



Implementing National Sanitation Policy in Nepal

Challenges and Opportunities



Summary

Current national sanitation coverage in Nepal is reported to be in the range of 18-30%. There is an urgent need to meet the backlog and to cater for the sanitation needs of an increasing population.

Policy can set priorities, state principles and establish roles and responsibilities, so providing the framework within which these needs can be addressed. Nepal has had a national sanitation policy since 1994. While elements of the 1994 policy have been implemented, the situation is complicated by the existence of more recent rural and urban policies, covering both water and sanitation.

Overall policy objectives are framed in terms of the sanitation coverage to be achieved and the institutional arrangements for implementing policy. There is scope for improvements in the content of policy but the main issue in Nepal is how to effectively implement policy.

National Guidelines for Sanitation and Hygiene Promotion, 2005 are currently being developed, with the aim of strengthening the implementation of policy.

A significant increase in the rate of sanitation provision will be required to meet coverage objectives. This suggests a need to widen the number of organisations actively following policy and fulfilling the roles set for them by policy. In particular, increased engagement of the Ministry of Health could help to ensure effective sanitation promotion through the involvement of its community-based volunteers. Increased involvement of the National Planning Commission and the Ministry of Finance would help to ensure sanitation policy requirements are reflected in Nepal's poverty reduction strategy and 10 year plans.

Headline issues

- Despite the best efforts of government departments, international agencies and NGOs, over 70% of Nepal's population is still without access to safe sanitation.
- Estimates of sanitation coverage vary considerably but the available figures suggest that the current rate of increase in sanitation coverage is insufficient to meet the MDG sanitation target, let alone Nepal's stated policy objective of achieving 100% sanitation coverage by 2017.
- Nepal has had an approved national sanitation policy since 1994. A recent process to review the policy has resulted in the development of National Guidelines for Sanitation and Hygiene Promotion, 2005. Whilst intended to support implementation of earlier policy, the adoption of guidelines as opposed to a new policy document, suggests that not all stakeholders are convinced of the need for continual review and approval of separate sanitation-related policy.
- The National Guidelines for Hygiene and Sanitation Promotion, 2005 reflect Nepal's overall commitment to decentralization. While this aspect of policy is widely recognized by stakeholders, there are concerns about the lack of capacity in local government bodies to implement sanitation programmes.
- Implementation of policy is hampered by ongoing political and social instability.



Background

Population

Nepal's population in 2001 was approximately 23 million, growing at a rate of about 2.25% per annum (national census of 2001). It is expected to reach over 30 million by 2015. At around 13% of overall population, the urban population is still fairly low compared with other South Asian countries. However projected figures suggest that the absolute growth in urban population to 2015 will almost match that in rural areas and will thereafter predominate.

Growth is significant in both smaller towns and the Kathmandu valley, with the Terai region (southern lowlands) experiencing higher urban growth than hill and mountain regions.

Health

Infant and under-five mortality rates remain high throughout Nepal. The Department of Health Services Annual Report for 2001/2002 reveals that, nationally, infection with intestinal worms, which is directly attributable to poor sanitation and hygiene, was over 7%, while overall morbidity levels associated with poor sanitation were rated at over 40% for all regions.

Sanitation coverage

Estimates of sanitation coverage vary widely. The commonly used coverage figures are 6% in 1990 and 25% in 2002¹. A recent WaterAid report, consolidating estimates and drawing on the results of a number of assessments, suggests that national sanitation coverage increased from 18% in 1990 to 27% in 2000². WaterAid notes that these figures are consistent with available information on levels of investment and per capita expenditure.

Efforts to expand sanitation coverage have been hampered by the ongoing internal conflict and instability, which makes access to many rural areas either difficult or impossible. Work continues in some districts, through the involvement of NGOs, who are able to reach rural areas that are closed to government officials.

Introduction

The Environmental Health Programme (EHP) of USAID developed Guidelines for the Assessment of National Sanitation Policies in 2002, to help countries assess sanitation policy in enabling an environment that encourages effective programmes and strategies. Nepal was selected as one of two countries for field-testing the relevance of the EHP Guidelines, as part of DFID-funded research carried out by WEDC in collaboration with Development Network, a national consulting and research firm in Nepal.

Using the EHP Guidelines as the basis for areas of policy assessment, a series of stakeholder workshops were held in Nepal during 2003 and 2004, supported by one-to-one consultation with individuals representing key national, regional and local-level institutions involved in sanitation. This provided opportunities to review and analyze both the content and, more importantly, the implementation of national sanitation policy – a key challenge facing Nepal as a whole.

Nepal's sanitation policy development

Nepal's first National Sanitation Policy was produced in 1994. The Policy itself is concise and is supported by a longer set of guidelines for planning and implementation contained in the same publication. An unofficial revised version, produced in 2002, was not ratified by the government.

The government approved a new National Rural Water Supply and Sanitation Policy, developed with Asian Development Bank technical assistance, in April 2004. This policy focuses strongly on rural water supply and does not consider sanitation in the same detail as the 1994 sanitation policy. The main policy document is again kept short and contained in the same document as a supporting Strategy. Additional information is provided by a separate 'Strategic Action Plan'.

Two further initiatives began more recently:

- Following a process to review the 1994 National Sanitation Policy, the lead government Ministry and Department have opted for the outcome of the review to be development of new National Guidelines for Sanitation and Hygiene Promotion, 2005. While clearly linked to the 1994 policy, these guidelines are a substantially new document – focusing on the implementation of policy, within the context of ongoing decentralization and the more recent Rural Water Supply and Sanitation Policy 2004.



- The development of a National Urban Water Supply and Sanitation Policy in 2004. Policy development is being supported by the Japan International Cooperation Agency (JICA). Like the National Rural Water Supply and Sanitation Policy, the main focus of this document is on water supply. At the time of writing, this policy document is in draft format.

Institutional context

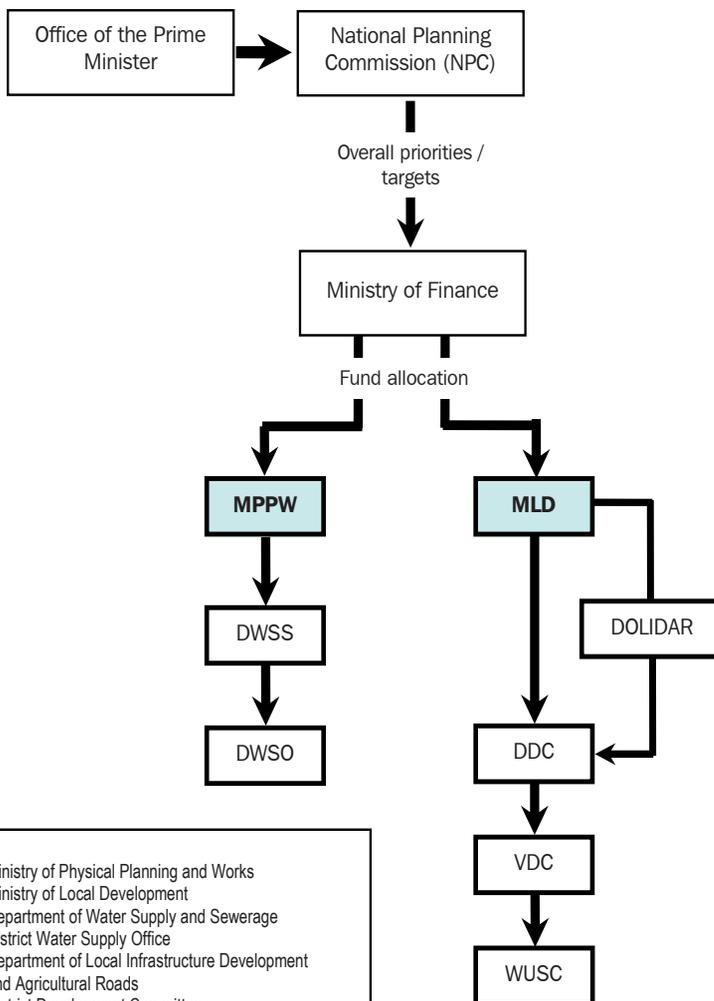
In common with many other countries, Nepal is going through a process of decentralization. The lead agency for the development and implementation of policy is the Department of Water Supply and Sewerage (DWSS), which falls under the Ministry of Physical Planning and Works (MPPW). Under the National Guidelines for Sanitation and Hygiene Promotion, 2005 and in line with policies relating to decentralization, responsibilities for sanitation provision are to be decentralized, with DWSS retaining an advisory and enabling role. DWSS is still in the process of determining what this role might mean in practice and has organized a series of regional workshops to explore future activities and responsibilities. It has defined the scope of the activities to be undertaken in its District and Regional offices, with a clear emphasis on water supply. References are made to sewerage, sewage treatment and cost recovery principles for sanitation schemes in small towns (by implication relating to sewerage and communal facilities) but there is no explicit mention of household sanitation.

Responsibility for implementation lies with Water User and Sanitation Committees (WUSCs). These are linked to Village Development Committees (VDCs), which in turn link upwards to the District Development Committees (DDCs), which are responsible for overall district-level planning. The whole decentralized DDC/VDC/WUSC structure falls under the Ministry of Local Development (MLD) and is supported technically by the District Technical Office (DTO). DTO staff are provided through the Department of Local Infrastructure Development and Agricultural Roads (DoLIDAR).

So, for rural and small town programmes at least, the policy and overall lead agency function is the responsibility of one ministry, while the day-to-day implementation of that policy is carried out by organizations falling under a second ministry. In practice, DWSS continues to be involved in the planning and implementation of schemes serving populations of over 1,000 through divisional and sub-divisional offices.



Simplified structure of key Ministries responsible for implementation of national sanitation policy



- Key:**
- MPPW Ministry of Physical Planning and Works
 - MLD Ministry of Local Development
 - DWSS Department of Water Supply and Sewerage
 - DWSO District Water Supply Office
 - DOLIDAR Department of Local Infrastructure Development and Agricultural Roads
 - DDC District Development Committee
 - VDC Village Development Committee
 - WUSC Water User and Sanitation Committee

The result is a potential for misunderstanding and duplication of roles, as departments and district staff adjust to their new roles and responsibilities – some of which are not clearly identified in the policy documentation.

Efforts to resolve these issues have been hampered by the political situation, which has prevented local government bodies from functioning for the last three years.



Resource gaps

Expenditure in the water and sanitation sector is currently dominated by water supply projects, in particular the Melamchi scheme, which is projected to require about 70% of the development budget available between 2000 and 2015. The shortfall in funds to support sanitation improvement and expansion is estimated to be about \$6 million per year (WaterAid, 2004), about 54% of the level required to meet the MDG sanitation target. Given clear statements that there should be no subsidy for sanitation, much of this gap should theoretically be filled from people's own resources. The question then arises as to whether low-income households will be able and willing to build latrines without subsidy support and whether resources are available to promote improved sanitation.

There are also concerns regarding human resources as the sector adopts decentralized service provision. Local government bodies, with limited technical capacity struggle to fulfil the roles assigned to them by policy. Sanitation is not prioritized in locally generated plans and programmes, partly because household sanitation is not a shared 'public' responsibility. The DWSS's regional structure is remote from some districts and lack of coordination with ministries (notably health and education) means that other organizations with locally based human resources are not involved in promoting and supporting sanitation programmes. The result is that responsibility for promoting sanitation and supporting sanitation improvement efforts rests largely with NGOs.

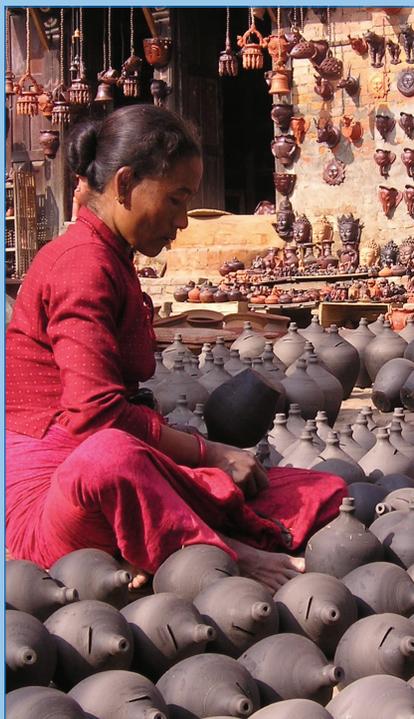
Achievements and challenges

Focal point for co-ordination

Several key requirements of the 1994 National Sanitation Policy that were implemented have continued to influence developments in the sector. At the national level, the creation of a sanitation cell within DWSS provided a focal point for the coordination and development of sanitation-related efforts. Coordination arrangements stipulated in national sanitation policy have been put in place, including a National Steering Committee for Sanitation Action (NSCSA) and a Sector Stakeholders Group, covering both water supply and sanitation. District-level water and sanitation committees have been formed, although most meet infrequently. The National Sanitation Week, called for by the policy, has become an annual event.

Sanitation promotion workers

Unfortunately, some aspects of the 1994 policy remain unimplemented. The failure to appoint female sanitation supervisors in every district, with support staff including four female sanitation



promotion workers, left a significant gap at the grassroots level in the key area of sanitation promotion. The 2005 guidelines omit this requirement, perhaps recognizing that it would be impossible to implement, although it does provide guidance on alternative approaches to sanitation promotion.

Coverage gap

After more than 10 years with a policy dedicated purely to sanitation, the gap between water supply and sanitation coverage remains at over 50% and is even greater in the Terai region. Planning at district level and below is crucial and the best way to facilitate improved sanitation coverage appears to be to implement stand-alone sanitation initiatives. This is unlikely to be a priority for the DTOs, while DWSS lacks the local presence required to support such initiatives.

Engaging other government actors

A key challenge is to engage departments and ministries other than DWSS and its parent ministry in policy implementation. While most recognize the existence of sanitation policy, they make limited use of it when planning their activities. There is a particular need to ensure that the National Planning Commission (NPC) and Ministry of Finance (MoF) actively support sanitation policy and ensure that it is reflected in poverty reduction papers and strategies.

Practice drives policy

While all NGOs within Nepal work within the basic decentralized arrangements required by policy in general, many recognize that their activities are situation rather than policy driven. Other aspects of policy, such as the role of women in sanitation promotion, the use of appropriate technology and the use of appropriate media channels to promote sanitation messages, are reflected in their activities. However, it appears that NGOs have emphasized these aspects because they are widely recognized as important, rather than because they are required to do so by policy.

Ways forward

Development of the National Guidelines for Sanitation and Hygiene Promotion, 2005 enables the sector to focus on improving implementation of policy. This will require ongoing review of the guidelines and action plans based on experience, although the eventual revision of the 1994 policy itself should also be considered.

Coverage data

There is currently considerable uncertainty about sanitation coverage figures. Measuring progress towards policy objectives requires efforts to develop an improved information-base on sanitation coverage and use.



Targets

Efforts to implement policy should include a focus on improving sanitation coverage and use at district level. This will ensure that national targets are broken down into more realistic and therefore achievable local targets. It will also facilitate comparison between different districts and allow assessment of the factors that make some districts more successful than others. Focusing on the district level and below will also increase opportunities to assess the relationship between national policy requirements and practice in the field. This in turn will help to ensure that future revisions to policy are grounded in experience.

Promotion

Given the shortfall in funding, there is a strong case for an increased focus on promoting user awareness and creating informed demand for improved sanitation and hence increasing user willingness to contribute to the capital costs of improved facilities. Ministry of Health community level staff and Female Community Health Volunteers (FCHVs) could play an increased role in sanitation promotion. This will require closer liaison with the Ministry and, once the idea has been accepted in principle, technical and financial assistance to ensure that community-level health staff receive appropriate training and support.

Private sector

Opportunities for the private sector to work in partnership with government and the NGO community, supporting capacity gaps, should be further explored and optimized.

Co-ordination

There is a need to build on existing coordination arrangements, with the aim of widening government involvement in sanitation-related decision-making. Greater engagement with the National Planning Commission and Ministry of Finance is required to ensure that sanitation issues are adequately addressed in national poverty reduction programmes.



This Briefing Note presents an overview of key challenges and opportunities facing Nepal in the implementation of national sanitation policy.

It is based on the findings of research undertaken in 2003-2005, as part of a DFID-funded research project *Application of tools to support national sanitation policies (R8163)*.

Other research outputs include:

- Sanitation Policy: Why it is important and how to make it work – an overview guidance note.
- National sanitation policy in Ghana: a case for improved co-ordination? – a briefing note from Ghana.
- Comparing National Sanitation Policy Content – a note summarising and comparing the content of sanitation policies from 9 countries.

Key references

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Footnotes

¹ The 25% figure is taken from the Tenth Five Year Plan. The 2000 national census suggested that 46% of the population had access to excreta disposal facilities but that half of these were 'temporary' facilities, a term used to denote unsatisfactory facilities.

² Urban coverage is estimated to be less than 70%, and rural coverage less than 20%.