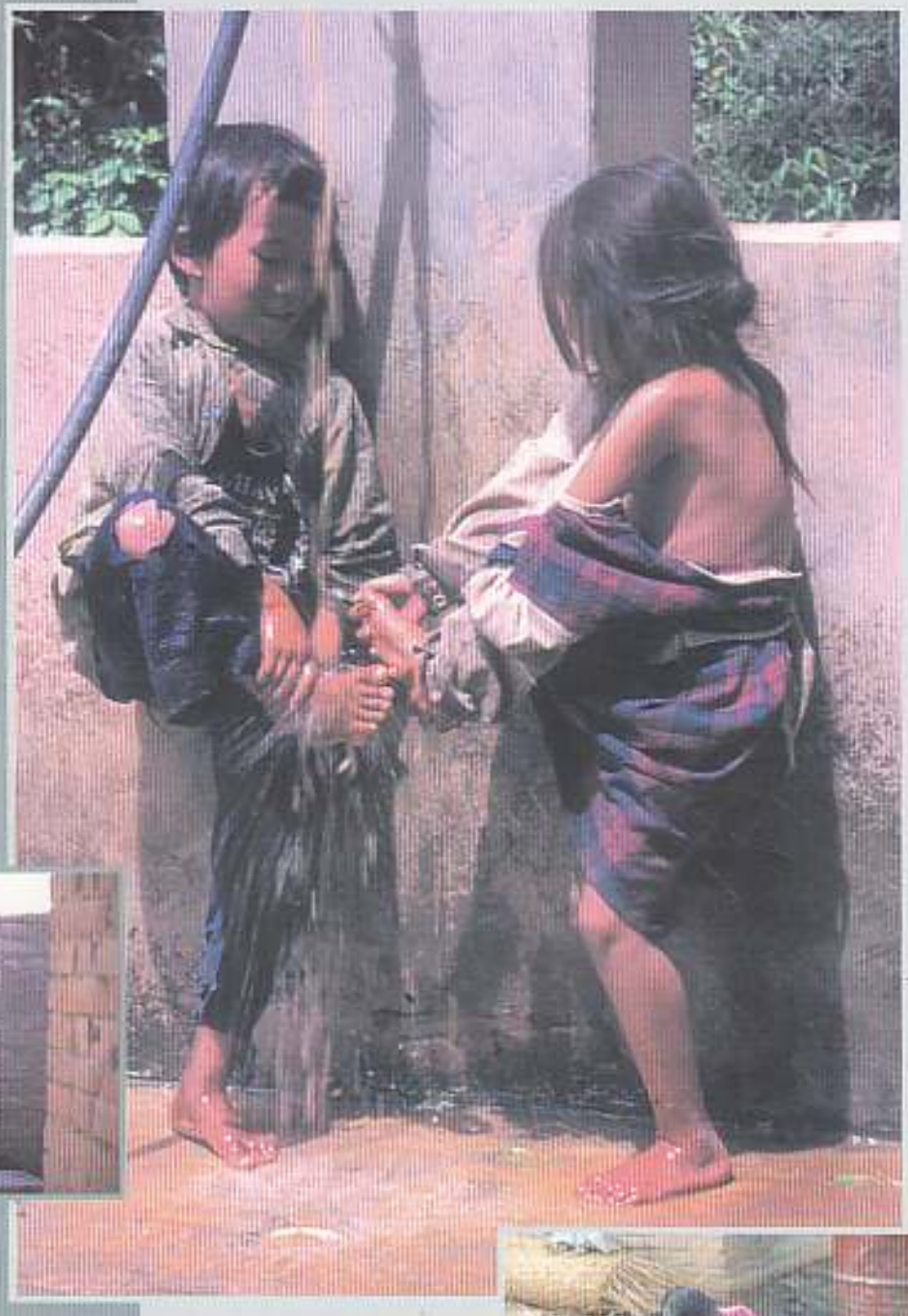
Costly Neglect



A Citizens' Report on Sanitation and Child Survival

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Acknowledgement

It is truly a heartening experience to hold this Citizens' Report in hand, the tangible result of yearlong interactions and sharing with communities in Nepal. From the standpoint of gathering inputs from the field studies, tabulating and sifting through the piles of material before committing these to writing in a lucid, coherent and palatable style, this report is an achievement. But considering the infinite problems of basic human survival that plague the country today, this report is just a means to an end. It merely heralds the beginning of a battle against the wanton death of infants and children in the country because of environment related causes, which are normally preventable.

UNICEF has been working ceaselessly to redeem the state of children in this country since the past three decades. The surfeit of literature on children spanning researches, investigations, training manuals, audio-visual material, and so on, besides the fiscal aids provided by it to the weaker sections, and invested for sanitation, water, health, education etc., are the proof of this institution's commitment to community development. NEFEJ is honoured for being singled out by UNICEF to carry out this assignment, which is in a practical way, forging a lasting alliance for joint action in the future.

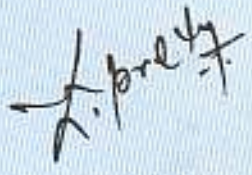
The citizens of the country, those brave stalwarts, who are able to retain the smile on their faces despite the odds and difficulties that they live with in varying degrees, need to be complimented for their dauntless inner faith in their spirit. NEFEJ will fail in its duty if these fellow compatriots are not saluted in all humility.

My fellow colleagues from NEFEJ have gone down to the grassroots level, visiting villages even in remote districts of the country to gain first hand information about the state of sanitation and health from the people themselves. Mr. Murari Shivakoti, the TeamLeader, Mr. Bhairab Risal, who coordinated the District Interaction and Sensitisation Programmes along with his team-mate Govinda Pokharel, Mr. Tirtha Koirala who headed the Media Feature Service section, and Mr. Suman Basnet, Coordinator of the Citizens' Report team, need special mention for their dexterity and sincerity in carrying out their respective assignments. Finally, I wish to thank Dr. Sunam Gyamtso Tenzin, Consultant for NEFEJ, who wrote and rewrote this report to develop it to its present state.

We are also grateful to the officials, authorities, media personnel, social organisations, and other dignitaries in the districts who are stewarding the course of local development, for their cooperation and participation in the district-wise programmes. The members of the District Media Concern Group for Sanitation also deserve to be praised for volunteering to keep the nation informed about the state of water, sanitation and health in the districts through media coverage.

A host of other people gave their valuable time by granting interviews, contributing articles, lending wise suggestions, and participating in the Consultative Meetings. Dr. Arzu Rana Deuba, Mrs. Rita Thapa, Dr. Renu Rajbhandari, and Mrs. Lajana Manandhar gave much insight into the problem of child mortality, sanitation and water from different perspectives. Likewise, Dr. Sharad Onta and Dr. Achyut Bhattarai contributed brilliant papers defining the problem in the idiom of medical technicalities.

NEFEJ is beholden to all for their support.



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Executive Summary

The Citizens' Report is a plea for actions to prevent the death and ill health of hundreds of thousands of Nepalese children from a cause that is reversible. Ignorance and poor hygiene conditions are hotbeds for the spread of infectious diseases, in particular diarrhoea. At the start of the 21st century, it is intolerable that diarrhoea continues to rob the lives of 38,000 Nepalese young children every year.

On the 9th February 2000, an understanding was forged between UNICEF and NEFEJ to bring out a consolidated Citizens' Report on Sanitation and Hygiene vis-à-vis U5 Mortality and Morbidity in Nepal, on the basis of the extant data on the subject. The Citizens' Report is deemed to compliment the work initiated by UNICEF, of prioritising the mainstream environmental sanitation issues in the nation's development agenda.

A three dimensional strategy was laid down which consisted of a district-wise interaction and sensitisation programme, media dissemination through a feature service programme, and the final preparation of the Citizens' Report embodying the inputs gained from the districts.

On many occasions, the NEFEJ team had to confront such questions from the citizens of the country- "Does the death of children due to diarrhoea deserve so much research and concern, when there are more important and pressing issues like poverty, illiteracy, unemployment, scarcity of water and toilets, domestic violence, trafficking and a host of other social ills?" It is one of the major challenges of our times to convince the people that infant and child mortality is one of the major manifestations of the country's underdevelopment, and that it is a periscope through which the state of affairs in the spheres of education, water, sanitation, health, economy, and culture of the people can be viewed.

This Report contains more practical narratives and opinions of the people than statistics. A few cardinal imperatives, as opined by the denizens of the country, have been repeated on purpose to underline their urgency. For instance, lack of coordination, lack of people's awareness, and need for the leaders to set examples, etc., were unanimously voiced by the people in all the districts. NEFEJ also interviewed some of Nepal's leading social leaders, doctors, bureaucrats and engineers. These interviews with Dr. Arzu Rana Deuba, Mrs. Rita Thapa, Dr. Renu Rajbhandari, and Mrs Lajana Manandhar have been written down in a congruous manner and presented in this report. Likewise, two eminent health specialists, Dr. Sharad Onta of PHECT, and Dr. Achyut Bhattarai of Sukraraj Tropical and Infectious Disease Hospital, were requested to contribute on the technical intricacies of child mortality, sanitation and hygiene. Instead of quoting from secondary sources, it was deemed as more prudent to derive the inputs from the specialists themselves..

The first two chapters introduce the subject and establish the relation between various symbiotic factors with the subject of infant mortality and morbidity in Nepal, and serve as the groundwork to base the views and recommendations of the people, which are presented in the rest of the three chapters. The following is a resume of the opinions articulated by people.

1. **Plans and their Implementation**

   Plans and strategies pertaining to water, sanitation and health have been abounding in the country . Unfortunately there has been a yawning gulf between planning, financial allocation and implementation. At the planning level, failure to integrate water, sanitation, health and education in a holistic manner is very much evident. At the level of implementation, the efforts have been lopsided with emphasis given to construction of latrines and water supply without heeding the need to change the people's attitude and raising their awareness. In a country, which is mostly inhabited by illiterate, poor, superstitious, tradition-bound and ethnically diverse people, there is an urgent need for living role models whom the people can emulate. Sanitation is no more just an environmental or health issue. It mirrors the culture of the people and should percolate down right from the top level. The resolutions made by the planners and strategists must be liberated out of the conference halls and translated into real practice.

2. **Inadequate water and sanitation**

It is a known fact that only 20% of the people of this country defecate in toilets. The percentage of people who wash their hands after defecation and before eating is extremely poor. Despite this fact, only 7.5% of the total budget for water supply has been allocated for sanitation since the past many years, which hardly suffices to build latrines all over the country, provide necessary incentives to the people to utilise the latrines, and undertake awareness raising programmes. Similarly water supply has been extremely inadequate in most parts of the country despite plenty of water sources. Perhaps those who have never ventured out of the capital city and visited the interiors of Nepal will never see the face of stark misery and destitution, which is the true face of the country. In many places latrines have been built without considering the need for perennial supply of water. The average Nepali has to trudge for miles everyday carrying water in pales and buckets from distant water sources. Tapping these potential sources with plastic pipes and building overhead reservoirs to store water might not have cost much to the implementers and planners. Each reservoir could have catered to at least two to three dozen households.

3. **Local Innovations and Improvisations**

Despite the gloom and despair of poverty and privation, people have begun to realise the gravity of their predicament, and are now devising local innovations like trench-type low cost toilets, local alternatives for soap, local incentives to the people who defecate in toilets, natural alternatives for water such as rain water harvesting, water supply through bamboo pipes etc. The people are prepared to change their attitudes if the country's leaders guide them by dint of clear-cut perspectives and incorruptible disposition .

4. **Need for Co-ordinated Planning and Implementation**

Lack of coordination is very much evident in every sphere of rural and regional development. In the first place, there is need for the various NGOs and the government to coordinate their activities to effectively address the sanitation and water problems so that the possibilities of duplicity and overlapping are weeded out. There is also need for intersectoral coordination and cooperation between the departments of health, water, sanitation and education. Lastly, there is dire need for the government at the centre, the local self-governments and the various voluntary organisations to coordinate their efforts in a sustainable manner.

5. **Regional Problems**

Every region has its own geo-political uniqueness and peculiarities. It would be erroneous to use the same set of yardsticks to gauge the course of development in different regions of the country. Likewise relevant strategies have to be devised and adopted to suit different regions. The causes of inadequate sanitation, water and health services, or the outbreak of epidemics vary from region to region. For instance, the circumstances in Humla diametrically differ from that of Muglin and so on.

6. **Inadequate Health Care, Resources and Infrastructure**

The district hospitals are generally understaffed. Needless to add that the state of affairs in the villages with regard to health services is pathetic. Most of the health posts are unmanned and therefore do not open in time. The local branches of the district health centres invariably do not possess their own buildings, nor do most of the VDCs. In many health posts, the same set of syringe and needle is used on many patients. Drinking contaminated water causes most of the diarrhoeal diseases. Yet, laboratories to test the quality of water and water treatment plants are lacking.

7. **Attitudinal Change**

A total transformation at the behavioural level is required to ensure wholesome and enlightened participation of the people. Propagation of external cleansing exercises alone will not suffice. Most of the people have not given up their traditional notion that water is a gift of nature and need not be paid for. Such people are reluctant to invest in local water supply projects. Likewise, the habit of open defecation has been

passed down generations. Most of the people seem to consider everything from a bartering point of view, and are willing to lend their cooperation if there is monetary benefit. Such an attitude, which is akin to the benefactor paying for acceptance of the benefit, must change.

8. Traditional Anachronisms

The beliefs that children's faeces are harmless, and considering it a sacrosanct act to polish the domestic floors with cow dung and bovine urine is a traditional myth, which have been sustained through rigorous practice everyday. As mentioned earlier, people are still not prepared to make the least amount of sacrifice to ensure constant supply of water and other amenities to their community. There are also people living in the villages who repose greater faith in the necromancer and faith healer than the qualified physician. Efforts need to be made to eradicate such anachronisms, which are detrimental to the people.

9. Gender Perspective

Dwelling on morbidity among children, very little thought seems to have been given to the fact that the healthy growth and biological development of the child depends upon the mother's physical health and mental robustness. Malnutrition is one of the principal factors causing morbidity. Very little needs to be said about the prevalence of gender discrimination in Nepal. A majority of Nepal's rural women suffer from depression and various other mental afflictions because of physical abuse, domestic violence, and discriminatory attitude of parents, in-laws, male siblings, and the community at large. Therefore the problem of child mortality and morbidity must also be viewed from the gender perspective.

10. Unconcerned Governance

The system of governance either at the centre or at the local level, does not seem to be in tune with the people's basic problems. Programmes and plans are formulated and thrust upon the people without considering their capacity to receive and sustain such programmes. In the process of implementing the government's decisions, the interests of many people are disregarded, resulting in their social displacement and destitution. The cases of bonafide citizens of the country who have been categorically denied their rightful citizenship and the growing number of landless squatters in the urban slums emigrating from the backward areas of the country testify this fact. The government must realise that programmes are meant for the people and not vice versa. Hence, every decision at the level of the government as much as the non-governmental sector should be made in accordance with the needs of the people. Then alone the process of development can become demand-based, drawing the masses in its fold.

11. Economic Disparity and Social Prejudices

Discriminations pertaining to gender, caste and class are the characteristics of Nepalese society, especially in the rural areas where the social structure is still semi-feudal. Yawning economic disparities have resulted in social prejudices against those who are weak and downtrodden. The weaker sections form the exploited and marginalised class. They are systematically and unjustly denied basic amenities like social security, proper health services, equal opportunities and so on. Unfortunately, they constitute the larger portion of the country's population. Poverty and desperation ultimately lead to individual and family disorganisation resulting in social disruption and myriad forms of criminal indulgences. The children of the marginalised classes are prone to varieties of disease afflictions, which retard their metabolic growth. The steady growth of deformed and disabled children in the country can be ascribed to economic disparity and social discrimination.

12. Role Models

What the country needs today are role models, either exemplary individuals or

institutions. In a country, where human resource development has been given the least priority, it is difficult to find integrated personalities who could otherwise lead the people along the path of progress and development by precept and practice. It is the wishful thinking of everyone to live in a well-developed, healthy and robust society, where there is a perfect blend of social security and economic stability. Although it is not possible to change the face of the country in a trice, one VDC in each district can however be turned into a role model. These seventy-five model VDCs will inspire the rest of the country to espouse progressive and optimistic goals to turn their localities into well-developed and self-sufficient habitats.

13. Holistic Vision

The problem of under-five mortality and morbidity should not be treated as an isolated phenomenon. Rather, it needs to be understood as one of the manifestations of the country's underdevelopment, closely related with sanitation, water, education, and the economy, religion, traditions and culture of the people. Hence, strategies to curb the problem of infant and child mortality must integrate all the factors related to the people's socio-cultural life. Treating only one segment of the overall social malady would be purely diagnostic and preventive, precluding the chances of eradicating the whole problem for good.

Conclusion

This is a gist of the people's opinion with regard to the state of sanitation, hygiene and under five mortality and morbidity in Nepal. It is intended to make this report a clarion call on behalf of the children of Nepal, to the powers-that-be of the country, the intellectual elite, decision and policy makers, development planners, parliamentarians and statesmen, teachers, political leaders, religious leaders, social workers of all denominations, and the people themselves, to integrate their strength and resources to address the problem of infant and child mortality. It is a white paper on the views and opinions of the country's citizens, their experiences and innovations with regard to sanitation, hygiene and health. The effort is the first one of its kind in the country, and will be used as an effective advocacy tool to influence the development policies and actions in the country. After going through its pages, if the realisation dawns on the readers that the death of children due to a preventable disease mirrors the retrogression of the nation's civilisation, and galvanises them into concordant action, the purpose of this exercise would have been fulfilled.

"From the long term point of view, the main objective of planned economic development is to establish a progressive welfare state, designed to give expression to economic and social justice. Mere expansion of production is not sufficient to meet this objective; it is necessary to provide for the just distribution of this product among the various contributing classes. Moreover, this objective can only be fulfilled if the Plan becomes a symbol of the common desire of all the people of a country of progressive development."

Opening sentence entitled Objectives - THE THREE YEARS PLAN, National Planning Council, His Majesty's Government, 1962-1965

"The quality of medical care is an index of a civilisation" - Dr. Ray Lyman Wilbur 1932
"One death is a tragedy, a thousand deaths are statistics" - Joseph Stalin

Preamble

Children are dying in Nepal in thousands every year. The primary cause of death is diarrhoea and its concomitants. In an age of advanced breakthroughs in medicines, having to die because of diarrhoea is perhaps an awfully humiliating experience. An estimated 38,000 children afflicted with diarrhoea, dehydration and ARI die each year.[1] The fact about such high percentage of child mortality in the country is an indicator of the country's underdevelopment and human neglect.

Children are acutely vulnerable to disease until they reach the age of five, which in a way, is a watershed in each individual's life. Their immune system is still in a fragile and formative state due to which their innate resistance to bacteria, parasites and pathogens is weak and underdeveloped. It is during this time of teething and suckling that children need utmost care. Quoting from available statistics, the number of reported diarrhoeal deaths of under-five children in 1995 was reported as 114 per thousand.[2] Reported new diarrhoeal cases increased from 154 per thousand in 1996 to 172 per thousand in 1998.[3] The recorded number of diarrhoeal visits too increased from 477,419 in 1996 to 561,820 in 1998.Juxtaposed to the 1,864,313 targeted U5 diarrhoeal cases, 526,747 were treated in the year 1998, which has been enumerated as only 28% in terms of achievement.[4]

When diarrhoea affects an infant, it triggers off a chain reaction spanning dehydration, malnutrition and acute respiratory infection (ARI), taking a heavy toll of infant life in the country. Out of the total 561,820-diarrhoeal cases reported in 1998, 48.41% suffered from some amount of dehydration and 7.05% from severe dehydration. In the year 1998, 468,266 ARI cases were registered. During the same year, the rate of ARI incidence was tabulated as 144 for every thousand U5 children wherein 727 succumbed to the disease. The mortality rate due to ARI increased from 0.11 to 0.22 between the years 1997 and 1998.[5]

The sum and substance of the aforementioned data is that even while one browses through the pages of this report, scores and hundreds of children are dying across the country for sheer want of treatment, and amenities that are basic to any worthwhile human life. Perhaps, the way in which the people of Nepal view this critical predicament is best expressed in the words of a resident of Chapamandau VDC in Accham, who lost two of his grandchildren in December 1999 following a bout of diarrhoea –

"Janmekai bholi palta marnu wa bhuin mathi paitala pani tekna napai ani prakriti ko sundartaa lai herdai ama ko kakh me matra panch barsa samma pani khelna napai marnu jasto dukkha ani bishadpurna kuro aroo ke huna sakcha ra? "

"Could there be anything more illogical, unnatural, ignominious and saddening than be born only to die before the next sunrise or without having set one's feet on sweet mother earth and beheld her majestic splendour; and without having spent even five frolicking summers on her bosom?

Chapter 1

Introduction

1.1. Sanitation and Child Mortality- The Interrelation

Nepal, though considered among the most underdeveloped and poor countries, is rich in mineral wealth, healthy and fertile soil, variegated flora and fauna, and above all, enormous water resource. The hydro-potential of the country alone is sufficient to enrich its economy.* Unfortunately, Nepal lags far behind its planned target of harnessing its water resources not only for irrigation and sanitation, but also to keep the continuum of life going by providing safe drinking water to all its citizens. The sight of people queuing up to fill their vessels from contaminated springs, and almost any spout that trickles, is reminiscent of the satirical aphorism - *water, water everywhere, but not a single drop to drink*. Men and beasts alike are born free to live in nature and enjoy all her bounties. Yet what might be the constraints that compel large sections of humanity in the country, to suffer from the proverbial Tantalus Syndrome, is a riddle, which needs to be unravelled and addressed before it is too late. There is urgent need for the people and the policy makers to wake up to the realisation that lack of water and latrines is not the only cause of inadequate sanitation in the country although water definitely is the substratum of cleanliness and hygiene. It is the attitude of the people and the policy makers that needs to undergo a complete metamorphosis. Otherwise, notwithstanding water taps and latrines in every nook and corner, people are bound to continue with their traditional habit of defecating in the open and littering their premises. The intimate relation between sanitation and survival must be defined and understood in clear-cut terms.

The National Sanitation Policy of Nepal, 1994 defines sanitation as *all activities, which improve and sustain hygiene in order to raise the quality of life and health of an individual. Sanitation constitutes an important dimension of the living environment, whose neglect leads to major costs in human suffering and economic losses.* Thus sanitation implies the science and art of cleanliness and hygiene, which is one of the most elementary determinants of good health and happiness. In a wider perspective, sanitation connotes the following factors:

- ❒ Personal hygiene practices and community sanitation.
- ❒ Solid and liquid waste disposal including urban drainage and solid waste management.
- ❒ Proper disposal of animal waste.
- ❒ Disposal of industrial waste.
- ❒ Disposal of hospital and medical waste.
- ❒ Adequate provision of latrines for safe disposal of excreta.

- Hygiene education through media, non-formal and school education.
- Cleanliness and behavioural changes involving hand washing.
- Food and domestic hygiene.
- Protecting water sources.
- Treatment of water.
- Proper handling, storage and use of drinking water.
- Sensitisation through the media and health awareness campaigns.
- Central role of women.
- Community control and ownership.

Thus, in a nutshell, sanitation connotes *improved human development, which is reflected in improved health and nutrition, environmental protection, improved returns in terms of education and contribution to economic growth.*

The close link between sanitation and environmental health can be gleaned from the Nepal State of Sanitation Report, 1999/2000, which provides an exhaustive list of health hazards resulting from lack of proper sanitation:

- Diarrhoea related diseases from faecal contamination of water and poor personal hygiene.
- Guinea worm infestations from unprotected water wells and ponds.
- Spread of mosquito habitat from water storage, poor maintenance of storm drains and lack of drainage in general.
- Intestinal worms and other parasites.
- Water and air pollution from unsanitary solid waste disposal sites.
- Air pollution (dust and fumes) from waste disposal sites and transfer stations and from trucks servicing the sites, and
- Scavenging at disposal sites and other collection or transfer points.

As mentioned earlier, children below the age of five are more vulnerable to disease infections than grown up children and adults, on account of their fragile immune system. Children in the backward sectors of the country are prone to germ and bacterial infections due to poor sanitary facilities and conservative ways of waste disposal practised by the adults. Faecal germs can contaminate food and drinking water through flies and such other hosts. Unclean habits can further carry germs through unwashed fingers of the child as well as the mother feeding it. The summum bonum of sanitation awareness is washing hands before eating and after defecating. According to a health and sanitation module devised by UNICEF, one gram of faeces can contain 100 parasite eggs, 1000 parasite cysts, 1,000,000 bacteria and 10,000,000 viruses. Of the six Fs, faecal germs are transferred through flies, fields and fluids, which can be prevented by proper disposal of excreta through the proper use of latrines. Consistent habit of hand washing can prevent germs from contaminating food. Intake of contaminated food and water causes diarrhoea and other diarrhoeal diseases, which have been causing widespread deaths of under-five children.

> There are places in Nepal where the people suffer from the scarcity of drinking water. This may sound paradoxical in a country like Nepal where the snow-fed perennial rivers flow in plenty. In some places water has to be borne from afar while in other places the available water is not fit for drinking purposes. If drinking water could be made easily accessible to those places where people suffer from the lack of it, not only would much labour be saved but also public health would be improved. A rise in the standard of living of the people will also demand more water facilities. A programme should therefore be initiated right now to provide enough water to meet all eventualities.
>
> - The Three Years' Plan of HMG, Nepal

1.2. State of Sanitation in Nepal - A Concise Resume

The problem of water and sanitation were not so acutely felt during the earlier decades of the 20th century. The small population of the country vis-à-vis its GDP and economic consumption were relatively well within the reach of planned regulation and manoeuvring. Rivers and water sources were not contaminated by industrial pollutants due to the near absence of industries. The country abounded in natural water sources like pokharis, dharas, wells and rivers. The economy of the country was purely agrarian in nature, with larger section of the people engaged in farming and agriculture, which contributed to conservation of the country's ecology. Provision of accessible drinking water topped the priorities' list. Sanitation was then a mere concept suffixed to water and vaguely mentioned in health circles. When children died because of poor sanitation, people generally ascribed such occurrences to visitations of local spirits and the wrath of deities. In a society laden with fatalistic beliefs, how would the people believe that death could occur due to faecal contamination and lack of hand-washing habits? In the later years when realisation dawned about the importance of sanitation whose neglect was costing the country a fortune, some percentage of the total budget for water was allocated for sanitation. This can be evinced from the lopsided allocation of funds in the country's planned budgets, giving the least priority to water and sanitation as a whole, and sanitation in particular. A statement of the five-year plan budgets is stated in the next chapter.[7]

The following chronological FACT SHEET depicts some of the landmarks in the field of sanitation and water programme in Nepal.[8]

- One of the earliest references to the state of sanitation in Nepal can gleaned from the observation of historian Daniel Wright in the History of Nepal in 1877

- "In short, from a sanitary point of view, Kathmandu may be said to be built on a dunghill in the middle of latrines." The connotation is that the people then, defecated in the open.
- Bir Dhara, the first piped water system for Kathmandu was installed in 1894, which continues to function till today.
- Construction of core urban water supply schemes was accomplished in the early 1950s.
- The Department of Irrigation and Water Supply was established in 1966.
- The first three plan periods showed very little progress in rural water supply. At the end of the third plan the urban coverage was 70% and rural coverage only 3%.
- In 1970, the national water suply coverage was only 6%.
- The Local Development Department (LDD) was formed in 1971.
- The Department of Water Supply and Sewerage (DWSS) came into vogue in 1972.
- In 1973, the Water Supply and Sewerage Board (WSSB) was established to execute an IDA funded project for Kathmandu Valley towns and six other towns outside the valley.
- Water supply coverage increased to 11%, 78% urban and 6% rural during the fifth plan period (1975-1980)
- The 1980s reverberated with promises of a clean and green Nepal with the observance of the International Sanitation Decade.
- During the sixth plan water supply coverage increased to 23%, 84% urban and 19% rural. Still there were no sign of plans and provisions for sanitation.
- Implementation of shallow tube wells programme for rural water supply in the terai started in 1981.
- In 1982, a Sanitation Cell was introduced in MPLD, and in the same year, the Decentralisation Act was promulgated. The ESS and HES were created in the MoH.
- The Decade Plan was revised in 1985, and Basic Needs for All by the year 2000 was made the catchphrase for development. Urban targets reduced from 94% to 62% and rural targets reduced from 67% to 43%.
- The seventh plan period (1985-90) laid more emphasis on decentralisation. Urban water supply coverage reached 81%, rural coverage increased to 34%. Urban sanitary latrine use was at 47% and rural use at 5%.
- In 1988, the Ministry of Housing and Physical Plaaning (MHPP) was created to be the leading sector agency. The WSSC retained its responsibility for water supplies in selected urban centres. The district level branching out of the DWSS enhanced decentralisation of sectoral activities. All MPLD water supply and sanitation programmes and staff were transferred to DWSS, MoH, in cooperation with the Nepal Women's Organisation, launched the Female Community Health Volunteer (FCHV) programme.
- In January 1990, the DWSS emphasised community management of construction through Users Committees
- The ESSC became semi-autonomous from

February 1990 as per the Nepal Water Supply Act. The MHPP in collaboration with WHO conducted a National Sanitation Workshop.

- In April 1990, the Panchayat System was abolished and an Interim Multi-party government formed. The eighth plan was delayed until after the planned 1991 elections. The seventh plan period extended by one year.
- HMG ratified the Convention on the rights of the Child (CRC) in August 1990.
- September 1990 witnesses the World Summit for children. Access to safe water supply and sanitary waste disposal were included as among the basic rights of each child.
- The National Water Supply and Sanitation Committee (NWSSC) was created in October 1990.
- There was an enhanced allocation for sanitation in the eighth plan.
- An Environment and Sanitation Section (ESS) was created within the DWSS in 1993.
- The year 1994 saw the adoption of a Nepal National Sanitation Policy and Guidelines for Planning and Implementation of Sanitation Programme.
- The National and District Water Supply and Sanitation Coordination Committees were formed in 1995.
- In 1997, preparation of State of Sanitation Report for Nepal by UNICEF marked its plan of operations focusing on sanitation.
- The local authorities developed an Action Plan for sanitation in 1998
- In 2000, UNICEF envisaged to bring out the first Citizens' Report on Sanitation vis-à-vis under-five mortality and morbidity in Nepal.

Despite these initiatives, the status of sanitation in the country is still very poor. The State of Sanitation Report 1999/2000 contains the following facts.[9]

- Lack of proper sewerage system in most towns
- Indiscriminate urination, defecation and waste disposal
- Poor management of waste disposal
- Lack of public and municipal toilets in the urban areas
- Inadequate and ill-managed institutional toilet facilities in offices, schools and health institutions
- Persistence of traditional practice of open defecation throughout the country
- Secondary priority given to construction of latrines by most individuals
- Lack of sanitary awareness
- Children's stool considered to be harmless

The Nepal Multiple Indicator Surveillance (NMIS)[10] quotes the following reasons for lack of latrines in the households:

- No perceived need for latrine 66%
- Problems with resource, space 28%
- Problems with smell, privacy etc 3%
- Other temporary problems 1%

The same source also states the following facts about sanitation, water and U5 mortality:[11]

- Children under 5 years who had diarrhoea in a given two weeks constituted 18%
- Only one fifth (20%) of children with diarrhoea are given both extra fluids and continued feeding.
- Only a quarter of households know the technique of preparing Jeevan Jal
- Household coverage with latrines is 15% nationally: 12% in rural and 63% in urban areas.

The data stated above reveals that "compared to water, sanitation have lagged far behind." Since health and hygiene are interrelated disciplines, a lopsided policy giving more priority to water supply alone will not help in mitigating hazards stemming out of pollution, filth and unclean habits of the people. Hence, it is imperative to strike a balance between water and sanitation, laying proper emphasis on the sustainability and community acceptance of sanitation.

Another factor that has emerged from the district level interaction and sensitisation programmes is the haphazard distribution of basic sanitation facilities in the five development regions of the country. Only 4.0% of households in the Far Western region have access to

latrines, whereas sanitation coverage in the Mid-Western, Western, Central and Eastern Regions is in the order of 5.0%, 18.0%, 14.0% and 9.0% respectively.

One of the hallmarks of the changing trend in the country's sanitation policy is the paradigmatic shift from the central administration to the local and regional administrative bodies. The new approach of decentralisation has resulted in better reciprocation and participation among the local user groups and has imbued in the respective Municipalities, VDCs and DDCs, a higher sense of responsibility and commitment. The novel strategies adopted in the recent years based on demand-based approach, subsidies for construction of latrines, incentives to community organisations and NGOs, and enhanced urban sector initiatives, are meant to usher in, a gradual change in the people's attitude and understanding.

1.3. Relevance and Objectives of the Report

A spate of researches on sanitation, water and health, over the past decades have produced volumes of reports and recommendations which have been piled up as ornamental fixtures on shelves in the archives, libraries and offices, while the problems related with sanitation, continue to stalk the lives of children in the country. The country's strategists should consider the fact that plans ought to be formulated to address the individual human being and not an amorphous mass of abstraction put between the parenthesis of 'nation or people'. Every plan should be formulated to ensure the socio-cultural transformation and attitudinal change of the individual citizen.[12] From a more humane and pragmatic stance, the life of an average Nepalese individual is always pathetically wanting in the bare minimum means of subsistence like water, food and fodder. The interaction and sensitisation programme campaign conducted in the districts yielded a real insight into the causes of health hazards and inadequate sanitation in the country.[13] Most of the people still have to trudge for miles to fetch potable water and fodder for the family. A closer study of many of the traditionally built houses in rural Nepal reveal that attached bathrooms and toilets had never been a part of the residential plan. In other words, the universally accepted place for defecation was *any convenient spot underneath the sky*. A majority of the villagers still consider it improper and undignified to include the toilet within the house considering the pungent stench emanating from them. The recent forays made by development organisations and the government have kindled some amount of awareness among the people. Yet, despite their new-found awareness and realisation that toilets are essential segments of the household, much as the kitchen and other rooms are, the villagers cannot feasibly incorporate these in their domestic plan since such a restructuring would require material provisions to repartition the house or add new rooms, construct sewerage and septic tanks which they cannot afford. Ultimately, despite their willingness to turn a new leaf, they are left with no options but to defecate and urinate in the open grounds.

It is now time to stop playing possum to the truth that saving the lives of children from imminent death is the

S.No.	District	Dev.Region
1	Kavre Palanchowk	Central
2	Parsa	Central
3	Chitwan	Central
4	Nawalpurasi	Western
5	Tanahu	Western
6	Kapilvastu	Western
7	Kaski	Western
8	Humla	Mid Western
9	Dang	Mid Western
10	Acchant	Far Western
11	Dadeldhura	Far Western
12	Udayapur	Eastern
13	Sunsari	Eastern

priority issue and that creating an enabling environment to mould the younger generation into conscientious and contributing citizens, is the only way to begin a new epoch of tangible human development. This report is a compendium of views and opinions articulated by a cross section of Nepal's citizens both urban and rural. The approach is to treat the citizens like pulsating, vibrant human organisms as they really are, and not like an array of faceless, impersonal entities deserving only to be quoted as statistics meant to corroborate theories and hypotheses. The targets set by governmental and non-governmental organisations to ameliorate the living conditions of the people must be juxtaposed to their actual accomplishment. For instance, the 1980s, declared as the International Drinking Water and Sanitation Decade IDWSD, reverberated with promises of achieving Health for All by the year 2000, and Water Supply and Sanitation for All by the year 2002.[14] With the advent of the new millennium, the goal of ensuring Health for All seems to have receded farther away from the people's reach. In the Global Water Supply and Sanitation Assessment 2000 Report, the total water supply and sanitation coverage in the year 2000 is quoted as 81% and 27% respectively, as against 66% and 21% in 1990.[15] Considering the fact that the country's population also grew from 18,772 million to 23,931 million during this crucial decade, this achievement could be regarded as fairly promising. Yet, there is an urgent need to bridge the gap between water and sanitation in terms of countrywide coverage. Endorsing the fact that diarrhoea is one of the major killer diseases taking a heavy toll of infant life, HMG/N has accorded priority status to the National Control of Diarrhoeal Diseases Programme (NCDDP), which will remain an integral part of Primary Health Care.[16] The department of health services too had set the following targets for 1998.[17] The quantum of success in meeting the following targets can be gleaned from the Annual Report of the Department of Health Services.

- ❒ Reduce the under five mortality rate due to diarrhoea by 50%
- ❒ Reduce the under five morbidity rate due to diarrhoea by 20%
- ❒ Raise accessibility of the population to Jeevan Jal (JJ) by 90%
- ❒ Raise public awareness about JJ use in the treatment of diarrhoea and correct preparation and use of ORS by 20%
- ❒ Increase the proportion of caretakers that provide ORT for children with diarrhoea to 40%

Notwithstanding the help extended by bi-lateral and multi-lateral donor agencies like UNICEF, WHO, WB, ADB, FINNIDA, HELVETAS, and the efforts of organisations like NEWAH and NRCS, the country is lagging far behind its stipulated goals. A host of socio-cultural and economic factors as well as lacunae in planning and implementation are at the root of the success-lag, which is rampantly evident throughout the country.

1.4. Universe of the Report

Decentralisation in terms of delegating power and responsibility of governance to the districts, villages and municipal bodies has been hailed as the most innovative strategy of the decade, bordering on a laissez faire concept of development. Initially, there were great expectations that this would make the people own up their responsibilities to their communities, and imbue a sense of dignity and we-feeling among the local bodies. Contrary to these high expectations, the process of decentralisation seems to have resulted in innumerable bottlenecks. Lack of a much-needed coordination among the implementing agencies and proper consolidation of development programme, has led to a chaotic situation both at the centre and at the districts. While the planners at the centre opine that the local bodies are not reciprocating with sensitivity and dedication, the latter blame the centre for their lopsided and prejudiced approach in distributing development packages in the districts, and also grumble about meagre and inadequate budget. In the bargain, the majority of the real beneficiaries are practically deprived of the boons of development. With a surfeit of development programmes pertaining to variegated disciplines, brought to the villages and districts by various I/NGOs, the local authorities and the people at large, have evidently grown complacent, callous, pampered and even self-aggrandising, making it pertinent for the planners to think in terms of a more demand-based approach.

Chapter 2

The Background

The children of the world are innocent, vulnerable and dependent. They are curious, active, and full of hope. Their time should be of joy and peace, of playing, learning and growing. Their future should be shaped in harmony and cooperation. Their lives should mature, as they broaden their perspectives and gain new experiences.

World Summit for Children Declaration on 30 September 1990, Opening Sentence

"There is no trust more sacred than the one the world holds with children. There is no duty more important than ensuring that their rights are respected, that their welfare is protected, that their lives are free from fear and want and that they grow up in peace."

Kofi A. Anan, Secretary General, United Nations, The State of the World's Children 2000

"All children have the right to survival, from the time of conception. Survival means more than avoiding death. It means the right to well-being from conception, through the health of the mother and through her access to the highest attainable standard of health and health care facilities."

The Convention on the Rights of the Child, 1989

2.1. Geo-demographic factors of sanitation and health

Nepal, a country of variegated topographical features, has three ecological divisions, the Mountain Region at an altitude ranging between 4,877 meters to 8,848 meters above sea level, the Hill Region at an altitude ranging between 610 meters to 4,877 meters above sea level, and the Terai Region which being an extension of the Gangetic plains of India, forms a low flat land.[18] The first one consisting mainly of the High Himalayas cover 35% of the land area, the hilly region consisting of the Siwaliks, the Middle Mountains and the High Mountains occupy 42% or the largest share of the land area, and the Terai region occupies 23% of the country respectively.[20] Owing to these topographical variants, the climate and weather of the country too ranges between tropical, mesothermal, microthermal, taiga and tundra types.[21] According to the 1991 census, these regions accommodate 7.3%, 46%, and 46.7% of the population. While only two percent of the Mountain Region is suitable for cultivation, the fertile area of the Hill Region is dotted with picturesque valleys, lakes and fertile soil. Almost the entire area of the Terai Region has fertile land and dense forests. These geographical peculiarities have been crucial in shaping the history, culture and way of life of the people inhabiting these regions.

Demographic experts in Nepal are unequivocal about the increasing and galloping rate of population growth in the country. Notwithstanding the efforts to curb this alarming trend, in order to balance the equation between development and population, there are yet other facets of Nepal's turbulent humanity: *high percentage of the younger generation on*

From the given data, it is evident that people inhabiting the mountainous terrain comprise the deprived and backward lot, while the difference in development equation between the hills and the terai dwellers is just marginal. With regard to safe drinking water, the terai region has an edge over the rest of the country. In all the other respects, the region lags behind the hills and terai by almost 10 percent. The NMIS 1996 reports about varying levels in the incidence of diarrhoea in a given two weeks time in the five eco-development regions,[25] which clearly indicate that geographical location has much to do with human development. These are indicators of the impact of geography on sanitation and health.

2.2. Socio-economic and cultural factors of Sanitation and Health

2.2.1 Socio-economic Factors

" The patterns of poverty that are passed from one generation to the next can and will be broken when the poor have the means and opportunity to be healthy and well-nourished enough, and educated and skilled enough, to fully participate in the decisions that affect their lives. Because such needs are most efficiently met through public services, universal access to an integrated set of basic social services is one of the most effective ways of reducing poverty in any society. Access to basic health, education, family planning and water and sanitation services is what makes sustained and stable economic progress possible....."

The State of the World's Children 2000, UNICEF.

The fact about Nepal's poor economy and variegated customs and traditions has oft been repeated and mentioned in written accounts of various denominations. But these factors as juxtaposed to the problems of sanitation and health of the people have not been hitherto considered seriously. Every social problem has its genesis in yet another preceding problem. In the case with child mortality and sanitation too, a more holistic outlook will help in putting the researcher in the right perspective, making it easier to deal with the problem and find the right means for its eradication. Nepal is a country where the per capita income of the people is barely 7,673 NRs (105 US dollars),[26] and ranks 144 in terms of global human development index.[27] According to the Nepal Living Standards Survey of 1996, 42% of the people were below nutrition-based poverty line (NRs. 4,404 per capita); 70% below 1.5 times poverty line; and 53% below $1 a day in terms of purchasing power parity (PPP).[28] Poverty is greater in the rural sector (44%) as compared to the urban sector (23%). Geography too has impacted the living standards of the people in a pervasive manner. The Mid Western and Far Western Development Regions along with the entire Mountain Belt (72%) are much poorer than the Eastern Region (28%).[29] That the top 10 percent of the population consume more than the bottom 50 percent taken together is indeed a horrendous reality.[30]

The existence of poverty explains the high rate of illiteracy and high rise in population growth. Although other factors such as traditional usage and customs, are the prime causes of population growth, the factors pertaining to the biological needs and indiscriminate pregnancy on account of ignorance about family-planning measures cannot be ruled out.[31] Population growth and poverty are thus interrelated and compliment one another, resulting in serious implications such as:

- Scarcity of water and other resources.
- Environmental degradation.
- Problems of sanitation.
- Health hazards like infant mortality and morbidity due to infectious diseases, maternal and prenatal disorders, and nutritional deficiency disorders.[32]

2.2.2 Cultural Factors

The socio-cultural life of the people of Nepal is interwoven with their religion. As per the 1991 census, 86.5 % of the population were Hindus, 7.8 % Buddhists, 3.5% Islam, 1.7% Kiratis and a small percentage of Christians, Jains, and others.[33] Religion has played a pivotal role in shaping the cultural heritage of the people which, notwithstanding the diversity of thoughts and doctrinal variants, is holistically and strikingly Nepali in character. For instance, the Hinduism practised in Nepal is a unique blend of the original Vedic tenets, and local beliefs in natural elements and extra-terrestrial spirits, giving rise to a vast pantheon of gods, goddesses, divinities and deities, and an equal number of texts and scriptures pertaining to sacramental and sacerdotal rituals. Over the centuries, an elaborate system of ritual worship or *Karma Kanda*, have

gained such importance that the doctrines and philosophies are relegated to the background. Most of the ritual performances are carried out to achieve material gains like progeny, wealth, fame, and cure from diseases etc. in contrast to the discourses and exegesis on emancipation through inner search enshrined in the doctrines of the Vedas and Vedanta. In the rural sectors of the country where ritualistic religion has a preponderating impact on the way of life of the people, the shaman priest, traditional faith healer or necromancer is indispensably accorded a high social pedestal. The sense of religiosity and faith in divine dispensation sometimes proves detrimental to the people in relation to their health. Cases of people resorting to faith healing, miraculous cure; exorcism etc. till the ailment reaches a point beyond salvage, is common knowledge. Umpteen number of cases can be cited about people dying of fever, common cold, diarrhoea, gastro-enteritis etc., for want of timely medical attention. Patients are brought to the health centres and hospitals in critical condition after the charms and abortive attempts of the village healer fail to cure the patient.

There is also a widespread popular belief among the Hindus that the cow is a sacred and revered animal, worshipped as the very epitome of motherhood. Household floors smeared with cow dung and urine is common sight in the villages. The dung has multipurpose applications one of which is polishing the floor. Bovine urine is likened to ambrosial nectar and judiciously used on many occasions. From the point of view of sanitation, health and hygiene, such practices enhance the chances of bacterial contamination of food and water. Parasites and bacteria can easily find their way to the mouths of innocent toddlers who are in the habit of sucking their fingers and picking up anything from the floor and putting them in their mouths. These are two examples to reveal the cultural impacts on health and sanitation.

2.2.3 Literacy

According to the Human Development Report of 1998, the overall adult literacy ratio of Nepal in the year 1996 was only 36.72 percent, and the Educational Attainment Index was only 0.295. This indicates lack of progress in both formal and non-formal of education in the country. The situation analysis of children in Nepal undertaken by UNICEF mentions that *complete development of the individual is the fruit of the learning experience. To date, the complete process of learning for the Nepali child has been restricted to the concept of 'education', a one-way process of information-acquisition reserved for school-aged children fortunate enough to attend classes.*[34] Parents too are evidently oblivious of their child's capabilities to learn and evolve. The domestic situations especially in the rural sector does not provide the enabling type of environment for the child to go through the process of learning without having to divide his or her time between domestic chores, outdoor works and the school lessons. Ever since 1951 when the education programme of the country came to be systematised, the basic thrust has only been on quantitative expansion of the school-system.[35] The emphasis laid on the quality of education is a development of the recent past.[36] Another factor that has hindered the education programme in the country has been low enrolment of girl children in the schools. The average ratio of girl-boy enrolment was in the range of 35-65 in the year 1993.[37] High dropout rates, gender-disparity, poor quality and ill-planned programmes have adversely affected the formal education system in the country undermining the process of human resource development. Such adverse situation has grossly impaired the faculty and potential of the younger generation to enjoy the privileges and rights due to them and to realise their responsibilities and duties to their community and the nation. To quote the Common Country Assessment 1999, *the proportion of Nepalese children who start school has risen significantly over the years. However, access to and quality of basic education still remains an issue.*[38]Despite these factors, there are also the brighter side in that, enrolment of children in schools did improve from 14 to 122 percent between 1961 and 1997, and adult literacy rate increased from 8 to 45 percent during the same period.[39]

Lessons pertaining to sanitation, hygiene and health ought to be intensely taught in the schools and colleges of the country. The Ministry of Education and the country's Universities should include these not only as a part of the regular curriculum, but also as extra-curricular items so that children will learn to differentiate between the pedantic and examination-oriented subjects of study, and the more basic factors which have universal relevance to life. Dissemination of such important issues should not be made classroom subjects alone, which the children tend to neglect and eventually forget. The cardinal importance of sanitation and health must be spread through school education and adult literacy programmes.

2.3 Water and Sanitation (WATSAN) Programme in Nepal

The following chronological statement depicts landmarks in the field of water and sanitation programme in Nepal under the aegis of *HMG/N* as well as other international organisations.[40]

This has already been presented in the foregoing chapter and is being mentioned here again for easy reference.

1992 - Enhanced Eighth Plan allocation for sanitation.
1993 - Creation of an Environmental Sanitation Section in the DWSS.
1994 - Adoption of a Nepal National Sanitation Policy and Guidelines for Planning and Implementation of Sanitation Programme.
1995 - Formation of National and District Water Supply and Sanitation Coordination Committees.
1997 - UNICEF's plan of operations focusing on sanitation with preparation of State of Sanitation Report for Nepal
1998 - Action Plan developed by the local authorities

The national sanitation policy formulated by the DWSS in 1994, laid emphasis on:[41]

- Bringing about a tangible change in people's sanitary and hygiene practices through health education, information and community mobilisation.
- Ensuring community involvement, particularly women in water management, hygiene education and promotional activities.
- Encouraging participation of NGOs and voluntary and community-based organisations.

While the drinking water supply and sanitation in the country was enhanced to 61% and 20% of the population respectively during the Eighth Plan period, the Ninth Plan envisaged the Water for All Programme so that by the end of 2002, drinking water will be made accessible and available to 100% of the population, while 40% of the population (36% in rural areas & 60% in urban areas) will have sanitation facilities.[42] To achieve this target, the Government is executing two large projects, which are *(1) Rural Water Supply and Sanitation Project and (2) Fourth Rural Water Supply and Sanitation Sector Project.*[43]

The soul and substance of the sanitation policy enshrined in the Ninth Plan are as follows:[44]

- Awareness pertaining to environmental sanitation among the local communities.
- Quantum improvement in the level of health education
- District profile showing the status of WATSAN and possibilities of further development.
- Mobilisation of the private sector, NGOs and local organisations
- Development of middle level manpower
- Orientation and training programmes for the local user groups
- Monitoring and evaluation of the WATSAN implementation programmes at various stages.

The rural sector programme are envisaged to be two-pronged:[45]

- Local awareness programme and encouragement to construct *sulabh* (low cost) toilets.
- Executing donor supported WATSAN projects through the RWSSFDB.

The elementary focus in the urban areas will be:[46]

- Construction of sewerage and drainage systems
- Encouraging people to construct household toilets with safety tanks where there are no sewerage facilities.
- Prevention of waste and sewerage discharges into rivers by imposing a total ban on pollution of rivers through disposal of waste or processing of sewerage before draining into the rivers.(with special reference to Kathmandu city)
- Checkmate the pollution of river Bagmati
- Construction of sewerage processing plants at 7 places

The basic principles for implementation of the policies and programmes can be summarised as follows:[47]

- Demand driven approach to sanitation
- Appropriate, safe, locally relevant and cost effective technology
- Considering prevailing ecological diversity
- Adopt basic and institutional sanitation package
- Synchronise the promotion of behaviour and facilities
- Prioritise sanitation
- Adopt more participatory approaches

The action strategies to give shape to these principles are laid down in the Nepal State of Sanitation Report 1999/2000.[48] Stated below is an abridged version of the same:

- Advocacy with women, politicians, donors and NGOs
- Social mobilisation and sensitisation by campaign, demonstrations and media dissemination through the help of women, local leaders, NGOs, clubs, health workers, religious leaders and elders.
- Social marketing to promote use of available sanitation amenities
- Securing commitments from local government units
- Identifying organisations and agencies to work in partnership
- Carrying out actions for an enabling environment

Increased awareness regarding the need to improve the quality and quantity of drinking water supply and sanitation in the country can be gauged from the percentage of fiscal allocation during the successive plan periods ever since the Third Plan (1965 – 70) which rose from 1.5% of the total budget to 1.8% and 4.0% respectively during the Fourth and Fifth Plans. It dropped to 3.5% of the total during the next Plan period and improved to 4.3% and 5.5% during the Seventh and Eighth Plan Periods respectively.

Planned Development Expenditure on water and Sanitation (million Rupees.)

Period	Total	Water and Sanitation	Ext. Funding	Watsan as a % of the total	Sanitation as a % of the total Watsan	Ext. Funding as a % of total watsan
Third Plan (1965-70)	2,101	31	na	1.5	na	na
Fourth Plan (1970-75)	5,048	92	na	1.8	na	na
Fifth Plan (1975-80)	10,985	437	na	4	na	na
Sixth Plan (1980-85)	29,529	1,126	438	3.5	6.8	38.9
Seventh Plan (1985-90)	53410	2,302	892	4.3	3.3	38.7
Budget (1990-90)	13279	681	305	5.1	1.4	44.8
Budget (1991-92)	16297	1,012	360	6.2	0.7	35.6
Budget (1992-93)	21,595	1,212	651	5.6	1.8	53.7
Eighth Plan (1992-97)	113,479	6,273	4,831	5.5	12.5	77
Ninth Plan (1997-02	225,280	20,958	12,982	9.3	6.7	61.9

Source: NSOSR 1999/2000

Out of a total allocation of 20,958 million NRS for WATSAN during the ongoing Ninth Plan, 12,982 million NRS comprising 61.9% is being funded by external agencies which is clearly emblematic of the country's dependence on external help even in matters pertaining to the most basic factors of life. Out of this amount, only 6.7% are being allocated for sanitation alone.[49] These are also presented here in a tabular form.

Notwithstanding the efforts made so far, poor sanitation still prevails as one of the key problems in the areas of health and socio-economic development of the country.

According to the Nepal State of Sanitation Report 1999/2000, 80% of Nepal's population do not have adequate access to sanitation. Water related health problems continue to stalk the lives of the people. From the economic stance, the country is losing approximately 1.5 to 5.9 billion rupees each year due to poor sanitation practices in terms of human resources and sanitation demands.[50] The national water supply and sanitation programme was expected to gain target-oriented consistency and momentum after the launching of the International Drinking Water Supply and Sanitation Decade in 1981. Despite the passage of a full decade since then, the country is yet to witness the expected results.

2.3.1. Institutional Development - prime movers of water and sanitation in Nepal

The involvement of international agencies and organisations both from the governmental and non-governmental sector, in water, sanitation and health service activities in the country is testimony to the fact that water and sanitation have been recognised as priority factors in Nepal's development agenda, and that a holistic approach to relate health hazards to sanitation and water is in the process.

The World Bank and the Asian Development Bank have made substantial contributions to ameliorate the condition of Nepal's rural sector in terms of water and sanitation. The establishment of agencies such as the RWSSFDB for the purpose of supervising and implementing water and sanitation projects covering 900 communities with a total population of 550,000, with the support of the World bank, is itself a landmark in the history of rural development in the country.

The Rural Water Supply and Sanitation Sector Project of HMG/N, which aims at providing water supply to 1,500 communities in 40 districts of the Eastern, Mid Western and Far Western Regions within a stipulated period of five years, is supported by the ADB with a loan of 20 million US dollars. A host of other multilateral agencies like the UNDP and WHO have been working for improving the water and sanitation sector in the country. Bilateral institutions such as Water Aid, CARE, United Mission to Nepal, Plan International, Save the Children Fund Alliance and other religious organisations, are equally involved in the water and sanitation programme throughout the country. The following are the key movers of water, sanitation and health in the country.[51]

S. No.	Organisation	Activities
1	Ministry of Housing and Physical Planning (MHPP)	The MHPP formulates sector policies, strategies and plans.
2	Ministry of Health (MoH)	The MoH is directly concerned with promotion of sanitation as a preventive health measure The Environmental Health Section (EHS) of the Ministry conducts demonstration lectures and awareness camps related with personal hygiene, hand washing, use of safe drinking water, proper disposal of children's stools and waste garbage
3	Ministry of Local Development (MoLD)	The MoLD provides grants to the VDCs for village level water and sanitation projects.
4	Ministry of Education (MoE)	The MOE works for raising health and sanitation awareness through health education in the school level curriculum.
5	Department of Water Supply and Sewerage (DWSS) & Nepal Water Supply Corporation (NWSC)	The DWSS and the NWSC are the two main departments responsible for providing water and sanitation services in the country.
6	Rural Water Supply and Sanitation Fund Development Board (RWSSFDB)	Implements the Rural Water Supply and Sanitation Project supported by the World Bank. The Board undertakes its activities in partnership with support organisations like I/NGOs, private sector firms and communities through grants.
7	National Association of Village Development Committee in Nepal (NAVIN)	NAVIN is basically an association of Nepal's VDCs which works for synchronising the development programmes in the respective villages as well as for appraising the government regarding issues which demand immediate attention.
8	United Nation's International Children Education Fund (UNICEF)	A long time donor agency in the water and sanitation sector, the UNICEF has been providing financial support to the DWSS and financial support to NGOs such as NEWAH and NRCS for operational projects. The UNICEF Master Plan of Operations (1997-2001) envisages major sanitation programmes for the total eradication of water and filth borne diseases, and for empowering

		communities to manage, operate and maintain water schemes. UNICEF's contribution for the current five-year programme has been US 7,543,000 dollars.
9	Department of International Development, UK (DFID)	The DFID has given assistance to the Gorkha Welfare Trust for rural water supply and sanitation projects.
10	Nepal Water for Health (NEWAH)	Supported by WATER AID (UK) and the UNICEF, the NEWAH conducts health education training at the local levels, and also undertakes construction of household and school latrines by adopting a participatory approach. NEWAH also forms partnership with local NGOs, small farmer's groups, women's credit groups and community groups, encourages the use of affordable technologies among various communities, and integrates education in water, sanitation and hygiene.
11	HELVETAS	This Swiss NGO undertakes its sanitation and water related activities in the country through its Self Reliant Drinking Water Support Programme (SRWSP), laying due emphasis on hand washing practices as well as the construction, use and maintenance of latrines. The organisation functions with local government agencies (VDCs /DDCs), user groups, local based organisations, NGOs and local consultants.
12	Nepal Red Cross Society (NRCS)	The NRCS has launched a 3-year Drinking Water and Sanitation Programme in three Terai districts and four hill districts in collaboration with the Japanese Red Cross Society (JRCS) and the UNICEF. The programme is implemented through its district chapters.
13	Japanese International Cooperation Agency (JICA)	The construction of drinking water systems and toilets in primary schools, besides construction of schools in 40 districts.
14	GTZ	The GTZ has included water and sanitation as essential components of its development programme and supports UDLE (urban development through local efforts) and a Waste Management and Resource Mobilisation Centre.
15	FINNIDA	❑ Providing subsidies and grants for the construction of household and institutional latrines has been the main contribution of this organisation. ❑ Assistance to promote decentralisation in water and sanitation through the enhanced role of VDCs, water user committees and the private sector. ❑ The Rural Water Supply and Sanitation Project Phase II undertaken by the MoLD to provide grants to VDCs for drinking water works is amply supported by FINNIDA.
16	United States Agency for International Development (USAID)	Technical assistance for micro-credit through the Centre for Micro-Finance
17	CARE Nepal (Remote Area Basic Needs Project)	Assistance for community infrastructure development including household and individual latrines.

2.4. Conventions and Commitments

2.4.1 The International Sanitation Decade

The observance of the International Drinking Water Supply and Sanitation Decade, 1981-1990 throughout the world including Nepal, is testimony of the global concern for water and sanitation. Eight major lessons were learnt during the decade, which were discussed during the follow-up Global Consultation on Safe Water and Sanitation for the 1990s in the month of September 1990, at New Delhi. The lessons are as enumerated below:

1. Focus on Poverty: serving the unserved.
2. Building Capacity: the promotional role of government.
3. Meeting Demand: understanding what services people want and are willing to pay for.
4. Sharing Costs: appropriate pricing as a means of improving sector performance.
5. Technical Innovation: a range of options to meet demand.
6. Women: sound reasons for emphasis.
7. Monitoring: extending coverage with achievable goals.
8. Coordination: building national and international collaborative networks.

These lessons were benchmarks to evaluate the achievements of the decade-long observance of sanitation programmes in the country.

2.4.2. The Conventions

Nepal has never been ambivalent about ratifying global conventions aimed at safeguarding the rights of citizens. In August 1990, HMG/N ratified the Convention on the Rights of the Child (CRC).[32] This move sought to bring children into the limelight of national planning and development. Following this event, the World Summit for Children, held at the United Nations in New York on 29 and 30 September 1990 endorsed a Summit Declaration and plan of Action for the survival, development and Protection of Children. HMG/N was one of the signatories in the World Summit. In May 1991, the National Planning Commission promptly constituted a National Intersectoral Task Force, which formulated a Ten-Year National Programme of Action for children. Besides this, HMG/N also ratified the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). Despite such bold commitments and actions to improve the state of women and children of the country, there are hardly any tangible signs of progress. Perhaps those who have read these conventions thoroughly and understood the purport of their contents are a minuscule few. The larger section of the people might not have even heard about such historic events. Many leaders and statesmen of the country themselves are not conversant with the constitutional and legal provisions that safeguard the rights of citizens. By ratifying these international Conventions and signing the Global Summit Declaration, the government of Nepal endorsed its commitment to the cause of saving children from degradation, disease and death, and striving to raise the standard of human life in the country. The relevant articles and portions from the CRC and the Summit declaration, as well as a gist of the Action Plan are presented here to remind the government about its commitments. These can also be used as the standards to measure the quantum of success or failure in meeting the target of mitigating infant and child mortality in the country.

Of the 54 articles of the CRC, articles 24 and 27, which are directly related with child rights in the context of U5 mortality and morbidity, are being presented here for easy reference.

Article 24

1. States parties recognise the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. Strive parties shall strive to ensure that no child is deprived of his or her right of access to such health care services.
2. States parties shall pursue full implementation of this right and, in particular, shall take appropriate measures:
   (a) To diminish infant and child mortality;
   (b) To ensure the provision of necessary med cal assistance and health care to all children with emphasis on the development of primary health care;
   (c) To combat disease and malnutrition, including within the framework of primary health care, through, *inter alia*, the application of readily available technology and through the provision of adequate nutritious foods and clean drinking water, taking into consideration the dangers and risks of environmental pollution;
   (d) To ensure appropriate pre-natal and post-natal health care for mothers;
   (e) To ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantage of breast-feeding, hygiene and environmental sanitation and the prevention of accidents;
   (f) To develop preventive health care, guidance for parents and family planning education and services.
3. State Parties shall take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children.

4. State Parties undertake to promote and encourage international cooperation with a view to achieving progressively the full realisation of the right recognised in the present article. In this regard, particular account shall be taken of the needs of developing countries.

Article 27

1. States Parties recognise the right of every child to a standard of living adequate for the child's physical, spiritual, moral and social development.

2. The parent(s) or others responsible for the child have the primary responsibility to secure, within their abilities and financial capacities, the conditions of living necessary for the child's development.

3. State Parties, in accordance with national conditions and within their means, shall take appropriate measures to assist parents and others responsible for the child to implement this right and shall in case of need provide material assistance and support programmes, particularly with regard to nutrition, clothing and housing.

4. State Parties shall take all appropriate measures to secure the recovery of maintenance for the child from the parents or other persons having financial responsibility for the child, both within the State Party and from abroad. In particular, where the person having financial responsibility for the child lives in a State different from that of the child, States Parties shall promote the accession to international agreements or the conclusion of such agreements, as well as the making of other appropriate arrangements.

2.4.3. The Commitments

The declaration of the World Summit for Children spells out the challenges that the world faces today in the following words:

"Each day, millions of children suffer from the scourges of poverty and economic crisis - from hunger and homelessness, from epidemics and illiteracy, from degradation of the environment. They suffer from the grave effects of the problems of external indebtedness and also from the lack of sustained and sustainable growth in many developing countries, particularly the least developed ones...Each day, 40,000 children from malnutrition and disease, including acquired immuno-deficiency syndrome (AIDS), from the lack of clean water and inadequate sanitation and from the effect of the drug problem. These are the challenges that we, as political leaders, must meet."

This statement clearly points to the unequivocal commitment of the political leaders of the world to strive for the redemption of children from malnutrition, morbidity and death. The following are extracts of some of these commitments, which have direct bearing on the health and well being of children.[53]

- The well being of children requires political action at the highest level. We are determined to take that action.

- We ourselves hereby make a solemn commitment to give high priority to the rights of children, to their survival and to their protection and development. This will also ensure the well being of all societies.

- We have agreed that we will act together, in international cooperation, as well as in our respective countries. We now commit ourselves to the following 10-point programme to protect the rights of children and to improve their lives:

1) We will work to promote earliest possible ratification and implementation of the Convention on the Rights of the Child. Programmes to encourage information about children's rights should be launched worldwide, taking into account the distinct cultural and social values in different countries.

2) We will work for a solid effort of national and international action to enhance children's health, to promote pre-natal care and to lower infant and child mortality all countries and among all peoples. We will promote the provision of clean water in all communities for all their children, as well as universal access to sanitation.

3) We will work for optimal growth and development in childhood, through measures to eradicate hunger, malnutrition and famine, and thus to relieve millions of children of tragic sufferings in a world that has the means to feed all its citizens.

A comprehensive Plan of Action was formulated for the effective implementation of the World Declaration on the Survival, Protection and Development of Children in the 1990s. The Plan consisted of the following priorities:[54]

- The Convention on the Rights of the Child.
- Child health
- Food and nutrition
- Role of Women, maternal health and family planning
- Role of the family
- Basic education and literacy
- Children in especially difficult circumstances
- Protection of children during armed conflicts
- Children and the environment
- Alleviation of poverty and revitalisation of economic growth.

Major goals were laid down for child survival, their development and protection. It was endeavoured to bring down the rate of U5 mortality and morbidity to a considerable extent in the 1990s thus:[2]

(a) Between 1990 and the year 2000, reduction of infant and under-5 child mortality rate by one third or to 50 and 70 per 1,000 live births respectively, whichever is less;

(b) Between 1990 and the year 2000, reduction of maternal mortality rate by half;

(c) Between 1990 and the year 2000, reduction of severe and moderate malnutrition among under-5 children by half;

(d) Universal access to safe drinking water and to sanitary means of excreta disposal;

(e) By the year 2000, universal access to basic education and completion of primary education by at least 80 percent of primary school-age children;

(f) Reduction of adult illiteracy rate (the appropriate age group to be determined in each country) to at least half its 1990 level with emphasis on female literacy;

(g) Improved protection of children in especially difficult circumstances;

The Supporting/sectoral goals were enunciated as:

- ❒ Women's health and education
- ❒ Nutrition
- ❒ Child health
- ❒ Water and sanitation
- ❒ Basic education
- ❒ Children in difficult circumstances

S. No.	Issue	Nepal's Status in 1990	Goal for 1996	Goal for 1998	Envisaged Status in 2000
1	Infant & Child Mortality	107 per 1000 live births	80	60	Reduction to one third or 50 (whichever is less)
2	U5 mortality	165 per 1000 live births	130	95	Reduction to one third or 70 (whichever is less)
3	Maternal Mortality	850:100,000	725	600	400:100,000
4	Diarrhoeal deaths of U5 children	45,000	Less by 15%	Less by 35%	Reduce by 55% (21,000 deaths) & 25% reduction in diarrhoeal incidence
5	Knowledge of diarrhoeal disease control and correct use of ORT	2% (ORT use) 65% Knowledge about diarrhoea	25% & 90%	50% & 90%	65% (proper ORT) and 100% dissemination
6	U5 mortality due to ARI	40,000	Less by 17%	Less by 25%	Reduce by 50% or one third
7	Reduction in the rate of mild and severe malnutrition among U5 children	50%	44%	38%	25%
8	Reduction in Vitamin A deficiency	2.1%	1.5%	0.5%	0.1%
9	Access to safe drinking water	37%	53%	67%	77%
10	Universal access to sanitary means of excreta disposal	6%	16%	26%	31%

These goals presented in a tabular form were earmarked for the period 1990-2000.[56] With the commencement of the year 2001, the country is yet to witness signs of achievement of these lofty goals. Although available data on the state of water and sanitation in Nepal reveal positive trends transcending even the set national goals, the actual perceivable situation contradicts the objectives and promises. The State of Sanitation Report 1998 states:[57]

- Most towns do not have sewerage systems.
- There is indiscriminate and uncontrolled urination, defecation and waste disposal.
- City dwellers lack municipal and public toilet facilities.
- Institutional toilet facilities in offices, schools, and health institutions are very badly maintained.
- Traditional practice of open defecation is widely prevalent.
- The demand for private latrines is low.
- People have other priorities than constructing latrines.
- There is not sufficient awareness of necessity of having private toilets.
- Children's stool is still considered harmless.

It is up to the people and the development planners to truthfully assess whether the goals envisaged for 2000 have been achieved.

Chapter

3

Interaction and Sensitisation Programme

3.1. Introduction

Decentralisation has become the touchstone of today's development planning since it gives the people a sense of belonging to the programme, and compels them to own up their responsibilities to the state. UNICEF has been carrying on the Decentralised Planning for the Child Programme (DPCP) in thirteen select districts of the country. It was rightly envisaged at the time of embarking upon this project to feel the pulse of the people through an extensive interactive exercise, and also to sensitise the problem of infant and child mortality through a well researched media feature service. Instead of investing time and resources in covering all the seventy-five districts, sampling the 13 DPCP districts that represent all the five development regions of the country was considered to be a more prudent and time-saving move.

Accordingly the programme was launched on Chaitra 3, 2056, beginning with Kavre Palanchowk district. All the successive exercises were interactive and evaluative in nature, and drew a galaxy of men and women from different walks of life, representing various organisations and social bodies. Most of the projects follow the top-down approach and are policy oriented. It has been endeavoured to make this exercise demand-oriented by incorporating a bottom-up approach. The objectives of this exercise were:

1. Interact with community leaders, health workers, and members of the VDCs and DDCs on the subject of water, sanitation and Hygiene.
2. Find out the real grass-root level situation in the districts pertaining to the problem of U5 mortality and morbidity caused by diarrhoea
3. Sensitise journalists about sanitation and U5 mortality and morbidity, and form Media Concern Groups for surveillance and dissemination activities.
4. Use the findings from this programme as valuable inputs for the Citizens' Report.

Decentralisation in Nepal

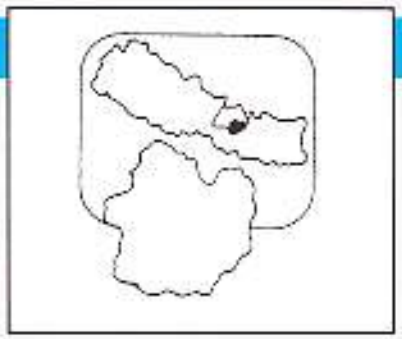
According to the Local Self Government Act of 1999, the local governments in the form of DDCs, Municipalities and VDCs are envisaged to play key roles in the country's regional administration, bearing such distinctions like: empowerment of the users/beneficiaries, clear delineation of functional responsibilities and authority, clear directions for local planning, quasi-judicial functions and adequate fiscal allocations.

Source: NSSR 1999/2000, p.12

3.2. Resume of the proceedings

District: Kavre Palanchowk

District Profile



1	Development Region	Central
2	District Headquarters	Dhulikhel
3	Area in sq.kms.	1396
4	No. of VDCs	93
5	Population	324329
6	Percentage of children U5	22.7(% of 641 Households surveyed)
7	Life Expectancy	60.0
8	Per Capita Income	12.103
9	District Rank Based on HDI	12
10	Human Development Index (1996)	0.380

One of the eight districts of the Bagmati zone of the Central Development Region of Nepal, Kavre Palanchowk is bounded by Ramechaap and Sindhuli in the east; Kathmandu, Bhaktapur and Lalitpur in the west; Sindhupalchowk in the north; and Sindhuli and Makwanpur in the south. 47% of the total number of households in the district access water from government provided taps. 95% of the children aged between 12 to 23 months have been inoculated with BCG injection. The prevalence of diarrhoea and acute respiratory infection among the children aged below 5 years is on the increase despite remedial measures.

The programme was held at Dhulikhel, the district Headquarters, on the 3rd Chaitra, 2056, and was chaired by Mr. Krishna Prasad Sapkota, Chairman of Kavre DDC.

Only 5/7percent of the people wash their hands with soap and water after defecation.

There is need to disseminate the message of healthy sanitary practice through the educational institutions.

Main Findings

- Only 5/7percent of the people wash their hands with soap and water after defecation.
- Majority of the people are not habituated to washing after defecation.
- Lack of pervasive awareness about health and sanitation.
- A community information centre is under way with the help of the organisations operating in the district.
- The centre will be run with resources pooled from a well-planned community savings programme.
- The centre is expected to address problems related to education, health etc.
- The demand for latrines increased with the lucrative incentive of Rupees 2500 for buying biogas, to the extent that five hundred extra demands were made beyond the envisaged quota of 200 latrines.
- The more popular practice, which has gained currency, is the ditch-type temporary latrines, which are later covered with mud and used for vegetable farming.
- The District Red Cross has been helping the villagers build latrines and has also conducted four-month long motivation programmes.
- The inhabitants of Dhungkharka VDC have been successfully using flat stone slabs in place of toilet pans, and ground soapstone powder for washing purposes, thus curtailing unnecessary expenditure.
- There is need to disseminate the message of healthy sanitary practice through the educational institutions.

Panel Discussions

(A) Personal Hygiene and Sanitation Habits

1. The health and sanitation programme should be implemented through educational institutions, parents and the VDCs.
2. The subject of personal hygiene and health should be incorporated in the elementary school curricula.
3. Public awareness should be raised through a well-conceived programme of non-formal education.
4. The Media should play a pivotal role in sensitising the issue.
5. Essay competitions, quizzes, and street plays to be used as effective tools of dissemination.
6. Organise students' forums in the schools and encourage them to deliberate over issues concerning health and hygiene.
7. The government should work towards realising its objective of water for all.

(B) Coordination between various organisations

1. There is urgent need to form a district level sanitation committee consisting of representatives from the DDC, District Water Supply Office, Women's Development Office, District Public Health Office, NAVIN, NGOs, District Chapter of the Nepal Journalists' Association.
2. Such Representative Committees needs to be formed at the level of the town municipalities and the VDCs.

(C) The process of constructing latrines

1. Inspire the village elders, leaders, VDC office bearers and teachers to convey the need to construct latrines.
2. Organise meetings, poster competitions, demonstration talks and exhibitions of model latrines.
3. Encourage the people to utilise local material to construct latrines.
4. Inform the people about the methods of utilising the constructed latrines.
5. Regular survey by monitors.
6. Evaluate the impact of the correct utilisation of latrines.

The following sanitary practices were found imperative in the order of their importance:

- Washing Hands
- Pure Drinking Water
- Construction of latrines
- Domestic waste and garbage disposal or management.
- Proper coordination among various organisation

District: Kaski

District Profile

1	Development Region	Western
2	District Headquarters	Pokhara
3	Area in sq.kms.	2017
4	No. of VDCs	43
5	Population	292945
6	Percentage of children U5	24.1(of 650 Households surveyed)
7	Life Expectancy	60
8	Per Capita Income	13,761
9	District Rank Based on HDI	3
10	Human Development Index (1996)	0.450

Kaski district is located within the Gandaki zone in the Western Development Region. It is one of the 16 districts of the region. It is bounded by Lamjung and Tanahu in the east; Parvat in the west; Manang and Lamjung in the north; and Tanahu and Syangja in the south. The district has one municipality and two sub-municipalities. The following data about the district formed the introductory background for deliberations during the sensitisation and surveillance programme held at Pokhara on Chaitra 20th, 2056 under the chairmanship of Mr. Rajendra Subedi, Member of the DDC.

- Only 5% of the people of Kaski have access to pure drinking water from conventional taps, whereas 15% drink from wells, river or streams.
- 67% of the households have latrines.
- 38% of the minors and 43% of the elders wash their hands after defecation.
- 88% of the households dispose their waste within a radius of 50 ft. from their dwelling.
- 10% of the houses have proper concrete roofing.
- 44% of the children are affected with ARI
- 42% of the infected children are left untreated.
- 43% of the children suffer from general malnutrition
- 51% of the children suffer from chronic malnutrition
- 9% from acute malnutrition
- 10% of the inhabitants suffered from diarrhoea during the past year of which 42% were medically neglected.
- 52% of the diarrhoea patients were given liquid diet.
- The chances of diarrhoea affliction were enhanced by another 50% in cases of houses without latrines.
- The monetary incentive for treatment of diarrhoea reflects gross gender inequity with girls being treated only with sugar-saline syrup and a grant of only 49 rupees, and boys being treated with Jeevan Jal and a medical grant of Rupees 141.
- The Average Life Expectancy of people in Kaski is 60(male) and 57.5(female) although it is 55 in the whole country. This indicates the robustness of the people of the district.
- The PCI of the country is 7,673, compared to that of Kaski, which are 13,761.
- Compared to the overall percentage of literacy in the country, which is 36.7%, Kaski is much ahead with 44.6 % male and 67.2% female among its literate people.

Main Findings

- Development should not connote the building of roads and bridges alone. Holistically, it means overall development of the individual being.
- The focus should be more on developing better methods and techniques of providing water and sanitation rather than piling up statistics.
- The traditional belief that dung and urine of bovine animals are good antibiotics and disinfectants must be researched upon.
- Rice Starch is an effective liquid diet for those suffering from diarrhoea.
- A majority of the people do not use the latrines and instead defecate in the open.
- People are habituated to disposing off their domestic waste in their own backyard.
- Women are subjected to hard labour barely 2 to 3 months after delivery, which affects their reproductive health.
- In Dhikurpokhari VDC, latrines were built in 973 households while there were no latrines in 5519 households. This proves that in the scheme of domestic investments, water and sanitation have been given the

Catchy slogans like **"Ghar Ghar Ma Charpi Banaaun, Charpi Samma Paani Puryaun"** - *build a toilet in every house, provide water till every toilet,* should be coined and popularised through rigorous propagation.

least priority by the people.

- There is need for institutional toilets in offices and public places.
- The yawning gulf between growing population and sources of water supply are ever on the increase.
- Every source of water must be well guarded.
- Public and public toilets have been built in VDCs like Salyan, Dhikurpokhari, Bhadaurey, Kaskikot and Chapakot. Due to acute paucity of water these toilets are lying defunct and unused.
- The Machapuchare Vikas Sangh, a local NGO, has contributed material to 410 households in Dhikurpokhari VDC to build toilets.
- It is important to form a District Profile in which the activities of every organisation operating in each district in the field of water and sanitation could be catalogued.This will help in better coordination among the organisations.
- Planting water harvesting trees on one hand, and constructing dry toilets in drought-prone areas should also be seriously considered.
- Contaminating the sources of water by defecating or urinating should be stopped. For instance, the eco-system around the Mardi Khola which is the main source of water for Pokhra, has been contaminated by swimming, fishing etc.
- A local co-ordinating body be formed to serve as a vital link between organisations working for water and sanitation in the district.
- Catchy slogans like **"Ghar Ghar Ma Charpi Banaaun, Charpi Samma Paani Puryaun"** - *build a toilet in every house provide water till every toilet,* should be coined and popularised through rigorous propagation.

Panel Discussions

(A) Toilets and Baths without Water, ***how to use latrines in places where there is no water***

1. Construct trench-type latrines in every house and cover the faeces with hay, chaff, ash or dung.
2. Dig broad trenches in public places or narrow ones in congested areas.
3. Solicit fiscal contributions from local associations or organisations for the construction of such latrines.
4. Popularise the construction and use of Ghumti Bath and toilet.

(B) Toilets and Baths with Water

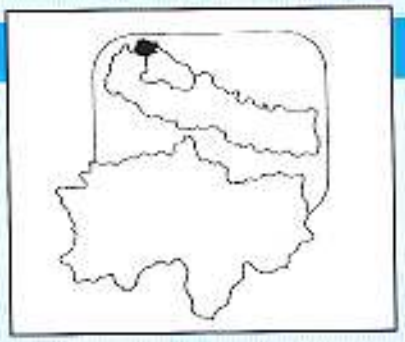
1. Organise awareness programmes among the people to construct and use sulabh shauchalaya(SS).
2. Organise campaigns to initiate the process of building Sulabh Shauchalaya in public places, villages, localities and individual households.
3. Look for alternative water sources in order to sustain perennial flow of water.
4. Inspire various organisations and enterprises to invest in the construction of public baths and latrines.
5. The construction and use of SS should be reflected as the mark of prestige and self-dignity of every locality and society in order to enhance the voluntary participation of the people in such acts.

(C) Outlook, Transformation and Sanitation

1. Campaign against wrong customary outlook of the people like polishing the floor with cow-dung, using mud for washing hands, washing with filthy water after defecation, entering the toilet with bare feet, defecating in the open or near rivers and drains, littering the roadside and public places with waste material.
2. Correct the wrong notion that only women are responsible for sanitation.
3. Emphasise on a top-down culture of practising clean sanitary habits beginning with the leaders and administrators.
4. Institute awards and trophies to schools for hygiene, cleanliness and sanitary excellence on inspection of their toilets and premises.
5. Compel every individual to construct and utilise latrines and baths through monetary incentives.

District: Humla

District Profile



1	Development Region	Mid Western
2	District Headquarters	Simikot
3	'Area in sq.kms.	5655
4	No. of VDCs	26
5	Population	34383
6	Percentage of children U5	22.6 (% of 612 Households surveyed)
7	Life Expectancy	54.0
8	Per Capita Income (NR)	5,057
9	District Rank Based on HDI	67
10	Human Development Index	0.244

Karnali is one of the most backward zones of Nepal in terms of sanitation. All the districts, which fall within this region, are prey to periodical epidemics owing to poor sanitation and sanitary practises of the people. Humla is one of the five districts that fall within this zone, in the Mid Western Development Region. It is bounded by Mugu in the east; Bajura and Tibet in the west; Tibet in the north; and Bajhang and Bajura in the south. The sanitation workshop was held at Humla on Jeth 30, 2057. Most of the problems faced by the people of Humla pertain to its difficult topography and terrain, traditional deterrents, and abject poverty. People in hundreds and thousands die every year for want of a morsel. The rigorous and arduous type of life lived by the people, coupled with hunger, thirst and shortage of medical facilities have been taking a heavy toll of their lives.

- Very little has been done to grapple with the problem of population growth. Only 113 men volunteered for permanent family planning in 054/55. Two years later, the number had marginally improved to 154.
- The majority of patients visiting the hospital suffer from worms and enteritis.
- The second major affliction affecting the people is diarrhoea-related diseases.
- The large number of diarrhoeal cases in a cold country like Humla indicates the level of unsanitary and unclean habits of the people.

Main Findings

- The vagaries of nature necessitate the people to mi-

The following statistics provide a bird's eye view of the types of diseases prevalent in the district:

Diseases	No. of patients 2055/56	No. of patients 2056/57
Worm	3,176	2,025
Diarrhoea	2,730	1,831
Skin related diseases	2,343	1,640
Respiratory	2,015	1,599
Stomach disorder	1,446	1,345
Ocular	1,422	1,155
Ear related	1,0951	777
Bronchial	819	601
Dental and facial	757	487
Malnutrition	625	389

The following are the statistics of vaccinations carried out at the district hospital.

Vaccine	2054/55	2056/57
BCG	545	981
DPT	385	553
Polio	392	568
Measles	673	677
Tetanus	272	342

Estimated targets and actuals of vaccinations during the year 055/056

Vaccine	Target	Progress
BCG	1592	553
DPT	1592	320
Polio	1592	326
Measles	1592	541
Tetanus	9678	320

- Excessive snowfall in the district has contributed to the general health of the people. The destruction of viruses and bacteria during the snowing months has curtailed the number of patients. During winter, very few people frequent the hospital. Soon after the setting in of summer, rampant cases of epidemics are reported from various quarters of the district. Health-wise, Mangsir, Poush, Magh and Phagun are auspicious months when the number of sick people dwindles. The beginning of Chaitra also marks the beginning of sickness and death.

Statistics of patients treated at the district hospital during 2055/56

Month	No. of patients	Months	No. of patients
Shrawan	2247	Magh	1475
Bhad	2197	Phagun	1063
Ashwin	1541	Chaitra	2965
Kartik	1741	Baisakh	2363
Mangsir	939	Jestha	2602
Poush	1442	Ashadh	3235

treme winter and again move back during summer. The health post however does not move with the people. There must be some solution to this.

- The people should be reminded time and again about sanitation, instead of merely constructing latrines.
- Incentives like 10 kilograms of rice to those who construct and use domestic latrines might be a good idea.
- Health workers should take it upon themselves to disseminate the importance of good sanitary practices in the schools.
- The Sanitation Week could not be observed in Humla for unavailability of funds.
- The Sanitation movement might catch momentum if students are inspired and directed to take the lead.
- There is hardly any tangible coordination and cohesion in the functioning of the I/NGO and concerned departments of HMG/N working for water, sanitation, health, education and other allied sectors.
- Lack of awareness that filthy and contaminated food is the root of illness has caused the outbreak of epidemics.
- The district hospital caters only to such patients who are able to make it to the district head quarters.
- There is acute shortage of vital medicines in the health post. Resultantly, medicines are rationed at the rate of Rs.7 worth medicine per head.
- The hospital should also play a pivotal role in raising health awareness.
- The district is backward even in terms of education. In 2055, only 15 girls got through the SLC examination. Sanitation becomes a major problem in places where there is more number of illiterate women.
- It is also necessary to think about local alternatives for soap.
- The traditional multi-storey style of houses in Humla cannot accommodate latrines in the upper floors, forcing the residents to defecate in the open.

The district is backward even in terms of education. In 2055, only 15 girls got through the SLC examination.

- Schools, DDCs and VDCs should lead the sanitation movement.
- The conventional habit of housing animals in the basement causes infections caused by animal parasites and viruses.
- Simikot, the district headquarters stinks of urine and human excreta. Every ward should have at least one public toilet.
- In one of the villages of Muchu VDC, people cover faeces with ash and later use it as manure in the fields.
- All the water taps and spouts are dry throughout the year.
- Political leaders should mobilise their party workers to visit every nook and corner of the country and help in furthering the sanitation movement.
- Humla has two prime needs. The Hilsa-Simikot motorable road, and sanitation. The former will facilitate the smooth flow of food for survival; the latter will save the inhabitants from outbreak of epidemics resulting in inevitable death.

Panel discussion

(A) The Best Means and Methods of raising Sanitation Awareness

1. There is growing belligerence among the people on account of the government's apathetic attitude towards

the people of this district.

2. Knowing well that the people are landlocked, the Hilsa-Simikot road has remained the wishful dream of the people. The government or the non-governmental organisation have shown the least concern for the people who are bereft of food and water for most part of the year.
3. There are more ulterior reasons for so many organisations thronging this district or the other districts of the country apparently for development. What the villagers get is the prosaic series of lectures on oft repeated themes and a couple of hundred rupees as incentives for attending the lectures.
4. This trend has begun to show its real nature beneath the surface, making the people cynical and greedy.
5. Various district organisations and concerned government departments should interact with each other in a sustainable manner. Interactive discussions and works with various groups should be initiated by concerned government departments such as, elected representatives under the aegis of the DDCs; health worker under the leadership of the health department; government employees led by the employees' forum or federation; educational institutions and educators stewarded by the education department; and village level discussions to be initiated by the respective VDCs.
6. Health and sanitation coordination committees should be formed at the VDC level. The committee will have to send monthly reports about the state of sanitation to the respective DDC.
7. Considering the state of sanitation and the need to raise sanitation awareness among the people, necessary changes need to be effected in the existing geographical divisions of the districts and villages to add or create new VDCs.
8. The DDCs can grant incentives to such communities, which are sanitation-wise enlightened or forward, on the recommendation of the respective VDCs.
9. A separate cadre of Village Development Service can be initiated on the lines of the earlier National Development Service, where students who excel themselves in their academics, can be encouraged to enter. This will add momentum to the sanitation programme in the villages.
10. Party workers can be trained in sanitation and health under the leadership of their local party offices.

(B) Options and Alternatives for the four extreme winter months

1. Owing to excessive snowfall and freezing temperature, the faecal bacteria are frozen to death, and thus nature also helps in lessening and containing the stench, which normally exudes from human faeces and urine.
2. Requirement of warm water to wash hands.
3. This can be easily facilitated since a kettle of water can be heated over the hearths which the people keep blazing all the time during the winter months.
4. The abundance of ash on account of burning firewood in the people's hearths can easily be used as the best alternative for soap.
5. The snow blocking the pathway to the toilet can be scooped and cleared off only with firm determination to defecate only in toilets.
6. Where there are no toilets, a family always digs a hollow where there is excessive snow accumulation, and constructs temporary latrines.
7. In thinly populated villages, people can defecate in a convenient ground only during the winter months and later cover the excreta with ash.

(C) Is Sanitation related to Mortality?

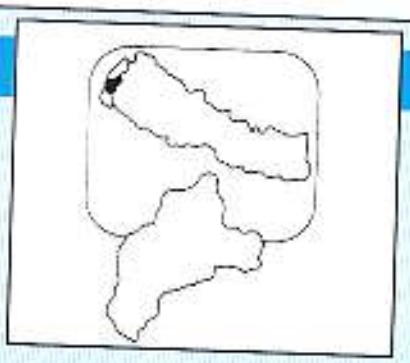
1. Yes, because sanitation is primary to birth, sustenance, growth, and intellectual development of any human being.
2. Verily as fishes cannot survive without water, mankind cannot survive without proper sanitation.
3. Sans sanitation, human beings are like animals.
4. Just like air, water and food, sanitation is indispensable for human survival.
5. *Hearth for food and Hole for excretion* (Khana Ko Laagi Chulo, ra Hagna Ko Laagi Dulo) should be the motto.
6. The standard of life and living of the people backslides in the absence of sanitation.
7. The impacts of poor sanitation are: hindrance to development, saps the virility to work, increases the types of diseases, brings down income (due to disproportionate work and expenditure), internecine squabbles leading to lack of mental peace, lowers the dignity not only of individuals but of the nation itself in the global perspective.
8. The dictum should be "Sanitation is Life and Life is Sanitation". Without sanitation, premature death is imminent, and hence every single individual should help in making sanitation a national movement.

(D) How to build toilets in clustered and joint houses?

1. Each family should try to build its own toilet. If there is paucity of space, two to three families can join together to build community toilets.
2. Where none of the people own land, community toilets can be built and the people can take turns to use them.
3. Pans can be placed even in a corner of the barn or stable, and the excreta can be flushed into septic tanks constructed by digging a pit in the vicinity.
4. Landless families can avail of the requisite area of land on exchange basis and construct toilets.
5. Stonewalls which are more expensive, can be substituted with wooden walls. This also saves considerable space and exertion.

District: Dadeldhura

District Profile



1	Development Region	Far Western
2	District Headquarters	Dadeldhura Khalanga
3	Area in sq.kms.	1538
4	No. of VDCs	25
5	Population	104647
6	Percentage of children U5	22.9(% of 616 Households surveyed)
7	Life Expectancy	47
8	Per Capita Income	5881 (NR)
9	District Rank Based on HDI	59
10	Human Development Index	0.265

Dadeldhura comprises one of the nine districts in the Mahakali zone of the Far-Western Development Region of Nepal. It is flanked by Doti in the east; Baitadi and India in the west; Baitadi in the north; and Kanchanpur in the south. The following data about the state of sanitation in the district, set the background for discussions during the district level consultative and sensitisation programme held on the 6th Asad, 057, which was chaired by Mr. Gajendra Bahadur Shahi, Chairman of the DDC. At the end of the programme, the participants including the Chairman stepped forward to observe a *Dadeldhura Sanitation and Cleanliness Movement* not for a day or a week, but for one whole year.

- 10,855 patients suffering from skin ailments were treated at the hospital between the years 054 and 055.
- Growing cases of diarrhoeal diseases on account of unsanitary lifestyles of the people, and ARI because of addictions to smoking cigarettes and bidis have been evident over the last few years.
- 4,202 patients suffering from enteritis and worms, and 44,175 patients suffering from ARI were admitted in the hospital in 054.
- 40% of all the afflictions were caused by ill sanitation.

Main Findings:

- Lack of public awareness regarding sanitation despite seven years of water and sanitation service provided by the concerned department of HMG.
- Lack of coordination between different departments concerned with water and sanitation, and growing complacence and disregard for responsibilities among these departments (as pointed out by Gopal Thapa, Chief of the UNICEF district field office).
- Lack of proper synchronisation between sanitation and the overall district development planning.
- Reluctance among people to construct or use latrines owing to customary notions and beliefs.
- Instructions have been given to all the chiefs of the district wards to initiate the construction of latrines in their respective wards.
- A district-centric programme to reform ingrained traditional customs of the people which prohibits them from wholehearted participation in the sanitation programme is very much essential.

Panel Discussion:

(A) Poverty and Lopsided Policies

1. Had the intentions of the organisations both governmental and non-governmental been welfare-oriented, there should have been some reduction in the extreme poverty faced by the people in this district.
2. Poverty is the root cause of all the social problems in the country.
3. Illiteracy and poverty have been found to be mutually complimentary.
4. It is sheer foolishness to expect the people who are bereft of two square meals per day, to build and use toilets.
5. The traditionalistic attitude of the people to confide more in a village necromancer *jhankri* than a physician, has developed over years of resorting only to such quacks who are relatively more affordable, accessible and also available.
6. The policies of the government as much as those of

the non governmental institutions have always been lopsided, addressing only one or two fragmented issues instead of the entire problem as a whole spanning poverty-alleviation, drinking water, sanitation, improved public health facilities, awareness raising programmes regarding water, sanitation, and health of the people.

7. Adult education and micro-credit programmes have been found to be extremely effective in raising the economic status of the people.

(B) Lack of proper Coordination and Public Awareness

1. The various bodies working in the area of health, sanitation and water do not seem to work in a well-coordinated manner.
2. There is also need for the coordination between the central and district administrations.
3. People are not aware of the gravity of the situation and positively oblivious about the fact that their predicament is mainly due to their indifferent attitude.
4. Short-term awareness-raising and sensitisation programmes will not bear any impact on the people. Lifelong exposure to hunger and poverty has made the people insensitive to the finer aspects of life.

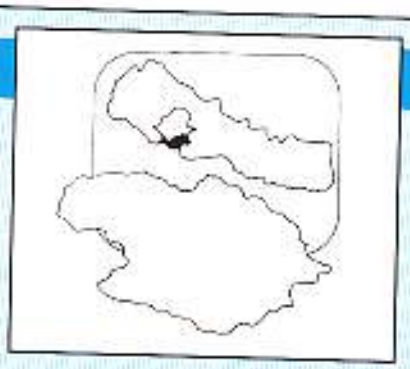
40% of all the afflictions are caused by lack of sanitation.

Lack of proper synchronisation between sanitation and the overall district development planning.

Growing cases of diarrhoeal diseases because of unsanitary lifestyles of the people.

District: Dang

District Profile



1	Development Region	Mid-Western
2	District Headquarters	Tribhuvan Nagar (Ghorahi)
3	Area in sq.kms.	2337
4	No. of VDCs	38
5	Population	354413
6	Percentage of children U5	22.5(% of 715 Households surveyed)
7	Life Expectancy	49.5
8	Per Capita Income	7,888(NR)
9	District Rank Based on HDI	53
10	Human Development Index	0.299

How to revolutionise sanitation?" was the topic of the daylong consultative workshop held at Ghorahi, Dang on the 13th Asad, 057. Dang is one of the five districts of the Rapti zone situated in the Mid-Western Development Region. It is bounded by Arghakanchi and Kapilvastu in the east; Banke in the west; Salyan, Pyuthan in the north; and Banke and India in the south. Besides Trubhuvan Nagar, it has another municipality at Tulsipur.

- 38% of the sick in the district are afflicted with diarrhoea.
- 67% of these patients never get any treatment.
- Only 21% of the children suffering from nausea and enteritis are treated.
- 39% of the people dispose off their garbage and waste in the vicinity of their dwelling places.
- Only 9% of the people defecate in latrines.
- 22% of the children have inculcated the habit of washing hands with soap or ash.
- Only 54% of the people have access to pure drinking water.
- Out of 200 patients infected with encephalitis who were admitted in the hospital during the previous year, 66 succumbed to the disease.
- There is rampant prevalence of diseases like ARI, diarrhoea, worm, typhoid, and conjunctivitis among children who live in unsanitary environment.
- The importance of sanitation should be revolutionised on a nation-wide scale.

Main Findings

- Training programmes have been organised specially for women to increase their sanitary awareness.
- Inclusion of a minimum of two women members in every user group in the district has been made mandatory to ensure their dynamic participation.
- Training camps have been held in the district focusing on the issue of conservation of water *from source to mouth* (Muhan Dekhi Mukh Samma) on the one hand, and preservation and use of toilets and waste disposal trenches, on the other.
- The institutional toilets built for use by students are being used exclusively by their teachers.
- The water treatment plants at Ghorahi and Tulsipur are nearing completion.
- A similar treatment plant at Beljhundi will commence during the next fiscal year.
- In five VDCs of the district, Pawannagar, Goltakuri, Dharna, Saigha and Bela, where DPCP has been initiated, a proposal to built *sulabh shauchalaya* has been anticipating fiscal resource since the past three years although the primary spade-work has already been done. [Information presented by Shivaratna Rajvahak, DE in the district water department]
- Notwithstanding the outbreak of an epidemic of encephalitis during the previous year, which necessitated a ban on boar and pig rearing, the Bank continues to give loans for animal husbandry.
- The drinking water pipelines which where installed 20 or 25 years ago are already rusted and busted in many places causing gross pollution of drinking water. [8 - 9 presented by Amar Dangi, Mayor of the Ghorahi Municipality]

Panel Discussion

A. Utilisation of latrines and community sanitation

1. Despite the provision of a few public latrines, the people prefer to defecate in the open.
2. People complain about suffocation in the toilets owing to the small structure of the toilets.
3. They also complain about the stench inside these toilets due to bad maintenance for which the people themselves are partly responsible.
4. The stench and filth inside the toilets is mainly due to dearth of water.
5. The people and the local government need to work in partnership to maintain the toilets through regular cleaning and provision of water.
6. Stringent measures are required to stop littering.
7. The communities should be motivated to jointly clean the towns and public premises once or twice every month.
8. One day in a month must be declared as a sanitation day when every household should clean their domestic premises.

B. Drinking water - from the source to the mouth

1. It has now become necessary to differentiate between drinking water and other utility water.
2. Drinking water must be prefixed with the words "clean and safe"
3. Water can be contaminated at any stage during its flow from the source to the spout.
4. To curb water contamination at the source, it must be ensured that toilets are not located in the vicinity of the source, domestic animals reared, or garbage and waste dumped.
5. In several instances, people unknowingly contaminate even clean water by storing it in unwashed vessels and utensils.
6. Basic awareness about the subtle causes of water contamination is lacking.
7. Recurring awareness programmes and dissemination through the media are needed.

C. Waste and garbage management

1. Everyone talks only about disposing waste in some select area which is a wrong practice because it is wrong to clean up one's own courtyard and throw the trash in others' premises.
2. The motto should be live and let live.
3. We must educate the people to be frugal in generating waste because lesser the waste, the easier to manage it.
4. The community should be mobilised to participate and help in waste management.
5. The best method of waste management is destroying it before it accumulates.
6. Incinerating is one of the best-proven methods of destroying waste.
7. The people should be taught to be conscientious while disposing off their accumulated waste, by separating the degradable and non-degradable substances so that extra energy need not be exerted later to sort out plastic and bottle from the garbage.
8. Villagers should be trained to turn garbage and waste into bio-manure through the method of composting/ vermi-composting.
9. Creation of markets for the compost and the farm yields will work as a good incentive for the farmers and villagers to turn the recycling of waste into a full-fledged industry.

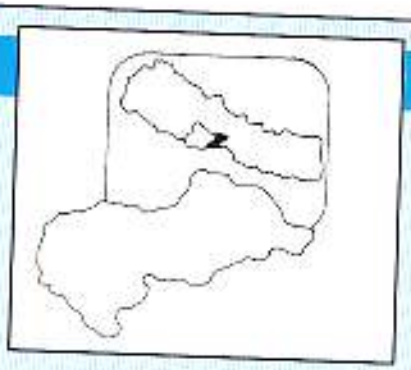
Out of 200 patients infected with encephalitis who were admitted in the hospital during the previous year, 66 succumbed to the disease.

D. Dissemination and communication of sanitary awareness

1. The need for proper communication network for effective dissemination of social issues need not be re-emphasised.
2. Without sound communication network, people are really hamstrung and they lag behind in every aspect of social life.
3. In the absence of communication, people become utterly ignorant and blind to the latest developments, and thus become prone to exploitation at the hands of vested interests.
4. Lack of proper communication is at the roots of obsolete customs and traditions, which are being observed by the gullible people.
5. Every VDC should have its own communication centre for daily news broadcast.
6. Other methods of communication to spread sanitary awareness among the people should also be adopted, like advertisements, street-dramas, music videos and audiotapes, rallies, workshops, and informal meetings.

District: Nawalparasi

District Profile



1	Development Region	Western
2	District Headquarters	Parasi Bazaar
3	Area in sq.kms.	2162
4	No. of VDCs	74
5	Population	436217
6	Percentage of children U5	22.9(% of 607 Households surveyed)
7	Life Expectancy	53.5
8	Per Capita Income	5,386
9	District Rank Based on HDI	51
10	Human Development Index	0.300

One of the six districts in the Lumbini zone of the Western Development Region, Nawalparasi is bounded by Chitwan and Tanahu in the east; Rupandehi and Palpa in the west; Palpa and Tanahu in the north; and Chitwan and India in the south. The district has one Municipality. From the ecological stance, the hilly region of this district is extremely backward in terms of sanitation, the inner central region more advanced, and the terai belt is moderately clean. The one-day interactive programme was held on the 21st Asad, 2057 under the Chairmanship of Mr. Ishwariprasad Sharma, Chairman of the DDC.

The Kumarvarti VDC in the inner central region of the district has utilised 75% of the total governmental grant of Rupees five lakhs for sanitation. Likewise, 42 members of the Belhani drinking water users' committee of the Belhani VDC, have set an example by repaying with interest, a joint loan taken for the purpose of initiating sanitation projects in their village.

But diseases continue to prevail in the district. 22% of the people in the district suffer fromvarious types of skin disease. The other prevalent maladies are diarrhoea, typhoid, fever, tuberculosis, jaundice etc. Out of 29,276 patients who were treated in the district hospital during the past ten months, 22% suffered from skin diseases, 10% from diarrhoea, 9.56% from typhoid and other types of fever, 6% from viral diseases, 0.4% from malaria and kalazhar, 0.37% from tuberculosis, 0.06% from jaundice and hepatitis and the rest from cholera, encephalitis, chronic bronchitis and so on.

Main Findings

- There is growing awareness among the local people about the virtues of self-reliance. Every VDC is setting aside 20% of its income to be utilised for sanitation.
- The accumulated fund for this year is Rs. 8 lakhs.
- A Plan is already being drawn to construct 800 toilets. This will be doubled in the coming year and such facilities will be provided in every village.
- Farmers feel suffocated inside latrines since they are used to defecating in the open fields where they can also keep an eye on their farms.
- Even when latrines are provided for many farm households, the inmates prefer to go to their fields. In many cases, toilets are known to have been used for rearing chicken and goats.
- According to Rambahadur Chettri, Water and Sanitation Consultant for FINNIDA, only 11.05% of the district population have access to safe drinking water.
- The pollutants from the Lumbini Sugar Factory contaminate the Jhahri River.
- The plastic bags used for disposing garbage and waste have caused congestion of drains.
- HMG should put a total ban on the use of plastic bags.
- According to Khadag Bahadur Nagarkoti, the Chief of Belahani Drinking Water Consumers' Committee, 42 users had been granted loan amounting to Rs.42, 000 from the Consumers' Fund. 42 latrines have been built with the money.
- The VDC and FINNIDA have advanced Rs.500 for the construction of each latrine.
- The loans were repaid back along with an interest of 24% within six months.
- The Japanese government and HMG have been distributing 150 water connections every year over the past ten years. Only 10% of these connections

In many cases, toilets are known to have been used for rearing chicken and goats..

are functional today for lack of maintenance and repair.

Panel discussion

(A) Lack of personal hygiene and sanitation

1. Raise the level of public awareness.
2. Judicious use of available resources.
3. Traditional customs are hindrances to development.
4. Policies for pollution control to be evolved at the national level and accordingly implemented.
5. Population control measures.
6. Initiate income-generating activities.

(B) Lack of proper treatment of water and appropriate types of toilets

1. 32% of the people are bereft of clean drinking water.
2. More than 68% of the population have no access to drinking water.
3. Deficient policies and programmes.
4. Lack of resources, appropriate technology and commitment.
5. Lack of public participation and awareness.
6. Solicit commitment from organisations and individuals.
7. Mobilise health activists, local NGO, Ama Samuh etc.
8. The elected representatives of the people must possess latrines in their respective houses.
9. Traditional notions and governmental negligence must be uprooted for good.
10. There is no periodical monitoring during the course of the programme, and no follow up evaluation on completion of the project.

(C) Lack of coordination

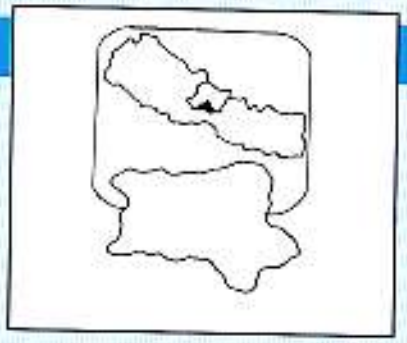
1. Duplicity of programmes.
2. The district authorities are invariably secretive about the total budget and allocation of funds to the VDCs.
3. Policies should be designed and implemented according to priorities.
4. Collateral organisations need to coordinate their activities.
5. The services envisaged in the programmes and policies does not seep down to the people, which makes it necessary to question - "Are the I/NGOs exploiting the VDCs to further their own selfish interests?"
6. It is necessary to bring together organisations and departments addressing the same social issues, in order to effect coordination and avoid duplicity.

(D) The problems caused by industrial pollutants

1. Ill managed and unplanned habitation in the residential areas.
2. Industrial, residential, market, parks, forests and such other areas should be properly stratified and zoned in a planned manner.
3. Population control measures should be strengthened.
4. Proper sewerage and drainage should be constructed and maintained.
5. For effective solid waste management, stringent measures should be taken to stop the use of plastic bags, initiate awareness raising programmes, and constitute city waste management committees.
6. Traffic pollution which is mainly due to lack of adequate bus stops, parking places, and dusty roads should be curbed by constructing more number of bus stops and parking places at appropriate points, and black-topping the roads linking different parts of the cities and towns.
7. Ban the dumping of industrial pollutants and domestic garbage into the rivers.
8. Every district should be equipped with water purifying plant and water testing lab.

District: Tanahu

District Profile



1	Development Region	Western
2	District Headquarters	Damauli
3	Area in sq.kms.	1,546
4	No. of VDCs	45
5	Population	268,073
6	Percentage of children U5	24.6 (% of 621 Households surveyed)
7	Life Expectancy	61.0
8	Per Capita Income	8,828
9	District Rank Based on HDI	9
10	Human Development Index	0.384

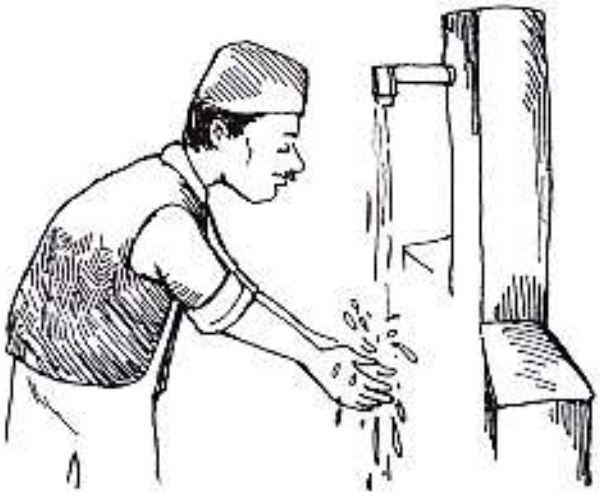
One of the five districts of the Gandaki zone in the Western Development Region, Tanahu is bounded by Gurkha and Chitwan in the east; Syangja and Kaski in the west; Lamjung, Kaski and Gulmi in the north; Palpa and Navalparasi in the south. The entire terrain is hilly and consists of two regions, the mid-mountain, and the Siwalik range. Owing to different elevations, the climate of the district varies between tropical to mild temperate. Demographically, 37% of the total population comprises of children below 15, which is indicative of high fertility rate. In terms of sanitation, 30% of the people use latrines. The interaction and sensitisation programme on the theme "How to sensitise sanitation?" was held at Damauli on Saun 4, 057.

The following factors are indicators of the state of sanitation and health in the district.

- The types of disease afflictions are of the following order : skin diseases (28%), diarrhoea (11%), enteritis (12%), respiratory infections (8%), Gastritis (5%), fever (6%), bronchitis (3%), other diseases (19%).
- No efforts have been made so far to sample and treat drinking water in the district. 42% to 46% of every water source are contaminated. 54% of the people have access to pipe supplied water, while 33% drink from wells. 9% of the people still access water from springs and the rest from other types of available sources.
- Only 30% of the population use latrines for defecation.
- In general, the people lack basic sanitation awareness.

Main Findings

- According to the DDC Chairman Vishwa Bahadur Adhikari, a scheme to integrate education and sanitation is under way.
- A joint literacy and sanitation drive, has made it mandatory that every literate individual educate at least one person. A grant incentive of rupees one thousand per such enterprising person, to build a toilet has been approved.
- A Grant of 50% of the total constructional cost is being accorded to any one building reservoirs for harvesting rainwater. More than 100 reservoirs have been built till date.
- Media persons should disseminate awareness of water and sanitation among the people as well as the policy makers.
- 5 to 10% of the total budget for water supply in the district is being allocated for sanitation, in keeping with the national policy of integrating water and sanitation.
- Of 57287 households of Tanahu, 3458 have ditch type toilets, and 295 toilets (6.58%) connected to septic tanks.
- Disposing garbage and waste directly through hydraulic trailers instead of letting them decompose in disposal containers is the latest method adopted by the town municipality.
- A programme to offer incentives to those using biogas has gained much currency.
- 51% of the people wash their hands with plain water (without using soap) after defecation.
- The district is focusing more on construction of latrines, and use of biogas and smokeless hearths, which



51% of the people wash their hands with plain water (without using soap) after defecation.

has significantly improved public health.

- Village sanitation groups have been formed to sensitise sanitation as well as raise fund for furthering sanitation and hygiene. This has inculcated among the people, the habit of washing hands and manicuring their nails.
- Programmes for motivating women and raising fund have been initiated in 14 VDCs.

Panel Discussion

(A) Community mobilisation for sanitation

1. Health and sanitation training.
2. Form health and sanitation dissemination committees.
3. Introduce health and sanitation education right from the schools through the academic curriculum.
4. Health and sanitation to be included in the manifesto of political parties.
5. Election tickets to be denied to candidates who do not possess and use toilets.
6. Women's Welfare Offices should deny membership to people not using toilets.
7. Take sanitation and health programmes to the poorer population residing in the villages, rather in the urban areas.
8. Create model villages and make them the focal point of education tours.
9. Make people own up their civic responsibilities.

(B) Ensuring cleanliness and safety of drinking water from source to mouth

1. Cover wells with lids, construct protective walls around water sources, and drain away rainwater through canals.
2. Plant trees at the water supply source.
3. Sprinkle bleaching powder regularly during the monsoon, and at least once in three months during the winter months.
4. The transmission pipes should be planted at the stipulated and required depths.
5. Do not allow roads to be built above the water supply sources.

(C) Effective garbage and waste management

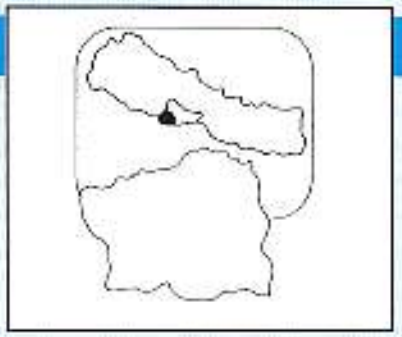
1. Organise awareness programmes.
2. Construction and use of simple and functional latrines.
3. Separate the living quarters of humans and animals.
4. Treatment and recycling of waste.

(D) Pragmatic solutions to ensure environmental sanitation

1. Launch a full-scale health and sanitation movement in league with local resource persons and representatives of the people.
2. Implement the policy of one house one toilet with the help of funds donated by other organisations, and local participation.
3. Begin a home-courtyard sanitation movement.
4. Proper management of village and town sanitation as well as waste and garbage.
5. Devise strategies to ban stray animals.
6. Stop people from defecating in the vicinity of water sources.
7. Prevent soil erosion near water sources by planting trees.
8. Advanced stoves, biogas, hydropower, solar energy should be developed.
9. Save the forests.
10. Lay emphasis on tree plantation.
11. Practice farming accordingl to the capacity of the land.
12. Encourage community forestry.

District: Kapilvastu

District Profile



1	Development Region	Western
2	District Headquarters	Taulihawa
3	Area in sq.kms.	1,738
4	No. of VDCs	71
5	Population	371,778
6	Percentage of children U5	20.7(% of 601 Households surveyed)
7	Life Expectancy	53.5
8	Per Capita Income	6,541
9	District Rank Based on HDI	56
10	Human Development Index	0.286

Kapilvastu, renowned all over the world as the birthplace of Lord Buddha, is one of the six districts of Lumbini Zone, which falls in the Western Development Region. It is bounded by Rupendehi in the east; Dang and India in the west; Arghakanchi and Dang in the north; and India in the south. 48% of the population of this district fall under the age of 15. Agriculture is the mainstay of the people. With regard to sanitation, the situation is still pathetic despite the efforts of the government and other agencies over the past decades. The district Interaction and Sensitisation Programme was held on the 28th Saun, 057 at Taulihawa.

Among all the districts located in the terai plains of the country, Kapilvastu has the highest percentage of people defecating in the open. Even those who are economically sound enough to afford domestic toilets prefer to "go to the field." Throughout the Taulihawa municipality, which came into vogue in 2037 B.S., there is not asingle public latrine. In most of the wards of this municipality, there are no provisions for drinking water and electricity. The outbreak of typhoid, diarrhoea, respiratory infections and other water-born diseases which plague the people of Kaplivastu everyday could have been alleviated had the people been a little more sensitive to sanitation and hygiene. Besides encephalitis, malaria and elephantiasis, majority of the people suffers from various types of skin infections. Women often suffer from white discharges due to washing with contaminated water.

Main Findings

- The district administration has embarked on a four-year sanitation and water plan.
- 20% of the district revenue has been pledged for sanitation and water.
- The VDC and DDC together have set aside Rs. 500 each (amounting to Rupees one thousand) for every individual as incentive for constructing and using latrines.
- The southern region of the district is more backward in terms of sanitation than the northern region.
- The Municipality must take stringent measures against those who include domestic toilets and bathrooms in their construction plans only to obtain approval of the plan, but do away with such provisions at the time of construction.
- There is need to construct public toilets within the premises of the municipality office.
- Although water has not been tested and treated so far, ground water at a depth of 50 to 60 feet is reassuringly pure and drinkable.
- Most of the villages have no latrines.
- A scheme to construct 170 public and institutional toilets under the aegis of the town municipality is under way.
- The only public urinal in the municipality is being wrongly used by the people for defecation.
- Public utility water taps have been provided one for every cluster of five households. Unfortunately, the house nearest to the tap tends to possess it for individual use.
- The district, which has more than 500 water sources, has adequate water supply. The problem is with regard to quality of water.
- Even in a market square like Krishna Nagar, hardly 2% of its inhabitants use toilets.
- Almost the entire community goes to the periphery of the highways every evening for the sole purpose of defecating.
- People who are more used to defecating in the open have even complained of constipation while trying to

use the newly constructed toilets.

- In some of the villages, people are known to have use the community latrines for storing grains and pulses.
- In Bhalwar VDC, latrines have been constructed in 90% of four wards. Work is yet to begin in another five wards.
- In Baksispur Ward No. 5, 40 latrines were constructed in 053/054 with financial help of rupees twenty thousand each from the DDC and VDC.
- An amount of Rs. 25,000/- was sanctioned to ward no. 7 in 055/056 for the construction of public latrines.
- Latrines have been constructed in ward no. 9 with a grant from the Red Cross Society.

Panel Discussion

(A) Effective methods of disseminating mass awareness regarding sanitation and water.

1. Lack of political commitment.
2. Traditional customs and superstitions.
3. Illiteracy.
4. Ignorance about rights and duties.
5. The local organisations should inform and train the elected representatives.
6. Create pressure lobbies at the local level.
7. Integrate the importance of awareness raising and sensitisation of the issue in the national plans and policies.
8. Stipulate distinctive and feasible goals like drinking water to 40% of the population.
9. Include sanitation and hygiene in the educational curriculum from the elementary level.
10. Create a resource pool of information and technology to make health services more effective in the villages.
11. Personal hygiene and sanitation should be accepted as one of the criteria of eligibility to run for elections.
12. Sanitation must be included in the election manifestos of every party.
13. Organise interactive consultations at various levels on health and sanitation.
14. Every concerned organisation should include the media as an integral part of the project.
15. The media also should take personal initiative to investigate and study the progress of sanitation and health related projects and publicise the findings.
16. Elementary and informal education should be given due importance.

(B) How to keep the market area clean?

1. Failure to realise the necessity of toilets.
2. Failure to construct adequate toilets.
3. Lack of proper sewerage.
4. People's innate nature to defecate in the open.
5. Paucity of space and willingness to construct personal toilets.
6. Lack of adequate institutional toilets.
7. Lack of local help and cooperation and neglgence of the local bodies.

> The district, which has more than 500 water sources has adequate water supply. The problem is about quality of water. ■

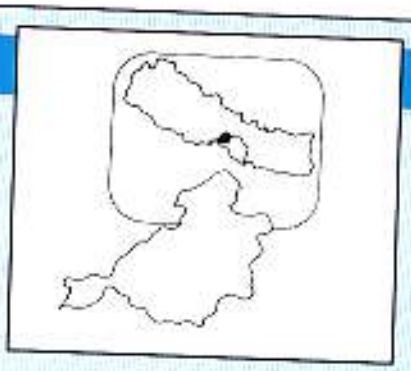
8. Construction of houses without leaving any space near the roadside.
9. Relevant training to be imparted to employees of the municipality, VDC wards, social workers, teachers, business people, industrialists, students and so on.
10. Make domestic toilets mandatory for every citizen.
11. Proper maintenance of institutional and public toilets.
12. Spray disinfectants in sewers and drains regularly.
13. Collect waste and garbage regularly and consistently from every household by municipality workers and local sanitation committees.
14. Recycle and reuse technologies to be learnt and taught widely.
15. Constitute evaluation committees consisting of representatives from the DDC, local development office, department of water and sanitation, NGOs, district police office, and media persons.
16. The municipalities and local authorities should ban the use of plastics and non-degradable material.

(C) How to propagate sanitation in rural areas?

1. Traditional obsolete values.
2. Lack of simple and easy-to-make toilets (sulabh shouchalaya)
3. Poverty and economic backwardness.
4. Encourage family-planning.
5. The elected representatives and political leaders should first set the example for the people to emulate.
6. Dissemination through street drama and door to door programmes.
7. Allocate 10% of the fund meant for the development of the constituencies of the Members of Parliament, for sanitation.
8. Discourage the appointment of negligent officers in important responsible posts.
9. Reward and recognise the good contributions of any person or persons in the area of sanitation, and punish those, whose behaviours and activities are contrary to sanitation and health.
10. Each VDC must set aside some amount exclusively for sanitation.
11. Carry out the sanitation activities in a coordinated manner.
12. Mobilise NGOs, educational institutions, and the governmental agencies for sanitation and health.
13. Constitute sanitation and health committees at the local level.

District: Chitwan

District Profile



1	Development Region	Central
2	District Headquarters	Bharatpur
3	Area in sq.kms.	2218
4	No. of VDCs	36 & 2 municipalities
5	Population	3,54,488
6	Percentage of children U5	22.6
7	Life Expectancy	56.5
8	Per Capita Income	8,414
9	District Rank Based on HDI	16
10	Human Development Index	0.4

Chitwan is one of the most important places in Nepal, primarily owing to its strategic location. It is bounded in the south by the Indian State of Bihar, Makwanpur and Parsa in the east, Nawalparasi and Tanahu in the west, and Dhading and Tanahu in the north. Normally, the floating population of Chitwan consists of people from all the other districts of the country who find it convenient to perch here in the course of their travel, or search for new pastures. Hence people sometimes refer to Chitwan as the 76th district. The district interaction and sensitisation programme on Sanitation and Hygiene was held at Bharatpur on the 9th of Bhadau, 2057. Mr. Bishnu Ghimirey, Chairman of Chitwan DDC, chaired the programme.

A cursory view of the district might impress upon any visitor that its inhabitants are socio-culturally, and economically progressive and conscious. Unfortunately, the district is still backward in terms of sanitation and hygiene. Garaiyya, a village belonging to Khaireni VDC, serves as an example of the unsanitary practices of the people of Chitwan. The NEFEJ team visited a few key villages of this VDC, like Karaiyya, Basyauli, Danra Gaon, and Bairent where the people defecate on the roads and in the fields. This unsanitary practice is not due to lack of latrines. A local social worker Kishore Chandra Dhungana had provided *salabh toilets* for many households at his own expense. It was most disheartening when the village community, mostly consisting of Tharus, did not care to use the toilets and instead, preferred to defecate in the open. This reveals the stark backwardness of the people.

Main Findings

- As per the statistics for the last four years, skin infections seem to be the major problem. Approximately 25 to 28 percent of the total population are treated in the OPD each year. There are no specific data pertaining to patients who are treated in private hospitals and clinics. 61.5 percent of the patients treated in the governmental hospitals are those suffering from skin diseases, 20.2 percent from enteritis, and 18 percent from diarrhoea.
- Besides these, people also suffer from typhoid, conjunctivitis, malaria, tuberculosis, polio, encephalitis, fever, and common cold.
- Only a meagre amount of Rs. 20/25 thousand is being sent to the district for sanitation.
- The grant of rupees nine lakhs provided by UNICEF for sanitation could not be fully utilised because of school examinations. Only rupees six lakh fifty thousand could be used. The balance amount is in the district treasury.
- Another achievement in the area of water supply is that water is treated before supplying it to Narayangarh.
- The focal branches of the District Health Centre do not have their own buildings. In ten of the sub-health posts, there is no provision for drinking water. In fifteen others, there are no toilets. The Bharatpur Hospital has to bear the load of five districts owing to which proper and adequate services cannot be provided to the patients.
- In Muglin, buffaloes and pigs are allowed to contaminate the water-sources.
- There is also shortage of proper information. For

instance, water pollution at the source, which the wayside restaurant owners of Muglin are not aware of, could have been extensively publicised. Their concern about the adverse implication of such publicity would have immediately forced them to take precautionary measures.

- ❒ Women should be encouraged to lead the sanitation movement.
- ❒ The focus is on water supply and not on the quality of water supplied to the people. No one pays any attention to the source of drinking water. The Chepang settlement is perched above the drinking water source. There are no toilets and every one defecates in the fields. They dispose the carcass of dead animals in the ravines and rivulets, and indulge in surface-water fishing by poisoning the fishes. These highland dwellers need to be made aware of their wrong practices and toilets built for them in strategic places without endangering the bio-diversity.
- ❒ A child-to-child programme pertaining to health and sanitation might be fruitful venture.

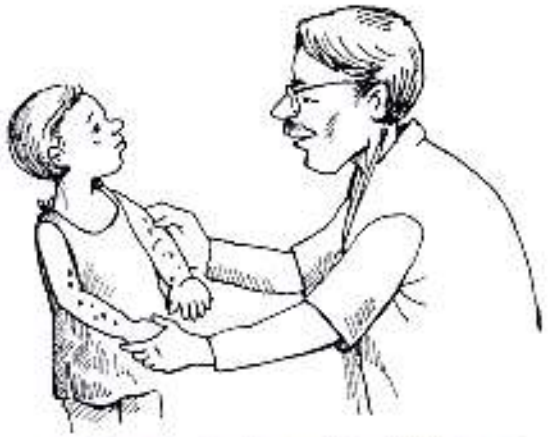
Panel Discussion

(A) How to effect proper coordination?

1. Lack of commitment among various concerned groups.
2. Paucity of effective leadership.
3. Illiteracy and ignorance.
4. Culture and traditions.
5. Political instability.
6. Procrastinating habit.
7. Lack of farsightedness.
8. Conflict of ideas.
9. Awareness programmes through seminars and workshops.
10. Training on leadership.
11. Meetings and workshops.
12. Work-orientation.
13. Evolve action plans.
14. Interactive consultations.

(B) How to raise awareness?

1. Lack of awareness and information regarding sanitation.
2. Negligence and callousness.
3. Superstition, tradition and culture.
4. Economic dependence.
5. Door to door programmes consisting of training, street drama, posters, interactive consultations and rallies.
6. Socially ostracise those who are caught littering and indulging in unsanitary activities, or met out fines and penalties to such people.
7. Training to faith healers and necromancers.
8. Provide micro credit to the needy.



In ten of the sub-health posts, there is no provision for drinking water. In fifteen others, there are no toilets.

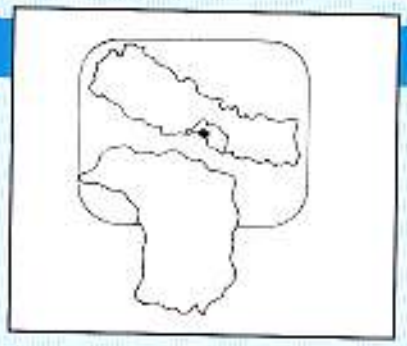
61.5 percent of the patients treated in the governmental hospitals are those suffering from skin diseases.

(C) How to maintain cleanliness in the cities and the adjoining regions?

1. Defecating and urinating everywhere.
2. Ill managed waste disposal.
3. The municipalities and VDCs do not seem to take sanitation and hygiene seriously.
4. Excessive use of plastics and non-degradable products.
5. Traditions and culture.
6. Lack of proper sewerage system.
7. Lack of public awareness.
8. Inability of the citizens to perform their responsibilities.
9. Provide community and personal toilets.
10. Dispose off waste in earmarked places.
11. Organise meetings, workshops, and interactive consultations to disseminate information regarding sanitation.
12. Earmark particular places for the purpose of cremation, and operate electric crematoriums in the urban areas
13. Devise substitutes for plastic such as jute bags.
14. Make provisions for sewerage and drainage
15. Introduce composting techniques to reuse waste
16. Allow vegetables, fruits and meat to be sold only in particular fixed places.

District: Parsa

District Profile



1	Development Region	Central
2	District Headquarters	Birgunj
3	Area in sq.kms.	1353
4	No. of VDCs	82
5	Population	372,524
6	Percentage of children U5	24.1
7	Life Expectancy	58.5
8	Per Capita Income	10,504
9	District Rank Based on HDI	22
10	Human Development Index	0.355

Parsa district falls within the terai domain, and is bordered on the east by Bara district, on the west by Chitwan, on the north by Chitwan and Makwanpur districts, and on the south by India. The ethnic composition consists of Tharu, Kurmi, Brahmin and Chettri. 81% of the people speak Bhojpuri, 11% Nepali, and the rest Newari and Maithili. The programme was held on Bhadau 10, 2057, chaired by Mr. Janardan Singh Chettri, Chairman of the DDC.

Some basic facts about the state of health and sanitation in the district are:

- The district is extremely backward where sanitation is concerned
- Only 12 % of the people use toilets for defecation
- In the outskirts of the city, the percentage of people defecating in toilets is less than five
- This is an indicator of the poor state of health in the district
- 25% of the people insist on defecating in the fields despite the provision for toilets.
- The donor-provided toilets are used for housing cattle, stocking fire-wood, and fodder for the cattle.
- Even the people's elected representatives have formed the habit of defecating in the open.
- The physical development in Birgunj, the district headquarters, is relatively better but much below expectations.
- The main road as well as the main town square are so congested with dirt and garbage that further statistics are not required to establish the poor state of sanitation
- Traditional customs have contributed largely to the pathetic state of affairs in the district.

Main Findings

- Most of the people in the district suffer from skin infections.
- Diarrhoea affects 10 % of the people every year
- The other diseases are fever, ARI, anaemia, gastritis, chronic bronchitis, and conjunctivitis.
- Only a few of the health sub-posts which are housed in self-owned buildings are equipped with toilets which accounts for only 2/3% of the health sub-posts spread over the district.
- The Sanitation Department of HMG is has been laudably functioning with the major thrust of its activities concentrated in the villages.
- The normal policy is to allot sub-health posts only on condition that the VDC provides the required space and building. Unfortunately, health posts have been extended to various VDCs without fulfilling this pre-condition, under mounting pressure from above.
- The toilets constructed by the Nepal Red Cross have been converted by the villagers into granaries and cowsheds.
- The public health workers reach the affected areas only after the outbreak of diarrhoea claims a few lives.
- Villagers who come to Birgunj seeking medical care and treatment, only to get further infected with other diseases that stem out of the city's garbage and filth.
- Even in the core area of the town, people defecating on both sides of the roads is common sight especially in wards 1, 19 and 9.
- Sterilised syringes are not used in the district hospital, leave alone in the subsidiary health posts. The same needle is used on several patients.
- There is scarcity of Safe drinking water in the district.

- ❒ Basically, NGOs are suspected of earning and hoarding money, which is a negative and cynical approach.
- ❒ People are not aware of the need to cover food and water.
- ❒ Children defecate in the proximity of the residential areas and no one bothers about the hosts of flies contaminating food and drinking water in the houses.
- ❒ Amarpatti VDC, which is one of the DPCP sectors, can boast of 28 to 30 public toilets.
- ❒ In Bageshwari Chitragauna VDC, 25 public toilets have been constructed. The VDC has contributed Rupees four hundred each towards each toilet. The total population of the VDC is 1300, and all the 15 toilets constructed by the Red Cross are in full use.

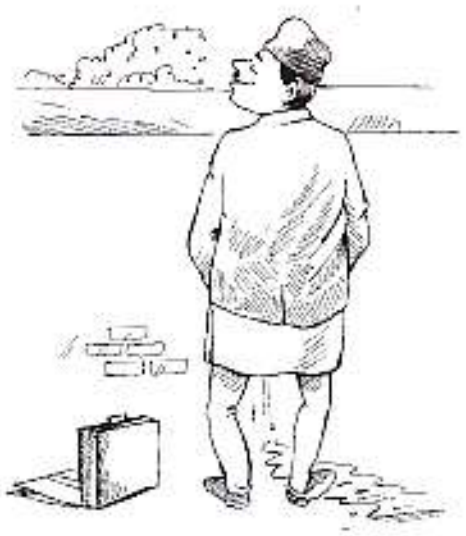
Panel Discussion

(A) Enhancing awareness

1. The motto *Ek Ghar Ek Charpi* or a toilet in every house should be popularised.
2. Identify the problems sanitation problems and their solutions.
3. Observe sanitation days by organising rallies in which elected representatives, social workers and the masses should be encouraged to participate.
4. Spread sanitation awareness through video shows, street plays, art exhibitions, and quiz contests.
5. Appoint sanitation watch-groups.
6. Run educational programmes related with sanitation.
7. Utilise local festive occasions and celebrations when there are large crowds of people gathered in various places, to spread awareness through musical concerts, public talks etc.
8. Construct institutional toilets in schools and offices through the DDCs and municipalities.
9. Spread awareness in the villages through wall newspapers.
10. Publish relevant articles and news in different newsmagazines and journals.
11. Form sanitation committees at the VDCs level.
12. Spread awareness through pamphlets, brochures and posters.
13. NGO workers should construct and own toilets.

(B) Coordination of functions and activities?

1. Solicit the help of organisations interested in and working for sanitation, to maintain proper information.
2. Make it mandatory for the district level sanitation committee to meet once in three months.
3. Define objectives and emphasise the need for work evaluation.
4. The coordinating committee to form a monitoring sub-committee and carry out the requisite works.
5. Orientation training to the local bodies, political parties and NGOs.



Even the people's elected representatives have formed the habit of defecating in the open.

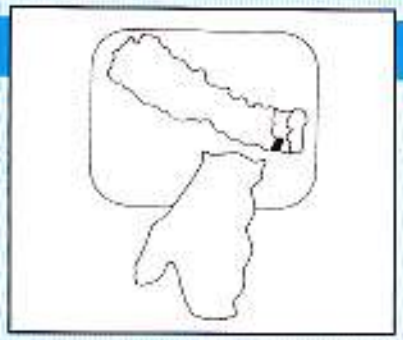
6. The organisations working for sanitation should be fully identified and popularly known.
7. Appoint dynamic coordinators

(C) Tackling the problems of resource mobilisation

1. Lack of transparency.
2. No definite plans and prospects among the local bodies.
3. Needs to be identified by the stakeholders.
4. Lack of proper management despite adequate resource.
5. Review of resources should be initiated.
6. The DDCs, VDCs, Governmental and Non Governmental Organisations, Parliamentarians, Citizens and NGOs should evolve feasible plans, ensure proper buildings owned by the organisations and departments to avoid extra expenditure on payment of house rents, and ensure privacy and security.
7. Make human resource development one of the prime concerns.
8. The programme implementers should prepare the budget and work-strategy, and make it transparent for public knowledge.
9. Program monitoring at the district level.
10. Prepare plans and programmes without getting inhibited by compulsions.
11. Prepare plans and the requisite budget only after ascertaining the actual problems.
12. The programmes should be launched only after the user groups are formed.

District: Sunsari

District Profile



1	Development Region	Eastern
2	District Headquarters	Inaruwa
3	Area in sq.kms.	1257
4	No. of VDCs	49 (3 Municipalities)
5	Population	3,481
6	Percentage of children U5	24.8
7	Life Expectancy	60.5
8	Per Capita Income	8,130
9	District Rank Based on HDI	10
10	Human Development Index	0.382

One of the six districts of the Koshi Zone in the Eastern Development Region, Sunsari is bounded on the east, west, north and south by Morang, Saptari and Udaypur districts, Dhankuta, and Bihar (India), respectively. It is one of the 20 districts of the terai region, and the larger chunk of its population consists of Brahmins, Chettris, and Tharus, followed by Muslims and a minority group of Yadav and Ahir. The one-day programme was held on the 19th Bhadaun, 2057 at the DDC meeting hall. Mr. Arvind Prasad Mehta, Chairman of the DDC presided over the function.

The following are some vital facts about the people of this district:

- More than 40% of the population are under the age of fifteen.
- This is indicative of high fertility rate.
- The male-female ratio is almost 102:100.
- Literacy rate is 45.2 as compared to 36.7 of the country.
- 55.1 percent of the population are totally illiterate.

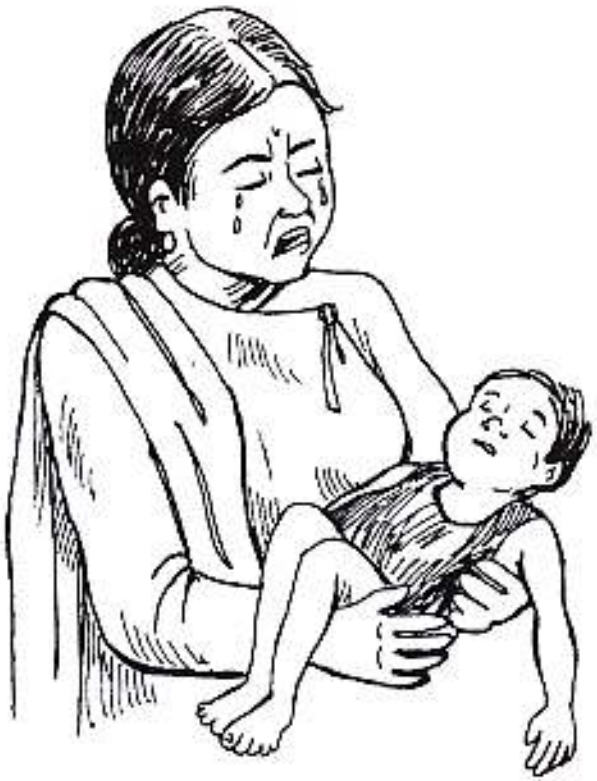
Main Findings

- More than 116 of every thousand children die every year on account of diarrhoea and malnutrition.
- The need to inform and educate the women in every village about the perils of drinking contaminated water is urgent.
- Despite the Government's commitment to provide pure drinking water to the people, water gets contaminated in two different manners: one, while being channelled to the spouts and taps owned by the local users, and two, in the process of utilising or storing them by the individual users.
- Even those who possess toilets are unable to maintain the basic required distance of 30 feet between their residential areas and the toilets due to lack of adequate space.
- 67% of the people in Sunsari have access to drinking water.
- Duhubi VDC has the highest record of maintaining purity of drinking water.
- Bhaluwa VDC is the poorest in the district in terms of sanitation.
- The ten preponderating disease afflictions in the district such as, diarrhoea, ARI, skin infections, hepatitis, polio, malaria, encephalitis, dysentery, typhoid, and other contagious ailments are basically due to intake of contaminated water.
- There is urgent need to sensitise the issue of child mortality among the country's political leaders in order to ensure the commitment of every political party at the regional as well as national level.

Panel Discussion

(A) Ineffective health and sanitation programmes

1. Lack of public awareness.
2. Lack of planned education both formal and non-formal.
3. Provide educational ingredients through proper means of communication.
4. Bring reformations in the traditional practices of the people.
5. Spread sanitation and health awareness among the people.
6. Eschew gender discriminations in education.



More than 116 of every thousand children die every year on account of diarrhoea and malnutrition.

7. Make it compulsory for every leader to possess and use toilets.
8. Every VDC official, teacher, and such other responsible persons to possess and use toilets.
9. Cost effective toilets should be encouraged and help solicited from donor agencies, NGOs, governmental agencies and such other social organisations for the purpose.

(B) Lack of coordination, transparency, and people's participation

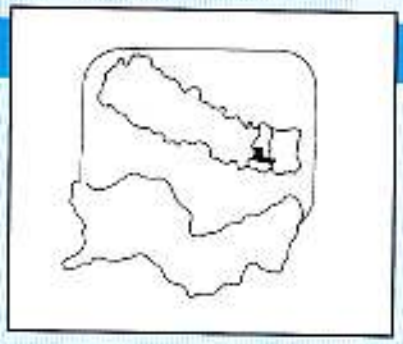
1. Concerned organisations and donor agencies should select their target groups judiciously.
2. The people should be encouraged to give up individual selfishness and corruption
3. Galvanise the people to manage or produce food and cereals for the needy in order to help in poverty alleviation, and for raising public awareness in a practical manner.
4. Spur the people for health and sanitation activities.
5. Every VDC should maintain systematic statistical information on sanitation and health.
6. Governmental and non-governmental organisations as well as donor agencies should provide need-based programmes to the people, according to their capacity.

(C) Economic backwardness, and gap between planning and implementation

1. The sanitation and health initiatives should be made on the basis of the socio- economic background of the people. Inter-sectoral coordination, and intrinsic commitment to the implementation of the programmes should be guaranteed.
2. The wide scale duplicity of work performed by various organisations points to their innate lack of coordination and seriousness. It appears that most of the organisations are on the look for issues and problems for their own sake, to enhance their own gains and social esteem.
3. There is urgent need to concentrate on awareness raising programmes to educate and inform the people.
4. There must be separate budget allocation exclusively for sanitation in HMG's Plans.
5. Initiatives should be taken to enhance the capacity and effectiveness of the NGO sector.
6. Development activities should be carried out in consultation with the respective DDCs.
7. Model VDCs must be created.
8. Political leaders not possessing private domestic toilets should be barred from running for the elections.
9. 10% of the development fund of the Members of Parliament should be utilised for improving sanitation.
10. Local skill should be encouraged and developed.
11. Poverty alleviation measures should be taken on a larger scale by introducing micro-credit programmes and revolving funds.
12. Coordination Committees should be formed in all the districts including the DDCs, VDCs, concerned departments, political parties, donor organisations, and the elite of the society.

District: Udayapur

District Profile



1	Development Region	Eastern
2	District Headquarters	Gaighat
3	Area in sq.kms.	2,063
4	No. of VDCs	47
5	Population	221,256
6	Percentage of children U5	24.9
7	Life Expectancy	61.3
8	Per Capita Income	8,020
9	District Rank Based on HDI	23
10	Human Development Index	0.355

Udaypur is one of the six districts of the Sagarmatha zone and one of the 39 Hill districts in the eastern development region of Nepal. Sunsari bound it in the east, Sindhuli in the west, Okhladhunga, Khotang and Bhojpur in the north, and Siraha and Saptari in the south. The interaction and sensitisation programme was held on the 26th Bhadau, 2057 at Gaighat, which is the district headquarters. More than 44% of the total population of the district fall below the age of 15 years, indicative of high fertility rate. The overall gender ratio is 98 males for every 100 females. The following facts emerged during the interactive deliberations.

Main Findings

- The general attitude of the people has been moulded by traditions and customs, which pose a formidable and insurmountable barrier in raising sanitation awareness among the people.
- The sanitation movement is going on in full gusto at Triyuga Municipality, Jogidaha VDC, Triveni VDC, Basaha VDC and a few other adjoining VDCs.
- Some years back, epidemic outbreak was a common occurrence in the villages. Investigations revealed that the cause was mainly water contamination. Since then, all possible efforts are being made to safeguard drinking water, right from its source to the spouts.
- An amount of rupees six lakhs was spent only in the water sector during the fiscal year 054/55.
- Lack of public awareness about the need to live a better sanitary life is evident everywhere.
- The Department of water supply is undertaking activities mainly aimed at transforming the attitude of the people, in most of the VDCs. Constructions of ditch-type toilets, seminars and workshops, interactive sessions, training, etc. are some of the principal activities initiated by the department in league with UNICEF and other NGOs.
- The most pervasive five diseases afflicting the people are skin infections, diarrhoea, ARI, worms, and typhoid.
- There is 1 hospital, 2 primary health centres, 9 health posts, 35 sub-health-posts, 162 village level clinics and 150 vaccination centres in the district.
- Lack of personal hygiene and cleanliness is the chief reason behind the recurring prevalence of disease among the people.
- The highest percentage of children suffering from these diseases range below the age of five years.
- The Red Cross is actively undertaking sanitation activities through a massive adult literacy drive in the district. VDCs like Bagah and Katari are some of the beneficiaries of this programme.

Panel Discussion

(A) Lack of public awareness

1. Racial discrimination.
2. Scantiness of public participation.
3. Deficient information and communication system.
4. Need for farsightedness.
5. The system of education must be made more flexible, pragmatic and practical.
6. Help the communities with income generating, vocational and skill-centric activities.
7. Extract commitments from political leaders.
8. Encourage marginalised groups to participate in the

The most pervasive five diseases afflicting the people are skin infections, diarrhoea, ARI, worms, and typhoid.

The Red Cross is actively undertaking sanitation activities through a massive adult literacy drive in the district.

development programmes.

9. Make elaborate plans for social mobilisation.
10. Share information and knowledge with fellow compatriots.
11. Coordination among the organisations and the stakeholders, and between various organisations working in the area of health and sanitation.

(B) Lack of coordination

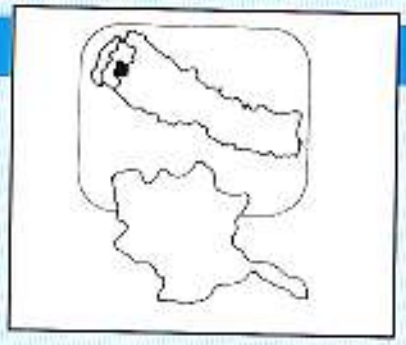
1. Lack of well defined policies.
2. Lack of awareness.
3. Haphazard urbanisation.
4. Lack of mutual understanding.
5. Poverty, economic prejudices and paucity of resources and means.
6. Obsolete traditional customs.
7. Bad political precedents.
8. Lack of moral responsibilities.
9. Provide a sound ethical base for implementing programme.
10. Gear up awareness programmes.
11. VDCs and municipalities should work out progressive strategies.
12. Provide employment opportunities.
13. Cultivate sincerity at the individual level.

(C) Lack of effective implementation

1. Underhand dealings and nefarious nexus of vested interests for making good profits at the expense of the poor is one of the major reasons for the poor implementation of programmes and policies.
2. Poor economic conditions of the people, as much as their ignorance and illiteracy are on the increase despite several development programmes that have been implemented over the past decades.
3. "Are the programmes well intentioned and aimed for the welfare of the people?" is a question raised everywhere.
4. Identify locally available resources and means.
5. Coordination committees should integrate the efforts of various organisations to ensure further improvement in sanitation and health of the people.
6. Skilled manpower should be trained and created.
7. Provide training to local resource persons.
8. Espouse skill-centric, awareness-oriented and income- generating activities.
9. Inculcate we-feeling and an essential sense of responsibility among the people.
10. The candidature of political leaders should be accepted only after soliciting their commitment to sanitation, health and overall development of their constituencies.
11. Synchronise programmes with available funds so that the task of implementation does not get hampered midway because of shortage of fiscal resources
12. Monitoring and evaluation should be made sustainable and effective.

District: Achham

District Profile



1	Development Region	Far Western
2	District Headquarters	Mangalsen
3	Area in sq.kms.	1680
4	No. of VDCs	75
5	Population	198,188
6	Percentage of children U5	26.3
7	Life Expectancy	49.0
8	Per Capita Income	5,035
9	District Rank Based on HDI	68
10	Human Development Index	0.235

One of the five districts of the Seti Zone in the Fast Western Development Region, and one of the 39 districts of the Hill Region, Achham is bounded by Dailekh and Kalikot in the east, Doti and Surkhet in the west, Bajura and Kallikot in the north, and Surkhet in the south. The interaction and sensitisation programme on sanitation and health was held on Kartik 25, 2057 at Mangalsen, and was chaired by Mr. Krishna Prasad Jaisee, Chairman of the DDC.

The district is divided into two distinctive regions: the mid-mountains and the high mountains, with 90 % of the region falling within the mid-mountain and the rest 10% in the high-mountain region. The district has climatic variants ranging from sub-tropical and mid-temperate to cool-temperate. Almost the entire population of the district speak the Nepali language although there are 19 known dialects and languages spoken by the people of the district. The number of males per 100 females is 89

Main Findings

- Approximately 75 % of the people of Achham suffer from diarrhoea due to lack of proper sanitation, 45% from skin infections, and 12% from worms and enteritis.
- The other common disease afflictions are typhoid, and asthma, which are pervasive throughout the district.
- The sense of sanitation and hygiene among the people is one of the poorest in the country.
- Only 5.5% of the total population had access to safe drinking water in the preceding year.
- 46% of the people fell sick in the same year due to drinking contaminated water.
- Only 11.88% of the people defecate in toilets
- The people generally feel that special committees should be formed in the district to address the urgent need for sanitation.
- The elders of the district are prepared to organise a national sanitation movement, which should stop only when the entire nation is purged of accumulated filth, garbage and waste, and when every individual becomes aware of the need to cultivate healthy sanitary practices.
- Parliamentarian Govind Bahadur Shah pledged an amount of Rupees one lakh towards sanitation.
- Achham is one of the most backward and poor districts of the country, and hence a proper programme for poverty alleviation must be the precursor to all other agendas.
- By the month of Asar all the elected representatives of the district will be made to build toilets.
- Health-oriented training with focus on reproductive health, maternity and childcare are being given to the people since the past few years.
- An amount of twenty million rupees would be needed to build toilets for more than 30000 households in the district who have no access to toilets.
- Maintenance and sustenance is a big problem in the district, which is due to illiteracy and ignorance of the people. Around 600 toilets were built in six VDCs till date, which are in ruins now on account of poor maintenance or long period of disuse.

Panel Discussion

(A) Factors affecting the health of children

1. Improper sanitary practices among the villagers.
2. Sanitation adversely affected by lack of water.
3. Lack of public awareness.

4. Illiteracy.
5. Failure of the government to provide equitable opportunities to education.
6. Gender disparity.

(B) Traditional beliefs and customs

1. Many of the customs are obsolete but still popular among the people.
2. Such customs are major hurdles to people's participation.
3. The people repose greater faith in the faith healer or jhankri than in the doctor and prefer to walk for three hours to reach the jhankri's establishment, rather than consult the doctor living and practising in the neighbourhood.
4. Traditional usages are largely responsible for gender discrimination.
5. Such traditions must be addressed and reformed as early as possible.

(C) Need to strengthen and streamline the communication system

1. Weak or unsystematic communication is at the roots of the people's ignorance.
2. Communication-lag persists at all levels, between the centre and the districts, between the various organisations and the stakeholders, between the teacher and the taught and between the rulers and the ruled.
3. People can be oriented towards effective communication through awareness programmes, workshops and training.
4. The media plays a pivotal role in this regard

(D) Resources for sanitation

1. It is time for the policy makers to realise that sanitation is a priority issue in the context of the country's socio-economic development.
2. There is urgent need to allocate a separate budget for sanitation, at par with health, water and education.
3. There is also need to maintain transparency in policies pertaining to the financial matters.
4. Awareness and proper education regarding sanitation and health must be prioritised.
5. Superstitions and traditional customs as hindrances to progress and development must be either erased out completely or reformed.
6. The vital role of the media in disseminating information and spreading awareness must be realised by the media persons.

3.3. Pointers from the People

1. The country's policy makers as well as the people should wake up to the present day predicament in relation to water and sanitation and realise its gravity.
2. Illiteracy and ignorance are largely responsible for the people's insensitive attitude towards healthy sanitary practices.
3. Poverty and population-growth are mutually complimentary partners imperilling the socio-economy of the country.
4. Misconstrued traditional notions and superstitions are grossly and adversely impacting the general psyche of the people, making them conservative. Such conservatism restrains them from participating in community development.
5. Only a minuscule minority of the people of Nepal are used to healthy sanitary practices like washing hands before eating and after defecting.
6. There is an acute lack of pervasive awareness about health and sanitation.
7. The implementation of programmes related with sanitation and health are not uniform in all the districts.
8. It is necessary to implement health and sanitation programme through educational institutions, by incorporating these in the academic system both as curricular subjects and extra curricular self-reliance activities.
9. The subject of personal hygiene should be incorporated in the elementary school curricula.
10. Organising Students' Forum in the schools and colleges is essential to imbue among the students a sense of concern about the country's health and sanitation issues.
11. Water, sanitation, health, and education must be treated as integral and interrelated while formulating plans and policies.
12. Rampant ease of procrastination, pilferage of fiscal resources and indiscriminate self-aggrandisement on the part of implementing officers and other vested interests have been reported from across the country.
13. The elite of the country, members of the intelligentsia, educators, parliamentarians and political leaders, legal experts, religious leaders and social workers should all form a common forum to grapple with the problem of infant mortality and morbidity resulting from lack of proper sanitation, adequate water supply, and health services.
14. There is need for better coordination among various organisations and departments working in the area of sanitation and health.
15. There is urgent need for the media to help in sensitising the issue of health and sanitation, and raising awareness among the masses throughout the country.
16. An effective system of project-evaluation must be evolved in order to navigate the course of development efforts in the country in the areas of water, sanitation and health.

Media Concern Group for Sanitation

Media Concern Group for Sanitation - MCGS (Sarsafai Sanchaar Sarokaar Samuha or SSSS in Nepali) comprising of representatives from the DDCs, VDCs, District Health Office, Local Development Office and other stakeholders have been formed in all the aforementioned districts. The SSSS will monitor and evaluate the progress made in their respective districts in terms of awareness raising, programme implementation, people's reciprocal attitude, health and well being, vis-à-vis sanitation. (See annex 1)

Chapter

4

Voice from Across the Country

4.1. Background

People taking to the streets shouting political slogans in the most vociferous manner, often vandalising public property, is common sight today in Nepal, especially in the urban hubs. This culture which revolves round the nation's political demagogues, has spread even to the villages and towns from where people pour out in millions to participate in the meetings, and to listen to the tall promises of their *pied piper* leaders. But it is most appalling to note that in the area of socio-economic development of the country, such as in the spheres of education, health, culture, sanitation, and environment, the masses are silent. This testifies the fact that in these areas of human development, concerted effort to motivate the people has been totally lacking. Otherwise, it is obvious that it is possible to motivate the people and inspire them to follow the lead. The quantum of motivation and commitment even among the slogan chanters and their cohorts oscillates perilously, since the primary cause of all the show is neither political commitment nor love of the nation, but selfish gain desired by each actor. Perhaps it is an enigma that the people are prepared to trust their masters despite repeated breach of trust over the decades. Instead of masterminding and engineering intrigues and violence for selfish motives, the leaders of the country should harness the energy of the people to accomplish constructive goals.

It is imperative to look back in history to fathom the reasons behind the people's apparent apathy towards their own suffering. For decades and centuries, the bourgeoisie ruled the roost, lashing its whip on the hapless poor who were forcibly held in quiet servitude. The history of mankind is replete with umpteen instances of a small coterie of despots ruling the masses, by methodical transgression of human rights. People thus procreated generations of slaves and servants, who could only bend down in implicit obedience and never stand erect in their full stature as humans. Over the years, even the most valiant ones among the multitudes could not free themselves from a deeply ingrained fear psychosis inhibiting their thoughts and actions. The people thus lost their voices in the din of tyrants and titans who set the best examples of self-aggrandisement and unconcerned brutality. Nepal was no exception to this progression of history.

Over the decades, the tyrants and despots vanished or were humbled. On the other hand, the people too multiplied by millions, ushering in a new age of *"Vyavasthapak, hukim, and neta"*, the confederacy of corporate managers, stiff-necked bureaucrats and political leaders, who, although numerically far lesser than the teeming masses, soon became adepts in the art of devouring others' opportunities and morsels, and pilfering away what rightfully belonged to the communities. This new order is the only progressive

class today, which thrives on the doctrine of self-centredness and selfishness. With the entire social system turned into a moribund state of spiritual sterility and humane vacuity, what greater things can be expected from the common people, the "ruled class" whose vivacity have been sapped by their own compulsions to struggle for a morsel and tolerate in silent acceptance, the ignominies and injustices heaped upon them by the ruling and forward class. Living as it were, in sequestered isolation, the poor people of the country have no parameters to adjudge their own actions or living standards, no matrix to comprehend that there could be ways of living and life much more superior and humane than their own. Garnering the opinions of the people, who are practically living on the edge of such a crisis, is like forcing the dumb to speak.

When NEFEJ set out to conduct the interaction and sensitisation programme in the DPCP districts, the target was to find out the causes of infant mortality and morbidity in these districts, and to work out an average nation-wide data pertaining to the problem. The assumption was that since these districts represented all the five development regions and eco-regions of the country, a fairly accurate statistics could be gained about the extent of infant mortality and morbidity in Nepal, and the attitude of the people in this respect. At the end of the series of interaction with the people, NEFEJ came to the conclusion that trying to gauge the causes and extent of infant mortality and morbidity is just like measuring the tip of an iceberg. Infant mortality and morbidity is the ultimate index of social degeneration, but it has several other ramifications which are interrelated and mutually complimentary such as, socio-economic conditions of the people, cultural and traditional traits of the people, poverty, lack of sanitation, lack of accessible drinking water, illiteracy and ignorance, gross pilferage of available resources, negligence and corruption at every level, weak infrastructure, unrealistic and lopsided planning, lack of co-ordination among the planners and implementers, and so on. The fact that each problem seems to originate from the other calls for a holistic approach in dealing with any social issue.

The death of thousands of children every year on account of a simple preventable disease like diarrhoea serves as a mirror reflecting the lowest nadir of human underdevelopment and mutual unconcern. The parting gasps and groans of the dying infants sound the death knell of a sick and degenerating nation. Any amount of investment both in terms of physical labour and resources, to find the solution to a single problem in an isolated manner would be akin to watering only the withering leaves and branches of a tree without getting down to its roots which is the actual germinating point of the overall social malady. This chapter embodies the thoughts and opinions of the people at the grassroots level, as well as of those who are significantly associated with the country's development in various ways. It is hoped that the contentions submitted here are carefully read, and the voices of the people registered and respected as the only primary reference material for evolving a more pragmatic development policy for the country. The chapter has three sections: (1) Reflections and Opinions of the people and the local governmental and non-governmental representatives who are enmeshed together in the districts, (2) Experts' Views and Opinions and (3) Some Select Case Studies in the districts

4.2. Reflections and Opinions - Local Government, NGOs and the People

4.2.1. Implementation - failures and successes

1. The interaction programme deserves to be lauded. But what remains is actual implementation of the programmes and resolutions.

   Shaligram Poudel
   Mayor, Lekhnath Municipality

2. Kaski must be turned into a model district in terms of sanitation, and hence the participation of women and children has been incorporated within its 7-year district development plan.

   Punyaprasad Poudel
   President, Kaski DDC

3. The resolutions of this workshop should be liberated out of this conference hall and implemented in the villages and towns.

   Rajendra Subedi
   member of Kaski DDC

4. What is learnt in the workshops and training camps need to be tested in the laboratory of the society to gauge their effectiveness and practicability.

   Bhim Bahadur Saut
   DDC Member, Dadeldhura

5. Such programmes should be periodically and continuously held since people have to be reminded time and again about their primary stakes. A one-time programme is of little significance.

   Bishnu Ghimirey Chairman
   Chitwan DDC

6. Does the Department of Drinking Water get the water lab tested? Are there laboratories and technical facilities for the purpose? If the water is really contaminated, what are the provisions to compensate for the damage done by drinking contaminated water? Clear and pure drinking water should be ensured right at the source.

   Devibhakta Dhakal
   Chitwan

7. A child-to-child programme pertaining to health and

sanitation might be more fruitful.

Hariprasad Neupane
Nepal Red Cross, Chitwan

8. The country suffers from weak and leaking plans. There is a yawning gap between planning, financial allocation and actual implementation. Basic factors like sanitation should percolate down right from the top level. Should we not turn at least one VDC into a role model?

Kumari Neupane
Prominent Social Worker, Sunsari

9. It is necessary to put women in the forefront of sanitation programmes in the districts. A properly planned awareness programme can forewarn the people about the imminent outbreak of a diarrhoeal epidemic and thus save thousands of innocent lives.

Ganga Bahadur Thapa
Social Worker, Parsa

10. Achham is an extremely poverty stricken district where health facilities are not adequate enough to save our children from inevitable death. A holistic plan encompassing awareness, education, health and income-generation must be drawn in order to address the problem of growing child mortality.

Krishna Prasad Jaisee
Chairman of the DDC, Achham

11. It is wrong to say that women are more responsible for sanitation. Even men have an equal role in propagating healthy sanitary practices. Water in Pokhra is not drinkable.

Maiyya Ranjitkar
Chief, District Public Health Office, Kaski

12. Sanitation must be carried ahead as a full fledged movement, starting with schools and colleges where students should be taught about the impact of sanitation on health.

Chakra Bahadur Raut
Chairman of Chapamandan VDC, Achham

13. Basically lack of education and awareness are the major hindrances to the success of sanitation and health programmes in the country.

Lakshmi Dutt Pandey
Social Worker, Achham

14. Unless we spread sanitation awareness in the villages, the sanitation movement will never pick up momentum. The budget allocation for the construction of toilets by the drinking water department alone will not suffice. The employees of the department of drinking water are evidently concentrating more on exhausting the funds allocated for sanitation by hook or crook, instead of implementing the sanitation programmes in their spirit.

Purna Kala Banjara
Udaypur

4.2.2. Need for proper sanitation and water

1. Sans proper sanitation, the overall development of our children will be adversely affected. The interaction programme has definitely revolutionised our thoughts and feelings into asking ourselves "Why should we not further the sanitation movement to higher and wider dimensions?"

Sunder Gurung
Chief, UNICEF field Office, Pokhara

2. Around 38,000 innocent children die every year on account of sanitary neglect, and the nation suffers a loss of fifteen million rupees every year directly or otherwise on the same account.

Bhairab Risal
Co-ordinator of the workshop, NEFEJ

3. Compared to other Asian countries like Pakistan, India, Sri Lanka and Bangladesh, only 20% of the Nepali population use toilets for defecation. The simple arithmetic of washing with ash or soap worth Rs.10, which would otherwise be spent in medicines worth at least Rs.50, should be ingrained in the minds of our people.

Tirtha Koirala
Co-ordinator, Sanitation News Feature Service, NEFEJ, Kathmandu

4. The rural housewife polishes the exterior of the domestic vessels till they sparkle like mirrors. But inside the vessels, the filth and stale stench are left unwashed for days together. Such cosmetic washing could take a toll of their lives.

Shivaratna Rajvahak
DE in the district water supply Office, Dang

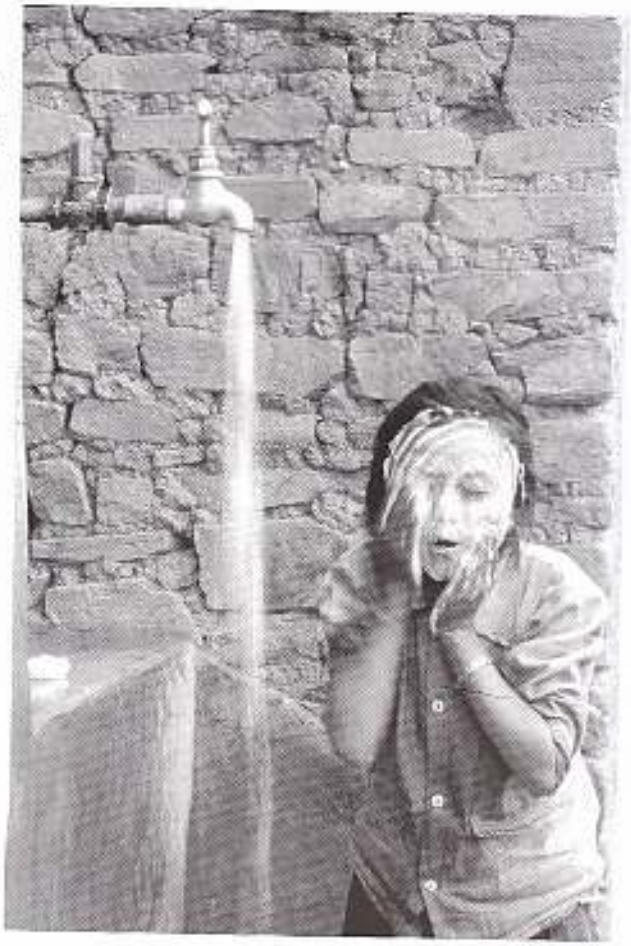
5. Sanitation does not connote latrines and defecation alone. A clean home and hearth, personal hygiene, a clean community are the other dimensions of sanitation.

Madan Kumar Shrestha
Chief of the District Public Health department, Nawalparasi

6. The norms of sanitation are enumerated even in the Vedic literature. During the days of yore, epidemic outbreaks were more common in the western countries than in the east. Unfortunately, our people are taking more to the wrong customs and practices of the west rather than emulating their good and innovative ideals. As a result, we are lagging far behind them in the area of sanitation and hygiene.

Bhojvikram Thapa
Engineer in the District Water Supply Office, Nawalparasi

7. There is nothing much to add on the subject matter of sanitation. But people seem to have sidelined the importance and relevance of this issue.



Rambahadur Chettri
Drinking water consultant for FINNIDA, Nawalparasi

8. Only 5 to 7% of the people have the habit of washing their hands with soap and water after defecation; some use ash or even mud for washing; but the majority do not wash at all.

Somprasad Humagai
Chairman, District Red Cross Society, Kavre

9. It has been a policy matter to allocate 7.5% of the water supply budget to sanitation. In practice, this has never happened. Only a meagre amount of Rs. 20/25 thousand is sent to the districts for sanitation.

Saroj Banskota
D.E. District Water Supply Office, Chitwan

10. Since 90% of the diseases are caused by lack of sanitation, the subject must be taken seriously. That NEFEJ should resolve to grapple with a matter of such gravity and importance is indeed praiseworthy. There is also shortage of proper information. For instance, the wayside restaurant owners of Muglin are not aware of water contamination due to rearing of pigs near the water source.

Jagannath Subedi
President of the Management Committee, Naya Kiran Chitwan

11. The problem of sanitation must be made a political issue. Tangible contribution to sanitation and health on the part of the elected members should be the made the criteria for their getting elected. Sanitation programmes must begin with waste management and pollution control. When water gets contaminated, varieties of health hazards are born. Abdominal diseases like worms are caused by faecal entry into the mouths of innocent children. Proper manicuring of the nail should also be propagated.

Dr. Leelanath Subedi
Chitwan

12. The primary cause of U5 mortality is lack of proper sanitation. People should be taught or compelled to desist from littering the surroundings, and clogging drainage. Even the construction of toilets must not be haphazard.

Prajwal Ratna Bajracharya
UNICEF, Biratnagar

13. The feeling of "our community" must become the touchstone of community life so that people will judiciously use the amenities provided to them, and realise that it is mainly due to their unsanitary ways that various types of killer diseases are taking a big toll of infant lives.

Pramod Shrestha
DDC member, Sunsari district

14. The habit of defecating in fields and the roadsides is deeply ingrained among the people of Parsa, and even those who live in the urban area in and around Birgunj.

Ashok Kumar Raut
Birgunj, Parsa

15. Only 5.5% of the people of Achham had access to safe drinking water during the past year. 46% of the district population inevitably fall sick. Only 11.5% of the people defecate in toilets while the rest conveniently go to the fields.

Mohanlal Jaisee
Engineer, Sanitation Department, Achham

16. The state of sanitation in the district is pathetic. We must shed our lethargy and complacence and do something about it.

Khum Raj Punjali
Chief Development Officer, Achham district

17. Committees must be formed at the district as well as village level, to address the problem of sanitation in the district. The parliamentarians, politicians, bureaucrats and the citizens of the nation should be made aware of the problem of sanitation, which is causing the death of innocent children. I pledge an amount of Rupees one lakh from my discretionary fund to be used for enhancing the sanitation and health movement.

Govind Bahadur Shah
Member of Parliament, Achham

18. It is today's prime imperative to raise the level of awareness regarding use of pure and uncontaminated drinking water in the light of increasing child

mortality and morbidity

Suvas Shrestha, *Engineer, Drinking Water Department, Sunsari District*

19. Build latrines in each house: Take water to every latrine, should be the slogan, which must be realised and lived.

Himlal Baral
Member, Kaski DDC

4.2.3. Local reciprocation - Innovations and Implementation

1. Changes are taking place in this DPCP district. The programme of incentives like smokeless stoves and latrines has been successful in many areas. Amarpatti VDC has 28 to 30 toilets, 2 pit latrines and six sulabh latrines.

Lalita Devi
Social Worker, Amarpatti VDC, Parsa

2. Our Bageshwari Chitragauna VDC has 25 toilets for which the VDC has contributed rupees four hundred for each toilet. The 15 toilets constructed by the Red Cross Society are in full use.

Ram Chandra Yadav
Chairman, Bageshwari Chitragauna VDC

3. The inhabitants of Dhungkharka VDC have been successfully using flat stone slabs in place of commodes and ground soapstone powder for washing purposes, thus curtailing unnecessary expenditure.

Representative from the Dhangkharka VDC, Kavre

4. We the women social workers have been working with the drinking water department and spreading vital awareness among the villagers regarding sanitation and drinking water.

Sujata Shakya
woman social worker, Gaighat, Udaypur

4.2.4. Need for co-ordinated planning and implementation

1. There is dire need for co-ordination among the concerned departments of the government, and the NGOs to effectively address the sanitation problem in the district.

Gopal Thapa
Chief, UNICEF district field office, Dadeldhura

2. The inclusion of every household in community development is of prime importance, especially in the case with water and sanitation programmes in the villages.

Lalan Dwivedi
Secretary, Samajik Tatha Vatawaran Bikas Sanstha,Parsa

3. It is imperative to maintain close interaction with the local bodies and also evolve new plans and methods to make the sanitation programme really effective.

Gajendra Bahadur Shahi
Chief of the DDC, Dadeldhura

4. Lack of transparency and communication gap between the media and UNICEF regarding its development programmes could be detrimental to the interest of the people. Such gaps need to be plugged in time.

Anita Dahal
Chief of the UNICEF District Field Office, Dang

5. Despite the presence of so many NGOs, INGOs and the public health and water supply department, there is hardly any noticeable co-ordination and cohesion in their functioning.

Jaya Bahadur Rokaya
Kantipur Correspondent, Humla

6. The role of the media personnel in inspiring and enlightening the masses is tremendous. They must continue to encourage and educate the people especially with respect to sanitation.

Bishnu Ghimirey
Chairman, Chitwan DDC

7. We are deliberating on a very important issue. The result of this meeting should reach every village. DPCP is being carried out through the DDCs, and the departments of water and health are also active in their respective fields. As a result, the same programme is being replicated time and again for want of proper co-ordination.

Narayan Dawadi
DPCP

8. The government as well as the non-governmental organisations and local bodies should co-ordinate their activities to disseminate public awareness about sanitation and health and impact the people into changing their traditional unprogressive attitude.

Jeevesh Kumar Rai
Chairman of Amdawa VDC, Sunsari District

9. Organisations both global and national should make common cause to curb and eliminate health problems that are adversely affecting the people. Transparency of ideas and ensuring support and participation of the people should have been the very basis of their development efforts.

Parshuram Yadav
Member of National Association of VDCs in Nepal

10. Provision of drinking water alone will not solve the problems related to health. Drinking water and sanitation programmes should be implemented hand in hand. There are also serious financial constraints.

Long after the allocation of funds by UNICEF, the governmental fund takes time to trickle through bureaucratic red tapes. This affects the timely implementation of the programmes and realisation of set targets.

Ramchandra Shah
Engineer, Nepal Drinking Water Department, Parsa

11. Women must be prepared to contribute their lot in the work of rural reconstruction. If the need arises, we are all prepared to shed our urban comforts and work in the villages.

Sita Dhakal
Nari Bikas Sangh, Parsa

12. The role that the media plays in disseminating awareness is crucial for ensuring proper communication among the people.

Santosh Sharma
Achham

4.2.5. Regional Problems

1. The vagaries of nature necessitate the people to migrate to warmer regions of the foothills during extreme winter and again move back during summer. Should the health post move along with the people?

Nar Bahadur Rokaya
Chairman, District Red Cross Society, Humla

2. The Sanitation Week could not be observed in Humla for unavailability of funds.

Devendra Bhandari
DE, District Drinking Water Department, Humla

3. Water has been provided but no one knows about its quality. In Muglin, buffaloes and pigs contaminate the water source. There is no need for people to use ground water when there is enough surface water.

Kedar Malla
Nagarik Samaj, Chitwan, Nepal

4. The focus is on water supply and not on the quality of water supplied to the people. No one pays any attention to the source of drinking water. The Chepang settlement is perched above the drinking water source that rear pig. There are no toilets and every one defecates in the fields. They dispose the carcass of dead animals in the ravines and rivulets, and indulge in surface-water fishing by poisoning the fishes. These highland dwellers must be made aware of their wrong practices, and programme to build toilets in these strategic places initiated.

Krishna Hari Devkota
Principal, Rampur Campus, Bharatpur

5. The Nepal Red Cross Society has constructed more than twenty five latrines in the district, most of which are either lying unused or used for different purposes like storing grain, housing domestic animals and so on. Even now, the Red Cross Society is prepared to work in partnership to build latrines in the district.

Shyam Pokhrel
Nepal Red Cross Society, Parsa

6. Around six hundred toilets have been constructed in six VDCs of Achham till date. Almost all these toilets are in ruins today due to lack of proper maintenance or disuse. The VDCs should be ever vigilant and prepared to maintain and sustain their assets.

Anirudra Sharma
UNICEF Achham

activist and more so, the elected leaders, to construct and utilise toilets. Office bearers of the VDCs, DDCs, and Municipalities, teachers and public servants must be compelled to observe healthy sanitary practices and thus set an example by precept and conduct.

Jeevesh Kumar Rai
Chairman of Andhwa VDC, Sunsari District

5. The list of what-ought-to-have-been is seemingly infinite. Every organisation, whether governmental or non-governmental, and the officers and members of such organisations, should be incorruptible. The people should be made to realise the importance of sanitation, and every VDC should maintain proper statistics.

Parshuram Yadav
Member of National Association of VDCs in Nepal

6. It is not due to lack of co-ordination, but the absence of intellectual development and erosion of values that our programmes are failing one after the other.

Janardan Singh Chettri
Parsa DDC

7. Instead of spending time and resources in delivering lectures and discourses, it is better to realise that charity begins at home. Let us begin washing hands with soap and water before partaking of our meals. Living an exemplary life ultimately pays.

Krishna Murari Rouniyar
Deputy Mayor, Birgunj

8. The death of fifteen people in a plane crash makes headlines and causes uproars in the parliament, but the death of thousands of children every year on account of diarrhoea does not seem to concern any one. A radical change is needed to raise the level of people's awareness.

Janardan Singh Chettri
Chairman, Parsa DDC

9. All instances of superstition and wrong traditional notions must be eliminated completely.

Janaki Shah
Woman Social Activist, Achham

10. Do we really have to sensitise the issue of sanitation and turn it into a people's movement? Do we need to change the very format of the sanitation programme in the country? Should these programmes reach the target groups? These are questions, which need to be answered in time. The villagers should be convinced about the negative results of ill sanitary practices and drinking contaminated water.

Laleshwar Rai
Mayor Triyuga Municipality, Udaypur

11. Of the 58 Municipalities of the country, Lekhnath Municipality suffers from acute dearth of drinking water. The attitude of the Nepali people who are not prepared to contribute money to ensure water and sanitation in their locality is the most intriguing problem that must be tackled first, before embarking on any water-sanitation project.

Shaligram Poudel
Mayor, Lekhnath Municipality

4.3 Views and Opinions of Social Leaders

NEFEJ considered it germane to meet a select few social activists and health experts to record their views about the problem of U5 Mortality in the context of sanitation, hygiene and health. The following presentations are the texts of the interviews with four eminent persons and put together coherently in prose form.

4.3.1 Dr. Arzu Rana Deuba, Hon. Chairperson, Safe Motherhood Network, Nepal

The status of children in the country is still very poor. People normally treat the death of a child as a lesser misfortune and shrug off the incident with a nonchalant remark – *Khera Gayo* meaning *got wasted*. The interpretation of child death as *a small negligible waste* reflects the general psyche of the people for whom the only value that makes life worthwhile is the individual's capacity to contribute in terms of income and services. People whose vision has turned myopic, cannot perceive in the child, a future leader, artist, inventor, and in short, a resource person. This attitude has resulted in gross negligence of children. There is a prevailing wrong notion that children should not be pampered with too much care and attention. It is in their nature to grow irrespective of care, nutriments, or an environment that is conducive for healthy growth. No wonder, the rural areas of the country abounds in minors undertaking strenuous and exerting work like ploughing, tilling, lifting heavy loads, collecting firewood, tending cattle and so on. Though the urban scenario is a shade different, the quantum of negligence is the same.

Nepal is one of the countries where the problem of gender discrimination is extremely high. While traditional norms and customs are mostly responsible for this, there are several other factors causing social prejudices against women. A woman, whether as mother, daughter-in-law, wife, daughter, or sister is considered unimportant and dispensable. Owing to this, a girl child is denied equal rights to get educated, to plan a career, or steer her own destiny at par with her brothers. Spanning every stage of her life through childhood, youth and adulthood, she is coerced to surrender her individual rights. In most of the poverty stricken homes in rural Nepal, women have to face the brunt of starvation, sacrificing the scrapes and bits for the others in the family. Babies born to malnourished mothers are also malnourished right from the foetal stage. Such mothers usually give birth to low birth-weight babies, quite often with various congenital impairments. Malnutrition of mothers and their children is more due to indiscriminate gender discrimination, than scarcity of food. Malnutrition grossly stunts normal mental, physical and intellectual growth of children, making them morbid and morose throughout their lives. Bringing about a change in the attitude of the people is the primary imperative. Lack of sanitation is an infinitesimal aspect of the larger socio-cultural problems.

The sense of personal hygiene and sanitation among the people is quite paradoxical in Nepal. A proper synthesis of external and internal cleanliness is yet to be observed by the people. The domestic environment of most of the Tharus and Lamas are cleaner and better maintained than those of the forward ethnic groups whose sense of cleanliness is often limited to their external appearance and apparel. The underlying difference between hygiene and sanitation is yet to be understood by the people. While cleanliness could merely connote external polishing and garnishment, the term hygiene has wider implications. Hygiene is basically synonymous with decontamination, sanitation, being germ-free and healthful. Even among some affluent and educated families, I have seen the members using the same vessel in the bathroom and the toilet.

Generally, the poor and illiterate people in the villages consider toilets to be *dirty*

Generally, the poor and illiterate people in the villages consider toilets to be *dirty places* meant to serve a filthy purpose and hence further defile the place by smearing the walls with urine, excreta, phlegm and spit. The younger ones even resort to fouling up the walls with immoral slogans and drawings.

places meant to serve a filthy purpose. This has captured the people's psyche to such an extent that they do not hesitate dirtying and defiling the place further by smearing the walls with urine, excreta, phlegm and spit. The younger ones even resort to fouling up the walls with immoral slogans and drawings. All these trends can be stopped only when the level of sanitary awareness is raised through persistent campaigning and dissemination.

There are also other traditional facets of the problem. In the terai plains of the country, there is a widely prevalent custom, which prohibits fathers-in-law and daughters-in-law from using the same toilet and bathroom. Besides these, perennial dearth of water and ignorance about the real benefits of defecating in toilets have resulted in wholesale pollution and contamination of water sources, accumulation of filth and solid waste everywhere, and insurmountable health hazards.

Negligence on the part of those responsible for water supply and sanitation is another serious issue. For instance, in a particular VDC, SNV initiated a rural water supply programme for which pipelines were laid and all the required formalities were fulfilled. Unfortunately, not even a drop trickled through the pipes despite the passage of full five years. Eventually, some investigation revealed that the responsible people had not connected the pipelines to the reservoir because they could not buy a T, which was the ultimate ingredient required to complete the supply circuit. Such cases also reflect the confusion at the level of local self-governance. The line agencies and departments pay more importance to the carrying out the orders and instructions coming from their concerned ministries rather than cooperate with the District Development Committees, marring the very purpose of decentralised administration. It is necessary for the local administration to discharge their responsibilities from the standpoint of public utility and service.

It is shameful that only 7% of the people own personal toilets or defecate in toilets. Even the educated ones resort to ritual cleansing and care less about environmental sanitation. One of the traditional usages, which should have been sustained through daily practice, is that of observing sanitary discipline within the house, especially at the time of eating. People in the bygone days, were forbidden from entering the dining place with their shoes on, and in their outdoor clothes. Some of the conservative families still pursue the custom of wearing clean *dhotis* while eating.

Gender discrimination is an injustice entrenched in the social norms and institutions of all societies. This injustice is expressed both in laws and in other social norms and informal practices of discrimination against women.

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Perhaps it is the need for coordinated and integrated effort to contest the myriad problems faced by the people today, that various organisations pursuing similar goals have started to work in close collaboration. This is a welcome and positive sign of development. Even in the area of sanitation and health, all the concerned organisations, both governmental and non-governmental, should come together to form a common forum and work out feasible, pragmatic and holistic plans to ensure the prosperity and good health of the nation.

4.3.2. Mrs. Rita Thapa, Founder President of TEWA

The rising trend in infant mortality and morbidity is definitely a serious issue, which needs to be addressed at all, levels. But it is not a problem, which can be quarantined and treated in isolation. U5 mortality and morbidity is an indicator of a much wider vicious circle, a conglomerate of problems.

It is a common fact that the women of Nepal are biologically *survivors*. Despite the discriminations, ignominies and hardships they are subjected to, women have outlived men. Perhaps Nepal is renowned all over south Asia for this fact. It is alarming to note that of late, the mortality rate of women have increased tremendously, owing to poor health services in the country.

Almost 60% of the developmental activities are aided by donor agencies. The government's participation in terms of commitment, human resource development and finances has been minimal. At a juncture when the lives of the country's children are at stake on account of obvious reasons, the government should do more than just sit back in

sluggish nonchalance. Everyone in the higher echelons know it so well that infant mortality and morbidity can be ascribed to several reasons, not merely to lack of drinking water or sanitation alone. Basically, all the socio-economic problems in the country should be accredited to the government's inhuman apathy on the one hand, and an equally unresponsive attitude of the people.

It might be possible to rectify the errors made in the plans and policies through various remedial measures. For instance health services, education, economy, water and sanitation can definitely be improved and made more effective if the government decides to integrate its efforts and resources. The result of such efforts is also scientifically and rationally predictable. But transforming the attitude of the people will definitely take more than a casual or proxy approach, since such behaviours and attitudes have taken decades and centuries to get fossilised into impregnable traditional institutions. Gender discrimination, resorting to faith healers and necromancers, superstitions and obsolete customs, are some of the more protruding ones, which need to be addressed. The mother's physical health and mental robustness are proportional to the healthy growth and biological development of the child.

The development scenario of the country today is so pathetic in the absence of moral scruples and honesty. Had the policy makers and implementers been honest and sincere to the cause, and the people of the country attitudinally more reciprocal and progressive, Nepal might have by now emerged as a well-developed and economically self-dependent country.

4.3.3. Dr. Renu Rajbhandari, President,WOREC

In the context of infant mortality and morbidity in the country, it is of utmost importance to consider the socio-cultural and economic factors, which are at the roots of the problem, before arriving at any conclusion. If anyone tells me about open defecation practised by the people or about their unsanitary habits, my sympathies will naturally and logically go to them who are the real victims of callous and unconcerned governance.

In the context of infant mortality and morbidity in the country, it is of utmost importance to consider the socio-cultural and economic factors, which are at the roots of the problem, before arriving at any conclusion.

Our society is riddled with discriminations related to gender, class, and caste. The gap between the have and have-nots is a yawning chasm. The social structure in the rural areas is still semi-feudal in nature, replete with variegated social prejudices. Besides this, there is also rampant and systematic discrimination perpetrated by the State itself. It is perplexing to note that thousands of Nepalis today do not possess legitimate citizenship, notwithstanding which, they are legitimate voters. This became evident during the child immunisation programmes conducted by WOREC in its child-care centres. When their parents' marriage certificates or citizenship certificates were required for registration of the children, most of the parents were at a loss. That the natives of the country do not have credentials to establish their bonafides as citizens of the country is an irony. The children of such people are denied all facilities and amenities, like scholarship, admission in government schools, health care. They are put between the parenthesis of non-taxpayers and hence even the municipalities deny them their right to education, water, health and such other state-granted facilities.

The Nutrition Supplement Programme run by HMG supplies free doses of nutrition to expecting mothers, as well as weaning food to children. The VDCs are empowered to endorse the applications with their recommendations. For the *citizenship-less citizens* of the country, even this meagre support from the government is denied since the VDCs refuse to recommend their cases in the absence of their citizenship certificate. In such a situation, interpersonal approach is the only way to drive home any message to these deprived and marginalised citizens of the country.

People who live below the poverty line are naturally oblivious about quality of life. Generations of these people have seen only one dimension of life, which is saturated with misery, hunger and deprivation. WOREC constructed 500 toilets for the marginalised people of Nuwakot who live in blocks known in Nepali as *Jagga*. These could not be

used since the community suffered mainly from want of space and water. What would they do with toilets without water? No wonder they defecate in the open. In places like Mustang where there is acute dearth of water, the government has not been able to provide the basic means for a dignified human life.

Domestic Violence is yet another problem, which mainly stems from gender discrimination and is widely prevalent all over the country. As a result of constant battery and ill treatment, the mothers are mostly anaemic and give birth to low weight abnormal children. Such children who are born and brought up amidst chaos and violence, and who are physically, mentally and spiritually weak, can never rise up in their own self-esteem. These children constitute the high-risk group who are prone to disease and premature death.

Almost all the sub health posts in the country are closed throughout the year. Even in the few ones which miraculously open at times, the villagers cannot avail themselves of the services since the timings of these posts between 10 AM and 2 PM overlap with their working hours. The poor villagers are forced to make a choice between health and food. Such healthcare services, which have not been devised from the people's perspective, are useless. Another factor, which gnaws at the very lives of the people, is the extremely low level of food security. What has become primary for survival is the grains and pulses irrespective of their adulterated poor quality.

The low cost toilets exude pungent smell due to accumulation of decomposed faeces and shortage of water to flush them. The sizes of such toilets are so small that the people in the villages prefer the open space right underneath the sky, rather than hole up in these stench soaked tiny affairs. An example can be cited from Udaypur, where community toilets had been built for the villagers. After a few days, it was discovered that all the toilets were blocked with stones. The reason being that in the absence of adequate water supply, the people had developed the habit of using stones for wiping off faeces. The only way to address the problem of infant mortality vis-à-vis sanitation and health is by devising demand-based education material for wider dissemination, formulating need-oriented and demand-based programmes and policies, and ensuring their sincere implementation.

Perhaps, it might be worthwhile trying to address the problem of infant mortality and morbidity by striking right at the roots of the problem by solving some of the immediate issues like poverty, illiteracy, sanitation and health.

4.3.4. Lajana Manandhar, Founder Member and Secretary of Lumanti, an NGO working for the rehabilitation of squatters' communities (Sukumbasis)

The growing population in the squatters areas in and around Kathmandu is proof of the fact that people in large numbers are migrating from the villages of Nepal, leaving behind their hearth and home in search of better standards and opportunities of life. This mass exodus of humanity from the rural to the urban sectors reflects the underdevelopment of the country: the pain, turbulence and privations lived by these people, and the failure of the administrators and rulers to utilise the resources judiciously for the country's development.

Ever since the squatter's colonies began to proliferate, the only priority has been providing them security of land tenure. Since they are not the legal owners of the land where generations of their predeccesors have been living, basic infrastructure and permanent fixtures like drainage and sewage channels, water supply, health posts, community latrines, and schools are all in the distant horizon. Ill sanitation and open defecation, untended reproductive health, illiteracy, ignorance, and high mortality rate are the characteristic features of these areas.

The micro-credit scheme introduced by Lumanti among the squatter groups has yielded positive results. Out of the total community saving, 7/8% is spent on health care services, another 7/8% on education, 14% on housing extensions and repairs and so on. This has been envisaged with the view to infuse these people with a sense of self-reliance and self-dependence. Perhaps, it might be worthwhile trying to address the problem of infant mortality and morbidity by striking right at the roots of the problem by solving some of the immediate issues like poverty, illiteracy, sanitation and health.

4.4 Some Select Case Studies

4.4.1 Nawalparasi

Makar VDC, Nawalparasi

Ten to twelve cases of U5 infants suffering from diarrhoea, pneumonia, cough, and nausea are being treated everyday in the health dispensary. The parents here are relatively more health conscious. A substantial number of sanitation programmes have also been initiated in this VDC. The major cause of disease is contaminated water. Half the population here defecate in toilets while the other half in the open. The DDC and UNICEF have ensured monthly DPT, BCG and Polio inoculations especially for children below five. The VDC has set aside Rs. 25,000/- per annum exclusively for health and sanitation. With the funds provided by UNICEF, activities like construction of roads, culverts, buildings, guest house, meeting hall, organising vocational training consisting of tailoring, adult education, establishing health centre etc., are being carried out in every ward.

Prithivi Chandra Hospital, Ramgram Municipality, Parasi

This hospital is frequented by patients from all over the district, suffering from diarrhoea, dysentery, skin infections like scabies, jaundice, typhoid, etc. In the year 2057, only 10 to 12 cases of diarrhoea, meningitis, and ARI were treated. Out of 6 cases of encephalitis, 2 died, 3 were cured and 1 referred elsewhere. There were also some sporadic cases of infant deaths due to snake and scorpion bite.

Parents are regularly counselled by the health workers to feed rice starch, spinach, whole wheat and such other nutriments to the children in order to ensure adequate intake of calories. The hospital authorities have beenlaying due emphasis on consistent health, nutrition, health education, and awareness raising programmes.

Nikhil Ayurvedic Centre, Ramgram, Parasi

Below five children afflicted with bronchitis, pneumonia, cough, infections, jaundice and diarrhoea are regularly brought here. The Centre has branches in other parts of the district such as Gairakot, Triveni, and Dergaon. A Baidya and Kaviraj each run the centres. The entire district have one Ayurchikitsak, one Kaviraj and five Baidyas. Regular programmes are run by the centres to make the people aware of the universal efficacy of the Ayurvedic system of medicine. There are no incentives and help from the government so far. Free diagnosis camps are held once every month and free medicines dispensed. Mobile health camps are organised throughout the district. It is unfortunate that the people do not repose much faith in our herbal and nature cure. Door to door dissemination programmes to teach the people about the medical values of different herbs and plants and the need to safeguard our forest, are regularly carried out.

Naya Belhani VDC, Parasi

Of the 62.56 square Kilometres of land which is the total extent of this VDC, only 09 Bigha of land is irrigated, 409 are pending irrigation, 12.18 covered with forest, 10.96 covered by roads, rivers and ravines, and 6 bighas used for community forestry. The population is approximately 12,500 of which 6,300 comprise of men and the rest 6,200 of women. There are 992 boy children and 904 girl children.

Ward 1 has 103 households of which, only 10% of the people here use toilets. In ward 2, some temporary toilets covered with leaves and wicker mats have been constructed. With the help extended by FINNIDA, 998 proper toilets have been built in ward 5, which is inhabited by 173 households. In wards 6 and 7, there are 13 and 45 toilets respectively. Of the 800 households living in ward 8, 50% of the people use toilets. Ward 9 has only one toilet. Awareness programmes regarding polio and vitamins are carried out within the annual budget of the VDC. Where drinking water is concerned, the people feel safe because river water is first pumped into storage tanks for chemical treatment, before distributing it for public consumption. The number of people visiting the health posts far outnumbers those who resort to *dhami jhankri* (necromancer or traditional faith healer). The point to be noted here is that the wards do not ask the VDC for financial grant to construct toilets. Last year, an amount of Rs.12, 000 was allocated for health services of which the amount received by each ward was less than Rs.1500. The VDC has no programmes related to health awareness.

Sub-Health Post - Naya Belhani VDC, Arun Khola, Nawalparasi

Children below the age of five are brought to the health post for treatment of polio, diarrhoea, pneumonia, malaria, jaundice, measles, chickenpox etc. They are periodically inoculated with BCG and DPT and given regular doses of vitamin A. Whenever health workers visit households to inoculate the children, they remind the people to drink boiled water, wash wounds with saline water, defecate only in latrines, wash hands after defecation and before eating, keep the toilets clean and flushed. Inoculations are carried out once every month. The health post is staffed with a health officer, a health worker, a maternity care worker and a peon.

A positive change in the attitude of the people is very much discernible. For instance, the people of Naya Belhani VDC took loans to construct toilets. Even before the lapse of a year, they repaid back the loans, thus proving their sincerity and resourcefulness.

Kumarvarti VDC, Nawalparasi

The VDC has set aside 75% of its total budget amounting to rupees three lakhs seventy five thousand, exclusively for sanitation. The DDC itself has allocated 20% of its budget for the same purpose. A policy has been evolved and is being followed meticulously that the DDC would advance funds for sanitation to the VDCs on a parity basis. This has encouraged the VDCs to spend more for sanitation in the hope of receiving an equal amount from the DDC. Ten toilets were constructed in ward 6 with the joint efforts of FINNIDA and the VDC in 2053. Likewise 100 toilets were constructed with the help provided by Nepal Red Cross in ward 5. Owing to its location in the banks of the river Narayani, the inhabitants of ward 9 defecate near the river back. In wards 3 and 4, every household has a toilet each which are relatively clean. The members of the VDC sincerely feel the acute dearth of proper sanitation and adequate toilets, as much as our inability so far, to spread the message of sanitation and health amongst the people. Otherwise, the people of this VDC have access to the first layer of drinking water. Some of the people even possess their own personal hand pumps.

DPT and BCG injections are administered to the children below five years, on the 12th of every month. The VDC has felt the need to inform the people about AIDS. It has already been resolved to launch this programme in collaboration with the Nepal Red Cross Society. Wards 3, 6 and 8 are inhabited by Tharus who are economically backward. The VDC has a higher secondary school, a secondary school, a primary school and a sub health post.

4.4.2. Kaski

Pokhra Sub-Municipality, Ward No. 1, Moharia Tole

The residents of the Moharia Tole, which is the most progressive locality of the VDC from the sanitation point of view, have formed three groups to ensure sanitation services to their ward, consisting of youth, men and women. Every fortnight, all the residents join hands to clean the entire locality. During such sanitation days, tea and snacks are served to the volunteers sponsored by any one of the members. In the schools, sanitation and hygiene are taught as part of the curriculum. On one occasion, the Bindhyawasini Cricket Club undertook to decorate the roadsides with flower vases. The 70 households of the locality have declared the area between Bindhyawasini Chowk and Nareshwar as sanitary zone. People are prohibited from littering the area. The actual sanitation campaign began in the month of Pus, 2055. They have organised themselves into various age-wise sanitation groups. The Children's group has 45 members. The youngsters are all brought within the fold of this group to pick up pieces of paper, wrappers, fruit peels and such other waste from the roads and dispose them into garbage cans. The women's group has 50 members and the men's group has 70 members. According to Ishwar Shakya, "the sanitation groups have been formed mainly to ensure a clean place to live in, and also the most essential sense of belonging to the place." People of this tole have set a uniqueexample not only by regular cleaning, but also by sheer discipline.

Ward No. 1, Ward Office, Purano Tunrikhel, Pokhara

The ward has been running health and sanitation programmes in an exemplary manner. Children aged 6 months to 5 years are given vitamin A once every month. On the first of every month, children are inoculated, and on the second Tuesday of every month, children and mothers are medically examined, and are extended ORT and family planning services. A collaborative effort of the UNICEF and the Municipality has resulted in a number of progressive ward-level programmes such as, primary education, adult education, sewing and tailoring training etc. The people are being taught the importance of vitamin A and the knowledge about the sources of vitamin A in various vegetables and meat.

Urban Basic Service (UBS) Pokhara Sub Municipality

In collaboration with UNICEF, rural-urban collaborative programmes and mother-child programmes are being implemented in the region. The programmes are of the following nature:

1. **Child Development programmes** - Child Development Centres have been established in ward no. 1, Kaseri, and Laltin Bazar. This centre, which consists of a lady teacher, and a woman social worker, is home for 25 children aged between 2 years and 5 years, belonging to squatters. Here, they are taught to identify the basic alphabets through different games and innovative activities.

2. **Mobile Health Clinic** - 24 mobile health clinics are in operation in 18 wards of the Municipality. Women and children are provided with BCG, DPT, polio, and such other vaccinations. General medicines are distributed free to the women for first aid, common cough and cold, gastro-enteritis and so on.

3. **Urban Child Education** - About 15 children aged between 10 and 14, who are unable to attend school due to various reasons are being taught in a local hall in Kaseri, Adhikari Tole and Bhimkali Park of ward no. 1. Help is being sought from the MoE to introduce adult education in the locality. Parents and guardians, elected women's representative, midwives, ward officers, and mothers' groups, are provided with week-long extensive training in child rearing, gender equity, child rights, child development and so on.

The overall progress in the district is commendable. The district authorities have even devised an innovative plan to make the students and teachers share the same toilets and lavatories. This will ensure cleanliness of their toilets, which are normally ill maintained and dirtier than the ones used by their peers.

Pokhara Medical, Mahendrapul, Pokhara

Generally, children suffering from diseases like diarrhoea, enteritis, worms, flatulence, dysentery, fever, pneumonia, cough, jaundice, respiratory infections, bronchitis etc., are regularly treated.

During the months of Sawan and Bhadau, children easily get affected with jaundice and typhoid because of drinking contaminated water. During the monsoon months, water is tapped directly from Modi Khola and Bhote Khola. The water from these streams is impure and filthy.

The landless squatters dwelling uphill have the habit of defecating on the riverbank, which is swept downstream by the rainwater. The people living in the foothills use the same water. During the winter months, the occurrence of intestinal diseases gets reduced due to lack of faecal contamination of the river water. Children below the age of five are extremely vulnerable to water-born diseases.

Western Region Hospital (Paschimanchal Kshetriya Hospital) - Ramghat, Pokhara

Nearly 20 to 21 infants suffering from diarrhoea, pneumonia, and nausea are treated everyday. Most of these cases are aged below five years.

Shishu Bikas Kendra, Pokhara

This Centre has been founded to teach children between 5 and 15 years of age, the basics of reading, writing and articulating, and to provide day care.The children are trained to become self-reliant, disciplined and to imbibe civic and sanitary habits, and are also made to undertake physical exercises. Spastic children are looked after in a like manner from 10 AM to 3 PM.

Jyoti Kendra, Pokhara

This Centre fosters children belonging to squatters who labour throughout the day. Generally, the elder ones stay at home to look after the younger siblings. By providing a care centre for the younger ones, the older children are free to go to school. Only children who are below five years of age are entertained and made to learn the rudiments of good habits and manners. Sanitary habits like using dusthins are inculcated in them right from their tender age. There are no overburdening rules and regulations. The ultimate aim is to bring up the children in a stress-free environment, and thereby make them self-reliant.

4.4.3. Dadeldhura

One of the economically backward districts, and located in the remote Far Western region of the country, Dadeldhura has shown considerable dedication and commitment to sanitation. Led by the DDC, the people have demanded 10% of, the constituency development fund from the Member of Parliament representing the district. This will tantamount to rupees one lakh, and will be exclusively invested on sanitation in the district. This is a big step on the part of the people who are poor and backward in every respect. Even the health services in the district are scarce and poor. The traditionalistic attitude of the people to repose more faith and trust in the traditional faith healers or *jhankri* than on physicians, has developed over years of having to rely on them in the near absence of doctors and health centers.

Despite such problems, the local authority has been encouraging the people to send their daughters to school. The parents of girl children are given free cooking oil for doing so. Another exemplary decision, which was made during the interaction and sensitisation programme, was to sustain the sanitation campaign initiated by NEFEJ for one whole year.

4.4.4 Tanahu

The movement started by the locals of Tanahu district has the broad caption *Ek Sakshar Ek Nirakshar – Charpi Ka Laagi Ek Hazaar* that is indicative of their intention to let every literate individual educate another illiterate fellow being. A cash award of Rupees 1,000, has also been instituted to be given to any individual or family striving to promote sanitation in the district. This award is given on the condition that the entire amount is utilised for the construction of latrines.

4.4.5 Humla

Humla is one of the remotest and backward districts of the country. Basic requirements of enough food supply, and a motorable road between Hilsa and Simikot has never materialised despite innumerable petitions. The district has a large number of uneducated girls and women. Owing to unavailability of basic amenities, the people have learnt to tune themselves to the vagaries of nature. The excessive snowfall during winter kills the viruses and bacteria, bringing down the occurrence of diseases. Mangsir, Poush, Magh and Phagun are auspicious months. However, the beginning of Chaitra also marks the beginning of sickness and death. The ancient houses are built in a conservative style without leaving any room for adding toilets. People generally defecate in the open and cover their faeces with ash, which is later used to manure the fields.

Despite their precarious state, the people have shown exemplary courage to spread sanitary culture in their district. The Chairman of the DDC Jeevan Bahadur Shahi popularised the slogan *Ek Ghar Ek Charpi* (one house : one toilet) during his election campaign. In keeping with this promise, the DDC freely distributes 6 kilograms of cement and one and half metre long polythene pipes to every household to build latrines. Besides this, an incentive of two litres of kerosene is freely given to the people, for utilising the latrines. For Humla, this is a great step since the normal charges to transport goods from Nepalgunj to Humla amounts to approximately Rs.55 per kilogram.

It has been suggested by the people of this district that *health and sanitation committees* at the level of VDCs should be formed. Another pragmatic suggestion made by the people is regarding the institution of a *community development service* cadre in order to strengthen the commitment of the younger generation to rural development.

4.4.6. Dang

From source to spout is the motto coined by the people of this district to ensure adequate supply of pure drinking water. Consistent training programmes are being organised in many of the VDCs on water conservation

and solid waste management. The construction of water treatment plants at Ghorahi and Tulsipur, and another one at Beljhundi, which is envisaged for the coming year, testify the local concern for safe drinking water.

Notwithstanding such positive initiatives, there is a wide communication gap between various public sector institutions in the district. For instance, the Municipalities have regimented the purchase and rearing of pigs and ordered all stray pigs to be killed. Such preventive measures are being taken to curtail the chances of disease spread through parasites. But, the Agricultural Development Bank has been sanctioning loans to the locals to buy pigs.

4.4.7. Kapilvastu

The basic focus in this district is on the construction of latrines. Bhalwar VDC has an excellent record of 90% coverage of latrines in four of its wards. With the financial help given by the DDC and the VDC, ward no. 5 of the Baksispur VDC constructed 40 latrines in 2053. Likewise, the DDC sanctioned an amount of Rs. 25,000/- to ward 7 in 055/056 for the construction of public latrines. Latrines have been constructed in ward no. 9 with a grant given by the Red Cross Society. Further, the DDCs and VDCs have pledged to award Rs 500 to each family to construct latrines.

4.4.8. Parsa

From the standpoint of health and sanitation, this district has the least achievements. The normal policy is to allot sub-health posts only on condition that the VDC provides the required space and building. Unfortunately, health posts have been extended to various VDCs without fulfilling this pre-condition. The DDC complains about pressure from the higher echelons to make such concessions. The ultimate sufferers are the people themselves. Mere existence of health posts does not solve the health problems. Sterilised syringes are not used in the district hospital, leave alone in the subsidiary health posts. Many patients are injected with the same needle and syringe without even having these sterilised. The toilets constructed by the Nepal Red Cross have been converted by the villagers into granaries and cowsheds.

However, some efforts have been made to construct public toilets. In Amarpatti VDC, around 30 toilets have been costructed, for which the credit goes to the DPCP. Similarly, the Bageshwari Chitragauna VDC has 25 public toilets. The VDC contributed Rupees four hundred for each toilet.

4.4.9 Achham

During the district interaction programme in Achham, Govind Bahadur Shah, the district representative in the Parliament, pledged an amount of one lakh NRS for sanitation from his discretionary fund. The DDC is geared up to begin a full-fledged sanitation campaign from the month of Asar, making it compulsory for every elected representative to construct and use toilets.

4.4.10 Udaypur

The Triyuga Municipality, Jogidaha VDC, Triveni VDC, Basaha VDC and a few other adjoining VDCs have been undertaking commendable sanitation activities. The Department of water supply, in partnership with UNICEF and other local NGOs has initiated several programmes like constructions of pit latrines, seminars and workshops, interactive sessions, training, etc. in order to make the people more sanitation-conscious.

4.5. Conclusion

It is a fact that most of the people especially in rural Nepal live penury and suffering. For them, the priorities are not where they have to defecate, but how best can they afford two square meals everyday. For them, existence is a matter of struggle from moment to moment. The whole country is in the grip of a vicious circle whose starting point is poverty, the augmenting factors are procrastination, negligence, corruption, and exploitation of the downtrodden and the climaxing point is morbidity and death. The following observations are condensed from the views and opinions of the people enshrined in this chapter.

1. There is no dearth of policies, plans and programmes in Nepal. What is lacking is proper and effective implementation.

2. Most of the people are convinced that they can turn their localities into self-sufficient habitats. They need guidance and encouragement.

3. There is need to adopt an integrated approach to address the issues of sanitation and health. People's participation and the combined efforts of the governmental and non-governmental organisations are inevitable to improve the quality of life in the country.

4. The policies and programmes are often weak and unfeasible since they are seldom prepared from the people's point of view.

5. Women should be encouraged to take the lead role in the area of sanitation, hygiene and health.

6. Sanitation should not remain a subject of mere speculations, research and seminars. It should be turned into a people's movement.

7. To ensure good health and longevity of the people, sanitation must be practised in every home.

8. There is dire need to bring about a positive change in the attitude of the people. This will not materialise until poverty and traditional conservatism are not eradicated.

9. Various schemes have been planned for poverty alleviation, like micro-credit, vocational training, financial incentives and loans. In many parts of the country, these experiments have been very successful. The government should replicate such programmes in other parts of the country with the help of the non-governmental organisations and local user groups.

10. The people are gradually turning into a rapacious and callous mass, waiting for windfalls, which sometimes comes in small measures in the form of bits thrown by vested interests as baits, making them utterlydependent. The poverty alleviation programmes should consider this trend seriously.

11. There is need for coordination among the various organisations at various levels.

12. The problems related with sanitation and hygiene, which have distinctive regional peculiarities should be dealt with from a regional perspective.

13. The health facilities in the districts at the VDC level are extremely poor. Most of the health sub-posts are either unmanned or closed.

14. Health services should be provided for the welfare of the people and not just for employing the health workers. If such services are not people-centric, then the people will eventually discard them and resort to traditional healers. For instance, the timings of these health posts should be fixed according to the convenience of the people who also have to go out to work in the fields.

15. The functioning of many of the governmental organisations is mutually overlapping and conflicting.

16. That gender discrimination is at the root of infant mortality and morbidity is an indubitable fact. The mothers of this country are the ones who have been put to humiliation and indignity since ages. At the time of growing, a girl is denied education, and on attaining adolescence, she is hurriedly married away to continue her drudgery in her in-law's home. Women are subjected to excessive physical and mental oppression, and overburdened with work. A majority of these women are exhausted and depressed all the time. Their pathetic physical and mental condition is detrimental to reproductive health and maternity. Children born to such mothers are likely to have severe congenital defects. Furthermore, they are bereft of maternal care and nutriments, which adversely affects their metabolism and stunts their growth.

17. The Nepali society is still semi-feudal, especially in the rural areas. As a result social prejudices are widely prevalent, segmenting the people into various class and caste compartments. The lower caste people are the ultimate sufferers since they are bereft of the meagre privileges like water.

18. The land-less people bracketed together as squatters or *Sukumbasis have no access to* toilets and water. The sanitary condition of their locality is extremely poor.

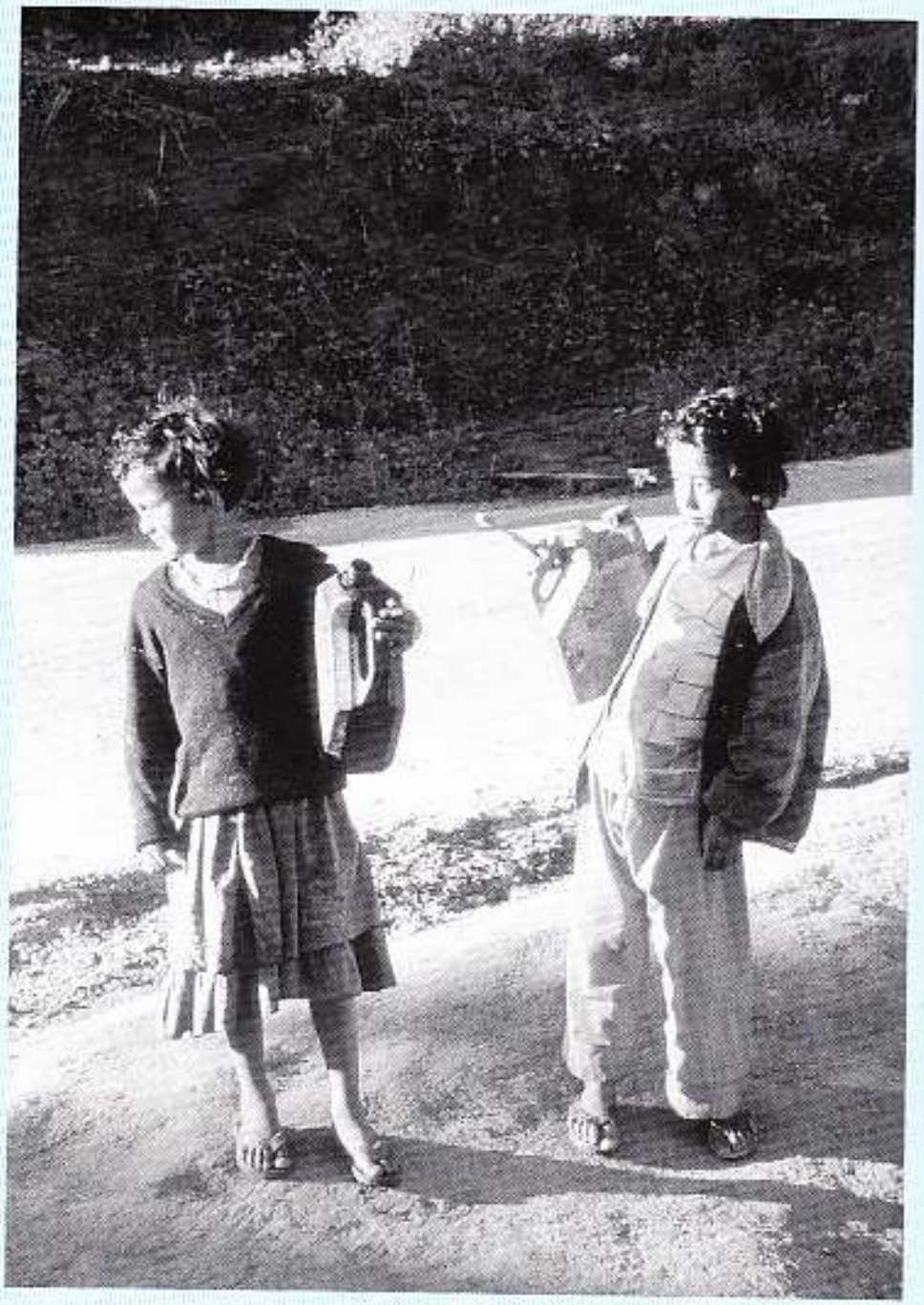
19. If the government, which basically functions on donor money, is so dependent as to expect someone to donate even to buy its stationery, the country cannot be expected to evolve as an independent nation, much less its people.

20. What is severely lacking today is honesty. Those who run the government should be honest and sincerely committed to developing the nation.

Chapter

5

Overview, Critical Appraisal and Recommendations



5.1. Overview

The death of innocent children across the country due to sheer negligence, ignorance and poverty is a stark testimony of the failure of the country's "planned development". As regards the innocent children who are morbid, dying, or already dead for want of a morsel of nutriment, a life-giving dose of proper medication, or due to their own destiny of having been born amidst penury, misery, ignorance, unsanitary surroundings, and drought; their only experience in life is doom, decay and death, instead of progress and development. What is more appalling is that the death of 38,000 children every year on account of an avoidable and curable disease like diarrhoea, does not seem to stir the hearts of the country's citizens especially in the urban areas. The muteness of the poor masses even on the face of impending suffering and misery is understandable, with the profusion of reasons cited in the foregoing chapters. But the stoic unconcern of the enlightened and progressive citizens, the cultured elite of the country is the most disheartening paradox. The citizens of the country must rise to the piteous cries of the innocent children who were just born yesterday and are in their death throes today, if their hearts still pulsate with altruism and compassion. The only religion of the people at this juncture ought to be

putting up a united and integrated effort to begin a crusade against infant and child mortality and all its concomitant ills.

The cardinal imperative therefore, is to mobilise and transform the people into living, sensitive, and selfless beings willing to regain their lost paradise. The crux of the problem is not sanitation, health, education, or economic prosperity. It is transformation or change in the attitude of the people towards life and their willingness to inculcate the art of worthwhile living that can turn Nepal into a vibrant, prosperous and developed nation.

5.2. Critical Appraisal

The following are some of glaring anomalies that need to be considered before going through the recommendations and devising strategies to address the problems related with under five mortality and morbidity in the country. These observations are based on the people's critique, as well as the perspectives of various government officials, representatives of I/NGOs, and other dignitaries of the districts.

1. Lack of coordination among the various organisations, both governmental and non-governmental.

2. Lack of inter-sectoral coordination within various related departments.

3. Lack of coordination between the DDCs and the district governmental line agencies makes a mockery of decentralised local governance.

4. Lack of awareness regarding the problem of sanitation and health.

5. Failure to solicit the active support and concerned participation of the media sector.

6. Failure of the media sector to engage in educating the people regarding the need to cultivate healthy sanitary practices.

7. Lack of equitable opportunities to education.

8. Lack of political commitment to integrated development of the country.

9. Poor performance of the district hospitals, health centres and health posts, on account of various compelling reasons such as shortage of manpower, absence of doctors and technical staff etc. The employees in most of these hospitals and centres complain about inadequate infrastructure and resources to cater to the growing number of patients. The irresponsible attitude of the people also contributes to the improper maintenance of the department's properties, resulting in premature depreciation of equipment and other properties.

10. Pilferage of resources by vested interests as opinionated by the people, reflects the poor quality of governance. Despite the allocation of budget for each DDC for the overall development of the district, and the additional money that are invested in the districts through the line agencies by the government, the total output in terms of sectoral development have never been worthwhile and satisfactory. This gives room for the people to surmise that the money and other resources brought into the district for the benefit of the people might be getting siphoned away elsewhere.

11. Procrastinating attitude of the implementing officers is another glaring problem. The people invariably complain about the rude, unconcerned and cold attitude of most of the government officials, who openly demand bribes for doing what they are paid to do. Such instances can shatter the morale of the people, making them cynical, uncooperative and nonchalant. This leaves very little room to suggest to such disillusioned people that they should inculcate sanitary habits and become good responsible citizens. An entire family in Dadeldhura, was found praying everyday for death to liberate them from the pangs of hunger and social marginalisation. Unfortunately the country abounds in such marginalised people.

12. Lack of reciprocal participation and feedback from the people is a corollary to the aforementioned problem and does not need further elaboration.

13. There are rampant traditional myths that water like air, is a free gift from God, and also that personal hygiene and community cleanliness are secondary issues compared to food, shelter and clothing.

14. Dependent attitude of the people most of whom lack the sense of self-dignity.

15. Lack of an integrated development perspective encompassing the overall development and progress of every individual citizen.

16. Lack of periodical and consistent evaluation of every governmental or collaborative policy implemented throughout the country.

5.3. Recommendations

1. Commission non-partisan investigation agencies to investigate the matters stated above, for corroboration, and subsequent public revelation. Such auditing can be performed in a sector-wise manner. It is almost inevitable to begin this section with this caustic or austere recommendation, since the problem of child mortality and sanitation will never be adequately addressed as much as the other socio-cultural problems of the people, unless the loopholes in the system are finally sealed. This will

also set a new trend of giving precedence to public accountability and help in winning the confidence and support of the people.

2. Evolve an integrated and consolidated strategy to curb the problem of child mortality and morbidity. This strategy, unlike the past ones, will have to be devised by a forum of planners and specialists from the concerned departments of HMG/N and international agencies.

3. Nation-wide sensitisation of the issue through the media and campaigning.

4. Build closer rapport with the people at the grassroots level through interpersonal communication.

5. Prioritise sanitation in the tenth and subsequent five-year plans of HMG/N through consistent and persistent advocacy and lobbying.

6. Demand higher budget allocation exclusively for sanitation. The practice so far has been to club water and sanitation together. Only a small percentage of the total water supply budget is being allocated for sanitation.

7. Make it mandatory for all political leaders, officers, social leaders, religious leaders, teachers, and statesmen to practice sanitary norms and personal hygiene.

8. Step up the national literacy programme. Despite the proliferation of schools, colleges and universities in the country, only a fraction of the young population are getting proper and unprejudiced education. The rest of the people are either fully illiterate or semi-literate. The communities of students and the teaching faculties can be asked to join in a nation-wide literacy programme by volunteering to teach in informal education camps. This can be made a part of a broader national education service (NES) programme. Tanahu has already begun a movement in this direction under the caption Ek Saakchar Ek Nirakchar (one literate to educate one illiterate person).

9. Introduce sanitation and personal hygiene in the schools and colleges, not as a part of the regular academic curriculum, but as extra-curricular items for which resource persons should be trained and appointed as facilitators.

10. The help of religious institutions and leaders should be solicited to organise regular discourse sessions on the spiritual and pragmatic aspects of sanitation, health and personal hygiene, since religion has a direct bearing on the people of Nepal.

11. Organise health-awareness campaigns based on reproductive health and safe motherhood, child care, domestic harmony, hygiene and sanitation, diseases and their home remedies, etc., through work-shops, religious discourses, public programmes, street-plays and skits, role-play, audio-visual demonstrations and lectures.

12. Evolve effective strategies to build the capacity of the people. This has relation to the people's capacity to:

- Realise the need for sanitation and act accordingly.
- Utilise and maintain public and institutional latrines.
- Invest money and other resources in water supply and construction of latrines.
- Understand and demand their right to live in a healthy environment.
- Realise the value of environmental conservation.
- Inculcate a much-needed sense of self-dignity, which is only remotely related to economic opulence.
- Disseminate such awareness among fellow compatriots.

The outcome of this will be wholehearted community participation and partnership. The people must regard sanitation and hygiene as a programme aimed at their welfare. However, it must be borne in mind that women and men have varying demands and needs. Hence, men and women should be consideredseparately while assessing their needs.

13. Demand more stringent Legislative Measures against:

- ❒ Littering.
- ❒ Defecating and Urinating in public places.
- ❒ Disuse or misuse of community latrines and lavatories.
- ❒ Clogging and congesting drainage and sewage systems.
- ❒ Contamination and pollution of water supply systems like wells, canals, rivers, ponds etc.
- ❒ Implementing officers and workers who are regularly absconding from their duties.
- ❒ Manufacture and use of non-degradable items such as plastic bags.

It may be added here that there are legal Acts such as the Local Self Governance Act 1999, Solid Waste Management and Resource Mobilisation Act 1992, the Environmental Protection Act 1996, which might have been sufficient enough to ensure a green and clean Nepal. The gargantuan problems faced by the country today in terms of ill sanitation and environmental hazards further prove that the Acts have not been acted upon.

14. Aim for poverty *eradication* and not poverty *alleviation*.

15. Evolve a consistent system of monitoring and evaluation.

- ❒ To assess the quality and effectiveness of Health and Sanitation works.
- ❒ To ensure prompt and selfless services in hospitals and health centres.
- ❒ To gauge the quantum of attitudinal change in the people.

16. Initiate extensive research in the areas of traditions, customs, beliefs and fetishes of the people, to discern the anomalies and incongruities in such practices, which are pernicious. Unless the implementers have well researched socio-cultural yardsticks to convince the people that such fetishes are misinterpretations of the original traditions, it might be difficult to transform their attitude. For instance, the tradition of gender discrimination has been passed down the generations, resulting in the marginalisation of women in terms of opportunities and social/family status. As stated earlier, gender discrimination is one of the primary causes of infant mortality, lack of personal hygiene and a host of other socio-economic problems in the country. One must view this problem from the people's perspective, knowing well that all such traditions carry religious tags. Hence the imperative is to identify the discordant note in the religious texts and scriptures, and then convince the people in their own language and idiom. The need to do away with obsolete traditions and customs was echoed by the people in all the districts.

17. Another factor, which was pointed out by the people, was the need for coordination among the line agencies, between the central government and the local self-governments in the districts, and between the policy planners/implementers and the stakeholders who are the people. In this respect, it may added here that much inter-sectoral coordination is evident today, such as the association of VDCs, the various professional forums, District Coordination Committees, and the leagues/joint ventures of organisations espousing the same cause or causes. These are promising precedents to begin a national common programme to address the problems of sanitation and health.

18. Considering the urban scenario in the context of sanitation and hygiene, the respective municipalities need to be accorded more autonomy to operate independently and to forge partnerships with local bodies, community user groups and the private sector. This will ensure more effective delivery of services. The fiscal allocations to the municipalities as well as their freedom for judicious financial management also need to be enhanced, in order to empower them and render them more responsible to the people.

19. Encourage women to join the national development mainstream and take the lead in mitigating the problems of sanitation, water and child mortality. This will also help in maintaining a well-balanced gender equation in the society.

20. The media plays the most crucial role of dissemination and communication. Media persons should not be contented with mere reporting of events, as columnists or correspondents. They also have a much wider and higher responsibility of educating the masses on various social and environmental issues, as much as keeping the nation on its toes through constant vigilance. The media should be omnipresent and omnipotent. The slightest case of embezzlement or malicious act should be reflected in the national papers immediately. A country where *yellow journalism* thrives has very little scope for development. Mobilising the media sector, and orientation of media persons must be considered with much more seriousness.

21. It became evident in the course of the interaction and sensitisation programmes in the districts that the concept of decentralisation has not been effectively carried out in the true sense of the term. In precept, it sounds immaculate but in practice, the authorities in the District Development Committees and the Local Development Offices are in a state of confusion. The

line agencies and departments are directly linked up with their respective ministries, and they have no options but to carry out the bidding of their superiors at the centre. How can decentralisation and local self-governance function when the rules and laws are blatantly transgressed, and the local authorities left in the dark about plans and programmes pertaining to their respective districts? There are various NGOs functioning in the districts without the knowledge of the district authorities. There are no checks and balances to regulate all the district development activities. No wonder the elected representatives from the VDCs including most of the VDCs chiefs themselves are unaware of their responsibilities and functions. In the absence of transparency, delusion and doubt are becoming more pronounced, with regard to the annual budget, grants, expenditure, veracity of programmes and so on. Gross politicisation of social institution further confounds the confusion. There is urgent need to define the jurisdictions between the centre and the districts, and to hold regular orientation programmes for the district authorities in order to keep them well-informed about the current developments. Unless the infrastructure of the government both at the centre and the districts are well defined, demarcated, and organised, it will be impossible to reach down to the grassroots level to effect sustainable governance and development.

22. The parliamentary committees related with children and health, both in the upper and the lower house, should be impacted and stimulated to exert pressure on the executive authorities to consider the issue of sanitation and health, especially under-five mortality seriously.

23. Make it compulsory for all political parties to include key issues like sanitation, child welfare, poverty eradication, gender equity and human rights, in their manifestos. It was the unanimous demand of the people in all the interaction and sensitisation programmes in the districts that the leaders of the nation should be the first among the possessors and users of latrines, and practitioners of sanitary habit. This should be the made the criterion for politicians to qualify for running elections and party membership.

24. Important Reports such as the CRC Report, the End Decade Report on the implementation of the World Summit Declaration, Report on the Implementation of the CEDAW, Report on the State of Children in Nepal, the State of Sanitation Report, etc. should be widely disseminated through public libraries, shcools and institutions. Easy-to-digest abridged versions of the same should be made available for common knowledge of the people.

25. Some of the suggestions made by the people, like initiating sanitation and health forums in every school, awarding trophies and monetary incentives to the best VDC or DDC for sanitation and hygiene, and starting a separate national service cadre for sanitation, as well as for rural development, deserves more than cursory consideration.

26. There is an urgent need for role models that the people can regard and emulate as the standards of perfection. Needless to say that there is acute dearth of leaders who could be revered by the people for their integrity and selflessness. Apart from inculcating leadership qualities among the students as well as social workers through specially designed programmes, one VDC in every district could be earmarked and shaped into a model VDC.

Concluding Remarks

In conclusion, the progress and development of a nation is epitomized by the robust health of its people, besides their economic opulence. It is the need of the hour to evolve an infallible and pragmatic strategy to address the problem of infant mortality. The imperatives are clear that Water, Sanitation, Hygiene, Health, Poverty, Education and Demographic Trends cannot be considered in isolation while formulating the development plans for the nation. Each discipline compliments the other and hence a more holistic and integrated approach is required to effectively address the problem of sanitation, water and hygiene in the country. The formulation of innumerable plans, policies and strategies like the Five Year Action Plan on Environmental Sanitation Promotion in 1999, the National Sanitation Policy 2000 etc., are pointers to the growing need felt by the policy makers and planners to address the issues of water, sanitation and hygiene from such an integrated stance.

Is it not an enigma that despite the passage of two full decades since the observance of the Sanitation Decade, and the actions and programmes that were carried out during these two eventful decades, there is hardly any discernible sign of abatement, leave alone extermination of the problems of child mortality, water and sanitation? Everywhere, there is acute paucity of clean drinking water. Heaps of assorted garbage and waste are common sight in public places and residential areas. The country's economy is evidently in doldrums. Moral scruples have vanished like will-o'-the-wisp, leaving behind the ruins of the past heritage. Poverty continues to gnaw away the guts of most of the citizens. The unserved have been systematically marginalised and neglected. Some undertones whispered among the higher echelons of the governmental and non-governmental sector, and overheard on the grapevine, that the polarity (between the rich and poor) must be sustained to keep the development industry well greased and rolling, explains the plight of theunserved.

The eight-fold lessons learnt during the International Sanitation Decade (see Chapter 2, section 2.4.1 of this report) should have been thoroughly read, comprehended

and practiced. It has been rightly pointed out that the solutions to the problems of water, sanitation and health do not lie in the proliferation of toilets and water-taps or the resuscitation of patients with Jeevan Jal. The valuable recommendations embodied in the annual reports of the National Steering Committee for Sanitation, the Nepal State of Sanitation Report, Five Year Action Plan on Environmental Sanitation Promotion, and doctrines such as the National Sanitation Policy 2000, were made to goad and nudge the actors of planning and development to search at the roots of the problems for the right prescriptions.

The Background paper presented during the Global Consultation on Safe Water and Sanitation for the 1990s, as well as the National Sanitation Policy 2000, are exhaustive doctrines on the subject, replete with elaborate exegeses on the technical and operational aspects of water and sanitation programme in the country. These tenets need to be honored with sincere and zealous implementation, and the achievements of HMG/N and the concerned I/NGOs reviewed in retrospect within the paradigm of these recommendations.

It is fervently hoped that the policy and decision-makers of Nepal as well as the people read this ***citizens' report*** from cover to cover, and a determined national consensus established, to combat the problem of sanitation and water vis-à-vis infant and child mortality in the country. *Health for All or Sanitation and Water for All* should no longer remain mere slogans or unfulfilled pipe dreams of the Nation.

Notes and References

[1] Department of Health Services, Annual Report, 1994/95 as quoted in the National Sanitation Policy, 2000, p.1. cf. The Annual Report of the DoHS, 1998/99 states that in the year 1998, only 655 U5 children died of diarrhoea. This data appears to be erroneous in relation to the higher figure stated for the year 1994). Diarrhoea accounts for 46% of the total deaths of children under five years of age (Children and Women of Nepal, 1996, NPC and UNICEF, p.83)

[2] Nepal State of Sanitation Report, 1999/2000, p.44.

[3] Annual Report of the Department of Health Services, 1998/99, P.43

[4] Op.cit., P.45

[5] Op. Cit., Pp 55-63

[6] Approximately, 209 billion cubic metres of water flow into Nepal's river systems. Of the tremendous hydroelectric potential of these river systems, 45 thousand MW is commercially viable, which can provide a considerable amount of resources, physical and financial. Nepal Human Development Report, 1998, p.10

[7] See Chapter Two of this Report.

[8] Water Supply and Sanitation in Nepal, a UNICEF Status Report, Part I: Sector Overview, October 1990, Pp 15 to 17, and NSOSR, 1999/2000, P. vii.

[9] The State of Sanitation Report, Pp 6-7. Cf. Tarak, and Pp 6-7.

[10] Diarrhoea, Water and Sanitation (Final Report), NMIS Third Cycle – April 1996, NPC/UNICEF. (This pertains to 1 sampling of 17,227 households)

[11] Ibid.

[12] cf.....They are human persons in whose name all foreign aid is received and spent by the national as well as international agencies, by the governmental as well as the non-governmental organizations. It is a matter of concern, in more than one sense, that their problems and aspirations have gone largely unheeded. Soon they might go unnoticed, as we get used to the injustices and violence that the thugs inflict upon the poor and the weak. Devendra Raj Pandey, Nepal's Failed Development, 1999, p.19.

[13] See chapter 3. The intercaction and sensitisation programme was carried out in 13 select districts where the Decentralised Planning for the Child Programme (DPCP) supported by UNICEF is being carried out.

[14] National Sanitation Policy, 2000, p.1.

[15] Global Water Supply and Sanitation Assessment 2000 Report, WHO/UNICEF/Water Supply & Sanitation Collaborative Council, p. 48.

[16] Annual Report, DHS, 2055/56, p41.

[17] Ibid.

[18] See annex –3.

[19] Statistical Year Book of Nepal (SYBN), 1997, p1.

[20] Ibid. cf. Water Supply and Sanitation in Nepal, a UNICEF Status Report, October 1990, p.5.

[21] Statistical Pocket Book, SPB, 2000, p.5

[22] SPB 2000, p.4; MoPE, 1999

[23] Nepal Human Development Report (NHDR), p.31; Nepal Common Country Assessment (NCCA), p.21; SYBN 1997, p.iv

[24] NHDR 1998, p.14

[25] NMIS, 1996, Pp 6-7

[26] NHDR 1998, and p.274.

[27] CCA 1999, p.1

[28] Ibid.

[29] Ibid.

[30] The factors causing poverty are well enumerated in the Poverty Situation Analysis, NPC, 1977, p.19

[31] A social anthropologist has opined that procreation is one of the most easily affordable modes of recreation for the illiterate poor of the underdeveloped or developing countries.

[32] MoH,1997, CCA,1999, p.31

[33] Harka Gurung, Nepal Social Demography and Expressions, p.95.

[34] Children and Women of Nepal, A Situation Analysis - 1996, p.111.

[35] Op. cit., p.112

[36] Op. Cit., p.113.

[37] Ibid.

[38] Nepal, Common Country Assessment, 1999, p.43.

[39] Ibid.

[40] Sanitation for All (SA), Steering Committee for National Sanitation Action, February 2000, p. 12.

[41] Nepal State of Sanitation Report (NSSR) 1999/2000, p.iv

[42] Op. cit., p. v

[43] With World Bank and Asian Development Bank loan assistance respectively.

[44] SA, Pp 13-14.

[45] Tarak KC, Five year Action Plan on Environmental Sanitation Promotion (ESP), HMGN, p.10

[46] Ibid.

[47] Op. cit., Pp 25-27.

[48] NSSR, p.xviii.

[49] Op.cit., p.31.

[50] NSOSR 1999/2000, P.46

[51] NSOSR, 1999-2000, Pp 18-19

[52] HMG/N signed the CRC on 26 January 1990, and ratified it on 19 August 1990. The Instruments of ratification were deposited on 14 September 1990 at the UN.

[53] First Call for Children, The World Declaration 18, 19 and 20 (1,2 & 3), UNICEF, 1990, p.4

[54] Op.cit. p.9

[55] Op.cit. Pp 31-32

[56] First Call, Nepali Translation, UNICEF 1990, Pp 51-63 (Only the relevant ones have been extracted).

[57] State of Sanitation Report, 1998 Pp 6-7

[58] WHO, 1997

[59] World Health Report, 1999

[60] Ibid.

[61] RECPHEC, 1997

[62] UNICEF/Nepal, 1996

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ANNEX

A

Child Mortality and Morbidity
A Major National Concern

Dr Sharad Onta

Introduction

At the 1990 World Summit for Children, over 150 governments promised to undertake all possible measures to save children from malnutrition and preventable diseases. The World Summit for Social Development held in Copenhagen in 1995, further called upon the nations to put children in the vanguard of development. Since then, significant progress has been perceived in the developing countries towards this end. Nevertheless, more than 10 million children under the age of five years die every year on account of preventable disease afflictions in the developing world. In 1995, 11.2 million U5 died in the developing world.[59]

The human development index of Nepal is one of the lowest. Despite several efforts to improve the health status of the people, Nepal is still considered to be one of the most underdeveloped countries in the world.[59] This is visibly reflected in the high infant and child mortality rates in the country. Nepal has ratified various international conventions pertaining to child development and formulated plans as per the dictates of these conventions, notwithstanding which, the country seems to be far from achieving the stipulated goals. One in twelve newborn babies cannot celebrate its birthday at all. Likewise, one in every eight children dies before reaching the age of five years.[60] Child mortality in Nepal seems to have decreased over the last three decades. There are signs of a decrease in the infant mortality rate in recent times. However, the pace of improvement is much slower compared to many other countries, and the set targets.

It is not only the low rate of child survival, which causes worry. The most disturbing factor is the large regional variations in the infant and child mortality rates within the country. In two districts, the recorded infant mortality is more than 170 per 1000 live births; in 10 other districts, it ranges between 120 and 150 per 1000 live births while in 9 districts it is below 60 per 1000 live births.[61] The NFHS report of 1996 reveals a significant difference in infant and child mortality rates, between the urban and rural settings as well as between the mountain and terai ecological regions. This wide gap between the geographical regions clearly indicates the existence of variegated deterring elements in the different districts. To be more specific, high child mortality is apparently proportional to underdevelopment and prejudiced neglect of the district.

Determinants of child death in Nepal

The agglomeration and interaction of several factors result in child death. These factors are largely infections arising from different sources. About two third of all U5 deaths are caused by infections. Diarrhoeal diseases and malnutrition are by far, the major killers of children and are enumerated below:

Diarrhoeal Diseases

It is a time-proven fact that Diarrhoea is one of the major causes of child deaths in the world, particularly in the developing countries. About 3 million infants and young children succumb to this killer disease every year throughout the world. More than 99 percent of these deaths occur in the developing countries. It is estimated that more than one-third of all child deaths in Nepal, which is estimated at approximately 35,000 deaths per year, can be ascribed to diarrhoeal diseases.[62]

Diarrhoeal diseases also constitute the bigger proportion of childhood morbidity. Each of 3.5 million children in Nepal under-five years of age suffers from 3.3 episodes of diarrhoea every year. Although the frequency of diarrhoeal episode per child has visibly decreased from 6 in 1985,[63] prevalence of diarrhoeal diseases among the children of the country is still high. According to the 1995 Nepal Multiple Indicator Surveillance study, 15 percent of all children under-3 years of age suffer from diarrhoea at any time of the year. NFHS 1996 reveals a much higher figure, which are about 35 percent of the children aged between 6 to 23 months.

These statistics provide a gross picture, but may not reflect the real magnitude of diarrhoeal problems in Nepal.

Apparently, a large portion of diarrhoeal incidences goes unreported. In most parts of rural Nepal, childhood diarrhoea is not considered a threat to health until it develops further complications. In some communities, diarrhoea is perceived as a part of metabolic growth of the children, and hence even taken as a positive sign. Owing to different perceptions and definitions of diarrhoea among the people, many diarrhoeal cases are not detected by them.

Worm infestation, which has not been accorded due importance till date, is highly prevalent in many parts of the country. As is the case with much other health problems, worm infestation does not immediately tell on the health of the child causing sudden death. Hence, neither family nor the health workers perceive this problem as serious. Nonetheless, worm parasites compound the problem of diarrhoea and malnutrition. The observation below in a community may serve as a window to look at the problem of worm infestation.

Prevalence of worm infestation (in percent) among school children among the Chepang community, Chitwan

Types of worm	3-5 years' (n= 76)	6-14 years (n= 129)
Round worm	72	65
Hook worm	25	27
Mixed worms	3	7
None	0	0.7

Malnutrition

Although inadequate food intake largely contributes to malnutrition in children in the developing countries, diarrhoeal diseases with worm infestation remain one of the leading causes of childhood malnutrition. The relation between malnutrition and diarrhoeal diseases has multiple facets. On one hand, diarrhoea in a malnourished child is usually manifested in more severe forms than in a normal child. Obviously, mortality from diarrhoea is higher among the malnourished children compared to the normal ones. On the other hand, multiple episodes of diarrhoea may result in malnutrition even among normally fed children. The ravages of malnutrition result in several adverse impairments. A malnourished child has weak resistance to infections and thus becomes vulnerable to many infectious diseases, which may ultimately result in death or disability of different kinds. The infections in turn lead to malnutrition further compounding the problems. Thus the child gets caught in a vicious cycle of infection and malnutrition. Malnutrition is found to underlie more than half of deaths among children in developing countries.[64] In addition, malnutrition impairs the general, physical and intellectual development of children.

Childhood malnutrition is a grave concern in Nepal. The NFHS 1996 revealed that 48 percent of all children below 3 years of age are chronically malnourished, 20 percent of them suffer from severe chronic malnutrition. The Nepal Multiple Indicator surveillance study conducted in 1995 [65] shows even higher prevalence, 63 percent of chronic malnutrition among the children below 3 years of age. The problem of childhood malnutrition is not confined to the magnitude of its prevalence. Seriousness of the problem lies in the fact that has not decreased since1975, when the first national Nutritional Survey in Nepal revealed that 68 percent of children under the age of 6 years were moderately malnourished. [66] This clearly indicates that strategic approaches to address the issue of childhood malnutrition are not responding to the situation, and thus, needs to be reviewed.

Sanitation: a missing link of the triad

The issues of childhood morbidity, mortality and malnutrition are very much addressed bio-technically and often separately. Diarrhoea is seen as a disease entity and its solution is largely sought in oral rehydration therapy. The health professions perceive childhood malnutrition as an undesired disease, an outcome of bad childcare. Nutritional deficiency is technically defined either in terms of inadequate intake of protein and energy, required for the child's metabolic development, or deficiency of micro-nutrients like iron, vitamin A, iodine, etc. In the same way, infant and childhood mortality is viewed differently by the clinicians and by the demographers. In relation to childhood diarrhoea, clinicians explain child mortality as its worst outcome, while demographers usually attach the population parameters to childhood mortality. At the best, both diarrhoeal diseases and child

mortality are seen as two dimensions of a problem. Malnutrition appears as an intermediate outcome of this process. It is often forgotten that diarrhoea and malnutrition are connected in a linear relationship, but rather forms two points of a triad of which sanitation is the third dimension. It is the third link of this triad. Precisely, poor sanitation is the igniting factor of diarrhoea and malnutrition leading to death of children.

It is a tragic dichotomy that provision of safe drinking water and sanitation has not been given due attention in the programmes meant to address child morbidity and mortality. Nor have they been perceived in the light of child survival. Surprisingly, safe water and sanitation are usually perceived, as environmental issues whereas child survival is largely taken as an issue related with health and population.

Provision of safe drinking water and sanitation in relation to child mortality and morbidity should be viewed both at the macro and micro levels. Ensuring the supply of safe drinking water and provision of sanitary disposal at the macro level are pre-requisites in this regard. Obviously, this is not enough. Maintaining the same at the micro level, encompassing the individual, family and the community at large, is crucial. Unfortunately, vital link between these different levels seems to be virtually absent.

Provision of Safe Drinking Water and Sanitation

The detailed statistics of water supply and sanitation in the country have been discussed elsewhere in this report. It has been intended to discuss briefly, the overall situation in this section. Nepal is one among the countries, which have failed to achieve the target of 'water for all by 1990' as envisaged by the United Nations. Grossly fallacious statements have been presented by statisticians, which are misleading while trying to gauge the achievements in the water sector. Laying of pipelines does not necessarily connote supply of water. A pipe tap without water is not an uncommon phenomenon in the country today. However, these empty pipelines too are added up in the statistics. Further, supply of water for a few hours a day or only on alternate days, which is utterly inadequate, is registered in the record of safe water supply. Inadequate water is compounded by the lack of quality and safety. The public appeal of the MOH 'to boil water before consumption' is in fact a voluntary confession by the government, of failure to supply safe drinking water. Outbreaks of cholera, enteric fever and other water borne diseases in many parts of the country including the capital city strongly suggest the lack of safe drinking water. There is not much to say about the provisions for sanitary disposal. The term *sanitary disposal* needs proper definition in the first place before further deliberations on it.

Water safety and sanitation concerning the individual and the family

People who have to grapple with inadequate water supply everyday and for whom even a drop of the liquid is of immense value, have no options to consider its quality. It is not difficult to assess the impact of training and education to these people on the observance of safety measures. What is of more importance is the capacity of the people to bear the additional burden of ensuring purity and safety of the available water. It is necessary to get at the roots of the socio-cultural factors that prevent the people from heeding sanitation norms. There are several socio-cultural rationale and justification expected of the people regarding their seemingly unrelenting attitude and behaviour. Blaming them is definitely not the panacea.

Conclusion

The failure to link the issues of safe water and sanitation with child mortality and morbidity is the common thread passing through the macro and micro levels. Two different strategies can be adopted to establish this link. Firstly, the process of water and sanitation should not be viewed merely as a supply scheme, but as an environmental issue. It should also be considered in the context of child survival. Secondly, macro and micro level processes should not be placed in two different compartments. There should be a strong link between these two levels. Despite the claims made, oral rehydration therapy alone is not enough to save the lives of children from diarrhoea, and supplement of micronutrients alone will not suffice to eliminate childhood malnutrition and achieve the desired level of child survival. Along with these, improvements in the provision of safe drinking water and sanitation will significantly help to assuage the problem of child mortality and morbidity.

Reducing the under-five mortality rate

Over the last several years, advances in hygiene, sanitation and water supply in certain developing countries has probably decreased the occurrence of morbidity and the mortality from diarrhoeal diseases. Therefore, given the magnitude of diarrhoeal disease and the lack of sanitation, hygiene and safe drinking water, diarrhoeal disease is likely to remain a major killer of children under the age of five. Hence, focus must be on, but not merely limited to, improved domestic environment for better access to safe drinking water and sanitary disposal of excreta.

Over the years, developments in both access to safe drinking water and access to safe excreta disposal has been marginal, (see Figure 2 and 3) especially in the rural areas. These marginal changes indicate a serious lack of awareness about the relationship between health, hygiene and sanitation.

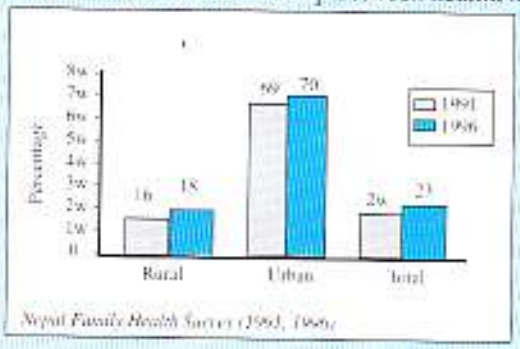

Figure 2. Population with access to safe excreta disposal

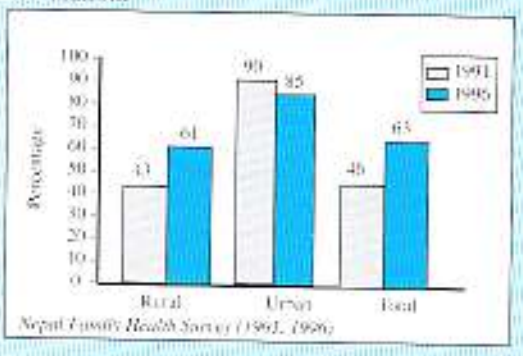

Figure 3. Population with access to drinking water

Unless efforts are made to increase accessibility to safe water supply and safe excreta disposal, children under-five will continue to suffer from diarrhoea (often a direct result of unsanitary conditions) which is the second leading cause of death among children under the age of five in Nepal, claiming more than 38,000 lives annually.[70]

Diarrhoea does not limit itself to acute illness borne by the child, for it often leads to malnutrition which predisposes the child to other infections, notably ARI which is the leading cause of under-five mortality in Nepal claiming about 40,000 children each year.[71] It also causes stunting and wasting not just of the physical growth of the body but particularly also of the child's central nervous system. Malnutrition of below 3 to 5 old children can irreversibly retard their metabolic growth.

Thus, managing disease on a "case" basis might not adequately address the needs of a sick child. It is in this regard that the WHO has developed the Integrated Management of Childhood Illnesses (IMCI). This intervention (which comprises of case management of ARI, diarrhoea, malaria, measles, and malnutrition; immunisation, feeding/breast feeding counselling, micro nutrient and iron supplementation, anti-helminthic treatment) is believed,[72] and hence should be effectively implemented without delay.

On the other hand (and as stated earlier) the under-five mortality is also a reflection of the health knowledge of the mothers and the income and food availability in the family or in other words ignorance and poverty contribute to disease. Communities like ours are still held tightly in the vicious cycle of ignorance, poverty and disease.

Unless this vicious cycle of ignorance, poverty and disease is broken, the under-five mortality rate in Nepal will remain unabated. Therefore, educating mothers, increasing their literacy rate and getting rid of poverty is equally important in reducing the under-five mortality rate.

Newer Challenges

Even as under-five mortality is gradually declining in developing countries including Nepal, newer risks are already emerging. The re-emergence of disease like malaria and kala-azar and emerging infectious disease like Dengue Hemmorrgic Fever (DHF) is a direct threat to children under the age of five. It must be noted that these diseases have come into existence taking advantage of the unsafe environment around us.

The contribution of malaria to the under-five mortality rate of most sub-Saharan African countries and that of DHF in south-east Asian nations should caution our rather narrow strategy of reducing the under-five mortality rate.

ANNEX 1

Media Concern Groups for Sanitation (MCGS)

In every district where NEFEJ conducted the Interaction and Sensitisation Programme, a Media Concern Group for Sanitation - MCGS (Sarsafai Sanchar Sarokar Samuha *SSSS* in Nepali) was formed. A journalist coordinates each group, with the members drawn from the ranks of local journalists. It has been a long-felt need to solicit the help and cooperation of the media sector to disseminate news about local development in the country. The MCGS, which fulfils this need, has been mandated to investigate, collect and review information pertaining to sanitation and health in the respective districts, and publish their findings in leading local and national newspapers. Its broad objectives are:

(1) to institutionalise a system of media surveillance in the district with regard to sanitation and hygiene
(2) to sensitise the issue of under five mortality and morbidity
(3) to galvanise the media to consider the seriousness and gravity of the issue and the role of the media in the context of increasing infant and child mortality.

District Kavre Palanchowk

S. No.	Name	Designation	Organisation
1	Pradip K.C.	Co-ordinator	Journalist, Kavre Times
2	Ananta Bagle	Member	Journalist, Space Time
3	Suman Kok Shrestha	Member	Journalist, Nepal Samachar Patra
4	Hiramani Sharma	Member	Journalist, Himalaya Times
5	Rajaram Karki	Member	Jouranlist, Rashtriya Samachar Samitee

District Kaski

S. No.	Name	Designation	Organisation
1	Gangadhar Parajali	Co-ordinator	Vice Chairman, Nepal Journalists' Federation (Nepal Patrakar Samuhat, Kaski
2	Narayan Karki	Member	Editor, Janmat Dainik
3	Krishna Prasad Sharma	Member	Assistant Editor, Pokhreli Dainik
4	Ravindra Banstola	Member	Assistant Editor, Adarsh Samaj Dainik
5	Sushila Pradhanang	Member	Woman Media Representative
6	Ramesh Koirala	Member	Programme Chief, Information, Research & Publication, District Development, Kaski
7	E. Madan Malla	Member	District Drinking Water Department
8	Rishiraj Lamichane	Member	Chief , District Public Health Department
9	Purnima Gurung	Member	Representative,UNICEF Field Office, Pokhara

District Humla

S. No.	Name	Designation	Vocation/Organisation
1	Jai Bahadur Rokaya	Co-ordinator	Journalist, Kantipur
2	Hari Bahadur Rawat	Member	Journalist, National News Agency (RaSaSa)
3	Representative	Member	District Development Committee
4	Representative	Member	District Drinking Water Department
5	Representative	Member	District Public Health Department
6	Representative	Member	UNICEF District Programme
7	Representative	Member	District Red Cross Society

District Dadeldhura

S. No.	Name	Designation	Vocation/Organisation
1	Nain Singh Mahara	Co-ordinator	Journalist, Kantipur, Dadeldhura
2	Chatra Bahadur Santpad	Member	Journalist, Himalaya Times
3	Amar Pun	Member	Journalist, Chure Times
4	Tej Bahadur Aiyyar	Member	Journalist, Naya Sadak
5	UNICEF	Member	District Field Officer, Dadeldhura
6	Drinking Water	Member	Sanitation Engineer

District Dang

S. No.	Name	Designation	Vocation/Organisation
1	K.B. Masal	Co-ordinator	Journalist
2	Sushil Gautam	Member	Journalist
3	Ram Prasad Poudel	Member	Journalist
4	K.P.Ghimirey	Member	Journalist
5	Dadhiram Subedi	Member	Journalist
6	Murari Sharma	Member	Journalist
7	Representative	Member	Gaon Ghar Saptahik (Weekly)

District Nawalparasi

S. No.	Name	Designation	Vocation/Organisation
1	Krishna Bd. Karki	Co-ordinator	Journalist, President of Journalists' Federation
2	Durga Datt Bhandari	Member	Member of the DDC
3	Madan Kr. Shrestha	Member	Public Health Officer
4	Bhoj Bikram Thapa	Member	Engineer, Drinking Water
5	Shiva Shankar Prasad Rai	Member	Deputy Mayor, Ram Gram Municipality
6	Keshav Parajuli	Member	Journalist
7	Ram Prasad Pandey	Member	Journalist

District Tanahu

S. No.	Name	Designation	Vocation/Organisation
1	Muktinath Khanal	Co-ordinator	Journalist
2	Krishna P. Ghimirey	Member	Doctor, District Hospital
3	Buddhi P.Gautam	Member	Engineer, District Drinking Water
4	Bishwa B.Bhandari	Member	President, District Journalists' Federation
5	Pradeep Kafle	Member	Journalist
6	Srijana Hirachan	Member	Journalist
7	Kulchandra Neupane	Member	Journalist

District Kapilvastu

S. No.	Name	Designation	Vocation/Organisation
1	Narayan Poudel	Co-ordinator	Journalist
2	Lakshaman Panthi	Member	Journalist, Kantipur
3	Manoj Poudel	Member	Journalist, National News Agency, RaSaSa
4	Saroj Aryal	Member	Journalist, Nepal Television
5	Satyadevi Sapkota	Member	DDC member
6	Binshnu P.Khanal	Member	Journalist, Radio Lumbini

District Chitwan

S. No.	Name	Designation	Vocation/Organisation
1	Ganshekhar Sharma	Co-ordinator (RaSaSa)	Journalist, National News Agency
2	Navraj Dhakal	Member	Journalist
3	Janak Aryal	Member	Journalist
4	Arjun Prsd.Sharma	Member	Journalist
5	Bishwa Ojha	Member	Journalist
6	Devibhakta Dhakal	Member	Journalist
7	Bishnu Hari Tiwari	Member	DDC member
8	Birendra Parajuli	Member	UNICEF
9	Bandhuraj Poudel	Member	Representative Non-Governmental Sector
10	Kashiram Adhikari	Member	Representative Non-Governmental Sector

District Parsa

S. No.	Name	Designation	Vocation/Organisation
1	Chandra Kishore	Co-ordinator	Journalist
2	Kanhaiyya Lal Keshari	Member	Journalist
3	Madhup Sharma	Member	Journalist
4	Ram Raj Yadav	Member	Journalist
5	Ramachandra Sah	Member	D.E., District Drinking Water
6	Representative	Member	District Public Health Office
7	Gyanu Bhujel	Member	DFO, UNICEF, Parsa

District Sunsari

S. No.	Name	Designation	Vocation/Organisation
1	Yam Pradhan	Co-ordinator	Rashtriya Samchar Samittee, Space Time
2	Sachin Pokhrel	Member	Journalist, Gorkha Patra
3	Krishna Bhattarai	Member	Journalist, Samachaar Patra
4	Representative	Member	UNICEF Field Office, Sunsari
5	Representative	Member	DDC, for Health & Sanitation

District Udaypur

Executive Members

S. No.	Name	Designation	Vocation/Organisation
1	Shyam Rai	Co-ordinator	Journalist, President of Journalists' Federation
2	Bimal Karki	Member	Journalist, Member of Journalists' Federation
3	Baikuntha Dahal	Member	Journalist, Member of Journalists' Federation
4	Badriprasad Kafle	Member	Journalist, Treasurer of Journalists, Federation
5	Kedar Thapa	Member	Journalist, Nepal television
6	Bhaktivilas Pokhrel	MemberJournalist,	Gorkha Patra

District Achham

S. No.	Name	Designation	Vocation/Organisation
1	Rajendra Kunwar	Co-ordinator	Chure Times
2	Ekendra Kunwar	Member	Space Time
3	Khadag Bista	Member	Rashtriya Samachar Samittee
4	Mohan Malla Jaisee	Member	Engineer, Drinking Water Department
5	Aniruddra Sharma	Member	Representative, UNICEF
6	Ram Udgaar Yadav	Member	District Forest Office

District

1. Humla
2. Dadeldhura
3. Daag
4. Nawalparasi
5. Tanahu
6. Kapilvastu
7. Chatwan
8. Parsa
9. Sunsari
10. Udaypur
11. Achham
12. Kavre
13. Kaski

ANNEX

2

Proceedings of the Consultative Meeting held at Kathmandu

The first Interactive Consultation on *A Citizens' Report on Sanitation and Hygiene vis-à-vis U5 Mortality and Morbidity in Nepal* was held at Hotel Himalaya on the 21st August, 2000 at 10 AM. 40 participants who represented various governmental and non-governmental organisations, besides media persons attended the meeting.

Suman Basnet, Co-ordinator of the programme and a member of the Nepal Forum for Environmental Journalists (NEFEJ) explained the objectives of the consultation to the participants, in his brief introduction.

Delivering his welcome address, Lakshaman Upreti, Vice President of NEFEJ said that NEFEJ is a forum for all active journalists, which was formed 15 years ago with the objective of spreading public awareness about environment and sustainable development. Ever since its inception, NEFEJ has played a catalytic role in bringing the policy makers and the people's representatives together to participate in discussions on environmental development.

Over the past one and half decades, NEFEJ has carved out a distinctive niche in the environment sector, through mainstream journalism. It has also undertaken several collaborative initiatives with other organisations sharing similar objectives. The Citizens' Report, which UNICEF has entrusted NEFEJ to accomplish, is testimony of the credibility and trustworthiness that the organisation has gained over the years. He expressed hope that the consultation would be fruitful.

Thereafter, Suman Basnet requested Wing-sie Cheng, Chief of Communication and Information Section, Unicef Country Office (Nepal), to deliver her address. At the outset, Wing-sie expressed her sense of joy at seeing a good turnout of participants. NEFEJ had once again mobilised the required manpower in its characteristic manner, to discuss the pros and cons of sanitation and health in the country. UNICEF she said is one organisation that believes in the power of the media which can be effectively and judiciously utilised for social change. NEFEJ, as a forum for environmental journalists, is one supreme example of the media's power to bring social change, and lauded its environment conservation efforts.

She said that diseases like diarrhoea, measles, and severe malnutrition caused by inadequate sanitation, contaminated water and pollution, are completely preventable. They are no longer considered as threats to children's lives, in the first world. However, the death of 38,000 children each year in the Nepal due to diarrhoea and dehydration is a matter of shame.

The imperative is to empower families to protect their children from diarrhoeal death. People should be taught to inculcate the habit of washing hands with soap before eating and after defecation, and to practice personal hygiene. Families should be mobilised to build latrines at home to prevent flies and mosquitoes, which are potential carriers of parasites and bacteria.

She explained the three-tier strategy of the UNICEF-NEFEJ Alliance which consisted of district-level intervention to raise awareness about hygiene and sanitation among families and local governments, locals NGOs, and CDOs, supplemented by national advocacy through media feature services. The third strategic step was the Citizens' Report, which would embody the overall experience of the first two segments. She described this as a top-down and bottom-up approach, which was designed to make an accurate assessment of the actual state of U5 mortality within the matrix of the water, health and sanitation policies of the government. The Citizens' Report would eventually be utilised as an advocacy tool, for lobbying at all levels of the country's administration.

The material collected at the district interaction and sensitisation programmes would be of immense value since the select districts cover all the regions of the country by way of geographical representation. Such primary inputs would give the Citizens' Report a national perspective. She hoped that the forthcoming report would raise the issues of family hygiene and a safer environment for children in the Parliament, for constructive debate and deliberation.

Murari Shivakoti of NEFEJ, theProject Co-ordinator, said that nothing could be more primary and important than health. He said that towards the tag end of 1999, NEFEJ and UNICEF joined hands to place the issue of sanitation and hygiene on the national agenda. Not many donors, government agencies and NGOs seemed to be bothered by the issue. A multi-pronged approach was accordingly envisaged. It was decided then that at the end of the yearlong project, a Citizens' Report would be produced. Preceding that, it was thought of as important to sensitise the media and the public through a series of media feature services published in newspapers as well as record and catalogue the voices and opinion of the people from the 13 select districts where the Decentralised Planning for Child Programme was being jointly carried out by the UNICEF and the respective DDCs. The district meetings consisted of brainstorming sessions with the local stakeholders, including VDCs, DDCs, local NGOS, the field officers of UNICEF and other related persons. Till date, such meetings had been held in eight of the districts.

Shivakoti said that if the DDCs and VDCs could be inspired to allocate extra funds for sanitation and hygiene, it would serve as a brilliant example for the rest of the country to emulate. Field trips to Kavre and Kaski revealed that in some areas of these districts, the performance of the local residents were really exemplary. Over the months, the media persons are getting convinced that the economic loss to the nation due to lack of proper sanitation is tremendous. The feature services segment of the project had already brought out two issues. Sanitation Media Concern Groups comprising mostly of journalists had been formed in the districts covered so far, and the same would be done in the rest of the DPCP districts.

Bhairab Risal of NEFEJ, coordinator of the district interaction and sensitisation programme was the next to speak. He began by saying that the ninth Five-Year Plan contained the set target of enhancing sanitation coverage throughout the Kingdom to 40 per cent. Some donors had pledged to help HMG to realise the goal. Although it is not an ambitious goal, the progress made so far indicates that the planners are too distanced from the goal.

Sanitation Not a priority

His team found it an uphill task to convince the people in the districts that buying a cake of soap worth rupees ten was worth saving rupees fifty that would have to be be incurred on medicines. One of the oft asked question for which the NEFEJ team had no answer was "How can we maintain personal hygiene and good sanitary culture, and even use soap for washing when the basic ingredient water is not available." The field visits and interactions with the people revealed that sanitation and infant mortality issues had never been the prime concern of the government. In all the five-year plans till the seventh one in the row, the word ***Clean*** had never been mentioned in the context of drinking water.

In Humla, the local authority was not sure about the amount that could actually be spent on sanitation out of the annual budget. Seven percent of the drinking water budget was invested in sanitation. But the budget varies in different districts resulting in much confusion among the local authorities. He stressed on the point that 80 per cent of the diseases are water-borne. But the people do not seem to have a clear idea of cleanliness. Water might be clean at its source, but could get contaminated at the time of tapping and storing in domestic vessels. He cited an example from Dang district where the Deputy Chairman of the District Development Committee had discovered the outer surface of a water pitcher in his own home shining and clean, though its inside was unwashed.

Risal narrated a few instances of the people's positive sanitary attitude. The sanitation revolution initiated by the residents of Mohoriya Tole of Pokhara is to be experienced and seen to believe. The people have inculcated such a high level of civic sense that they discard their rubbish and waste in pits, which have been placed and maintained in all the public places. The entire locality has 40 households.

The only way in which the politicians can be made to notice the basic needs of the people is by denying them votes at the time of election. This calls for common consensus among the people.

The locals of Dadeldhura district unanimously resolved during the interaction programme, to pressurise their Member of Parliament to contribute 10 per cent of his discretionary fund to the sanitation fund. The local pressure has made the political leaders act in the direction of creating a clean and green environment in the district. Another exemplary decision made on the occasion was to sustain the sanitation campaign for a whole year instead of terminating it after a week.

Simple gifts given as incentives work like miracles in the villages. In Humla, the district administration

tries. In the beginning, the coverage of drinking water in Nepal was a mere 11 percent of the total population. Sanitation was not even accounted for since there were no parameters to measure the coverage of sanitation in the country.

At the end of the decade, the coverage of drinking water in Nepal had jumped to 37 percent while the sanitation coverage remained at 4 percent. *Hygiene for all and Sanitation for high-risk groups* was a popular slogan coinage of the times.

He said that the present sanitation coverage has been recorded at 25 percent while that of drinking water in terms of access to water taps, is about 67 percent. The ninth five-year plan envisages to enhance the sanitation coverage to 40 per cent and drinking water to 100 percent.

The speaker also pointed to the gap between sanitation and water, which called for extra initiatives to boost up sanitation activities. He defined Sanitation as a process and not the provisions alone. It connotes the process of providing latrines, promotion of hygiene, raising awareness about disease transmission and control, motivation of the people for proper use of latrines, and creation of an enabling sanitary environment. Unlike the easy use of drinking water, sanitation needs acceptance and positive attitude on the part of the people. He said that sanitation has always been accorded secondary importance compared to other development activities. In terms of funding, sanitation has been allocated only five to ten percent of the total budget.

Adhikary further defined sanitation as the collection and disposal of excreta and accumulated waste in a hygienic. He described sanitation as the first barrier to prevent disease afflictions on account of parasite and bacteria stemming out of human waste. Healthy sanitary practice controls the spread of disease by confining human waste in one spot, minimising the chances of human contact, and helps in destroying pathogens that produce diseases.

Illustrating his points with slides, the speaker described different categories of diseases caused by poor water quality and improper sanitation. Both quantity and quality of drinking water are important for human survival. While poor quality water is the breeding ground for various water-borne, water-washed, water-based, and insect-vector diseases, poor quantity can affect general life itself in adverse manners. Without adequate water, proper sanitary practices and personal hygiene cannot be expected. Many skin diseases and eye diseases like trachoma are results of inadequate water intake and use of contaminated water.

Sanitation also connotes the safe handling, transportation and distribution of drinking water, as well as periodical sanitary inspection of the water supply systems. It can also be interpreted as the promotion of skills and practices of community members for safe disposal of waste and excrement. The three components of sanitation, which are, waste disposal, hygienic behaviour and safe water are inseparable and important. Unsanitary situations lead to faecal contamination of ground water and multiple breeding of pathogens. For instance, worm infected diseases such as ascariasis (roundworm) and trichuriasis (whipworm); protozoal diseases like amoebic dysentery and giardiasis; bacterial diseases like cholera, typhoid, paratyphoid, bacillary dysentery and diarrhoea; and viral diseases like infectious hepatitis, poliomyelitis, and diarrhoeal diseases; are all caused by drinking contaminated water.

Sanitation, Child Mortality and Morbidity

Dr. Sharad Onta, the second speaker said that The World Health Report (WHO) reveals the fact that the health conditions of the people of Nepal are the poorest in the region, a situation that tells on the health of children.. Dr. Onta reminded the participants about the International Decade of Clean Water and Sanitation, which had also been observed in Nepal. Almost 300 million US Dollars was spent in Nepal during the decade for drinking water and sanitation.

The net result was not very encouraging. Barely a year after crossing the decade, there was an outbreak of cholera in 1991. Such epidemics were not unheard of in the past. Even today, people die of cholera. But the outbreak in 1991, soon after the completion of a decade long observance of clean drinking water and sanitation, sounded ironical.

At a time when we have been listening to the high sounding clichés and aphorisms of the new millennium, people living in the heart of a nation are suffering from cholera. The fact that Nepal is still not free from cholera clearly signifies the state of drinking water in the country.

Dr. Onta contended that Nepal is one of the few countries with the highest rate of child mortality. The infant mortality rate is 80 per 1000 live births while the U5 mortality rate is 125 per 1000 live births. One out of every twelve newborn does not celebrate its first birthday. Likewise, one in every eight children in Nepal does not live to witness his/her fifth birthday.

Diarrhoeal diseases and malnutrition are the two chief causes of child mortality in the country. Of the 3.5 million under-five children, every one of them suffers from diarrhoea at least 3 times in a year. Tabulating the financial implications, Dr. Onta requested the participants to calculate in terms of minimum two packets of electrolyte per patient on 10 million diarrhoeal episodes in a year. He illustrated his point with charts and statistics, and further informed that 35 percent of children aged between six months and two years suffer from diarrhoea in an interval of two weeks. Every year, 30,000 to 35,000 under five children die in Nepal due to diarrhoea. Diarrhoea does not always kill children. It also subjects them to severe malnutrition, stunting their growth and impairing their faculties.

Malnourished children are vulnerable to other killer diseases. Reading out the latest data on malnutrition, he said that 63 percent of under three children are suffering from chronic malnutrition. Interestingly, a survey in 1975 had shown 65 per cent of the Nepalese children suffering from chronic malnutrition.

Dr. Onta said that lack of clean drinking water and proper sanitation causes diarrhoea. Lack of awareness and tradition-bound attitude of the people cause all these in turn. He narrated an instance to drive home the point about the people's attitude. In a certain village in Udaypur District the daughters-in-law and the mothers-in-law did not share the same defecating premises. In such places, if defecating in toilets were made mandatory, each household would need three to four toilets.

The extent and coverage of piped water supply is being taken as an indicator of the availability of safe drinking water. This is a serious misnomer. For instance, almost 90 percent of the people living in Kathmandu have access to pipe water. But experiences have proved that the water supplied through the pipes is totally unsafe.

Dr. Onta said that for effective intervention, political commitment is a must. He cited the example of an advertisement in official newspapers that asks people to boil water before drinking. The advertisement is an indicator that the available water is not clean. The question is - *should the government ask the public to boil water or should it make arrangements to supply clean water to the people?*

The Citizens' Report must point out the lacunae of the governmental sector, and its failure to deal with the problem of diarrhoeal deaths of children due to unsafe water and lack of sanitation. The supply of electrolytes by the Health Ministry proves it further that the government is more interested in diagnosing and providing temporary relief, and not in preventing the problem for good.

Solid Waste Management vis-à-vis Sanitation and Hygiene

Following this presentation, Bhushan Tuladhar of Kathmandu Metropolitan Corporation, presented a brilliant paper on solid waste management. He said that the meeting was basically focusing on sanitation in the rural context since it is commonly believed that Nepal is a country of villages. This is true in the sense that only 15 per cent of the country's population live in the urban areas, perhaps the lowest in South Asia after Bhutan. But Nepal's urban-population growth rate is the biggest in the region. The major portion of the population growth is among the urban poor. Migration from rural areas to the urban areas is quite high.

He referred to a survey conducted four years ago, of some 4,000 households in all the urban areas including Kathmandu. Most of those who were interviewed during the survey accepted that solid waste was the major problem in urban management. He cited the garbage problem in the capital and the media coverage on the issue. Disposal of waste matter alone will not ensure sanitation. Dumping itself implies that the sanitary sanctity of a particular area of the city is impinged. The garbage which is dumped somewhere ultimately comes back to the people in various other ways.

Reasoning why Kathmandu's water is unsafe, he said that more than 50 percent of water supplied in the capital comprise of ground water. According to WHO standards, and on the basis of previous surveys, only two per cent of the water is really safe and 98 percent is contaminated. The major source of contamination is sewerage waste and garbage, which are dumped wherever it is convenient.

There are only two options to handle waste, either reduce the quantity of waste, or reduce its impact. The first option implies toning down the production of waste, while the second one call for incineration of hazardous waste, or resort to safe disposal. But safe disposal of waste is very difficult because of inter-linkages with the environment. When the accumulated waste is disposed off, it gives rise to various diseases . At the same time, if the collected waste could be turned into agricultural resource such as bio-manure, a country like Nepal, whose only strength is its agronomy, will immensely benefit. In this respect, waste by itself is not the problem. Developing the correct perspective about waste management and a collective consensus to turn waste into resource is the real challenge.

He stressed on the point that around 100 lorry-loads of garbage are dumped on the banks of river Bagmati everyday. This is a wrong method of waste management adopted by the KMC. Resultantly, the underground water gets contaminated due to seepage from the garbage. He also pointed at the garbage heaped in the vicinity of the Tribhuvan International Airport, imperilling air safety. The media should highlight the issue of sanitary hazards caused by careless dumping of waste.

In a country of enlightened and determined citizens miracles are possible. He gave the example of Surat, an Indian city. Once gripped by plague, the Surat has now become one of the most beautiful cities in India. It just took two years for this to happen. The credit goes entirely to the people who cleaned the city and pressurised the local government to help in their efforts.

Tuladhar said that the Citizens' Report should be able to mobilise the citizens to join a massive cleanup campaign. Bhaktapur is an example of successful handling of solid waste. He confirmed that the KMC is spending around 75 percent of its budget on solid waste and sewerage management.

The ninth Five-Year Plan clearly states that solid waste should be recycled at the local level, and the community and private sector should be involved in the task of solid waste management. Tuladha pointed out that till date, there have been no programme on solid waste management. The Local Governance Act does not talk about garbage management.

Nothing could be more erroneous than the selection of the Bagmati riverbank in the vicinity of Pashupati as the new dumping site. When tons of garbage are dumped into the river, the entire ecosystem gets ruptured.

The government's decision to increase tax on glass separated from solid waste has discouraged segregation. Glass and plastic dumped together in waste matter, discourages the people from making compost. Because of this, Bhaktapur has not been able to turn all its waste into compost, and hence releases certain portion of its waste into the nearby Hanumante River. This is a classic example of lopsided policy making.

Tuladhar mentioned that around 70 percent of Kathmandu's waste is organic compared to 88 percent of Bhaktapur. Since the toxic content in the waste is small and negligible, it is easy to handle, provided the government comes out with appropriate policies.

The rural sector is doing relatively better by transforming waste into fertiliser, which is the best recourse in waste management. Turning organic waste into organic fertiliser is the best solution and the only bulwark against the extensive use of chemical fertilisers, which is eventually detrimental to agriculture. The private sector should be encouraged to take up this work. This way, the cost of waste management can be reduced from the current 100 million rupees to 20 million rupees.

Integrated and Coordinated Approach

The last speaker was Hans Spruijt from UNICEF who made his presentation on "An Integrated and Coordinated Strategy to Address the Problem of Sanitation and Health."

After distributing handouts to the participants, he said that he would try to link the two important factors of his subject, integration and co-ordination. Water Supply, Sanitation and hygiene can never be viewed as different issues. Yet in certain respects, methods can be adopted to ensure sanitation even in the absence of water. The process of integration was basically twofold. Firstly it connoted the integration of water supply, sanitation and hygiene as a whole, and secondly that of multi-sector issues of sanitation. Poor sanitation impacts not only health, but also every human activity and endeavour spanning education, nutrition, women, environment, economic development, tourism and overall development of the nation. The basic problem is in not having an

integrated system of educating the illiterate masses about the need for sanitation and hygiene. This should have been interwoven with the curricula followed in all the schools, so that at least those who attend schools would have inculcated good sanitary and hygiene habits right from their early years. The subject matter of sanitation and hygiene should also be incorporated into the non-formal education programme. Women too should be brought into the mainstream of development to help in addressing the problem of sanitation and health.

Past experiences have taught that provision of water supply alone is not the ultimate panacea to address the problem of sanitation. Despite adequate water supply in many places, water borne, water based, and water washed diseases continue to prevail and take a toll of human lives. The state of sanitation and hygiene can improve only with improved water supply. The Department of Water and Sanitation is not to be blamed entirely for the poor sanitation and water supply in the country. The departments of education, environment, the women's groups and so many organisations are equally responsible. An integrated approach is demanded in order to make the people aware of the link between water, sanitation and health. Of the 12 findings on the action agenda embodied in the State of Sanitation Report 1999/2000, eight emphasised the need for co-ordination and integration. The speaker categorically explained the 12 findings:

1. Broad-base sanitation strategy.
2. Launch campaigns.
3. Set public and personal examples.
4. Improve sanitary facilities in public places.
5. Build and enhance the capacity of local government, and community organisations.
6. Provide incentives for private sector participation.
7. Link latrine installation with credit groups.
8. Review National Sanitation Policy.
9. Ensure separate budget allocation for sanitation at the level of HMG, DDCs and VDCs.
10. Effect co-ordination at all levels.
11. Prepare District Profiles on Sanitation.
12. Prepare environmental Status Reports.

The role of the private sector in this regard is crucial. He cited the example of Bangladesh where, the private sector has produced excellent results. More than 40 percent of the people have learnt to use toilets. He said that all the existing networks ranging from the central level to the grassroots level should function in an integrated manner. The role of the media is equally important for wider dissemination. All the stakeholders in Nepal at the National, the District and the Village levels should be brought together to work in close collaboration.

Several NGOs have mushroomed in the past few years, workin in the areas of education, health, and environment. But almost none of these have attempted to relate their work with sanitation. Such NGOs could be tapped to follow an integrated approach, making sanitation the fulcrum of their activities.

Dwelling on the role of the National Sanitation Action Steering Committee, he informed the participants that the Committee was the central networking agency bringing together various stakeholders. It also produced the State of Sanitation Report of the country, and organised sanitation campaigns, sanitation weeks at the National level, besides social mobilisation and advocacy programmes. He requested the participants not to confuse this Committee with the Inter-Ministerial Sanitation Co-ordination Committee.

There are a wide array of stakeholders at the district level, such as the DWSO, DWSS, DDCs, VDCs, Community Organisations, School Sanitation Committees, Municipalities and other line agencies. All these bodies should be brought together to work in a well-coordinated manner, the activities of each body complimenting hat of the other.

Networking at the National level to integrate the grassroots level communities and the district level bodies is performed by the National Sanitation Action Steering Committee. It forms the District Steering Committees, and network of local chapters within line agencies, like DWSS, DWSOs, Nepal Red Cross, Nepal Junior Red Cross Society, NAVIN and so on. He mentioned that NAVIN, which is a network of VDCs, could play a pivotal role as Coordinator. He described the first process of networking as Vertical networking which followed the top-down and bottom-up approach. The networking at the local level among the local bodies was described by the speaker as Horizontal Networking.

A planned communication strategy is inevitable for the success of the programme, which demands capacious and wide dissemination. Till now, the technical aspects of the programme drew the entire attention, and hence information sharing was not focused upon adequately. Information dissemination activities, clarity of messages, and the target audiences should be regarded as one of the basic imperatives to ensure wholesale co-operation and participation of the people.

The speaker stressed on inter-sectoral and expanded training programmes. He drew an instance of extensive sanitation programmes designed for teachers, or such other professionals, while explaining about inter-sectoral training. The expanded training connoted extension of the training programmes from the existing training areas to the neighbouring VDCs.

The people are hesitant and ambivalent about preventive measures like construction of latrines. They would rather send their children to schools with that money. It is therefore important to initiate community credit programmes for sanitation and water. This includes production of credit by rural women (PCRW), small farmer development programme (SFDP), and participatory district development programme/local governance programme (PDDP/LGP), NGO launched credit and savings programmes, and local trust funds.

All these still leave a few residual questions for which answers must be sought:

1. What are the role model functions of the Central Level and how to reach this?
2. Is the five-year plan a good basis for the Joint Action Plan, and what else could be added to make the plan comprehensive and capacious?
3. What are the gaps that need to be addressed in order to effect better coordination and integration, both at the national and the local levels?

Views From the Floor

Following these presentations, Suman Basnet read out two questions posed by Dr. Tenzin, which was taken, as the basis for a fruitful interactive session. The questions were:

1. What might be the best method to inculcate positive change in the people's attitude?
2. What could be the best way to sensitise the government and the entire nation on the problemof child mortality vis-a-vis sanitation?

The first person to speak in this session was Dr. Mathura Shrestha from the Primary Health and Resource Centre. He was critical about the paradigms adopted by global organisations, which lacked a much needed holistic approach in addressing social issues, owing to which the envisaged targets of providing water for all by 1990 and health for all by 2000 could not be realised so far.

He said that the Citizens' Report should dwell on this area and suggest remedial measures instead of resorting to mere rhetorics. Technicalities and intricacies of plans and policies are of the least interest to the people. What they need is a patient sympathetic understanding of their socio-economic state and practical help. He added that policy paradigms are definitely essential, but unfortunately most of these paradigms contain more inputs of the policy makers from their own standpoint rather than from the people.

Dr. Shrestha also dwelt on the *growing dependency syndrome* among the Nepalese people. Nothing seems to function without the aids doled out by global agencies. Even the government is mostly run with foreign aid.

Apart from the poor commitment of the government, he also blamed the technocrats and experts of the country for allowing the politicians to manoeuvre them. Politics should not be allowed to monopolise and desecrate social institutions. Politics should be handed back to the people. At the end, he exhorted that the Citizens' Report should not be prescriptive, but development-oriented.

Lajana Manandhar of Lumanti said that the initiatives taken by the UNICEF and NEFEJ deserves appreciation. Instead of looking only at the seamy side of things, it might be worth much more recounting the positive aspects of the UNICEF-NEFEJ alliance.

She said that the Citizens' Report is a document of the people and therefore it ought to critically assess the performance of the government. It should have as many investigative cases as possible, she said. She further added that the case studies based on urban areas should also be included in the report. She highlighted a recent

incident at Patan's Alkohity where bloody water had oozed out of a stone tap used by generations of people.

The reason that led to this incident was the existence of two bone-mills in the area since the last 25 years. Despite repeated efforts, the bone mills could not be shifted elsewhere. This only reveals the lacklustre attitude of the government towards social issues. The local people of the affected area were ultimately forced to take to the streets. The factory does not only contaminate the stone-taps but also pollutes the surrounding areas by directly discharging their effluents into the sewerage system.

Manandhar mentioned that her organisation is preparing a Citizens' Report on Civil Society's Participation, based on reports from Butwal and Lalitpur. The report will address nine issues including transparency, rule of law, gender, among others. Perhaps NEFEJ could take some cues from this while preparing its Citizens' Report. She said that the Citizens' Report should provoke the conscience of the rulers and the people. Endorsing the views of Bhushan Tuladhar, Manandhar said that it is time for the citizens to act and react.

Animal Waste

Dr. Achyut Bhattarai of Teku Hospital pointed at the difference between urban and rural waste. Referring to the latter type, he said that animal waste has been left outside the ambit of waste. People only refer to human excreta while ignoring animal faeces, which are equally and potentially harmful. He said that the citizens' report should focus on the hazards caused by animal waste too. This has not figured in any other report so far.

A recently concluded study revealed how the droppings of crows endanger the people in Kathmandu. Animal waste causes more serious threat in the rural areas. The excreta of cows, buffaloes and other domesticated birds and animals are always found near the kitchen premises in most of the rural households.

Talking about health hazards from water, he said it is not only drinking water that causes it. Open drainage and the chemicals found in water are equally potential threats to life. For instance, arsenic poisoning has become a big issue in Bangladesh.

He raised an important issue concerning toilets. Kathmandu has so many public and institutional toilets, but to what avail? Constructing toilets either to be abused or never to be used is another problem. Toilets should be made sustainable from the utility and maintenance point of view.

Before undertaking the construction of toilets, the capacity of the community to sustain these should be well assessed. He cited the example of the institutional toilets in the Ministry of Health, which are perennially filthy and ill maintained. When he inquired about the state of affairs, the laconic answer was that there was no budget for cleaning them.

Regional Traits

Risikesh Deep, a freelance journalist, said that he represented an NGO working on environment and child-related issues. His organisation runs a program "Let's remain clean and healthy" aired by Radio Nepal, with support given by UNICEF. The programme requires regular field visits to the rural areas to collect the voices of the people. During one such trip to Dadeldhura, he was surprised to find that the locals kept their toilets locked, ostensibly to ensure their cleanliness.

In another instance, some of the locals of Taulihawa in Kapilvastu District fed their children with goat milk only after performing a ritual of dipping rusted needles in the milk. One of the VDCs in Siraha district inhabited by nearly 3000 people had only four toilets. They have a tradition of placing the toilets at a considerable distance from their living quarters causing much inconvenience. The reason being that whoever constructs toilets near the house gets taunted by the community for *defecating in the house.*

Socio-Cultural Factors

Endorsing Dr. Bhattarai's view that building toilets alone is not sufficient, Dr. Mathura Shrestha quoted an example of atoilet building campaign initiated by a village head in Humla in 1980. The locals had even worked out a system of levying fine on those who did not have toilets. This campaign ensured at least one toilet in every household. But as soon as the people built their toilets, the village was gripped by an epidemic of gastro-enteritis. This was because they had constructed their toilets over their drainage system, which resulted in contamination of their drinking water. Thus, it is important to look into the various ancillary factors while constructing toilets. Appropriate technology should be applied to suit the geography and culture of different localities. He said that pit latrines are not appropriate for mountainous terrain because digging down at least seven feet deep is not feasible in such areas.

Dr. Arjun Karki of B and B Hospital opined that experts should be given more time to make suggestions

and comments before preparing the final report. He said that the health sector had always been caught in a dilemma whether to adopt a holistic approach in dealing with health issues or to treat each individual case separately. The child mortality rate due to diarrhoeal diseases is certainly alarming, but equally alarming is the impact of Acute Respiratory Infections on infant health.

Lakshaman Rajbhandari of GTZ, UDLE, inquired about the previous reports on sanitation and hygiene. He said that the Citizens' Report must investigate whether the recommendations in those reports had been implemented

Shirking Responsibilities

Drona Koirala of CARE NEPAL referred to what Dr. Sharad Onta had earlier said regarding the government's notice urging people to boil and drink water. The notice is proof of the fact that the government is shirking from its responsibilities towards the people. The Citizens' Report should pinpoint that clean drinking water is the right of every citizen and not the prerogative of any elite group or individual.

Raj Babu Shrestha of RWSS/FDB said that the report should try to gauge the level of commitment of not only the politicians but also the public, to the successful implementation of the water, sanitation and health programme. The ultimate change will have to be brought about by the people themselves.

Exemplifying the maxim that charity begins at home, he said that if the participants are convinced at the end of the meeting that the use of plastic bags is harmful to the environment, they should be able to desist from using them, and persuade their families to follow suit. People must be taught about their role in waste management. Any waste can be burnt and reduced to ashes immediately, thus reducing the waste at its generating point.

Bharat Raj Pokhrel, rapporteur for the district interaction programme, said that while the government is exhorting people to boil water before drinking and the Non Government Sectors are engrossed in preparing reports, children are dying in thousands. He charged that the Municipalities across the Kingdom have absolutely failed in implementing the programme of sanitation and hygiene. There are places where very good toilets are used for storing grains. The comparatively inferior ones are used either to store firewood, or as pigs' shed. In Nawalparasi, he said, people broke street lamps in order to escape from being discovered defecating in the open on the roadsides.

In Kapilvastu the local residents defecated in lavatories meant only for the purpose of urinating. The mayor was hamstrung and at a loss since the residents did not heed his words. In sharp contrast to this, in some of the villages in the vicinity of Kapilvastu, the villagers strictly adhered to sanitation and hygiene norms. In these villages, anyone found defecating on the road is fined one hundred rupees. Kapilvastu, where the women can afford saris worth a thousand rupees each, yet prefer to defecate on the roadside, serves as a classic example of stubborn unsanitary attitude of the people.

Municipality Criteria

The basic criteria for the formation of a municipality should not be the size of the population alone. Sanitation and hygiene should be made the fundamental mandate of any municipality. The other criteria can be availability of waste disposal sites.

At this point, Navin Singh Khadka representing The Rising Nepal asked since when was UNICEF involved with sanitation and health in the country. He asked why was UNICEF seeking to prepare yet another report on sanitation and hygiene. If there are already many reports on sanitation, where was the need for a new report to be prepared instead of implementing them?

Responding to the queries and observations from the floor, Wing-sie of UNICEF said that she had discerned a great deal of cynicism from the floor, which she thought was a good sign, because it reflected a deep concern about the state of sanitation and health in the country.

The Citizens' Report is not for the UNICEF, but for the people of the country. UNICEF has been actively functioning in Nepal since 30 years, supporting the cause of water, sanitation and overall welfare of the children.

She said that the entire Citizens' Report is about the public health implications of sanitation and water. This aspect has not received any attention so far. A much-needed integration of efforts has been missing all through these years. For instance, the other reports contain lot of statistics about oral rehydration through Jeevan Jal. The Citizens' Report will prove that Jeevan Jal is not the answer to diarrhoeal deaths of children. It reverts the entire issue to its source where bacteria and pathogens polluting the environment are responsible for the deaths. She visualised a perspective emerging from the discussions, which would have to be carried to the policy makers

through the Citizens' Report. One of the many tasks undertaken by UNICEF over the past three decades has been finding ways to prevent the unwarranted death of children below five years.

The present state of affairs in the country is such that every department or individuals responsible to the people in one way or the other seem to be drifting away in their own chosen directions. The Citizens' Report will vouchsafe a new trend of integration and co-operation at all levels, whether it is about management of waste, or classification of waste as human and animal excreta, or advocating the cause of infant mortality. Any discussion on waste management, sanitation and water becomes meaningless if we cannot link them to the health of our children.

Leadership

Wing-sie explained why UNICEF chose NEFEJ to prepare the Citizens' Report. She said that the forum is one organisation that has shown a great deal of result. And UNICEF is as concerned as any of the participants to see positive results. But a lot of it also boils down to leadership and the government. It is not UNICEF or NEFEJ, which leads the country and formulates the policies.

Talking about attitudinal change among the people, the policy-makers will have to be convinced through the recommendations, to address the human aspect of sanitation through proper communication and information network. Information is direly lacking in this country. Creation of demand for this is really a big challenge. But there are ways and means to do so. For instance, at the time of women's meetings in the rural areas when women discuss savings and credit, the subject matter of hygiene and sanitation can be tactfully broached to arouse interest and keenness in them. Women should be drawn out from their homes to participate in development programmes.

Commenting on the media's role, she said, that there is no substitute for consistent and regular news coverage and media highlights of these issues.

Another meeting would have to be convened when the report is in the process of its finalisation, in order to draw the collective wisdom and recommendations from the participants. The Citizens' Report should not end up with a lot of ostentation and show without any action. It should be taken to the parliamentarians and debated in the Parliament.

Implementation

Lakshaman Adhikary, a journalist with Aajako Samacharpatra, a Nepali Daily said that the report should be prepared according to the needs of the various target groups. There cannot be a general standard to cover all the regions. For instance, the tap water in Humla is qualitatively better than that of Kathmandu. Adhikary also suggested that the agencies that would be entrusted with the task of implementing the recommendations of the Report should also be drawn into the final discussion in order to ensure full implementation.

Following this, Suman Basnet thanked all the participants. He said that NEFEJ would meet some of them in person or in small groups at a later stage to complete the discussions on some of the pending issues. All the participants would be once again invited to a final brainstorming session on the draft report, and thereby gain further inputs to enrich the contents of the Report. He also asked the participants to feel free to contact NEFEJ if any of them felt the need to do so.

ANNEX

3

Media Feature Service

The Media Feature Service segment of the programme was successfully carried out with the publication of six feature bulletins covering major aspects of sanitation, health and hygiene. The avalanche of articles–running into hundreds–on the theme, which were featured in all the leading newspapers of the country, testifies to the positive impact made by the district interaction programmes and the feature bulletins. The heightened interest in these issues that the publication of feature articles produced has continued with newspapers and radio stations now much more likely to cover these issues.