construction user's committee, sanitation motivators, sanitation volunteers, village maintenance workers, NGO members, primary school teachers, mothers group etc. These training packages, in addition to sanitation & health hygiene and community development, will include child development, CRC/CEDAW, and gender components. They will have regional and geographic variations, which will take into consideration the difference in needs, local resources and cultural context of the country. UNICEF will support the development and testing and revision of these packages and will advocate with other donors and agencies involved in water projects for their use nationally. In future, all water projects supported through HMG/N will incorporate sanitation and community participation packages into the construction aspects of the projects.





**Revitalization and remobilisation of communities:**

13. This will be supported through DWSS in districts in the Central and Eastern Regions in project sites where water supply projects have been previously supported and water supply schemes constructed. This will involve the DWSOs in the re-activation of and re-training of sanitation volunteers and users committees for sanitation and hygiene action. The selection of sites will be supported by DWSOs through conducting regular status surveys in each district and by linking this data with the central level monitoring unit (NMIP) of DWSS. The software package will be modified to focus on establishing community responsibility, institutions and resources to ensure continued functioning of the water scheme, and mobilizing the community for improved sanitation and hygiene practices.
14. Following an evaluation of community need and motivation, repairs of systems will be considered as part of establishing community revolving funds for regular maintenance of the water scheme. Based on the existing operation and maintenance guidelines and the available resources additional systems for determining the level of commitment of government, UNICEF and the communities will be established. To determine the requirements for repairs and the level to which the community can contribute a status survey will also be conducted.
15. The Training and Sanitation Unit of the DWSOs will be trained, in terms of technical inputs and resources, to carry out these activities with local NGOs, user committees and VDC counterparts. This activity will be closely linked with the strengthening of the DWSO capacity to monitor existing water project sites so that proper monitoring can be maintained. DWSOs, DDCs and active NGOs, with support from the UNICEF Field Offices, will assess the status of existing water supply schemes, determine projects sites requiring re-vitalization of community management and plan community based re-activation on an annual basis. This process will involve the Regional Directorates in supporting the DWSO to determine which sites will be selected. The training and mobilization activities will be carried out by DWSO and NGO staff with support from sanitation motivators, sanitation volunteers and community leaders.

**Technology transfer:**

16. The development of modules, training packages and IEC materials packages for technology transfer will be undertaken by ESS and CHRDU on the details of the technologies and to ensure communities have the ability to look after and benefit from the promoted infrastructure. In development of the training packages



research and development of low cost community manageable technology will be piloted by selected NGO partners with close supervision of UNICEF's Eastern region FO. The piloted technologies will emphasise the use of readily available parts, along with developing local capacities to produce spare parts.

17. Curricula for training centres and institutions for technicians, supervisors and overseers will be developed and partnerships with training centres will be established to train VDC/CBO level technicians. Support will be provided to train approximately 20 people from DWSOs, DDCs, VDCs, and communities every year on technology and resource mobilization. Each year a workshop will be conducted for the formation of capable grass-root institutions and to address issues for their activation through district level cooperatives, banking organizations, sector line agencies and District Coordination Committees for NGOs. In two districts and 20 project sites in the Eastern Region communities will be mobilized and linked to funds and technical expertise. A system of for supporting communities and implementors in procuring materials for these projects will also be developed. The process of promoting simple, cost effective technologies linked with community, VDC and DDC resources will be piloted to demonstrate the process. Advocacy will be undertaken through publication of reports and conducting sector workshops to encourage sector partners to support similar initiatives or replicate the technology transfer processes developed.

#### E. Monitoring and Evaluation

18. The following indicators and sources of verification will be used to measure progress towards the project's objective:

Objective	Indicators	Source of Verification
Strengthened the health impact of 300 existing water supply sites contributing to a reduction in the incidence of diarrhoea in approximately 180,000 children under five by one quarter (from approximately 25% to 18%).	Percentage of children under five with diarrhoea in the last two weeks, number of children under 5 in project sites, coverage of latrines, qualitative appearance of community.	Baseline and follow-up surveys in project sites undertaken as part of program implementation, baseline and follow-up monitoring of FO, Progress reports of DWSS and Partners. NMIP data.



**F. Project Management**

19. This project will be conducted under the authority of DWSS and as the main partner. Partnerships with NGOs as identified by UNICEF Field Offices to undertake specific activities will also be established. DWSS will be the main coordinating body responsible for linking available UNICEF resources for software components with appropriate resources and donors providing construction materials for water supply installation. DDCs, VDCs, and banking and credit institutions will be important partners in providing resources for implementation of technology transfer activities. DWSS through its already decentralized planning and implementation process will select the exact sites where this project will be implemented through negotiations between the Regional Directorates and UNICEF Field Offices.

**G. UNICEF Inputs**

20. **Subject to the availability of funds**, UNICEF's contribution to Sustainability in Water Supply Project for the five-year period is US\$ 3,019,000 (General Resources: US\$ 639,000 and Supplementary Contributions: US\$ 2,380,000).

(US \$'000)

Project	Source	1997	1998	1999	2000	2001	Total
Watsan Software Package	GR	50	50	50	60	50	260
	SF	220	290	290	290	300	1390
	Total	270	340	340	350	350	1650
Training of DWSS staff	GR	20	0	0	0	0	0
	SF	75	90	90	90	90	435
	Total	95	90	90	90	90	435
Revision of existing software package	GR	5	0	0	0	0	5
	SF	5	10	5	0	0	20
	Total	10	10	5	0	0	25
Revitalization and remobilization of communities	GR	120	60	55	60	59	354
	SF	110	90	80	75	75	430
	Total	230	150	135	135	134	784
Technology Transfer	GR	0	0	0	0	0	0
	SF	10	15	20	25	35	105
	Total	10	15	20	25	35	105
<b>Grand Total</b>	GR	195	110	105	120	109	639
	SF	420	495	485	480	500	2,380
	Total	615	605	590	600	609	3,019



**H. HMG/N Inputs**

21. HMG/N will provide personnel, premises, materials, supplies, equipment and funds necessary for the successful implementation of this programme, except as provided by UNICEF or other agencies. UNICEF and DWSS will determine the cost sharing which is feasible and in line with government and UNICEF priorities during the development of annual Project Plans of Action. Specific co-ordination of funding will be required where UNICEF will be supporting software and training activities in sites where DWSS will be providing construction materials through government as well as through funding from other donors.







