



Lessons from a Post ODF Assessment in Nepal

SUMMARY

Since 2003 Nepal has been actively promoting the Community Led Total Sanitation approach and, from 2005 onwards; the School Led Total Sanitation approach, to promote Open Defecation Free (ODF) behaviours. The Government has put sanitation and hygiene at the forefront of its development agenda through the Nepal Country Plan for the International Year of Sanitation in 2008, the Sanitation and Hygiene Master Plan (SHMP) in 2011, and by acknowledging sanitation as a fundamental right in the new Constitution of Nepal (2015).

The study, which is the object of this paper, was launched with the aim of measuring the sanitation and hygiene status of seven districts that were officially declared ODF on or before 2013. This paper presents the results of the study and highlights those factors that have made the Sanitation Social Movement a success in Nepal.

Although scaling-up the approach in Nepal has experienced some setbacks, among them the April 2015 earthquake which damaged more than 390,000 household toilets, the Sanitation Social Movement has been a resounding success.

The study found that 98% of the households assessed had access to improved toilets and more than two thirds had a handwashing station in their home. All of the schools (n=70) visited had access to toilets, of which 84% were functional at the time of the assessment. All health facilities (n=70) visited also had functional toilets, and 87% had access to water and soap.

Introduction

The Government of Nepal committed itself to achieving the universal target of providing basic water supplies and sanitation by 2017. It has given itself the means to do this by systematically promoting and investing in the water and sanitation sector since the 1980s. The sanitation sector in particular has seen an impressive leap since 2010, and based on sector projections, the end of Open Defecation (OD) could be achieved in the next year.

Since 2010 Nepal has benefited from a Sanitation Social Movement focused on the elimination of OD. The Sanitation Social Movement is a new paradigm for sanitation development and is a holistic approach that includes: triggering sanitation awareness through schools and community led interventions, cultural

festivals, sector triggering, decentralized governance, multi-sector collaboration and proactive engagement of grassroots level actors.

Launched by the Department of Water Supply and Sewerage (DWSS) and UNICEF in 2005, the Sanitation Social Movement was based on lessons learned from the Community Led Total Sanitation (CLTS) and School Led Total Sanitation (SLTS) approaches. Today, the Sanitation Social Movement is considered to be an approach that ensures all communities and schools can attain ODF status. The approach, coupled with support from national and local governments and continued support from donors and implementing partners has successfully triggered the widespread adoption of household toilet ownership in Nepal.



The implementation of the SHMP was successfully carried out by decentralizing roles and responsibilities. This allowed Municipalities and Village Development Committees (VDCs) to take charge of their own sanitation and hygiene interventions whilst receiving ongoing support from national and international agencies.

KEY POINTS

- *Systematic promotion of the Water and Sanitation Sector since the 1980's*
- *For over a decade, the Government of Nepal has put the Water and Sanitation sector at the forefront of their agenda*
- *A huge leap in investment in the sector since 2010 sees open defecation free status to be within reach in the short-term*

Methodology

The rationale for this study comes from the increasing regional and international popularity of the sanitation scaling-up approach to achieve ODF. Nepal has substantial experience in this approach, as it has been implementing it in various forms for nearly 14 years. This provides WASH stakeholders in the country with enough experience to assess the effectiveness of ODF strategies, providing the sector with learning on how to frame pragmatic policies and programmes in total sanitation.

The objective of the study is to measure the sanitation and hygiene status of declared districts ODF on or before 2013. And to:

- ❖ Identify whether households, institutions and communities in the ODF declared districts have continued to properly maintain and use toilets and handwashing facilities.
- ❖ Explore factors that contributed to, or obstructed, sustaining ODF results.

- ❖ Identify gaps and lessons to improve sanitation initiatives and to meet the national goal of ODF.
- ❖ Identify the perceived benefits of ODF by beneficiaries and generate recommendations for improving the approach.

A literature review of sanitation trends, both in Nepal and internationally, was undertaken. A key lesson learned was that 26.3% of rural Nepali's (MICS, 2014) still practiced open defecation. It also showed that there were large regional disparities in access to sanitation, with 58% of the population of the Terai region still practicing OD in 2015; the lowest sanitation coverage in the country. Further findings from similar studies found that ODF was more likely to succeed in communities with regular follow-ups that enforced social norms. Clearly poverty has an impact on toilet ownership, as those without toilets often belong to the lowest wealth quintiles.

A study of ODF programmes in African countries revealed that, if ODF status was equated with a household having a functioning toilet, then 87% of households were considered ODF with a slippage rate of only 13%. However, if ODF is measured by a wider set of criteria, such as having a lid over a squat hole and having handwashing facilities with water and soap nearby, then slippage rates increased progressively to over 90%, hence the study also had to take into account this more comprehensive definition of ODF.



Study Design

This is a cross-sectional study design, utilizing both quantitative and qualitative research tools. Information was collected from households, public institutions, schools, VDC's, municipalities and health facilities using probability and non-probability sampling techniques. Quantitative data was sought on toilet installations, maintenance and handwashing facilities with soap. The qualitative research focused on financial, institutional, structural, social, technical and environmental aspects.

Study Districts

The districts included in the study were suggested by the National Sanitation and Hygiene Coordination Committee (NSHCC) and included; Achham, Pyuthan, Mustang, Chitwan, and Panchthar. These districts were selected based on ecological zones and development regions, as well as the existence of WASH interventions in these districts by UNICEF and their partners. This selection provided suitable variety for the analysis of ODF and the sanitation and hygiene status in different situations across the different zones and regions. Furthermore, NSHCC and the study Task Force suggested two more districts: Bhaktapur; an earthquake affected district and Rautahat district, from the Central Terai region.

Sample Size

A required sample of 1,862 households, with a response rate of 99% and a margin of error of 5%, was calculated. This study, however, covers 2,100 households to better utilize the Population Proportionate Sampling (PPS) method. Due to the low number of households in Mustang district, its weighting was adjusted. Most of the studies used 20 to 40 respondents from each cluster (ward). Information regarding social norms was taken from 25% of the 2,100 households. A total of 278 key informants were interviewed at district and VDC levels. 70 focus group discussions were conducted with communities that were not among the households selected for home interviews. Moreover,

the nearest schools, VDCs, municipality offices and health centres from selected clusters were observed and their officers interviewed.

Results

Access to and status of household toilets

It is important to underline that together, 87.5% of the households interviewed in the seven districts have access to their own toilet. When access to toilets from another household or a public toilet is included, this figure rises to 96.5%. Mustang and Bhaktapur districts have effectively achieved 100% access, with Panchthar and Pyuthan districts performing well. The remaining three districts will need supplementary work. In Chitwan, there is an unusually high number of households that are either using their neighbour's toilet or a public toilet (21.2%) and it is the district with the lowest percentage of households with their own toilets (75%). Achham is the district with the highest percentage of interviewed households who do not have access to a toilet (8.1%). It was observed that 8% of respondents belonging to the Dalit ethnic group, largely in Achham, did not have toilets in their houses.

Overall, the majority of respondents with toilets in their houses had water seal toilets (93%), 3% had biogas attached toilets, 3% pit latrines and 1% Ventilated Improved Pit Toilets (VIP). It is important to note that, although access to toilets for households is very high, this does not equate with toilet use and further research must be conducted to assess continuous toilet use by all household members.



Table 1: Subsidies received by households for the construction of toilets

Parameter	Mustang	Bhaktapur	Achham	Panchthar	Rautahat	Pyuthan	Chitwan
Wage	0.8%	3.3%	1.5%	0%	0%	1.4%	1.1%
Materials	33.3%	15%	36.8%	8.7%	49.5%	13.8%	31.1%
Financial	0.8%	0%	0.3%	0.3%	0.9%	2%	0.4%
None	65%	81.7%	61.4%	91%	49.5%	82.8%	67.5%

Stone was the main material used for toilet construction (42.5%), followed by bricks (32.1%), bamboo (8%), and cement blocks (6.7%). The Government of Nepal regulates the use of durable materials for the construction of toilets up to plinth level. However, beyond this, it is entirely up to the households to decide which materials to use for the superstructure. The overwhelming use of durable materials for the superstructure of the toilets suggests that the construction of household toilets is a serious investment. This is supported by the fact that nearly three quarters of households (74.5%) also invested in a vent pipe. Again, this was not a requirement, but often a suggestion made by the mason. Furthermore, as shown in table 1, the provision of subsidies was minimal, and where the subsidies were given, it was mainly in the form of construction materials such as in the districts of Mustang, Achham, Rautahat and Chitwan.

Toilets were generally well looked after and relatively clean. Although few toilets (10%) were observed to be in the 'very clean' category (no odour experienced, and no human excreta seen inside or outside of the pan), nearly three quarters (70%) of toilets were 'clean' (no visible excreta in and around the toilet pan). Around one fifth (20%) were observed to be 'dirty' and unhygienic, mainly

in Achham district where 46.2% of toilets observed were unhygienic. The caste group with different status of cleanliness of toilet is depicted in chart below.

Menstruating women were, in a majority of cases, allowed to use the toilet. Achham district was the exception with 40% of respondents reporting that there was a practice of not using and/or restricting the use of the toilets by women during their menstrual period.

Handwashing

Reported handwashing at key times, following defecation and before eating, was high. However, it was still relatively low for the other key times; such as when handling food and breastfeeding. Additionally, only 7.3% washed their hands after handling child's faeces. Most households did dispose of the children's faeces safely in toilets (86%).



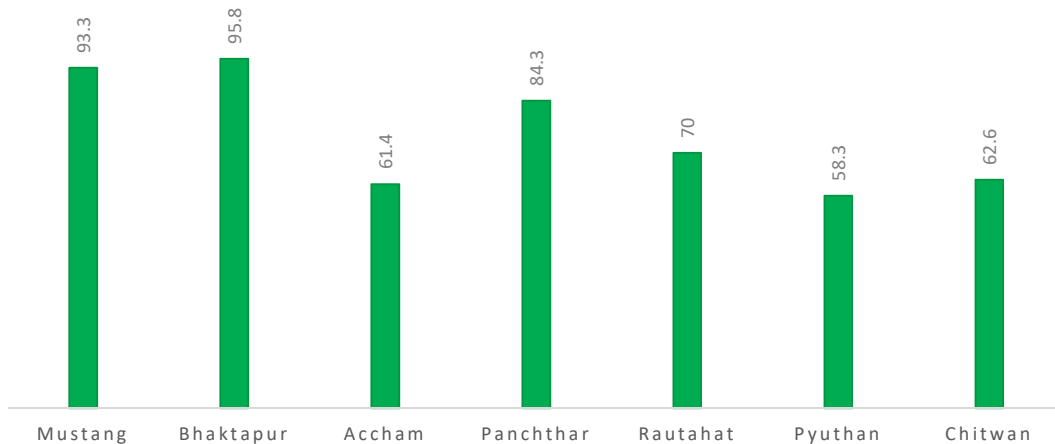
Table 2: Times for handwashing (as reported by household members)

After defecation	86.5%
Before eating	81.5%
Before cooking and preparing food	22.4%
Before breastfeeding or feeding a child	17.8%
After handling cow dung and field work	17%
After handling child faeces	7.3%

As shown in Figure 1, households in certain districts have greater access to handwashing stations, with Achham, Pyuthan and Chitwan having 55% to 60% access rates. In terms of caste differences in access to handwashing stations, 89% of the Brahmin/Chettri and 88% of Newar had handwashing stations in their homes. However, only 50% of the Madhesi and 37% of Dalits had handwashing stations in their homes.

As a means of assessing levels of handwashing with soap, respondents were asked how they washed their hands after using the toilet. 84% of interviewees responded that they used soap and when asked to show the interviewer the piece of soap, 79% were able

Figure 1: Availability of Handwashing Stations Near Toilets



However, the harmfulness of children’s faeces is still underestimated by most household members. During group discussions with households, it was highlighted that prior to the ODF triggering process, most community washing practices changed with the ODF programme and particularly following the construction of handwashing stations near toilets.

A handwashing station is defined as a ‘dedicated place with access to water and soap’. During household observation, it was assessed that overall 69% of households had such a facility though it varied from 37 to 89% in different ethnic group.

to show them the soap that they used. Although these numbers are encouraging, this does not confirm that soap is actually used for handwashing at key times, or that any type of handwashing is taking place at all.

It only tells us that that soap is effectively available in 79% of households who claim they use water and soap for handwashing. With respect to access to water, an overwhelming majority were seen to have water at the handwashing station (98%). Achham did have a problem with access to water, with only 57% of respondents acknowledging that they had water at the handwashing station.



Sanitation and hygiene in local level Institutions

Schools

Sanitation facilities in schools in all 7 districts have made remarkable progress. All the schools visited had toilets, 91% of these were functional at the municipality level (urban) and 78% were functional at the VDC level (rural). 77% of surveyed schools, 82% in municipalities and 73% in VDCs, were provided with government financing for toilet construction. 94% at municipality level and 76% at VDC level had a water supply facility on school premise.

Although only 36% of schools surveyed had formed WASH committees to manage school toilets, it is encouraging to note that all 70 schools assessed did make some kind of decision about sanitation and hygiene during their school meetings. 81% of schools had an annual plan related to sanitation. Verification and follow up of schools on their ODF status was 90%. This ongoing follow up on ODF status, as well as continued programme activities on hygiene, handwashing and sanitation, evidence of which was seen in 54% of schools, shows that schools are involved and committed to remaining ODF.

VDCs and Municipalities

Most VDCs (82%) and Municipal offices (94%) had toilets. A majority (81%) also had a water supply facility on the premises. It was found that 73% of VDCs and Municipalities had WASH coordination committees responsible for the monitoring and evaluation of ODF and water and sanitation related issues in their area. These committees were more prevalent in VDCs (97%) than in Municipalities (44%). 86% of these committees conducted meetings when needed and 12% conducted one meeting each month. 76% of these WASH committees reported that follow ups by external parties on ODF status was performed by either local government, local NGOs or by an INGO. 24% reported that no organization visited their Municipality or VDC since ODF certification. A lack of public toilets in surveyed VDCs and Municipalities

made it difficult for community members to replicate behaviour in their households when they were visiting town.

Health Facilities

All 70 health facilities surveyed had toilets. 56% of these facilities received subsidies (59% received financial subsidies, 41% technical support for constructing toilets). There is little information on how the remaining 44% financed their toilets (it may be that they pre-existed the ODF programme). 87% of the toilets in the health facilities were observed to have water and soap available. Follow-ups in health facilities was not as regular as in schools, with 37% reporting having had no follow up from any organization since official ODF certification.

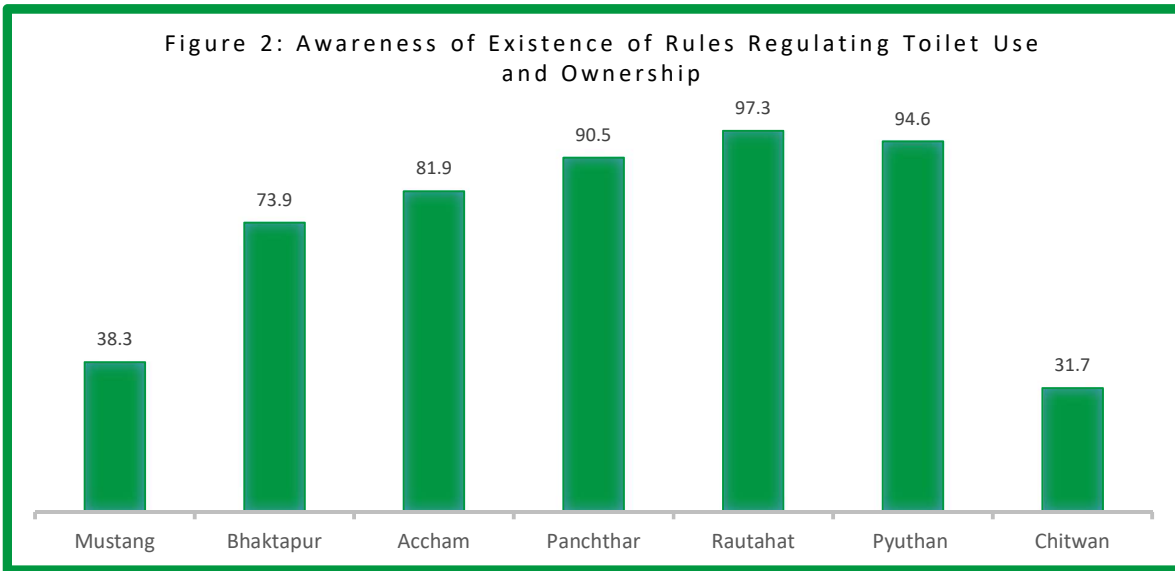
The official follow up to ODF certification and the recognition of achievement is seen to be one of the key criteria for continued observation of ODF behaviour. Although in general follow-up is good in communities and schools there is room for improvement, particularly in health facilities. Easy access to a toilet (in or very near to the dwelling) has been essential to the continued and proper use of toilets that were constructed during sanitation promotion. Easy access means that the toilet is safe to use at night and when it rains; these were two key reasons given by respondents as to why having a toilet in their household has improved quality of life. Additionally, having a toilet close-by has alleviated fears of getting bitten by snakes, of falling down hills, and of attacks by wild animals whilst going to defecate



outside.

A key reason for no longer practicing open defecation is also the fear of being criticized by others. This aspect of social pressure seems to have been instrumental in changing people's attitude towards open defecation. Indeed, the study has looked at the emotional response to having or not having a toilet through the concepts of shame and pride. 99% of

that people practicing OD are barred from benefiting from public services, such as not being able to receive grants from the VDC until they build a toilet. In only two districts (Chitwan and Mustang), less awareness of codes of conduct regulating toilet ownership was seen. Respondents reported that the enforcement of penalties was carried out in only 34% of cases in all districts. Conversely, in Rautahat rules were seen to be enforced by 87% of respondents and in Bhaktapur by



respondents said that they were ashamed of having previously practiced open defecation, and today they were virtually all (99.6%) proud of having a toilet. It was also found that a majority of the respondents (92%) felt more accepted by the community for constructing and maintaining a toilet. This notion of 'acceptance' was clearly reinforced through the use of regulations and codes of conduct related to toilet ownership and use.

Awareness by respondents of the existence of rules regulating toilet ownership and use varied considerably. In five of the districts (see figure 2) most respondents were aware of the social norms that were implemented during the ODF program. 61% of respondents reported that warnings are given to those who practice OD, and 13% said that a fine was imposed on those practicing OD. 11% also responded

77% of respondents. In Chitwan however, enforcement was seen only by 8% of respondents. The continuous control, promotion and compliance of ODF behaviour was in large part carried out by social workers (86.5%), followed by staff from the water and sanitation (sub)division offices (37.8%), and VDC secretaries (36.5%). These were not the only means of promoting ODF compliance; pressure from children, following their own SLTS exposure, also widely influenced households to construct toilets (30.4%) as did a feeling of being isolated from the community (20.5%).

Affordability of the household toilet and access to subsidies or loans is viewed both as an incentive to gain access to a toilet and as a motivating factor. Subsidies were rarely used and mostly only given in the form of materials (25.6%). Financial support was



minimal (1.8%) and 72.6% of the households managed to construct their toilet themselves. Equally, loans for the construction of toilets were not taken up by the majority of households (78%), and in only three districts (Pyuthan 39%, Panchthar 35%, and Achham 24%) loans were extended for toilet construction.

The cost of a toilet varies, between 4,000 to 12,000 NPR, and is not easily affordable when the average Nepalese household income is between 36,000 and 60,000 NPR annually. This further demonstrates households' commitment to comply with the ODF status of their community and their understanding of the value of a 100% ODF community.

The study only examined perceived benefits and no site-specific assessment of reductions in diarrhoeal and other related diseases was performed. However, virtually all respondents from the seven districts (99.6%) perceived a decrease in the incidence of disease, this was coupled with 18.3% of respondents stating a decrease in expenditure for the treatment of disease.

Discussion

There is no doubt from the results of this study that the Sanitation Social Movement has had a huge impact on the households acquiring a toilet. Ownership of household toilets is high, with 87.4% of households interviewed owning a toilet and a further 9.1% of households having access to a shared toilet; making total access to toilets nearly 97%. Focus group discussions and interviews carried out with respondents reveal that awareness of the importance of the continued use of toilets, hygienic behaviours and overall hygiene in the household is now near universal in ODF declared districts. Furthermore, many of the participants declared that people were trying to take better care of themselves and they have realized the personal benefits of proper hygiene and practicing newly learned behaviours. There is a clear vested interest among the community members interviewed to ensure the continued success of ODF and that they perceive it as both a personal and community gain.

Nevertheless, the district of Achham seems to face more challenges in achieving ODF status. Achham repeatedly scored lowest on a number of criteria: as 8.1% of households interviewed did not have access to a toilet, 61.4% had handwashing stations available, and 60% of respondents felt it was challenging to use the toilet consistently. Households in Achham also perceived raising the funds for toilet constructions and repair more difficult than other districts (63%). Therefore, affordability of toilet construction may need to be reassessed in this district.

Achham was also the only district where the use of toilets by menstruating women was reported as 'restricted' by nearly 40% of respondents. This is prevalent in some areas of the mid and far western districts and is due to specific cultural norms. It must also be noted that Achham reports the highest percentage of illiterate respondents (28.1%) and educational sanitation promotion materials may have missed this segment of the population. This district is also home to a large group of the Dalit caste who, as one of the most disadvantaged groups, may not have yet created sustainable habits around sanitation and hygiene and still view open defecation as acceptable. It will take more targeted sanitation and hygiene promotion and educational activities to get this group on board with the Sanitation Social Movement.

One of the reasons for the success of ODF in the districts that participated in this study, and one that may not be clearly apparent in the results presented, is the continued leadership and commitment from government institutions. The possibility for ODF to succeed is largely due to the government ensuring that a clear sanitation strategy has been promoted since 2003, and then adapted and reviewed in 2007, shifting from a fragmented approach to the more universal approach of total sanitation. This was reinforced by the publishing of the SHMP of 2011 and the acknowledgement of sanitation as a fundamental right by the 2015 Constitution of Nepal.

The Government of Nepal, together with national and international agencies have come together to push the sanitation agenda, implementing the guiding principles and strategies of the SHMP and replicating



these at regional and local levels. The Municipalities and VDCs, who are in direct contact with households through local networks, such as mothers' groups, saving and credit groups, forest users' committees, and water and sanitation users' committees, are the operational arms of the Sanitation Social Movement

Main Findings

- Household ownership of latrines in study districts is impressively high at 87.4%, with an additional 9.1% of households having access to shared toilets, a total of nearly 97%
- Awareness of the importance of sanitation and hygienic behaviours is very high across all levels of the population
- The Government of Nepal and its partners, both international and local, have been instrumental in creating a strong dynamic for the successful implementation of the Sanitation Social Movement
- Certain disadvantaged caste groups, with deeply anchored cultural practices, are experiencing more difficulties than the rest of the district population in both investing in toilets as well as in adopting new hygienic behaviours – the ODF programme for this population segment may need to be revised and adapted.

and have been instrumental in ensuring that households in their areas are in compliance with SHMP goals. Although all of these local level bodies are currently being followed up by either local government, NGOs or INGOs, 24% of municipalities and VDCs in Nepal have yet to receive any follow-up. Considering the importance of continued monitoring and follow-up of the ODF status of districts to ensure ODF compliance, this activity should remain budgeted by government and international agencies.

Further to this, it was notable that the availability of public toilets remains low, with only 50% of the assessed Municipalities and VDCs having public toilets. The absence of public toilets will make it difficult for

community members to continue their newly adopted behaviour of toilet use when they are outside of their homes. It was also revealed during group discussions that some public toilets that were built were poorly constructed and maintained, leading to their non-use. This issue will clearly need further reflection and action. This in part also contributes to the continued practice of roadside defecation when people are going to and from work, especially in urban areas.

One of the major influences in ensuring the widespread adoption of toilet use was through the school system. The fact that 100% of all schools visited had toilets, and that 93% of these were separated by gender, is a testament to the successful work carried out in schools. Schools also had an overall self-reported handwashing rate of 97% where promotional activities had been carried out. Clearly, promotion in schools was highly effective and teachers and students had also inspired parents to construct household toilets. Students were proactive in carrying out door-to-door promotions, informing people about sanitation and hygiene and its benefits, and if people were seen defecating in open areas they would be approached and reprimanded and motivated to construct a toilet. The Child Clubs in schools developed sanitation campaigns that involved both the school and the surrounding community, promoting toilet construction and use that has led to a successful campaign triggering other development interventions such as the 'Total Immunization Village', the 'Fully Literate Village' and 'Indoor Air Pollution Free' villages. One area in which schools could improve is the establishment of a clear maintenance plan for the toilets. Only 23% of schools had budgeted the repairs and maintenance of toilets. Not having a clear maintenance plan will put school toilets at risk once they encounter any problems.

Awareness raising on the importance of an ODF environment has also been successful at Municipal and VDC level. The leadership of local bodies has been important in the selected districts and VDCs, and Municipalities have used their wide-ranging influence to ensure that households construct toilets. The VDC secretary, in many cases, made door-to-door house



calls to raise awareness on the importance of having a toilet for the home. This was followed by members from households with toilets motivating households from other nearby villages to construct their own toilets. Becoming ODF and becoming certified became trend-like, in that all wanted to emulate their neighbours' success.

The strong use of motivational messaging, especially using the concepts of pride and shame, have worked well in communities. The sense of shame for those not having constructed a toilet whilst their neighbours had, encouraged lagging households to construct their own toilets. Furthermore, the sense of wanting to belong to a positive community activity and to feel more accepted by the community for having constructed a toilet was key to the development of the ODF programme. At the other end of the spectrum, the fear of being criticized by neighbours and community members for practicing OD definitely motivated households to conform to the objective of ODF and build a toilet. This fear coupled with the potential embarrassment of being reprimanded or fined for OD behaviour saw compliance with toilet construction increase during the ODF programme, with households going as far as listing it as their second priority for expenditure after food. As the novelty and trend of constructing and maintaining a toilet will see a dip in popularity at a later stage, it is important to maintain and formalize a strict policy and code of conduct for penalizing OD practices in the community. The enforcement of penalties for non-conforming community members will ensure that the practice of OD remains a prohibited behaviour.

Conclusion

The ODF programme implemented in the seven districts of Nepal has clearly been a success. This is largely due to the government's commitment to the sanitation agenda, following of a clear strategy and creating a favourable policy environment. Furthermore, the ODF strategy has effectively been decentralized so that its application is rolled-out at the local level through Municipalities and VDCs. Continued

support to these local entities and a strong monitoring component will help them to ensure that ODF objectives are achieved and remain focused.

Although few households benefitted from financial subsidies, materials subsidy support was around 25% of the total households assessed. To ensure that the ODF status of communities will be sustainably maintained in the future, it is important that any type of subsidy is phased-out. An exception will be for households that have been specifically identified as having a very poor economic status. Focus needs to remain on promotion of the right behaviours, as building a toilet is easier than cultivating the appropriate behaviours to continuously use and maintain the toilet.

A key lesson learnt from this study is the value of using strong emotional motivating factors, such as pride and shame. The pride that households manifested in having built a toilet, especially if they built it before their neighbour, positively influenced the ODF campaign.

Equally, the sense of shame in not having a toilet and continuing OD led most households to quickly comply with ODF objectives. Those households that continue to practice OD are targeted by the wider community and are reprimanded and fined by the local authorities. This code of conduct for toilet use has had an important impact in ensuring compliance by a majority of households.

Children have been instrumental in promoting the ODF campaign and proved to be successful agents of change in their communities. Although ultimately the choice of constructing a toilet is with the head of the household, children applied constant pressure for this to happen. Therefore, their role in schools and in the communities at large must be considered when rolling out the Sanitation Social Movement.

For districts like Achham that are lagging behind in their ODF objectives, special attention needs to be paid to the potential causes. Achham was one of the districts where the ODF sanitation social movement was initiated. However, likely due to poor economic conditions, they are underperforming which in turn is



putting overwhelming pressure on households' resources. It must be emphasized that Achham is one of the districts with the highest rate of illiteracy and for this reason households may have been less able to fully appreciate the ODF promotion. Other reasons may be a lack of space for toilets, continued observance of traditional practices, or householders mainly renting their dwellings resulting in landowners and renters both being unwilling to invest.

As Nepal nears universal household sanitation coverage through the promotion of hygiene improvements and toilet construction, it will be important to continue to promote and assess the effective use of the toilets by all household members and to start tackling the complex situation of developing sanitation options in public spaces to ensure that communities can be truly ODF.

Recommendations

Listed below are a number of recommendations for the future follow-up and monitoring of the ODF programme in Nepal.

Strategic and policy level

1. The cornerstone of the Sanitation Social Movement's longevity and success will be the continued development and nurturing of a politically committed environment with a clear national strategy and implementation plan for rolling out the ODF approach.
2. Instilling a national goal and a sense of national commitment amongst the target populations will further contribute to the sustainability of ODF programming.
3. Ensure continued financial support, follow-up and monitoring of Municipalities and VDC's ODF status by government and external organizations.

Operational

1. Increased focus on Achham and other districts that

may be lagging behind in the achievement of their ODF achievements.

2. Formalize a strict policy and code of conduct for penalizing OD practices in the community. This will ensure continued observance of ODF practices once promotion has scaled back.
3. Ensure that schools have clear operation and maintenance plans for their toilets. This will ensure the longevity of their sanitation infrastructure.
4. Motivate children to be proactive in promoting ODF at school and community levels. Create a role for children to monitor toilet construction and use in their communities.
5. Though affordability of toilets remains an important measure of success, the promotion of shared toilets for poorer households should be considered.
6. Further work needs to be undertaken on designing low-cost toilets without compromising quality.
7. Rapid phasing-out of subsidies needs to be an objective of the ODF program, with clear rules and criteria put in place for those poorest households that would still benefit from subsidies.

Aspirational

1. Although the study provides ample examples of the sustainability of ODF in the seven districts, to adequately quantify sustainability, a more in-depth study will be needed.
2. Although some results concerning the health impact of the ODF programme have been referred to, and respondents stated that they have noticed an improvement in their family's health since they have been using a toilet, this is a subjective measure and a health impact study would be required to confirm these indicative findings.
3. Further research may be warranted to look beyond



household toilet access to assess toilet use by all household members.



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