

Community Participation & Ownership of Sanitation and Hygiene in Western Nepal

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Thesis, Autumn 2011

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Degree Programme in Social Services

Bachelor of Social Services (UAS) +

Focus on Community Development Work

ABSTRACT

Sudip Joshi. Community Ownership of Sanitation and Hygiene in Western Nepal.
Language: English. Jarvenpaa, Autumn 2011, 114 p.

Diaconia University of Applied Sciences, Diak South, Jarvenpaa Unit, Degree Programme in Social Services.

The study specifically intends to assess the situation of community ownership of sanitation and hygiene in rural communities of Western Nepal through a community development perspective. It also appraises the Rural Water Supply and Sanitation Project in Western Nepal (RWSSP-WN) approach to improve the access of Western Nepal's rural inhabitants to sanitation and hygiene. The research points out the core processes and insights on the community participation, community ownership, sustainability and local challenges in relation to rural Western Nepal.

The research was undertaken in a descriptive and qualitative framework. The researcher used 'data triangulation', a process of collecting data by using more than two methods. Relevant secondary data was obtained from documentations, information on the internet, project records, and other published sources of major stakeholders in sanitation sector. For primary data collection semi structured interviews, participant direct observation of the target communities and focus group discussions were undertaken in the RWSSP-WN intervention villages.

The findings suggest that the whole planning discourse of sanitation and hygiene activities in Western Nepal represent a strong engagement of communities in the implementation of sanitation and hygiene activities. The social planning involved in the pre-planning and planning phase of RWSSP-WN WASH program resonates the idea of social planning with the assessment of the community needs and problems in a participatory manner. Meanwhile, the collective community action, community development work, community based organizations and sustainability of the sanitation & hygiene activities consolidate the invaluable community ownership. The whole discourse has also been socially inclusive of marginalized groups and exemplary of women participation.

This study confirms that the local patterns, structures and activities relating to sanitation and hygiene activities in Western Nepal have the authority and scope to enforce downward accountability and community ownership of overall sanitation and hygiene program. RWSSP-WN has also laid foundation stones for decentralization process of sector-wide water supply, sanitation and hygiene program implementation in Western Nepal.

Key words: Marginalization, Sanitation, CLTBCHS, and Community Ownership.

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ACRONYMS/ABBREVIATION

CHSAC	Community Health and Sanitation Action Committee
CLTBCSH	Community Led Total Behavioural Change in Sanitation and Hygiene
DDC	District Development Committee
DoLIDAR	Department of Local Infrastructure Development and Agriculture Road
DTO	District Technical Office
DWASHCC	District WASH Coordination Committee
GoN	Government of Nepal
GoF	Government of Finland
I/NGO	International/Non-governmental Organization
IPRA	Ignition Participatory Rural Appraisal
MLD	Ministry of Local Development
SP	Service Provider
TBC	Total Behavioural Change
VDC	Village Development Committee
VWASHCC	Village WASH Coordination Committee
WASH	Water Supply, Sanitation and Hygiene
WUSC	Water Users and Sanitation Committee

1 INTRODUCTION

The world is plagued by burgeoning lists and posits of problems and deprivations across all major frontiers. Conventionally, it has been a plausible fact that of such global concerns, the alarming issues threatening the human survival, people's access to basic human needs, and the rudimentary tenets of human and socio-economic development are at weaker fringe in the Global South (developing countries). Among many other things comprehended in the Global South, poor sanitation is one of the key issues that have not only jeopardised human survival and well-being but also socio-economic development of the developing countries. Sanitation related diseases account for the highest death tolls across the planet, which includes all the population demography, especially the children more vulnerable. Furthermore, poor sanitation is more than morbidity and mortality correlation- people die, suffer from poor health, and spend money and time on recovering from the diseases, which also lead to impoverishment and diminished opportunities for thousands more. Simultaneously, a huge portion of a country's health care spending is absorbed by such easily preventable sanitation related diseases. As such, failure to address and finance sanitation is costing a notable portion of GDP of the countries in the Global South. However, sanitation remains the topic of least discussion and concern in the development and political discourse- nationally in the developing countries and also in the international platforms.

The dynamics of the problem is further exacerbated relating to the 70 percent of poor people in the world who live in rural areas and therefore the biggest beneficiaries of the problem. Meanwhile, the development aid aimed to curb the problem has been largely absorbed in the macro level structures of the developing countries and at the same time, which is centralized in the urban scope. The situation of people's access to

sanitation in rural areas is a complex issue that is influenced by many factors; the most common being lack of awareness, inadequate capital investment (both from the household and national government level cum donors), poverty and insufficient income, weak public policies combined with poor implementation, limited communication networks and media penetration, marginalized communities and structures, lack of community empowerment and vulnerability. Meanwhile, approaches and degrees of dedication to promoting rural sanitation have varied along with the shifting emphasis of the debate and with mixed results. Throughout the history of development aid, rural sanitation or sanitation as a whole did not attract high priority from the international donor community or the national governments in the Global South compared to other traditional development agendas that received most of the attention and resources. Conversely, sanitation including a greater focus on rural areas and with community participation approaches, are now gradually regaining their status as focal points of development and the importance of provision of sanitation in rural areas has also been widely recognized.

Understanding such greatness of the ‘sanitation’ globally, its severe impact on the socio-economic development and people’s quality of life in any developing country, the researcher was motivated to undertake this study on ‘Community ownership of sanitation and hygiene in Western Nepal’ as Bachelor’s thesis for his university. The researcher is a native of Nepal and hence, his specific country focus on Nepal, which is also one of the poorest countries in the globe, is very natural. Another reason behind the streamlined focus on Nepal derived from the fact that Finland has been supporting the ‘Rural Water Supply and Sanitation’ sector in Nepal through bilateral assistance programme since 1989. The researcher also did his study internship in a bilateral assistance programme of similar kind namely; Rural Water Supply and Sanitation Project in Western Nepal (RWSSP-WN), during Sep 2010- Jan 2011. The present study provides an overview of the RWSSP-WN approach to improve the access of Western Nepal’s rural inhabitants to sanitation and hygiene. And most importantly reflects upon local community participation, ownership and sustainability of the activities related to sanitation and hygiene in the target communities of RWSSP-WN. The research also points out the core processes and insights on the community

governance and analysis on lesson learnt in the rural sanitation and hygiene sector of Nepal. The study specifically intends to assess the situation of community ownership of sanitation and hygiene in rural communities of Western Nepal through a community development perspective.

1.1 Rationale of the research

Four key research questions were formulated in finding answers to the topic of study:

1. To what extent is the local communities' participation reflected in the planning of the sanitation and hygiene interventions and how does it influence the sanitation and hygiene activities?
2. Who owns, has access and control over the design, implementation, outcome and resources of on-going or completed intervention? How do the communities intend to make their sanitation and hygiene activities sustainable?
3. What are the local resistance and loopholes that can impede the full achievement of on-going activities?

The significance of this study lies in the applicability of its findings and recommendations not only for the broader context of Nepal but also relevant to other sanitation projects and development activities in the Global South. The focus based on community development equally adds a resource value to Diaconia University of Applied Sciences (DIAK) and to RWSSP-WN.

1.2 The sanitation havoc

Sanitation is the foundation of health, dignity and development. Access to sanitation is also recognized as a basic right of the citizen. Despite this fact, the state of sanitation in the world is gloomy. Still 39% of the global population do not have access to improved sanitation (toilet) facilities; 72% of them live in Asia. Significant disparities exist between urban and rural coverage, which continue to the burden of life in rural areas. The urgency for action in the sanitation sector is obvious considering the fact that almost fifty per cent of the developing world's population – 2.6 billion people – lack improved sanitation facilities, over 884 million people still use unsafe drinking water sources, and the 2.2 million annual deaths (mostly children under the age of 5) caused mainly by sanitation-related diseases and poor hygienic conditions. In Nepal alone 12,700 children under the age of five die annually due to sanitation related diseases. (UNICEF 2011.)

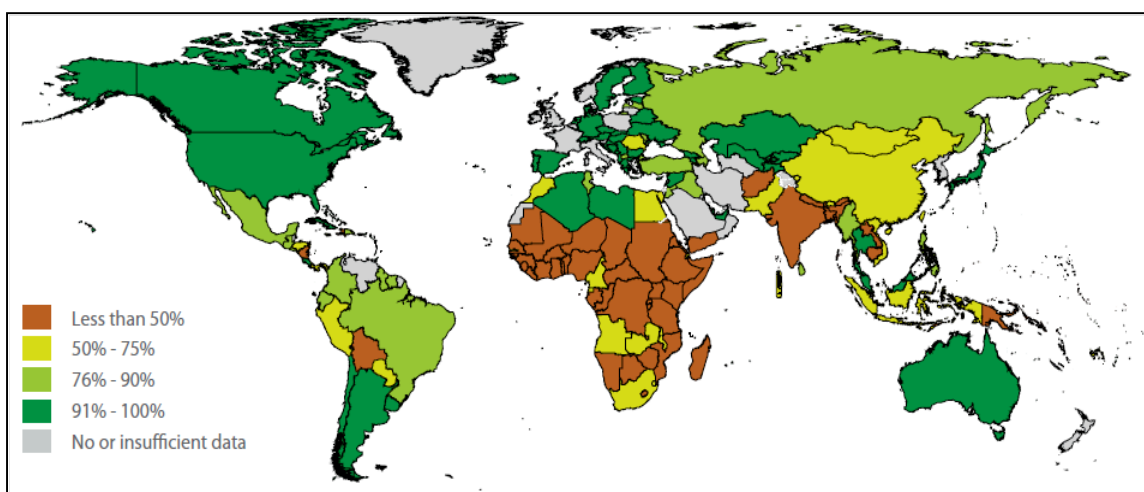


FIGURE 2: Total population access to sanitation (UNICEF 2011).

Clearly, large part of the global population suffers from lack of adequate sanitation and good hygienic practices. Poor sanitation, water and hygiene have many other serious repercussions. Children – and particularly girls – are denied their right to education because their schools lack private and decent sanitation facilities. Women are forced to spend large parts of their day fetching water. Poor farmers and wage

earners are less productive due to illness, health systems are overwhelmed and national economies suffer. The opportunities people have to engage themselves in activities that could help them overcome poverty are diminished and their well-being is also shattered. Therefore, without properly addressing WASH (Water Supply, Sanitation and Hygiene) issues sustainable development is impossible. It is therefore an evident that access to sanitation and water not only improve quality of life, but also bring tangible health, environmental and economic benefits, contribute poverty reduction and well being of the people. (UNICEF 2011.)

1.3 Global sanitation commitments

The United Nations, during the Millennium Summit in New York in September 2000 brought together state leaders from 168 member states taking up the commitments to a new global partnership to achieve poverty eradication and sustainable development. The summit set out a series of time bound targets- with deadline 2015- that became known as the Millennium Development Goals (MDGs). Amongst the seven major MDGs, the MDG7 on Environmental Sustainability targeted to halve the proportion of people without safe drinking water and basic sanitation by 2015. Originally, target 7C referred to drinking water only. Sanitation was added at the Johannesburg World Summit on Sustainable Development in 2002. (Matz, Blankwaardt and Ibrahim-Huber 2010, 25.)

Nonetheless, the concerns of water and sanitation have not been adhered with promptness as aspired in the MDGs. The Joint Monitoring Programme report of World Health Organization/United Nations Children's Fund in March 2010 confirms that the progress in relation to access to basic sanitation is insufficient to achieve the MDG target. The data in the report showed that the world is not on track to meet the MDG sanitation target: 2.6 billion people still lack access to improved sanitation, including 1.1 billion who practice open defecation. But, the world is on track to meet

the MDG drinking-water target. However, 883 million people do not use an improved source of drinking water. (JMP 2011.)

The reasons for this grotesque situation are numerous. A major issue is the fact that sanitation rarely receives the required attention and priority by politicians, civil society and general public alike despite its key importance for a society. Political will has been largely lacking when it comes to placing sanitation high on the international and national development agenda. This has pushed sanitation into the shadows of water supply projects for example, and limited innovation in the sector. (SuSanA 2011.)

The HRH the prince of Orange, who is also the chair of UN Secretary-General's Advisory Board on Water and Sanitation in his opening at the 26th meeting, said,

Certainly, it is difficult to expand sanitation services in pace with rapid population growth. However, the experts all agree on a fundamental reason – decision makers are reluctant to speak publicly about sanitation and, as long as sanitation is stigmatized, the crisis will continue. We urgently need public education, targeted policy and, above all, the political will to tackle this challenge. (Missing Toilets for 2.6 Billion 2011.)

Nonetheless, the steps undertaken nationally and globally to address the sanitation challenges are very significant and despite the slow pace changes are occurring. It is equally impossible to imagine the width of graveness there would be without the existing efforts in every national or global level. In the recent years, the focus of project implementation in WASH (Water Supply, Sanitation and Hygiene) sector through bottom-up approach has been a new normal. Across many developing countries the national and/or international actors have framed interventions in the WASH sector prioritizing the importance of meaningful community participation and inclusive engagement of target communities for the long-term sustainability of their projects. And interestingly, this approach has received growing popularity and seems to be very effective in the target communities.

1.4 Nepal in a nutshell

Nepal is a landlocked country sandwiched between India and China with an estimated population of 29 million, a number that is increasing rapidly at a rate of 1.4% annually. It is an agrarian country with about 85% of its population living in rural areas. And, the country is characterized by small landholdings, rapid population growth, deep-rooted socio-political marginalization and a fragile ecology, which makes poverty chronic and vicious in many parts of Nepal. (Country Profile 2011.)

The decade long civil conflict, which ended in 2006, has undermined some of the progresses made in the social sectors and now presents the major obstacle for human development. The conflict has caused loss of lives (13,250), adversely affected rural livelihoods, caused out-migration, and destroyed local infrastructure and local governments. Ineffective governance, inefficient administration and inadequate service delivery system stem directly from weak institutions' sharp limitations in capacity to monitor and evaluate the performance, this holds specifically true in Water Supply, Sanitation and Hygiene (WASH) sector. Poverty, inequality, social and political exclusion, discrimination, lack of rule of law and corruption has augmented the frustrations of people and are the backdrop of the decade long civil conflict and are still serious challenges to peace and prosperity in Nepal. However, in recent times, the country is in its transition to write a new constitution, which shall define the long-term stability and sustainable peace. (Nepal Country Assessment 2009, 8-12.)

The country sprawls in an area of 147, 182 sq. kms and its elevation varies from 300 m above the sea level in South to the Mt. Everest (8848m) with rugged topography in the North. From the lowland of country's Terai belt, landforms rise in consecutive hill and mountain ranges, including the Himalayas, ultimately reaching the Tibetan Plateau beyond the Inner Himalayas. The valleys situated between mountain ranges punctuate this rise in elevation. Based on these geographic dimensions, Nepal is divided into three physiographic areas; the Mountain Region, the Hill Region, and the Terai Region. All three parallel each other, from east to west, which is occasionally

bisected by the country's river systems. These ecological regions were divided by the government into development sectors within the framework of regional development planning. (Country Profile 2011.)

Administratively, Nepal consists of 14 zones and 75 districts, which are grouped into 5 development regions; Eastern, Central, Western, Mid-Western and Far- Western. The districts are further devolved into 58 Municipalities (urban areas) and 3915 rural Village Development Committees (VDCs). Each village is further sub-divided into 9 wards. To summarize, the local governance of Nepal is represented through the District Development Committees (DDCs) in the district level and through the VDCs in the village level. (Country Profile 2011.)



FIGURE 2: Administrative map of Nepal (One world nations online 2011).

DDC is the first tier of the sub-national government (or local bodies) of Nepal. These are the frontier institutions in the process of decentralization. Legally VDCs fall under the jurisdiction of DDCs but they are statutory independent entities according to the Local Self-Governance Act 1999. Despite this fact, VDCs are under direct control of DDCs from the resource coordination and oversight point of view. The reason behind

VDC not being able to fully utilize their power arises from their weak institutional capacity. Therefore, many development activities in rural areas are either done through DDCs or directly donor supported NGOs. All the local bodies (VDCs/DDCs) in the country are running without locally elected officials for last ten years. (Inception Report 2008, 4.)

1.5 Socio- economic backdrop of Nepal

Nepal unambiguously is a land of contrasts; the people living in it, the culture and the nature. The extravaganza identity of Nepal personified by the extraordinary beauty and boastful historic past is only one side of the coin; the other is the undeniable persistent deep-rooted poverty, underdevelopment and disheartening indices of human and economic development. According to UN Human Development Index, Nepal ranks 138 out of 177 countries. Per capita income is about 562 USD with many human development indices showing bleak quality of life. Poverty in Nepal is deep and widespread with about 24% of the population living below the poverty line. Meanwhile, the high Ginni Coefficient of Nepal (41.4) indicates the inequality between the rich and poor or non-uniform distribution of income. (Central Bureau of Statistics 2011.)

Similarly, Nepal's Gender- related Development Index value is 98.6% of its HDI value, which is notably high. These figures exhibit the inequalities in achievement between women and men. (Central Bureau of Statistics 2011.) The unequal gender relations stem from traditional socio-cultural structures that define the formal and informal rules for women's participation in relation to opportunity, decision-making, access to resources, and control over them. Despite the new legislation for 33% reservation of women in politics and bureaucracy, they are still side lined from decision-making bodies and processes by overwork, under-education, traditional patriarchal attitudes and poor implementation of government policies. So, their potential to the country remains unrealized or under-utilized. Discriminatory practices

also result in higher infant mortality for girls than for boys; female illiteracy is higher than male; and women get less food to eat although they work longer hours than men.

On the other hand, marginalization in Nepal is further complex than inequalities based on income and gender. According to Rural Poverty Portal (2010), the most vulnerable and marginalized groups in Nepal are the ‘dalit’; lowest social castes, and disadvantaged ‘janajati’; indigenous castes, while, the situation of women is additionally exacerbated due to multiple marginalization. The caste and ethnicity differences result from the norms and socially defined practices of dominant upper caste groups- Brahmins and Cheetris- that define the degree and form of discriminatory practices towards these disadvantaged groups. Poverty rates are significantly higher among ‘dalit’ and disadvantaged ‘janajati’ indigenous castes, and they have poorer access to schooling, health care, water, sanitation and other public services.

According to Nepal Hygiene and Sanitation Master Plan (2010, 14),

The ‘dalits’ remain the most deprived and are either marginal landholders or landless altogether. The problem of landlessness is particularly acute for dalits in the Terai region where many of them do not possess any other land than the space on which their dwelling units stand and do not have any physical space to build even toilets. Data on operational land holding also reveal that huge proportions of indigenous population are wage labourers with no land of their own for farming within the districts in which they live.

TABLE 1: Population distribution of Nepal (Census 2001).

‘Dalit’ (Discriminated Group)	Caste	14.99 %
‘Janajati’ (Indigenous Group)	Caste	37.19 %
Women		50.4 %
Rural Population		86.1 %

There are also considerable disparities by geographical location. Absolute poverty is higher in rural areas than urban, so is true for other social services including water and sanitation. Rural underemployment and poverty remains very high at 47% and 34% respectively, the latter standing out in sharp contrast to urban areas where poverty incidence is estimated to be only 9 per cent (Census 2001). The toilet coverage in urban areas is 78% against the rural coverage of only 37%. It proves that there is big disparity between urban and rural sanitation. Given such a situation, economically most village communities in Nepal are shaped like a pyramid with large proportion of the poor constituting its base. (Nepal Hygiene and Sanitation Master Plan 2010, 14.)

However, after the end of civil conflict and 2nd People's revolution, the Interim Constitution was promulgated with the purpose of progressively restructuring the state and overcoming existing problems relating to class, caste, ethnicity, regional disparities and gender. The constitution recognized the diversity of Nepal and defining the country as a secular, inclusive and democratic state. New legislations banning caste-based discrimination and reservations for the marginalized groups in politics and bureaucracy are ensured. The development policies of the state have also highly prioritized rural development and decentralization. In rural areas, transportation and communication development is improving their links to the 'centre'. Telephone networks exist in many districts and motorable tracks are reaching villagers, which were once several days walk from transportation. Despite ups and downs, progress is taking place in Nepal. The rise of thriving and independent media and communication channels, including the likes of radios, newspapers and televisions, are contributing to the greater political and social awareness of ordinary Nepalese. Nepali Society is going through a period of enormous social and political change and transformation. The awareness about political ideology, human rights, socio-economic development, sanitation and hygiene, and issues of inclusion is growing and beginning to reach even the furthest nooks and crannies of this mountainous and unique country. (Nepal Country Assessment 2009, 10.)

1.6 Organization in spotlight: RWSSP-WN

Government of Finland has been a longstanding partner with Government of Nepal in supporting Rural Water Supply and Sanitation Sector in Nepal since 1989. After the consecutive and successful completion of three projects in Lumbini Zone by 2005, GoN proposed a new project to transfer the preceding experiences in new districts of Western Nepal. Rural Water Supply and Sanitation Project in Western Nepal (RWSSP-WN) was thus conceived to support Government of Nepal commitment of universal provision of basic level of water supply and sanitation to its citizen by 2017. However, the implementation of RWSSP-WN was delayed for 3 years because of the volatile political situation in Nepal. The project started only in August 1, 2008 and will phase out by July 2012. RWSSP-WN is a rural water supply, sanitation and hygiene sector support-program funded by the Governments of Nepal and Finland.

The ultimate goal of the project is to improve the quality of life, environmental conditions and opportunities to improve rural livelihoods through rational, equitable and sustainable use of water supplies and sanitation at the village level. The overall purpose of the project is to strengthen institutional capacity of districts to enable decentralization from districts to users at community level for sustainable self-management of rural water supply and sanitation. And it is also to fulfil the basic needs and ensure rights and access of the poorest and excluded households to safe domestic water, good health and hygiene. The work of RWSSP-WN is based on the notion that fulfilling the needs of the poorest and the excluded regarding water, sanitation, hygiene and providing them opportunities to increase their own wellbeing through the local governance system will reduce poverty by increasing higher productivity and income. RWSSP-WN acts as a supporting partner to facilitate the development intervention of the districts and VDCs. (RWSSP-WN 2011.)

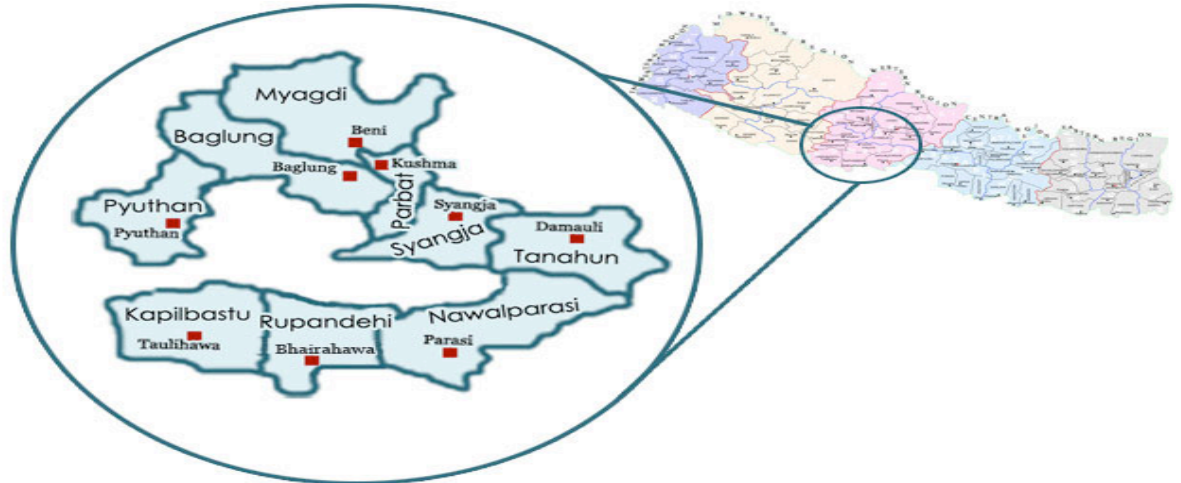


FIGURE 3: RWSSP-WN intervention districts in Western Nepal (RWSSP-WN 2011).

The RWSSP-WN works in altogether nine districts of Nepal; six of which are located in the Hill region and three in the Terai region. Eight of the districts are in the Western Development Region and one in Mid-Western.

- Western Development Region: Kapilbastu, Rupandehi, Nawalparasi, Tanahun, Syangja, Parbat, Myagdi and Baglung
- Mid-Western Development Region: Pyuthan

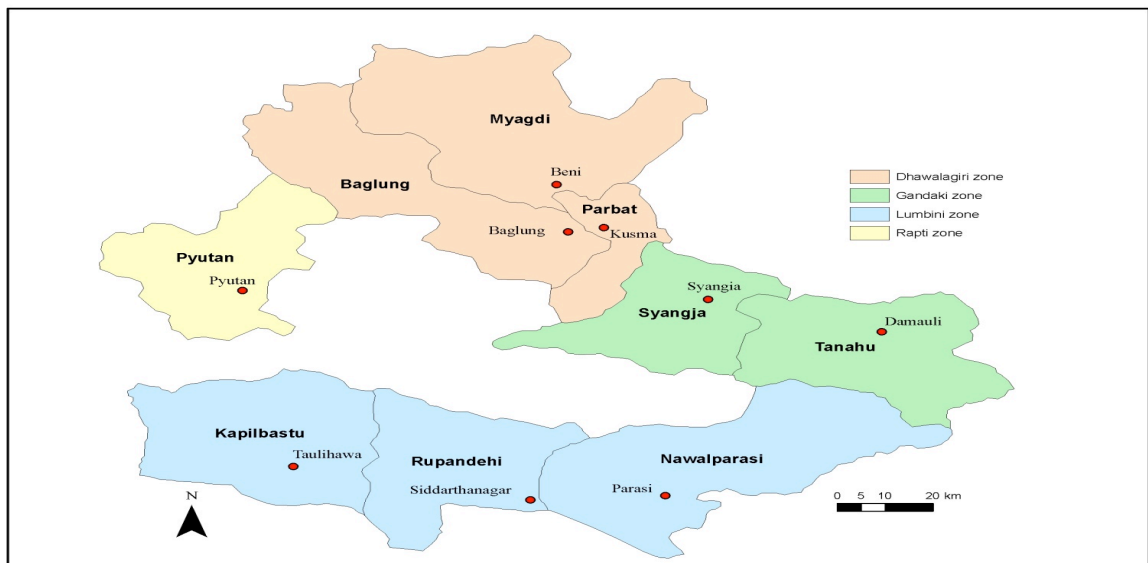


FIGURE 4: RWSSP-WN intervention districts in Western Nepal (RWSSP-WN 2011).

At central level, the RWSSP-WN is placed under the Department of Local Infrastructure Development and Agricultural Roads (DoLIDAR), which is the part of the Ministry of Local Development. Other partners at the central level are the Department of Water Supply and Sewerage of the Ministry of Physical Planning and Works, the Ministry of Population and Health, Ministry of Education and National Planning Commission as well as many UN organizations, international and national NGOs. In the districts, the District Development Committees execute the RWSSP-WN programmes with the district level partners such as Water Supply and Sanitation Divisional Office, District Public Health Office, District Education Office, Women Development Office and local civil society organizations. The actual implementers are the Village Development Committees (VDCs) and the local communities through the Water and Sanitation Users' Committees. RWSSP-WN works with a unique Community Led Total Behavioural Change in Sanitation and Hygiene (CLTBCHS) approach with its target communities. (Revised Project Document 2009,3.)

The office of RWSSP-WN with its two wings called- the Project Support Unit, which is a team of experts and Project Coordination Office, which is delegated by DoLIDAR- is located in Pokhara in Western Development Region. The Project Support Unit of RWSSP-WN is represented in each District by a District Support Adviser who works closely with District Development Committee (DDC) and District Technical Office (DTO) to strengthen the local bodies' institutional capacity for the sustainable implementation of Water Supply, Sanitation and Hygiene (WASH) activities. The DSA also acts as an intermediary between the project (RWSSP-WN), local government and the beneficiaries.

RWSSP-WN expects that the work carried out will result in,

- well-functioning domestic water schemes that provide safe domestic water to all users and that are managed by inclusive Water Users and Sanitation Committees (WUSC),

- changed sanitation and hygienic practices and Total Behavioural Change (TBC) of people and institutions,
- strengthened institutional capacity of local bodies to facilitate the implementation, operation and maintenance of water, sanitation and hygiene sector, and finally
- improved WASH sector policies, strategies and guidelines.

In order to achieve these results, RWSSP-WN implements activities, which contribute to the following four major result areas: i) Domestic water supply; ii) Health, hygiene and sanitation; iii) Inclusive local governance in WASH; iv) Local WASH Policy and Guidelines. (RWSSP-WN 2011.)

RWSSP-WN estimates to benefit 70,000 new people in Water Supply and 250,000 people in sanitation and hygiene. The projected total budget is 14.7 million Euros, which also includes considerable contribution from local government and participating communities. (Gurung 2010, 2-6.)

TABLE 2: Total budget of RWSSP-WN (RWSSP-WN 2011).

Source	Euro	%
Government of Finland	9,703,000	67 %
Government of Nepal	3,300,893	23 %
District Development Committees	194,058	1 %
Village Development Committees	511,715	3 %
Communities	938,406	6 %
Total	14,648,072.00	100 %

1.7 Key words

1.7.1 Marginalization

Marginalization of individuals or groups can be defined as the denial or lack of opportunity for the individuals or groups to fully participate economically, politically and socially in the society to which they belong. The lack of full participation means that the marginalized have less ability to even access basic societal resources, sanitation and hygiene for instance. It stands to reason that if there is a marginalized group then there is also a non-marginalized group. This coupling cannot be dismissed in a discourse on marginalization because the main organizing principle in marginalization is the uneven distribution of employment, development, privileges, power, infrastructures, opportunities and access to social services and entitlements of all kinds in favour of the privileged, the advantaged, or the sociological majority. (Lergo 2009.)

Marginalization normally is the condition shaped as an outcome of discrimination. In this context, the discussion of discrimination is directly linked with marginalization. Poverty, underdevelopment, social exclusion and economic disparities are intrinsically linked with discrimination. As discrimination leads to economic deprivation, poverty increases discrimination, exclusion and marginalization as a whole. A marked characteristic of virtually all communities living in extreme poverty is that they do not have access on equal footing to the government institutions and services that protect and promote social cum public services. This inequality of access makes it difficult to seek redress against injustice, participate in public life, and influence policies. However, it is not only the poor who suffer as a result of discrimination. People can be discriminated against on multiple grounds, including race, colour, descent, national or ethnic origin, gender, language, religion, political or other opinion, social origin, property, disability, birth or other status. The combination of different forms of discrimination renders certain groups particularly more vulnerable to discrimination

and simultaneously to marginalization. For example, caste based discrimination often affects women more than men. (Lergo 2009.)

1.7.2 Sanitation

Sanitation is defined as the safe management of human excreta, including the hardware (toilets, etc.) and software (regulation, hygiene promotion, etc.) needed to reduce faecal-oral disease transmission. Environmental Sanitation refers to the wider concept of controlling all the factors in the physical environment that may have a deleterious impact on human health and well-being. It normally includes drainage, solid waste management, and vector control, in addition to the activities covered by sanitation. Quality drinking water and sanitation facilities are basic human needs. Development of this sector will have positive impacts upon health and healthy workers that will in turn contribute to the growth of other productive sectors. The use of safe drinking water combined with good hygienic habits will significantly control waterborne diseases and minimize health expenses incurred in treating such diseases. In rural village of, many diseases are related to poor water and sanitation. Sanitation in rural Nepal can be described in terms of state of environment. (A Model Guideline for DWASH 2009, 9.)

Sanitation is a system to increase and maintain healthy life and environment. Its purpose is also to assure people enough clean water for washing and drinking purposes. Typically health and hygiene education is connected to sanitation in order to make people recognize where health problems originate and how to better sanitation by their own actions. Essential part of sanitation is building and maintenance education on sewerage systems, wash up and toilet facilities. (Huuhtanen and Laukkanen 2009, 6.)

The implementation of RWSSP-WN comprehends the intricate relationship between the interventions in water supply, sanitation and hygiene activities in its approach. Many times hygiene related activities are forgotten and concentration is only on water supply and sanitation. However, concentrating on behavioural change in both

sanitation and hygienic practices gives great health benefits to people and is a sustainable development approach. Hence, RWSSP-WN has an integrated approach focusing on WASH, which is short form for Water Supply, Sanitation and Hygiene. The outputs of RWSSP-WN WASH program are divided into four components as:

- Total behavioural change in hygiene and sanitation
- Well functioning domestic water supply
- Inclusive governance in WASH and
- Local and national WASH policies and guidelines prepared.

The primary target of the WASH program is to declare community, Wards, VDC and district as open defecation free (ODF) areas in an ascending order from the grassroots. And, the ultimate target is to declare ‘Total Behavioural Change (TBC)’ in hygiene and sanitation. (A Model Guideline for DWASH 2009, 9.)

1.7.3 CLTBCHS (Community Led Total Behavioural Change in Hygiene & Sanitation)

The Total Behavioural Change (TBC) in Hygiene and Sanitation means that households or institutions don’t just construct and use toilets but the approach includes behavioural change in personal and household hygiene and sanitation, and in hygienic drinking water management in the prevention of waterborne diseases in all socio-economic groups. The behavioural change needs to be ‘TOTAL’ including all socio-economic groups of the society. The Community Led Total Behavioural Change Process uses commonly known participatory and community led approach; Community Led Total Sanitation (CLTS) and School Led Total Sanitation (SLTS). CLTS is based on a number of premises, most notably no subsidy and its promotion of a sense of disgust to trigger behaviour change. The no subsidy approach has been strengthened because of the awareness that subsidized approaches reduce any sense of ownership, which in turn is believed to lead to poor maintenance of hardware. In SLTS, school is taken as the entry point and child clubs/teachers are mobilized to

trigger communities in the school catchment area to achieve ODF. With schools being permanent institutions and students being change agents through a child-to-parent approach, SLTS is comparatively sustainable approach. (Gurung 2010, 6.)

As an integrated approach, CLTBCHS works in partnership with the VDC/Municipality and other local level institutions and encourages reward and recognition to stimulate community action for attaining ODF status. At the heart of participatory approaches exploited in this tool is derived from Ignition Participatory Rural Appraisal (IPRA) of CLTS. It also reinforces behavioural change process of individuals and groups with nutrition programme for pregnant and breastfeeding mothers. It creates hygiene and sanitation awareness at all levels and produces tangible results in terms of toilet construction and change in hygiene behaviour. It means that the entire village has to be free from open defecation and all inhabitants follow the minimum critical hygienic habits such as washing hands in critical times, managing the household waste and keeping the drinking water clean at household level. (Gurung 2010, 6.)

1.7.4 Community ownership

Community Ownership is a communities' state or fact of exclusive rights and control over property, which may be an object, infrastructure or intellectual property. Community owned assets or institutions are those that are owned and controlled through some representative mechanism that allows a community to influence their operation or use and to enjoy the benefits arising. Ideally a community has to own, have access and control over the design, implementation, outcome and resources of on-going or completed intervention. Benefits of community ownership in infrastructure projects, precisely project activities in this research context, are claimed to include increased responsiveness to needs of the very community and the community valuing the projects more highly. Community mobilization necessarily entails a new kind of awareness building. It necessitates strategic coordinated action of

communities and collective movements, locally. Planning and control of activities and performance are matters in which community-owned institutions (formal or informal) are able to act on their own. (Aiken, Cairns & Thake 2008.)

Under the scope of this research, community ownership is also broadly understood as the engagement of the people in the community level sanitation and hygiene activities. The engagement is broadly classified as the active and meaningful participation in the activities, governance; particularly participating in the decision making that influences the project cycle, and formation of formal plan of actions to sustain the ongoing activities and vision.

According to USDA-NRCS (2010), community ownership begins with the formation of a citizen-based committee. The committee leads the planning, implementation and sustaining the project. Technical experts provide information, advice and process facilitation to help the committee achieve their goal of developing and implementing a resource management plan. Community ownership continues to develop with regular public input, planning for inclusive participation in resource inventorying and evaluation, and stakeholder selection of preferred management strategies. Implementation strategies that actively involve volunteer activities, educational campaigns, appraising committees and more- keep the plan in the purview of the local people participation.

1.8 Dimensions of community work

The five main strands or approaches focusing upon the categorisation and definition of community work or community development advanced by David Thomas in his book 'The Making of Community Work' (1993) provide the conceptual framework for this study. Even after two decades post publication of the book, it still remains to be one of the prime benchmarks in analysing the intrinsic components of community work throughout the world. Particularly in the UK, these conceptual frameworks are still

widely noted in assessing the projects on health care and poverty reduction. Thomas (1993, 106-139) highlighted the following definitions and emphasises that it is important, or more appropriately significant that a successful community development work or approach will have some involvement in all five of these ways of working with community.

Community Action focuses on the organisation of those adversely affected by the decisions, or non-decisions, of public and private bodies and by more general structural characteristics of society. The strategy aims to promote collective action to challenge existing socio-political and economic structures and processes, to explore and explain the power realities of people's situations and, through this twin pronged approach; develop both critical perspectives of the status quo and alternative bases of power and action.

Community Development emphasises self-help, mutual support, the building up of community integration, the development of neighbourhood capacities for problem-solving and self-representation, and the promotion of collective action to bring a community's preferences to the attention of political decision-makers.

Social Planning is concerned with the assessment of community needs and problems and the systematic planning of strategies for meeting them. Social planning comprises the analysis of social conditions, social policies and agency services; the setting of goals and priorities; the design of service programmes and the mobilisation of appropriate resources; and the implementation and evaluation of services and programmes.

Community Organisation involves the collaboration of separate community or welfare agencies with or without the additional participation of statutory authorities, in the promotion of joint initiatives.

Service Extension is a strategy, which seeks to extend agency operations and services by making them more relevant and accessible. This includes extending services into the community, giving these services and the staff who are responsible for them a physical presence in a neighbourhood.

2 LITERATURE REVIEW

2.1 Overview of previous research

It is a very recent phenomenon in Nepal for 'Sanitation and Hygiene' to have received widespread public attention, even though, the study on this sector still today is very much confined within the scope and self interests or needs of actors/stakeholders working on the sector itself. Even from the academia relating to the development discourse, this very topic has received less attraction. It is not very hard to comprehend such situation in the academia reflecting the diversity of development issues Nepal faces. As a result the fashion of undertaking research studies is overwhelmed on more traditional topics like poverty, gender, etc. There is hardly any independent research undertaken in the theme of "Community ownership of Sanitation and Hygiene' in Nepal and many of the comparative studies on different project approaches are based on desk review. However, there is a clear preponderance of articles and sporadic case studies in the archives, project records and studies of relevant actors in the sanitation and hygiene sector. In addition, many of the published studies, in themes relating to participatory approach to sanitation, are carried out from a macroscopic approach and fewer researches have been done through a bottom-up inductive perspective. And often, the studies on water supply take precedence over sanitation and hygiene as these both topics go intertwined in Nepal.

The studies through a community development/work lens remain nominally explored. Most studies done focusing on the participation of local communities are usually about the success stories of projects or organizations undertaking the study. Many of the studies proclaiming the impact assessment at the grassroots lack a thorough perspective of community participation or broadly community development. On the other hand, the media demonstrates handful of articles, journals and commentaries, but they lack crosscutting insights of the people at the bottom of the project beneficence.

Budge (2010) in her research on ‘Events to Prevent the Practice of Open Defecation’ with RWSSP-WN as a case study has undertaken anthropological and sociological perspective. She has thoroughly compared and analytically discussed ‘Community Participation Approach’ and ‘Community Led Total Sanitation’ in regards to Nepalese context. However, her focus of the research is streamlined towards the role of benefactors i.e. health promoters and misses to draw upon the broad issues of community ownership and sustainability of the RWSSP-WN project activities. At the same time, the tenets of community development are not properly overlooked in her report.

The lack of adequate literature, in thematic issue of community ownership is underlined by Shahi (2011), who emphasizes the need for effective coordination and information sharing among key stakeholders including government, I/NGOs, local communities, donor agencies and civil societies to achieve the MDG targets and national targets. It was only in early 2011, the country organized the first Joint Sector Review to discuss, review and implement common strategic action plans for overall WASH sector in the country. The National Hygiene and Sanitation Steering Committee in 2010 reports that,

Most of the success stories of sanitation development are limited in smaller piloting activities within confined geographical areas that have had very little contribution vis-a-vis national target and knowledge sharing. There is a strong felt need to increase and align the cumulative knowledge of sanitation sector (Nepal Sanitation and Hygiene Master Plan 2011, 13).

To the best of the researcher’s knowledge there have not been any similar studies on the topic of sanitation and hygiene in Nepal through a community development perspective. As such, it is the first independent academic study of its kind, which blends together cross cutting issues shaping the long-term sustainability of the sanitation and hygiene activities in the communities of Western Nepal.

2.2 Nepal through the sanitation microscope

The state of sanitation is far worse than the global status in Nepal. 57% of the total population of Nepal (16 million out of 28.04 million) do not have access to improved sanitation in Nepal, meanwhile, the available toilets are neither sealed nor clean, and every day 15 million 12 thousand Nepalese defecate in open places compared to the privacy of proper toilet (DWSS 2010).



FIGURE 5: Poor sanitation and unhygienic practice in Nepal (Food and nutrition library 2.2).

Similarly, not all Nepalese have access to safe drinking water and adequate sanitation. Due to open defecation practices, use of insecticides and pesticides around the water sources and lack of awareness on source protection the water sources are highly prone to contamination. Poor hygiene coupled with deteriorating environmental sanitation has put the public health at high stake. It has hampered the well being of the nation due to loss of human productivity, investment in treatment, tolling deaths to easily preventable sanitation related diseases and loss of tourism (Hygiene and Sanitation Master Plan Nepal 2010, 11.) One of the hard day realities is that poor hygiene and sanitation are equally responsible for 70% of children disease burden in Nepal.

TABLE 3: Impact of poor hygiene and sanitation in Nepal (Nepal Hygiene and Sanitation Master Plan 2010).

Description of impact	Number
Number of children under five who die of ARI and diarrheal disease annually due to poor hygiene and sanitation	12,700
Children under five experiencing diarrhoea	12%
Children under five experiencing bloody diarrhoea at some time during a given two week period	2%
Cases of diarrhoea in children under five years	4 times the episodes of diarrhoea each year
The number of children who died due to poor hygiene and sanitary conditions in the last decade	700,000
People having worms at any given time	90%
Number of people who have diseases due to unsafe drinking water and poor sanitation	72%
Economic cost of the increased morbidity and mortality due to water and sanitation-related diseases per year	Rs. 1.50 billion and Rs. 6.0 billion
Health expenditure on water and sanitation-related diseases per year	Rs. 2.20 billion and Rs. 3.60 billion
The economic cost of inadequate sanitation results in productivity loss	Rs 10 billion a year

In rural Nepal, access to toilets is officially estimated at 41 per cent (National Census 2001), although Water Aid research gives an alternative estimate of 19 per cent. It is clear that the sanitation coverage lags far behind drinking water coverage, with a sanitation gap of 38 per cent based on census data. Lack of awareness and education has also caused weak practices in unhygienic sanitation and personal hygiene, which has increased the burden of diseases.

Open defecation is observed to be common in rural villages. Hand washing before eating and other critical times is rare, and only few public or private eating-places provide hand-washing facilities. Drinking water is often handled in an unsafe way, and leftover food often sits uncovered. Even though hygiene messages are delivered at schools, they are rarely found in practice, indicating a resistance to behaviour change. Recent surveys show that 59 per cent of public and community schools across the country do not have any toilet facilities, a factor which contributes to the high rates of girls dropping out each year. Girls who reach puberty often do not attend school during menstruation as schools lack toilet facilities as reported by a 2010 report of Concern Worldwide in Nepal. (Yakami 2011, 1-3.)

The urgency for action is evident considering effective and adequate water and sanitation facilities are the pre-requisites to improve the quality of life and also to reduce the incidence of morbidity and mortality, which is particularly high among children. The hygiene and sanitation situation of Nepal is in critical state due to lack of adequate public awareness and priority. As a result, hygiene and sanitation programme has not been able to take a pace at expected level. The problems with people's access to safe drinking water and adequate sanitation in Nepal are multiple folds; poor central and local governance, improper, inappropriate or non-existent infrastructure, lack of awareness and education, topographical barriers, economic insufficiency, marginalization of women and different social groups, and also aid fatigue.

Nepal has seen major changes in its development policy and planning discourse, including hygiene and sanitation, in the last decade. With due recognition to the conflict and the underlying causes, the Tenth Five Year Plan (2002-2007) which is also Poverty Reduction Strategy Paper, aimed specifically promoting social inclusion, broad based economic growth, human development and good governance. The

consecutive Three Year Interim Plan for 2008-2010 continued the focus on proactive extension and enhanced delivery of public services; equitable access to services and facilities; and to create additional income and employment opportunities for the rural majority. Thus, rural population's access to safe water and basic sanitation, among many other things, remained in focal attention for last few years.

2.3 Legislation and policy directive

The Water Supply, Sanitation & Hygiene (WASH) sector is guided by 'Local Self Governance Act 1999', which provides greater role for District Development Committees (DDCs) and Village Development Committees (VDCs) to assert authority. Besides, 'Local Infrastructure Development Policy' was enacted in 2004 by Government of Nepal in order to accelerate the pace of rural development and to improve livelihoods of rural population. Furthermore, this act states that responsibilities of Ministry of Physical Planning and Works is to plan and implement large scale schemes whereas, local bodies (DDCs/VDCs) under MLD are responsible to implement small scale schemes, less than 1000 beneficiaries. And the District Technical Office (DTO) has the responsibility to provide technical assistance for the implementation of these activities. (Inception Report 2008, 7.)

In 2004 the Government of Nepal also enacted Rural Water Supply and Sanitation Policy, strategy and action plan to address social exclusion, caste and ethnic groups, to address gender equality, participatory and overall to institutionalize decentralization process. It also reflected upon the crucial role of different actors working in rural WASH sector;

- Provision of water supply and sanitation with demand driven and community managed approach, and service standards to correspond affordability and willingness to pay.

- Capacity building, health and hygiene will be integrated with water supply and sanitation, thus acronym WASH used in this context.
- Service delivery to be participatory involving women and assets to be owned by the community.
- Addressing social exclusion of gender, caste and ethnic groups.
- Decentralizing responsibility of service delivery to local bodies.
- Water Users and Sanitation Committees (WUSCs) are the actual implementing agency in all rural water and sanitation schemes with facilitation from Support Organization/ Partner (SO/SP), normally an NGO. WUSCs will be formulated by ensuring proportional representation of gender, caste and disadvantaged ethnic groups, with at least 30% representation of women.
- NGOs and CBOs – to assist the community in the formulation and implementation of projects and to manage funds relating to such programmes, to experiment and evaluate the revised implementation processes, to evaluate them and also participate in the rural water supply and sanitation policy formulation on the basis of these experiences; and
- Private Sector Organisations – to provide, as partners, specific types of high standard and quality when such assistance is not possible from the government and non-government sectoral organisations. (Inception Report 2008, 17.)

2.3.1 Local governance in rural context

DDCs, as previously mentioned are the first tier of sub-national government or local bodies of Nepal. It is the forefront for inducing the decentralization process and local governance. Legally VDCs fall under the jurisdiction of DDCs but they are statutory independent entities according to the Local Self-Governance Act 1999. Despite this fact, VDCs are under direct control of DDCs from the resource coordination and

oversight point of view. One reason was the absence of local election for last ten years, which severely impacted upon the overall performance and activities of both DDCs and VDCs. Absence of elected officials in the local bodies had created leadership vacuum for a decade and many development activities could not take place due to absence of pro-active leadership to mobilize the VDCs and communities. The other reason behind VDC not being able to fully utilize their power arises from their weak institutional capacity. A typical VDC has three to five staff (a secretary, a health worker, a technician and an office helper) depending on activities of VDC and its resources. Therefore, many development activities in rural areas are either done through DDCs or directly donor supported NGOs. Over the last decade VDCs were not able to spend their grants properly and to mobilize their resources. DDC normally set the projects in the VDCs and rural communities in top-down modality and the meaningful role of VDC in selection, formulation, implementation and operation of the WASH activities and schemes was undermined.

After the cease of civil conflict in 2006, Government of Nepal has made provisions to fill in the local bodies (DDCs & VDCs) by all party mechanism on the basis of one party one representative. These local bodies are responsible for overall coordination, planning, conflict resolution, monitoring, and review; interaction with communities and overlooking the development work of projects within their authority. And the prime target is to foster decentralization process of Nepal. Additionally, the recent increment in the development grants to the VDCs (three folds for some VDCs i.e. from 1 million to 3 million Nepalese Rupees) by the central government offers potential scope to mobilize the funds for sanitation and hygiene sector in rural areas. Nonetheless, a better understanding for the need of WASH at the VDC and community level to influence the resources is crucial.

2.4 Evolution of sanitation paradigms

Initial efforts are traced back to 1990s, which were overshadowed by water supply projects. The sanitation focused program packages were launched only from 2000s with different agencies, varying names, approaches and modalities. As a fertile test ground, the approaches and modalities of intervention in sanitation and hygiene sector kept evolving from the lessons learned during the process. Those sanitation interventions were fundamentally governed by the child-to-child, child-to-parents, adult learning, school and community approaches for increment of toilet coverage. It was only around 2005; total sanitation approaches were introduced in Nepal to increase Open Defecation Free (ODF) communities, school catchment areas or VDC through Community Led Total Sanitation and School Led Total Sanitation. Besides these, Basic Sanitation Package, School Sanitation and Hygiene Education and Integrated Water & Sanitation were also effectively implemented by different organizations.

However, the different modalities of programs/ projects in WASH sector have proved cumbersome, as the ownership of the interventions has not been conceptualized in the minds of the people. Beyond the coverage figures is the fact that many water and sanitation projects, which have been implemented in the past, are currently not functioning. A joint study done by Department of Water Supply and Sewerage and Water Aid in 2003 estimated that around one fifth of projects in hilly areas were in need of rehabilitation and more than half were in need of major repair. Despite more than 30 organizations and institutions working in this sector the impact has only been evaluated at 1%. The problem of sustainability of projects in WASH may be attributed due to lack of community ownership towards the schemes. Majority of the projects were implemented in top-down approach and the meaningful participation of the communities in the project cycle was always questionable. Lack of clear and uniform policies on WASH, and its level of enforcement were also weak. It is therefore, the 20% of GDP expenditure by Nepal government or full-fledged multilateral assistance have not provided desired long lasting outcome. (Yakami 2011, 1-3.)

On such backdrop, the Three Years Interim Plan (2007-2010) set a strategy to develop the institutional, policy and legal basis to adopt the Sector Wide Approach (SWAp) in water supply and sanitation sub-sector. SWAp was the foundation to bring together the scattered approaches and modalities within the sector and to harmonize the efforts of sporadic actors together. (Nepal Hygiene and Sanitation Master Plan 2010, 19-21.) In all these years passed by, there has been a great shift of approach from the conventional awareness raising approach to a behaviour change approach as a movement.

Despite a history of unsatisfactory compliance to major sanitation targets in the past, Nepal now seems promising with its new broad-based vision for meeting the sanitation targets. In contemporary times, WASH sector is finally receiving the attention they deserve. The Government of Nepal has made commitments aimed at achieving its water supply and sanitation targets for the MDGs by 2015 as well as providing safe and potable water and basic sanitation services to all people by 2017. Notwithstanding the fact that achieving the target is ambitious and full of challenges, yet very crucial for Nepal. As such, the RWSSP-WN intervention appears to be the connecting grid of all past events and future aspirations with Sector Wide Approach (SWAp) and a socially inclusive ‘Community Led Total Behavioural Change in Hygiene and Sanitation (CLTBCHS)’ at its core of project implementation.

2.5 RWSSP-WN approach & implementation principle

The key feature of ‘Rural Water Supply and Sanitation Project in Western Nepal’ is the alignment of its activities and actions with the government structures, policies, strategies, regulations and guidelines. It is working to strengthen the local bodies and the WASH sector in Nepal. This paves the way for a sector wide approach and increases the national ownership in WASH. All investment funds (incl. funds from Finland) flow from the central government to the local bodies and finally to the

communities using the Government of Nepal's regular fund flow mechanism. One of the key aspects of RWSSP-WN is despite being referred as 'project', in fact it is a programmatic approach, which means that it is a long term intervention and strengthen the capacity of government in WASH implementation. It is striving towards greater sectoral harmonization and integration. RWSSP-WN has been supporting the development and implementation of the district specific 'WASH Implementation Guidelines' and the implementation of WASH activities according to this guideline.

Similarly, all the decisions in WASH implementation are based on decentralization and downward accountability principle. Based on this principle, the public services are brought closer to the people and although, the local bodies execute the programmes, the actual implementers of the projects are the communities themselves.

The other notable part is the gender equality and social inclusion principles throughout its project cycle. This includes the selection of project areas, design of water schemes, sanitation and hygiene programs, staffing, institution and capacity building of the local bodies. At the community level, the programmes have secured 50% women participation and proportionate representation from the traditionally excluded groups. In the executive committee of Users Committees, out of 9 members (minimum), 4 persons should be women and at least 3 persons from excluded groups. It further obligates a minimum of one key position in Users' Committee should be held by woman and one from excluded groups (i.e. Chair, Vice-Chair, Secretary, and Treasurer).

In a nutshell, the implementation of activities facilitated by RWSSP-WN is an outcome of detailed learning from the experiences of WASH sector in the past and based upon a progressive road map for a decentralized and community owned WASH activities in Western Nepal.

3 RESEARCH METHODOLOGY

The research was undertaken in a descriptive and qualitative framework. The descriptive framework enabled the description of the state of affairs relating to the research queries, as it exists at present. The main beneficial characteristic of such methodology was that the researcher could use the facts or information already available, and analyse these to make a critical evaluation of the material. (Kothari 2004, 2-4.) The qualitative design was concerned with the subjective assessment of generated data including those of attitudes, opinions and behaviours reflected. The qualitative pane enabled the author to put forward his insights and impressions from the research process. (Kothari 2004, 6.) The research focused on gathering information at three levels- policy or macro level, programme/project level (RWSSP-WN) and beneficiary/grassroots level- including the views of relevant local government stakeholders wherever possible. For the macro level and project level, secondary data collection was exploited; meanwhile, the information for grassroots level was gathered using primary data collection method. Using field observations, focus group discussion, semi-structured interviews, case studies and project documents, the study concentrated on gaining a 'snapshot picture' of the communities to construct a composite picture of the community ownership of sanitation and hygiene activities in Western Nepal as it currently stands. The process has been as participatory as time permitted. The researcher steadily has attended various community level workshops, village-level ODF celebrations and sporadic visits to local governments in different project districts.

3.1 Data collection

The researcher used 'data triangulation', a process of collecting data by using more than two methods (Acharya 2006, 246). Relevant secondary data was obtained from

documentations, information on the internet, project records, and other published sources of major stakeholders in sanitation sector. For primary data collection semi structured interviews, participant direct observation of the target communities, focus group discussions and village case studies were undertaken in the RWSSP-WN intervention villages.

3.2 Secondary data collection

The purpose of secondary data collection was to gather factual information (Acharya 2006, 147) about the sanitation sector and existing literature relating to it. Secondary data were gathered as a desk review. The assessments, documents, reports and surveys of relevant I/NGO, national/international government bodies and local/international media were studied. Desk study during the study placement in RWSSP-WN (Sep 2010- Jan 2011), included the selection of inception reports and published documents for more depth review of the organization and its working context. With the cordial support and consistent guidance from the RWSSP-WN staffs, the researcher was able to screen and identify background documentation, including policy documents, previous evaluations, research reports, etc. Upon arrival in Finland in Jan 2011, the researcher reengaged in continued secondary data snooping. A literature search was carried out in Google and Nelli database (inclusion of wide range of online databases) using the key words as prescribed in the preceding section of this research. This phase induced extensive review and synopsis of the relevant documents to tailor-fit the literature need of the research.

3.3 Primary data collection

In the context of Nepal, the primary data collection was undertaken through set of standard techniques; semi structure interviews, participant direct observation and focus group discussions. Such diverse methods of data collection were entailed to

ensure that the primary data represented the inclusion of all strata of the communities in question. The overall discourses of primary data collection are discussed in the sub chapters following this section.

3.3.1 Semi structured interviews

Semi structured interviews included mainly qualitative open-ended questions. The qualitative open-ended questions were asked to the local people, community triggers, lead TBC facilitators, representatives of local governments, participant NGOs and relevant organizations. The open-ended questions gave each interviewee an opportunity to answer the questions in a free manner. While interviewing the local people at the grassroots, some unstructured interviews were used. The questions were changed or adapted to meet the respondent's level of knowledge of the topic, understanding or belief. (Haralambos & Holborn 2004, 908.) This provided them an atmosphere of ease. It helped to continue the lively environment and spontaneity of the conversation. The interviewee had the control over the scenario and the questions were asked looking at the very atmosphere. The majority of questions were created during the interview, allowing both the interviewer and the person being interviewed the flexibility to probe for details or discuss issues. It prevented the limited, pre-set range of answers from a respondent and also helped them to express their deep views and thoughts.

Meanwhile, the lead TBC facilitators, representatives of local government, participant NGOs and other relevant organizations were interviewed in semi-structured frame. This method also produced two-way conversations and was very useful to collect answers to specific topic. However, the questions did not follow a proper sequence, structure and style. But in all the undertaken interviews the theme of research question was precisely maintained.

3.3.2 Participant direct observation

The researcher was extensively involved in the field visit as he travelled constantly during his study placement and also to shoot the video documentary for the project. During the primary data collection the researcher has spend his days and nights with the communities, ate together with the people, laughed and walked together with them and assimilated himself as a part of them. In the due course, he has been able to gather the intrinsic thoughts, opinions, critics and aspirations of the people he worked with. As such, observation of the communities, local institutions, village level meetings, discussions and workshops, and community events/activities was very obvious and inevitable. Similarly, as much of the times, the researcher was also standing behind the camera to shoot videos; he had a better position and also opportunity to look into the on-going discussions and events at the communities and local institutions. Therefore, building upon observation as a method of data collection was not only relevant but a practical option (Acharya 2006, 169). And since, the researcher was closely participating and involved with the community activities and daily routines, a participant direct observation was favoured. However, an unstructured and uncontrolled observation was preferred to utilize the natural setting of the events to be assessed. In such non-controlled unstructured observation, no standardized condition was set and in return it gave a spontaneous picture of life and persons, households, neighbourhoods, communities and institutions. It had a tendency to supply naturalness and completeness of behaviour, allowing sufficient time for observing the scenario. (Haralambos & Holborn 2004, 908-910.)

The observation method is the most commonly used method in qualitative research paradigm. Under observation method, the information is sought by the investigator's own direct observation without asking from the respondent. The main advantage of this method is that subjective bias is eliminated provided that it is done accurately.

Secondly, the information obtained relates to what is currently happening; it is not complicated by past behaviours. Thirdly, this method is independent of respondents'

willingness to respond. Meanwhile, as the observation being a participant direct observation, where he observed by making himself, more or less, a part of the group, and the natural behaviour of the communities were recorded. (Kothari 2004, 97.)

3.3.3 Focus group discussions

During the field visit, the researcher also used the focus group discussion, which is a rapid assessment, semi-structured data gathering method in which a purposively selected set of participants gather to discuss issues and concern based on a list of key themes drawn up by the researcher/facilitator (Kumar 1987). This qualitative research technique was originally developed to give marketing researchers a better understanding of the data from quantitative consumer surveys. As an indispensable tool for marketing researchers (Krueger 1988), the focus group discussion has become extremely popular because it provides a fast way to learn from the target audience (Debus 1988).

To keep the session on track while allowing respondents to talk freely and spontaneously, the researcher used research questions as themes to be covered in the session (Please refer to chapter 1.1 for the research questions). It served as a road map that not only guided the session but also kept the discussion on track. The sequence of topics in the discussion usually moved from general to specific issues relating to the research question. Open-ended questions were most appropriate at the start of the discussion because they allowed participants to answer from different angles. As the possible responses are not preconceived, open-ended questions gave the participants opportunities to express their thoughts and feelings based on their specific situations.

Similarly, the focus group discussion intensely prioritized on semi-structured interviews. In semi-structured interviews, the researcher's main focus is primarily not on testing hypotheses, but on 'understanding the experience of other people and the meaning they make of that experience' (Seidman, 1991, 3). The main focus is on other

people's thoughts and stories (Seidman 1991). James Holstein and Jaber Gubrium (1995) stress that group interviews are important because they 'allow diverse categorizations and sentiments to emerge, showing how participants flesh out, alter or reconstruct viewpoints in response to challenges' (Holstein and Gubrium 1995 cited in Haralambos & Holborn 2004, 905.) Haralambos and Holborn argue that group interviews are 'more likely to produce valid data than a one-to-one interview' (Haralambos & Holborn 2004, 905).

The researcher used four different focus groups during his field visit namely- users' group/committee (13 participants Mahendrakot VDC, 9 participants Sekham VDC), existing group of pro-poor/marginalized (initially formed by Poverty Alleviation Fund/PAF) (23 participants Mahendrakot VDC), women's group (28 participants Mahendrakot VDC, 13 participants Sekham VDC) and Village WASH Coordination Committee (VWASHCC) (27 participants Mahendrakot VDC, 27 participants Sekham VDC).

3.4 Data analysis

The gathered data in the research were qualitatively analysed based on inductive methods. The data analysis specifically focused on the categorization, ordering and summarizing the data to obtain answer to the research questions. (Kothari 2004, 124.) The primary data was transcribed using video camera and audio recorder; also field notes were maintained to get a snapshot of data being collected. The raw data was edited using 'central editing' technique, where the researcher undertook the task only after the completion of particular schedules of field visit/data collection. The repetitive contents were opted out and the data was coded according to the field location and theme of data. After having reduced the raw data through editing, the data was further classified making cluster of answers to the particular research questions. Afterwards, the data was abstracted on different categories using the inductive data analysis methods. (Kothari 2004, 129.)

Inductive reasoning works moving from specific observations to broader generalizations and theories. Informally, it is also referred as "bottom up" approach. In inductive reasoning, the researcher categorizes specific observations and measures to detect patterns and regularities, formulate some tentative hypotheses that can be explored, and finally end up developing some general conclusions or theories. (Kothari 2004, 122-125.) The conceptual framework as stipulated in the preceding section of the research was used as the comparative and benchmark for promulgating the conclusions for this very research.

TABLE 4: Data collection and analysis

Type of Data	Method of data collection	Type of Analysis	Remarks
Primary Data	Semi Structured Interview	Typology Analysis	Community/ Grassroots level
	Focus Group Discussion (4)		
Secondary Data	Participant Direct Observation	Discourse Analysis	Policy Level & Project Level
	Literature Review	Content Analysis	

In addition, for each peculiar set of data collected vis-a-vis different data collection techniques, a suitable data analysis modality was chosen. Firstly, 'Typology' analysis was used, which is a classification system, for 'Focus Group Discussions' and 'Semi Structured Interviews'. A list of category was formulated identifying patterns and theme of discussions, meanings and settings concerning the discussion in question. Secondly, 'Discourse analysis' was exploited to tap precise data from 'Participant Direct Observation'. The discourse analysis snoops into the overall process of an event or communication. It is a handy tool to find patterns of questions, who

dominates time and how and other patterns of interaction within the group. And thirdly, 'Content analysis' for the secondary data or desk review. Content analysis is also considered a specific form of typological analysis. In this technique, the documents, texts and/or existing literature lead to emergence of specific themes and identification of the focus group discussion. This approach also underlines the correlation between different themes and latently emphasises on the socio-political backdrop, and also looks to distinguish relevant theories for the context. (Kothari 2004, 122-125.)

3.5 Sample design

The scope of the research was streamlined within the Western Nepal and focused on the RWSSP-WN intervening villages within the partnership districts, and therefore the sample for the study had to derive within these geographical cum administrative confines. Two scientific sample designs, Area Sampling and Quota Sampling, were blended to fit the needs of this very research. The general geographical attribute of the entire target population of the research or the RWSSP-WN on-going activities in Western Nepal could be classified into 'Hilly region' and 'Terai (flat plains) region'. Area sampling is often used when the total geographical area of interest is big. Under area sampling, the target population is first divided into geographical clusters, and then a number of smaller areas are randomly selected. (Kothari 2004, 125.) In both the 'Hilly region' and 'Terai region', the sample villages and communities were randomly selected for the primary data collection. As such, this modality of sampling made field interviewing more efficient since the interviewer or/and researcher could do as many interviews, observation and focus group discussions at each location.

Despite having the sample population as randomly selected villages and/or communities in the 'Hilly region' and 'Terai region' separately, the sample did not necessarily engage different socio-economic strata and discriminated/marginalized groups in the research. Therefore, 'Quota sampling' was amalgamated with the 'Area

sampling' to include participants from the different socio-economic strata of the target communities. Quota sampling gives flexibility for the researcher to subjectively judge the inclusion of different strata in the sample population and based on this notion; the interviews and focus group discussions were made also inclusive of the different strata available in the communities in concern (Kothari 2004, 126). Thus, the sample population of this research reflects the ingenuous nature and socio-economic attributes/strata of Western Nepal in as scientific manner possible. The sample is genuine and plausible. The area sample for this research was Sekham VDC of Syangja district in the Hilly region and Mahendrakot VDC of Kapilvastu district in Terai region of Nepal. And combined with the quota sampling, the interviews and focus group discussions ensured the inclusion of different social strata within these selected VDCs. Few other VDCs within these two districts were also visited during the field trip. However, the primary target was only to build better understanding of the project implementation for the researcher and is not exclusively referred in this report. Nonetheless, some case findings from these VDCs are compared in this study.

3.6 Validity and reliability of the study

This study is an outcome of a yearlong detailed and exclusive appraisal of the research topic. The four-month study placement in RWSSP-WN and the field visits combined with a mixture of diverse data collection methods give the extent of thorough comprehension and exploration of the issues concerned with the research. And the findings produced, as such, reflect to the valid procedures and undertakings. In research, validity has two essential parts: internal and external. Internal validity encompasses whether the results of the study are legitimate because of the way the groups were selected, data was recorded or analysis performed. External validity, often called "generalizability", involves whether the results given by the study are transferable to other groups (i.e. populations) of interest. (Last 2001.) It is through proper study design and strict protocol execution that high levels of validity, both internal and external, were achieved in this study. Results of a well-designed or

executed study are applicable to any population, in that particular study sample or otherwise (Last 2001). And as this study was carefully designed and executed with a specific schedule and methods, this in return, also proves the external validity of this research. The specific conceptual framework and scientific methods utilized for the sample design and data analysis essentially entail valid answers to the research questions. Also, the data triangulation combined with a mixture of two research methodologies was in them a validity barometer.

Similarly, the authenticity/ reliability of the study is well founded based on the fact that the data collection and analysis was very scientific and provided with credible referencing to the origin of data. The researcher being he a native speaker of Nepalese language can confirm the translations in English to be genuine and in coherence to the meanings of data collected in Nepalese language. Additionally, the researcher has closely worked and lived with the sample communities, and hence, he can verify that the insights and opinions represented in the research are ingenuous. Furthermore, the primary data collected for the study are transcribed as video and audio footages, which naturally prove the authenticity of the information gathered. For all the secondary data collected and literature reviewed in this study, a detailed list of reference is maintained to give access to the readers of original document. Lastly, the information gathered has been crosschecked to assure the reliability and validity of the data. It is therefore, the researcher can state with aforementioned facts that this study is valid and reliable.

3.7 Ethical issues

Throughout the research discourse, the researcher has abided by the ethical code of conducts. The researcher has valued the local culture and traditions, and dealt with every participant in the study with respect and dignity.

In every situation, the established rights of research participants have been protected and equally promoted. People have not been coerced into participating in the research,

which is the fundamental of the principle of voluntary participation in research ethics (Acharya 2006, 55). The researcher has not relied on 'captive audiences' for the data collection and the requirement of informed consent from the participants was primary to interviewing. Already in the onset of data collection, prospective research participants were fully informed about the procedures involved and gave their consent to participate. The respondents were at least asked for an oral consent in Nepalese language and the questions asked to them were in simplified language either avoiding or simplifying technical words or jargons.

Ethical standards also require that researchers do not put participants in a situation where they might be at risk of harm as a result of their participation. Harm can be defined as both physical and psychological. There are two standards that are applied in order to help protect the privacy of research participants. (Acharya 2006, 55.) This research guarantees the participants confidentiality; the participants were assured that identifying information would not be made available to anyone who is not directly involved in the study. The stricter standard maintained by this study is the principle of anonymity which essentially means that the participant will remain anonymous throughout the study and its' reporting. Clearly, the anonymity standard is a stronger guarantee of privacy.

3.8 Challenges and limitations of the study

The number of direct and indirect beneficiaries of the RWSSP-WN intervention was much larger and most importantly very diverse. Of equal concern were the numerous multiple marginalized groups in the sample. So, the researcher needed to do a lot of interviewee prioritization. And formation of focus groups based on gender and pro-poor/ marginalized groups was of ideal solution; however, there was always a dominant sub group within the focus groups. The researcher faced a constant dilemma of when and how to moderate/interrupt the group discussion provided with the fact

that his gestures of interruption could disrespect the participants, who were older than him.

Despite planning the interviews and group discussion in advance, it was very common that the turn out of the participants was always less than the called out number of participants. Of important dilemma facing the researcher, was the coercion for involuntary participation of the respondents. However, as abiding by the ethical code of conducts the researcher had to accept the realities in the ground. The researcher decided to prioritize the Village WASH Coordination Committee and users' groups/committees for focus group discussion. Yet, the risk of not getting a representing sample of beneficiaries with varying opinion and experiences of the project was substantial, and realized particular in some occasions. It is very probable that the interviewed beneficiaries represented the ones who had benefited of the project the most and were in the least critical situation of poor sanitation. The researcher in return, focused on moving outside the schedule to socialize with the communities and engage in informal communication. Nonetheless, there were some dominant participants who appeared to be involved in more than two focus groups or meetings, sometimes even more, who posed repetitive answers and opinions, also reduced the chances for other participants to have their say.

Several relevant stakeholders such as other community group representatives and NGO staffs were met during the field visit. Yet, the prioritization of interviewees and observation limited the number of meetings with relevant stakeholders. The data collection process was generally smooth; all planned activities were conducted, people were willing to share their views, and almost all relevant documents were provided as requested. There were however some visits to the meetings and group discussions that were delayed due to misunderstandings about the schedule of the visit or difficulties for some groups to arrange a meeting at the agreed time. Other challenge, that occurred every now and then, was to ensure that each meeting and discussion included the requested people and nobody else. There were even moments when the turnout of men was larger than women in a focus group discussion targeted for women

participants. The constant power cut offs, or commonly called ‘load shedding’; led to change in schedule as the video camera and audio recorder needed to be charged for proper data transcription. Because of working in the rural remote villages, there were also villages without electricity connection, and the researcher had to walk hours to access electricity. Such, loss of time was an important limitation.

In addition, the Lead TBC facilitator, project staffs and local government representatives closely related to the RWSSP-WN intervention were present for the bulk of the field trip and interviews. Care was taken not to be biased by their views, and the findings in this report represent the views of the author. There were times when the number of RWSSP-WN related personnel present for interviews, observation and focus group discussions with beneficiaries were of significance for intimacy and confidential sharing. Where possible the group was split into smaller groups or newer meetings, but the number of visitors’ occasionally restricted questions and responses.

4 FINDINGS I: COMMUNITIES- THE REAL PLANNERS

When the researcher arrived for his study placement in RWSSP-WN in September 2010, the project had already grounded in the nooks and crannies of all the participating nine districts as envisioned in its intervention plan. After having worked in these districts for last two years, the project had steadily and uniformly injected its approaches and modalities in the target communities across the districts. All the endeavours intended to facilitate the sanitation and hygiene activities were consistent with its project blueprint and were aligned to the local government structures, policies, strategies, and regulations and guidelines.

The researcher assessed the existing documents on district of Syangja and Kapilvastu districts and interviewed the local development officer of Syangja district and district engineer of Kapilvastu district to get an overview of on-going sanitation and hygiene activities. The theme of the research is to look into the intrigue fabric of the rural villages and the communities within the villages of Western Nepal (under the scope of RWSSP-WN intervention). Consequently, the researcher had chosen the rural Village Development Committees (VDCs) for gathering the data. In Kapilvastu, the researcher exposed himself to Mahendrakot VDC and Sekham VDC in Syangja.

The project is divided into three important phases- pre-planning phase, planning phase and implementation & post-implementation phase. Upon the arrival of the researcher for field study, all the districts had already completed the pre-planning phase and majority of the districts were also through the planning phase. By this time, the intervention of RWSSP-WN had already facilitated the capacity enhancement and disseminated the know-how of project approaches to the District Development Committees (DDCs) and Village Development Committees (VDCs). And, as a result the WASH implementation process at VDC level was grounded with formulation of VDC WASH plan. The process started from ignition of total behavioural change in

hygiene and sanitation. The scope covers the entire VDC and aims for total behavioural change of the whole VDC population through ‘Community Led Total Behavioural Change in Hygiene & Sanitation’ approach.

The VDCs were proactive and stirring the project implementation processes into local communities. Among many other things, the activities were already decentralized and had firm downward accountability at grassroots level. The ‘Community Led Total Behavioural Change in Hygiene & Sanitation (CLTBCHS)’ was already yielding significant impacts with desired broad based and socially inclusive community participation. And most importantly community based institutions (users’ group) were already in charge of implementing the project activities.

4.1 Induction of project intervention

The outset of project intervention in both the districts was marked by the signing of Memorandum of Understanding between District Development Committees (DDCs) and Department of Local Infrastructure Development & Agriculture Roads under Ministry of Local Development regarding RWSSP-WN support for district level project implementation. The Water Supply, Sanitation & Hygiene (WASH) process initiated in both the districts; Kapilvastu and Sekham from pre-planning phase. During this phase, all the district level stakeholders became aware on the WASH sector concept and community led total behavioural change in hygiene and sanitation (CLTBCHS). In order to achieve consensus and create awareness on the sanitation and hygiene, the District Development Committee organized a Multi Stakeholder Forum. As a result, the main stakeholders signed a ‘Memorandum of Understanding’ of sector coordination and harmonization.

The local development officer of Syangja district conceded that it was a unique approach of project implementation and applauded the platform multi stakeholder forum had created in bringing together all district level stakeholders, including representatives from VDCs in one place and enlightening them on WASH sector concept and equally motivating them to implement CLTBCHS in their VDCs. The representation in the forum was

equally inclusive of women and marginalized groups. The participation was open for all who were also involved in the WASH sector, including community resource people, teachers, government and political leaders from district and VDC level, media and NGOs for example. (Local Development Officer, Syangja district.)

In the planning phase, the District Development Committees had selected Village Development Committees (VDCs) for project implementation and five ‘Lead Total Behavioural Change Facilitators’ who were trained to start open defecation free process in the selected villages. The District Development Committees had also selected ‘Service Providers (SP)’ to facilitate the planning and implementation of sanitation and hygiene activities in the villages. Simultaneously, with series of community participation and inclusive engagement of all stratum in the village, a village level sanitation and hygiene plan (inclusive in WASH plan) was prepared. The WASH plan is a basic document for overall sanitation and hygiene (along with water supply) related planning and identifying communities’ priority needs. And based on these plans the Village Development Committees implement activities in sanitation and hygiene sector.

TABLE 5: Roles and responsibilities of different actors in WASH implementation.

STEPS	RESPONSIBILITY
1. VDC selection	DDC
2. Memorandum of Understanding with VDC	DDC
3. SP selection and Mobilization	DDC
4. Community organization formation/Activation	SP
5. VDC/Multi Stakeholder Forum Orientation	SP
6. Capacity Building of community organization	SP
7. Ignition/ Socio-technical assessment	SP/Community Organization
8. Ward/Household/community level planning	SP/Community Organization

9. VDC Level Planning	SP/Community Organization
10. VDC WASH Plan	SP/Community Organization
11. Approval by VDC Council	VDC
12. Approval by DDC Council	DDC
13. WASH Scheme Implementation	SP/VDC/DDC
14. Post WASH Coordination at district level	DDC
15. Follow-up and updating	SP/DDC

(Acronyms: VDC- Village Development Committee, DDC- District Development Committee, SP- Service Provider)

4.2 Demand driven village selection

Prior to start of annual planning in the district and villages, an awareness campaign on ‘domestic water supply’ and ‘sanitation and hygiene’ was launched in both the districts using local radios. The motive behind the awareness raising was to create demand for safe drinking water among the poorest and excluded communities; consecutively leading to demand for sanitation & hygiene projects in the villages by people living the communities. The District Development Committee (DDC) launched the awareness messages also through the District Education Office in literary classes i.e. information kits and posters. In the Terai district Kapilvastu, the local radio campaigns was broadcasted also in the local language along with Nepalese language. The message was kept clear and simple and were broadcasted at a time when the families would be together in their homes; during breakfast and dinner time, and also in the afternoons when women would be resting in their homes.

Furthermore, in both the districts- Kapilvastu and Syangja, a one-day orientation meeting was organized with all the Village Development Committee (VDC) secretaries and informed them about the availability of WASH fund in the district. The

VDCs were then selected for WASH implementation through an open application process. The VDCs were fairly chosen from a priority list based on standard ranking indicators that combined economic and socio-cultural dimensions of exclusion, poverty, geographical remoteness, scarcity of drinking water and sanitation situation of the VDC, among other things. The selection also reflected a demand driven development intervention from the village level. It was also based on the notion that the villages along with its communities, which had felt the need of sanitation and hygiene (also with water supply) improvement, would duly apply for the development intervention. As a result, a 'Memorandum of Understanding' was signed between the DDCs and VDCs about VDC WASH strategic plan preparation. By signing the Memorandum of Understanding, the VDCs also confirmed its commitment to contribute in funding for the implementation, demarcated the roles and responsibilities of local bodies and obliged for gender and social inclusion in all the WASH processes.

4.3 Addressing capacity and human resource constraints

Following the selection of Village Development Committees (VDCs) for overall WASH intervention both districts, Kapilvastu and Syangja, selected and mobilized competent Service Providers for the pre-planning and planning phases of WASH program for each individual VDCs. The role of Service Provider was to facilitate the VDC and communities in overall planning process, baseline data collection, awareness campaign, as well as to support the users in implementing sanitation and hygiene activities.

Because of the capacity and human resource constraints in district and village level, the usage of Service Provider was a viable option to facilitate district and villages in areas where they lack human resource or expertise for certain time in implementing sanitation and hygiene program. The ultimate aim is to capacitate the villages and communities for sustainable implementation of sanitation and hygiene activities in future. The Service Provider could be a support organization (NGO), consulting firm or individuals and staffs. The Service Provider was selected on open call and competitive basis under specified terms, conditions and duration of their work. The team of Service Provider consists of field co-coordinator, sub-engineer, water supply and

sanitation technicians, and health promoter and are involved on full time basis to facilitate the project cycle; planning, preparatory and implementation phase in the VDCs. (Local development officer, Syangja district.)

In Syangja, the DDC had selected individuals to comprise the Service Provider team, while in Kapilvastu; a NGO was selected, which in turn build their own team of Service Provider. However, the contracts of Service Provider in both the DDCs specified the recruitment only for the initial two phases of the project cycle; pre planning and planning phase. These recruited Service Providers were obliged to maintain coordination with the local governing bodies and other sector agencies in the districts and villages. The SPs in both the districts adhered to the District WASH Implementation Guideline in all the activities they undertook or facilitated within the VDCs and communities.

Similarly, as a process of developing capacities and human resource both the districts have trained, developed and employed district level resource persons called Lead Total Behavioural Change Facilitators ' for carrying out 'Community Led Total Behavioural Change in Hygiene and Sanitation (CLTBCHS)'. Both the districts, like other seven partner districts of RWSSP-WN, have six lead total behavioural change facilitators, who are designated to facilitate different group of Village Development Committees within the district. They are trained to start open defecation free process in the villages within their responsibility. These facilitators are working with Village Development Committees along with the Service Providers as local experts and change agents for CLTBCHS at the village and community level.

In the village level, a week long total behavioural change triggering training was facilitated to develop village based triggers or volunteers who would be mobilized to create holistic village sensitization and awareness rising. These triggers were represented from all the wards or communities within the village. The triggers were half men and half women and inclusive of the marginalized groups within the village. As such, the local human resource and energy was mobilized, which would impart the skill transfer in local level. These triggers in the village and within their communities

thrived to induce open defecation free process in the villages along with the service providers and lead total behavioural change facilitators.

4.4 Formation of community organizations

In both the villages- Mahendrakot of Kapilvastu district and Sekham of Syangja district- the Service Providers conducted series of community meetings across the village with each ward/cluster separately and oriented the communities about the need and objectives of community and/or village based governing cum coordinating structures. The service providers used ‘Ignition Participatory Rural Appraisal’ as a participatory tool to work with the communities. The approach aims to incorporate the knowledge and opinions of rural people in the planning and management of development projects and programmes (Chambers 1996, 106.) Among, many other things commended the Service Provider separated the group meetings with men and women so that the women also had equal opportunity to have their say freely. Similarly, the process also ensured that the voices of marginalized groups were properly heard and noted.

After ignition activities at the social cluster level within the different wards of villages, the Service Provider facilitated the process for the formation of a ‘Community Hygiene and Sanitation Action Committees (CHSAC)’. The District WASH Implementation Guideline specifically reports that in the pre-existence of registered, active and strong Water Users and Sanitation Committees (WUSCs) or any other committees, it is advised that the existing committees should act as CHSACs or community organizations (A Model Guideline for District WASH, 29) for the planning and implementation of the actions followed from the triggering process. Nonetheless, in both the VDCs- Sekham of Syangja district and Mahendrakot of Kapilvastu district, new CHSACs have been formed despite the pre-existence of WUSCs and other active community organizations.

Community Hygiene and Sanitation Action Committee (CHSAC) is a body of action, which is responsible for overall implementation and coordination of water, sanitation and hygiene activities at ward or community level. The boundary of a CHSAC is an imaginary boundary, which could be fixed based on the social village settlement, scheme area coverage and the catchment. The communities themselves elected the composition of CHSAC. It was also significant to note that all the CHSACs formed in the both VDCs had 50% of women and in some cases even more. Similarly, all the communities had also nominated at least 3 members to CHSAC to ensure the proportionate representation from excluded/marginalized groups. Such procedure as result has provided equal representation for all social strata to the community organization. Following the formation of CHSAC, the Service Providers had facilitated the formation of ‘Village WASH Coordination Committee (VWASHCC)’ in both the villages. The VWASHCC brings all the communities together in the village level and has the governance mandate for the village in question. It provides the overall coordination, oversight, guidance, governance and decisions at village level in the planning, implementation and post implementation phase of water supply, sanitation and hygiene program.

The Service Providers had facilitated a meeting with all selected representative members from Community Hygiene & Sanitation Action Committee (CHSAC), Water User & Sanitation Action Committee (WUSC), other community based committees, Village Development Committee secretary and other influential persons in the village. And with their mutual agreement, Village WASH Coordination Committee (VWASHCC) was consecutively brought to existence. In both Sekham and Mahendrakot, like other RWSSP-WN supported VDCs in partner districts, the composition of VWASHCC was uniformly representative of all strata and classes, and were selected through a democratic way; nominations were also in place to ensure social inclusion. Among the total members at least 50% were women and proportional representation of ‘dalits’ and ‘janjatis’ also ensured. The beauty of this local governing structure was the consolidation of governance which is chaired by the Village Development Committee chairperson and composed also of representatives of

local school, health posts, community based users' committees (CHSAC/WUSC, for example), political party and civil society. In Mahendrakot VDC, there was proportional representation of Muslims as well. (Sekham VDC does not have Muslim populace).

4.5 Bringing the communities together

In both the VDCs – Mahendrakot of Syangja district and Sekham of Kapilvastu district- the pre planning phase prior VDC WASH planning the Service Provider had organized Multi-Stakeholder Forum for VDC level multi-stakeholders. The Multi Stakeholder Forum was also the start of 'ignition' process in the VDC, where Community Led Total Behavioural Change in Hygiene & Sanitation (CLTBCHS) approach was discussed between the diverse actors. The orientation brought together all the ward chairs (each VDCs in Nepal have approx. 9 wards) including women ward members; I/NGOs' representatives working in the that VDC; members of Community Based Organizations, community based users' group, local clubs, female volunteers, social mobilizers, natural leaders, political leaders for instance. The meeting like other events in the VDC had ensured at least fifty per cent participation of women and proportional representation of excluded groups. The crosscutting issues related to WASH were discussed and a tentative plan for WASH planning process was formulated. The meeting mobilized all Village WASH Coordination Committee (VWASHCC) and Community Hygiene and Sanitation Action Committee (CHSAC) members and other sector offices for WASH plan preparation.

The VDC secretary of Sekham pointed out the important role VDC level Multi Stakeholder Forum played in bringing together the scattered actors in VDC level to agree upon common plan and at the same time aware them with the overall implementation directive and approaches to implementation of CLTBCHS in the district. He also nodded with appreciation for the project approach, which for the first time in their VDC brought about a socially inclusive participation and communities in the forefront. He led a special emphasis on the fact that events like Multi Stakeholder Forum were limited only to district level scope before the intervention of RWSSP-WN and such a discourse in VDC level was already giving a sense of ownership to the local

communities and people, included the VDC itself as well. (VDC Secretary, Sekham VDC of Syangja district.)

Following the Multi Stakeholder Forum, the next step undertaken was to enhance the capacity of the newly formed local governing structure- VWASHCC, and the implementers of project activities- CHSAC. These newly formed local structures and its' members were trained on communication capacity, participatory approach in development, gender balance and total behavioural change in hygiene and sanitation. The ideas and concepts behind the VDC level WASH plan were also thoroughly discussed and all the actors in the Multi Stakeholder Forum were also ignited for the WASH planning process.

The Service Provider in both the districts, then undertook a socio-technical assessment, which was intended to gather the baseline data for the planning of sanitation and hygiene (inclusive with the WASH) program. Simultaneous to the assessment an ignition process on 'Total Behavioural Change' in hygiene and sanitation was already started and the CLTBCHS approach was being implemented in the VDCs.

4.5.1 Socio-technical assessment of the villages

The assessment was carried out with participatory approaches based on Ignition Participatory Rural Appraisal. In both the villages the Service Providers had carried out household level baseline survey, social/resource mapping, hygiene and sanitation mapping, Income Generation Activities status assessment, well-being ranking, WASH related needs identification and prioritization. The members of Village WASH Coordination Committee (VWASHCC) and Community Hygiene and Sanitation Action Committee (CHSAC) assisted the data collection discourse by encouraging communities and people of all stratum to participate in all the activities related with the assessment. The fact that the VWASHCC and CHSAC members being a part of the community eased the rapport building and socializing process for the Service

Providers. The people from the communities, as a result, actively participated in the interviews and focus group discussions relating to the assessment. The participatory approach ensured that the voices of socially marginalized groups and women were heard and their concern and grievances were also recorded accordingly. The assessment recorded the existing hygiene and sanitation resources and problems; situation of institutional sanitation in schools and public spaces; and also mapped all the CHSAC areas. At the same time, the communities were being ignited, sensitized and motivated for total behavioural change in hygiene and sanitation through the CHSAC in their respective communities.

4.5.2 Social planning at grassroots

The findings of the socio-technical assessment were shared, discussed and verified in a one day meeting with the Community Hygiene and Sanitation Action Committee (CHSAC) members including as much community people as possible. The meeting in the communities was idealized to be a snapshot of the community and participation from each household was envisioned. A member of Service Provider NGO in Mahendrakot VDC informed that the participation of households was very encouraging and it was the mobilization of CHSAC in the communities, which yielded broad-based community participation. The participation of women and socially excluded/marginalized groups in the community level meetings was a normalcy in all the communities across the two Village Development Committees (VDCs)- Sekham VDC and Mahendrakot VDC.

During the meeting the participants exercised holistic and sector specific prioritization of WASH related projects and prepared immediate and long-term action plans by prioritizing sanitation and hygiene activities. The outcome of the socio-technical assessment provided a benchmark and priority list of hygiene and sanitation related problems and interventions for the formulation of VDC WASH plan. Based on the findings of the socio-technical assessment, a VDC WASH profile was prepared in

both of the VDCs. The profile served as a basis for the CHSACs to plan, prioritize, execute, operate and manage WASH related activities. The profile included the measurement and description of water sources and their potential uses for domestic water supply and sanitation, modified WASH needs after technical assessment and integration and/or segregation of WASH needs.

The information from socio-technical assessment was used to develop a WASH plan in different wards within both the VDCs. It was the first time the communities had ever planned for a development intervention and in their own premises. The plans made at the CHSAC level were barometers itself for identifying bottom-up approach. (CHSAC members of ward no. 7 of Mahendrakot VDC.)

4.5.3 Integration of community plans

Following the community level planning, a 3-day Village Development Committee (VDC) Water Supply, Sanitation and Hygiene (WASH) planning workshop was organized to plan, prioritize, execute, operate and manage WASH related activities. The workshop brought together members of Village WASH Coordination Committee (VWASHCC), advisory panel member (political party representative in the VDC), District Development Committee (DDC) and representatives of Community Hygiene and Sanitation Action Committee (CHSACs) within the VDC. The representatives of CHSACs also shared their plans from their respective communities. Like in the community meetings, the participants exercised holistic and sector specific prioritization of WASH related projects and prepared immediate and long-term action plans by prioritizing sanitation and hygiene activities.

Based on the outcomes of the socio-technical assessment, WASH planning workshop and CHSAC level planning, the Service Provider prepared draft VDC WASH plan in both the villages- Sekham of Syangja district and Mahendrakot of Kapilvastu district. The draft report was further shared, discussed and finalized in a VDC level-planning workshop socially inclusive and representative of social stratum like the preceding

VDC level workshops. In both the villages, the VDC and DDC have approved the WASH plan, therefore, serving as an authentic and legislative framework for sanitation and hygiene endeavours. Both the VDCs are in the threshold to implementation phase of sanitation and hygiene program.

4.6 Reflecting Sekham village

Development through community participation has become a normal phenomenon in Sekham. Local people are included in the whole project cycle; planning, designing, implementing, management, maintenance, operation, evaluation and also decision making for the benefit of their local area. The data from visit to Sekham VDC, Syangja district in Western Nepal, reveals that RWSSP-WN has been successfully facilitating the Syangja District Development Committee and Sekham Village Development Committee to carry out sanitation and hygiene activities in demand driven and community led approach. Under this approach, local people of Sekham village are directly involved in development process in order to fulfil their primary needs and access to water supply and basic sanitation. Every activities on WASH in the VDC are coordinated by users committee namely; Community Hygiene and Sanitation Action Committee (CHSAC). These committees institutionalize the WASH users/clients group. The CHSAC of Sekham VDC ward no.4 is made of 7 members representing the clientele of which 4 are women, 1 from lower cast and 4 from indigenous castes. The committee is inclusive of the marginalized groups, has a representation of women at 33% minimum. The users/ clients in the communities are the actual implementing bodies of the WASH activities through this community organization. The different committees that are operating in Sekham VDC at the grassroots reflect the true aspects of bottom up approach.

Village WASH Coordination Committee (VWASHCC) in Sekham VDC comprise of 27 members from local community, governmental bodies, members of users' committees, political parties, representatives of third sectors (CBOs/NGOs) and

intellectuals from the same village who are familiar with all the issues related to their surrounding areas. The team is inclusive of the existing diversity in the village. VDC secretary is the president of this committee representing the local government and the secretary is a local person representing the village. This structure reflects the true essence of the community participation. All the activities that will address the people's need in the VDC has been and will be thoroughly discussed in VWASHCC meeting at least once a month. These discussions are closely linked with the local government priorities, plans and programs, which are founded in the VDC WASH plan. In such procedure, people are asked first to put forward their problems or needs and then local government plans and targets are reviewed. In the village, ideas and needs put forwarded by the locals have been and are merged together with local government objectives as set by VDC WASH plan and finally activities are mutually agreed and implemented. However, it is still the users' committee- CHSAC- that holds the responsibility of implementing, operating and maintaining the sanitation and hygiene schemes. The role of VWASHCC lies in coordinating and governing a smooth project cycle and mainly to monitor and evaluate the activities. Due to such active involvement of local people in sanitation and hygiene activities, there is sense of ownership among common people and they have the commitment for the activities being implemented by RWSSP-WN. The communities are owning the assets yielded by the project and are responsible to sustain the scheme. This project has effectively utilized local people and has empowered them to work collectively for the proper water supply and sanitation in the village.

Prior to RWSSP-WN, several projects have already been implemented in the village but they could not sustain as they failed to involve people in their projects, particularly in the planning discourse. These previous projects were undertaken and soon they disappeared, as the impact was not lasting and sustainable. These preceding projects were based on the traditional approach that believed to inject services from donor agencies without any further commitment from the locals, which is extremely essential for the survival of any project or activity. RWSSP-WN has empowered men and women for the maintenance and construction. Unlike previous projects, it has

incorporated people's views from the initial planning and designing phase. And to give continuity, people were made aware about the things that they need to consider after the construction phase through capacity building and sensitization. Mobilizing the community to sensitize, aware and alert its inhabitants about the need of proper drinking water and sanitation facilities and hygiene behaviours are the backdrop of community led total behavioural change in hygiene and sanitation and RWSSP-WN endeavour. This community awareness has ensured the public concentration and broad based community engagement. Hence, after such synchronization between community people and the local government, the project has developed remarkable sense of community belonging. And as a result, Sekham village was declared as open defecation free area with 90 concrete toilets and 250 temporary toilets in 2010. CHSAC as being a community level committee grabs concerns from people, prioritizes such needs and puts them in the VWASHCC meeting. A close co-ordination between VWASHCC and WUSC has resulted the clean and open defecation free Sekham village reflecting the true essence of the community participation. There is also realization amongst people regarding their responsibilities toward project and the simultaneous benefits.

4.7 Summary cocoon

As such the Village Development Committee (VDC) Water Supply, Sanitation and Hygiene (WASH) plan has provided a focused direction for WASH program and implementation of Community Led Total Behavioural Change in Hygiene and Sanitation (CLTBCHS) in both the VDCs. It has made an integrated plan for use of water in a rational, equitable and sustainable way; and to make 'Total Behavioural Change in Hygiene and Sanitation' throughout the VDC. It has identified and prioritized potential local resources and activities in drinking water, hygiene & sanitation. And through community-based commitments, it has established targets to achieve cent per cent achievement on sanitation, water and hygiene before 2017. Equally, the plan has laid an especial emphasis on the bottom-up approach, which as a

result has assimilated the community level plans (CHSAC plans) together to form an overall village level plan. The process of whole planning discourse and the plan itself, therefore, represents a strong engagement of communities in the implementation of sanitation and hygiene activities. The other strength is the coordinated and concerted actions of the political parties, local government and other actors within the scope of the village.

The whole process involved in WASH planning has built and revitalized communities and most importantly community based organizations based on justice, equality, social inclusions and mutual respect. It has involved changing the relationships between ordinary people and people in positions of power in local bodies so that everyone has taken part in the issues and designing overall VDC WASH plan that affect their lives. The pre-planning and planning phase of this project (RWSSP-WN) has realized and respected the potential within the communities; meanwhile, it has encouraged people from all walks of lives to use their energies and voices more effectively at local level. (Local CHSAC member from Mahendrakot VDC, ward no. 4.)

The planning discourse in sanitation and hygiene sector in the rural VDCs are embedded with long-term value-based process of decentralization from districts to communities, social inclusion of all social strata, gender equity and an integrated sector wide approach. The overarching purpose has been to promote downward accountability, social justice and therefore the project has steeped in politics. The engagement of Service Providers has equally enhanced the capacity development of the VDCs and communities in the planning phase of the project. Among many other things, the planning discourse has rebalanced the local governing structures and system to be fairer and more democratic. It has recognized that not all groups have equal access to power and certain disadvantaged sections of society need additional support and resources in order for their voices and their views to influence the decisions. Significantly, it has facilitated the role of local government structures as neutral bodies overseeing discussions, negotiations and dialogues between different interests, with decisions made in accordance with a rational appraisal of the evidence. Nonetheless, the consensus also reserved the voices of women and poor and excluded groups as mandatory norm. It has primarily supported communities around issues that they identify for themselves and at the same time, blended the community action with

public/local bodies to improve community engagement and organizational development. The WASH plan thus has reformed the local structures in the village and community level that has led to fairer distribution of power and equal grounds for everyone in the communities to recapitulate a real sense of belongingness and ownership.

5 FINDINGS II: REVITALIZING THE COMMUNITIES

The intervention of RWSSP-WN has a strong broad value base of community development. The data underpins the uniform injection of important values regarding social justice, equality and inclusive participation. Proper consideration has been given to gender sensitiveness and inclusions of marginalized groups, of which poor and excluded are significantly a value base. In the sanitation and hygiene activities undergoing at rural villages – Sekham VDC and Mahendrakot VDC- the best considered approach is mobilizing the local communities informed by an enduring set of principles of decentralization, downward accountability, social inclusion and community as real owners of the project cycle- over the design, implementation and outcome of on-going and completed intervention. The execution of activities is firmly driven by ‘Community Led Total Behavioural Change in Hygiene and Sanitation (CLTBCHS)’ where the process moves from the communities of rural villages.

5.1 Uncompromising community focus

The local people and communities in need to better their sanitation and hygiene situation are the real experts of their own situation. The pre-planning and planning phase of the project underpins the idea that the local people being the beneficiaries of the negative impacts of poor sanitation and socio-economic grotesques need to be sensitized and alerted for combined action. And upon gaining a level of awareness and demand from communities for project activities, the implementation of sanitation and hygiene endeavours are already rooted with community ownership.

The actual process of total behavioural change started in the communities from rapport building in the pre-planning phase of RWSSP-WN intervention. The most effective form of intervention is to directly stir up the participation of the very people whose circumstances are under exploration. The rapport building enabled the project staffs;

Service Providers and Lead Total Behavioural Change Facilitator, to immerse with the community, understand their situation and community values before the actual intervention. This in return enabled building trust and mutual understanding between the community and facilitators and locally trained total behavioural change triggers. The rapport building with the communities produced actual situation and perspectives of the communities as well as different aspects associated with the hygiene and sanitation, therefore, making the facilitation process easier. At the grassroots level, the rapport building with communities has been alongside building intra-community relationships between people and really listening to what people have to say. Informal discussions with the community people at the tea stall, community gathering, random household visits carried out cemented the foundation of project to work with people.

5.2 Triggering the communities

Having built the rapport with communities the most significant area of competence in ‘Community Led Total Behavioural Change in Hygiene and Sanitation (CLTBCHS)’ approach has been the triggering of whole villages for open defecation free process. In this triggering process the local communities were facilitated to conduct their own appraisal and analysis of open defecation and take their own action to become open defecation free. At the heart of CLTBCHS lies the recognition that merely providing toilets does not guarantee their use, nor result in improved sanitation and hygiene. Earlier approaches to sanitation prescribed high initial standards and offered subsidies as an incentive. But this often led to uneven adoption, problems with long-term sustainability and only partial use. It also created a culture of dependence on subsidies. Open defecation and the cycle of faecal–oral contamination continued to spread disease.

In contrast, the RWSSP-WN promoted ‘Community Led Total Behavioural Change in Hygiene and Sanitation (CLTBCHS)’ focuses on the behavioural change needed to ensure real and sustainable improvements – investing in community mobilisation

instead of hardware, and shifting the focus from toilet construction for individual households to the creation of “open defecation-free” villages led by the community itself. By raising awareness that as long as even a minority or poor and excluded groups continues to defecate in the open everyone is at risk of disease. The CLTBCHS triggered the community’s desire for change, propelled them into action and encouraged mutual support and appropriate local solutions, thus striving for greater ownership and sustainability.

In the triggering process, the facilitators convened communities and through participatory mapping of households and defecation areas (and by walking through these areas) the problem of ‘shitting in the open’ were quickly made visible. The crude local equivalent word to ‘shit’ was always used and facilitators conducted exercises that aimed to shock and disgust, for example, calculating the amounts of ‘shit’ produced and analysing pathways between ‘shit’ and mouth. As such this process led to a moment of ‘ignition’ when natural leaders spoke up and resolved to take action. These natural leaders were further also mobilized as ‘Total Behavioural Change Triggers or volunteers’ for their respective communities. As a result whole communities within the villages were then galvanised into action. Unlike traditional programmes being implemented in these rural villages- Sekham VDC and Mahendrakot VDC, CLTBCHS approach did not involve providing subsidies for individual household hardware rather, facilitating communities to conduct their own analysis, come to their own conclusions, and take their own action.

Since the time of our forefathers the tradition was to shit in open places. They had been shitting under the tree shed, behind the bushes and even climbing up the tree. We saw the same tradition and meekly followed it. We were unaware to construct the toilets and nobody even provided us with the knowledge to do so. And, we kept on enduring the practice unconcerned and unknown of the hazards. But the triggering process has sensitized me and I am aware of not defecating in open places. (Local resident of Sekham VDC, Syangja district.)

There were ‘White people’ who gave us money to build toilets, but we never utilized the assistance meaningfully. The contractors were hired to build toilets, but since it was more about profit and earning quick money, we along

with them had pretty good share of money. We even sold the toilet equipment. There was no operation or maintenance and eventually the earlier project was doomed. However, after the community triggering I know now that the flies staying in my stool would go to others and the flies from others' stool would come to me, and no wonder the village was caught in the diarrhoea catastrophe. As people defecated in open places, the excreta would reach the vegetables and plants or during the rainy season, it would be carried by water that we would drink and we suffered from the endemic of diarrhoea. After we understood all these, we felt the need to combat this problem and so we now as a community work together to raise the awareness in the village about the importance of safe drinking water, adequate sanitation and hygienic behaviours. (Local resident of Mahendrakot VDC, Kapilvastu district.)

In a nutshell through the 'Community Led Total Behavioural Change in Hygiene and Sanitation (CLTBCHS)' approach RWSSP-WN has been able in curbing the top-down donor based toilet construction through subsidy and rather focusing to generate community wide awareness to stop open defecation and striving for total behavioural change in the rural villages of Western Nepal led by the community itself. The triggering process has intensified local mobilisation and facilitation of community people to enable villagers to analyse their sanitation and waste situation and bring about collective decision-making to implement sanitation and hygiene activities.

5.3 Collective community action

The participatory analysis of community issues, needs and strengths, rapport building and triggering process in the village has revealed many pressing priorities, embracing a range of complex issues, from addressing gender discrimination, social inclusion of marginalized groups to ensuring communities as the real implementers. Community Led Total Behavioural Change in Hygiene and Sanitation (CLTBCHS) approach has involved mobilising communities to build latrines and completely eliminate open defecation. Through a process of facilitation, community members have realised the links between open defecation and negative health impacts, and as a result they have become motivated to take collective action to change this practice. Imparting

awareness in the communities that poor sanitation is not just an individual problem but a broad concern for the well being of the community, collective action has been ensured; that both rich and poor have access to and use latrines is critical, as even if a few people continue open defecation the negative impacts are felt by all. Collective action has also set precedence for working together on future issues, which are likely to require collaboration from all members of the community.

On the other hand, as all the sanitation and hygiene activities are local based and done mobilizing the community resource and people, with effective facilitation, total sanitation can be achieved at relatively low cost. Mapping of households with and without latrines were developed into wealth ranking of households and mapping of other community resources. Discussion of sanitation in the community level has lead onto other hygiene and health related issues such as hand washing, wearing sandals, availability of contraception, maternal and child health problems, or ensuring provision of improved health services.

In the due course, community triggers or volunteers have emerged from within the communities through the process of community triggering who have been effective in mobilising and motivating households in future activities. Before the CLTBCHS approach, discussing sanitation used to be an uncomfortable or embarrassing issue, which was typically avoided. In addressing this topic in a public way in the communities the barriers have broken down and people in the communities have openly started talking about toilet and sanitation. The process of involving the whole community has transformed sanitation as an issue which crosses social strata and requires collaboration of all, both poor and rich, young and old, women and men, dominant or marginalize to achieve a successful outcome.

In traditional sanitation projects before CLTBCHS approach hardware subsidies were offered and taken mostly by the local elites, or high quality latrines were constructed but not actually used. Such practices had encouraged dependence and a preference for external models. The community's own initiative and innovation has been encouraged

in terms of latrine construction. External hardware support (such as cement rings and slabs) has not been offered, though ideas for design of low cost latrines were widely shared where this knowledge did not exist. Many low cost models have evolved as a result of ingenuity of particularly the poorer householders. In Sekham VDC and Kapilvastu VDC, taking collective action has developed communal pride and self esteem which is itself a form of strong social capital. The community led sanitation intervention has given the communities self worth and encouragement to take many other small actions. Upon such cooperation being achieved in the villages, the case of sanitation, and community solidarity has been established and future actions have become much easier to organise.

5.4 Community based governance and implementation

The strongest aspect of implementing community led sanitation intervention in the villages of Western Nepal has been the statutory provision for the formation or activation of community-based users' groups as the implementation bodies of RWSSP-WN project activities in sanitation and hygiene. The project has supported community led development, where local inhabitants and communities in the villages, including women, poor and marginalized as active partners work in the local governance process, prioritization, planning, implementation and fulfilment of their basic needs through collective action. These community based collective actions are represented through 'Community Hygiene and Sanitation Action Committee (CHSAC)' in each wards or social clusters within the villages- both Sekham VDC and Mahendrakot VDC. The committee represents the social strata and demography of the communities it represents and is strong and active. These community organizations have played the lead role for the planning and implementation of the actions followed from the triggering process.

Community Hygiene and Sanitation Action Committee (CHSAC) is a body of action, which is responsible for overall implementation and coordination of water, sanitation

and hygiene activities at ward or community level. The boundary of a CHSAC is an imaginary boundary, which could be fixed based on the social village settlement, scheme area coverage and the catchment. The communities themselves elected the composition of CHSAC. It was also significant to note that all the CHSACs formed in the both VDCs had 50% of women and in some cases even more. Similarly, all the communities had also nominated at least 3 members to CHSAC to ensure the proportionate representation from excluded/marginalized groups. Such procedure as result has provided equal representation for all social stratum to the community organization.

The CHSAC together with the communities has carried out following activities in the ward or social cluster within the villages under the facilitation of total behaviour change triggers.

- Commitment of each and every community member to stop open defecation
- Making action plan of committee to stop open defecation, building latrine and prioritizing institutional latrine within the communities
- Making a list of households with and without latrines
- Demonstration of low cost hygienic latrine
- Ensure resource sharing between the communities
- Formulating and enforcing norms and regulation within the community
- Building latrines (Institutional, family, shared, or public)
- Organization of committee meeting regularly, at least once a month
- Follow up and monitoring of households and open defecation status together with child clubs, women groups
- Assessment of progress according to action plans and pasting on notice boards
- Mobilization of child clubs
- Setting indicators for ‘Total Behavioural Change in Hygiene and Sanitation’
- Selection of local mason or construction worker from the community

The ‘Community Hygiene and Sanitation Action Committee (CHSAC)’ with support from total behavioural change triggers and Service Providers have implemented

household and institutional sanitation activities within their communities. The community organization as of being ingenious to the local community has successfully created open defecation free houses, carried out collective action for toilet construction and negotiated and reinforced behavioural change in the communities. As such, the CHSAC has been an exemplary model of community organization; it has facilitated households in developing their sanitation and hygiene plan, supported organizing and facilitating community conversation groups, women groups, saving and credit groups, and sanitation campaign. This community institution has collected information on toilets constructed, hand washing stations, compost pits and home visits. And in return it has reported to the Village WASH Coordination Committee (VWASHCC) on monthly basis.

The VWASHCC brings all the communities together in the village level and has the governance mandate for the village in question. It provides the overall coordination, oversight, guidance, governance and decisions at village level in the planning, implementation and post implementation phase of water supply, sanitation and hygiene program.

Such a community based governing structure, Community Hygiene and Sanitation Action Committee (CHASAC) in the community cum neighbourhood level and Village WASH Coordination Committee (VWASHCC) in the bigger village level has empowered communities and households to solve their own problems, has encouraged communities to take planned action, has enabled them to analyse their strengths and weaknesses in solving their problems, and most importantly created a sustained community led or community managed total behaviour change approach.

5.5 Rejoicing diversity and social inclusion

The rural communities of Nepal have a socio-economic backdrop of patriarchal male domination over women and marginalization of lower caste groups, indigenous

groups, poor and excluded. The whole project cycle is driven with a gender sensitiveness and social inclusion principle and therefore has acquired some political acumen, understood policy-making processes and shaped all the barriers to equal participation into new social contract. This includes the selection of project areas, design of water schemes, sanitation and hygiene programs, staffing, institution and capacity building of the local bodies. At the community level, the programmes have secured 50% women participation and proportionate representation from the traditionally excluded groups. In the executive committee of community based Users Committees, out of 9 members (minimum), 4 persons should be women and at least 3 persons from excluded groups. It further has obligated a minimum of one key position in Users' Committee should be held by woman and one from excluded groups (i.e. Chair, Vice-Chair, Secretary, and Treasurer). The service providers have been aware to participatory methods in working with the communities. Among, many other things commended in the group meetings with men and women, the women have equal opportunity and also reservations to have their say freely. Similarly, the process also ensured that the voices of marginalized groups were properly heard and noted.

Village women are hard working and busy with reproductive and productive work, so the meetings in the village take place at a location, a day, and a time, and have a duration which is convenient to and decided by the women; the meetings take place in a language that illiterate people can understand; women and the poorest households (which are often too shy to speak up in public meetings) must be encouraged to express their opinions and requests and be given a voice. (Female Village WASH Coordination Committee member, Mahendrakot VDC.)

The meetings have been all-inclusive: in the community level and village level discussions or meetings there is formation of women's group and a men's group, a youth group, school children's groups, and make sure that the poorest households/clusters are participating in all groups or are making their own group. The planning and implementation process includes at least a first priority and second priority of each group. There is no "consensus making" in priority ranking, where women and the poorest households' priorities are overruled by the male elite. Such practice at the grassroots has enabled the communities within the villages to rejoice

and experience equality and diversity in their daily activities relating to sanitation and hygiene.

Similarly, the Village WASH Coordination Committee (VWASHCC) has been an inclusive representation of both the villages- Sekham VDC and Mahendrakot VDC comprising of representatives of women, lower castes, minority groups, indigenous groups, teachers, political parties, health workers, community based organizations, for example. VWASHCC has been supporting and strengthening the sanitation and hygiene activities of the whole Village Development Committee (VDC) and providing advice, guidance, training and also monitoring for the activities in the village.

The gender and social inclusiveness has also brought about tangible changes in attitudes and project interventions, designing and construction of sanitation/toilet schemes. There has been a better understanding that girls and boys have different needs and priorities related to sanitation and so do people with disabilities. On such grounds, the institutional toilets in community buildings, local government offices, and schools are made disabled friendly and accessible. There have also been separate constructions of girl and boy toilets in the schools.

It might sound strange to many of us that having separate toilets play a major role in improving the attendance level of girl students in schools. Does a toilet really have that much influence on the student lives of girls? The answer to this question is yes. In my experience, separate toilets for girls lead to absenteeism, which ultimately led to girls dropping out of school. I used to hate going to school when I was at school. Although there was toilet, it had common toilets for both boys and girls. I would feel scared and embarrassed that boys in my class would find out that I was menstruating. It really distracted me from concentrating on what was being taught by my teachers.

The separate toilets facilities that are soon to be constructed will provide privacy and a sense of security to my girl students unlike my experience. May be because our society is still a patriarchal society, when priorities are established, the interests of women and girls are often poorly represented. Even in today's day and age, most people in Nepal are still unaware about the needs of girls and the issues they face in events such as these.

I am happy that this project's initiatives for gender sensitiveness in constructing separate toilets are stepping stones in improving attendance in schools and promoting education among girls. These ideas should be replicated all over Nepal, in order to spread light on the importance of having separate toilets for boys and girls. I am happy for my girl students.

We have still a long way to go in Nepal, we can at least have separate gender friendly toilets that will enhance a sense of privacy, and will reduce embarrassment among girl students. Let us not let any girl miss out on education and countless opportunities because of lack of separate toilets. (Local School Teacher, Mahendrakot VDC, Kapilvastu district.)

5.6 Tracking impacts and outcomes

With a sustained community based efforts, in both the villages- Sekham and Mahendrakot- there has been a great seize of open defecation practices and adoption of hygienic behaviours and unprecedented construction and usage of toilets. The ultimate goal of the community led efforts has been to achieve an open defecation free community. Both the villages were declared open defecation villages in a short implementation period of less than one year in 2010, which was inspected and verified in the presence of external people; people from neighbouring villages, local government officials from the District Development Committee and RWSSP-WN staffs, among many other participants. The majority of villages had constructed toilets with full use and general cleanliness and basic sanitation was prevailing in the communities.

Earlier our indigenous community remained backward because of our uncleanliness. Post the VDC training and community ignition or triggering; we have been alert and aware. Every household now has constructed toilets and uses them properly. With the community engagement there has been also construction of toilets and now the village is also certified an open defecation free. We are also now conscious to pen the pigs and manage the cowsheds in a safe distance away from the house. We are also disposing our garbage's in a safe distance. As our community has been ignited we are leading as an example. We are even properly utilizing the wastewater to irrigate our kitchen gardens now. You can see that, these days we have tugged the soap in the water tap so that, even if we touch the dirt for hundred of times, we clean

our hands properly. We have learned to practice hygienic behaviours. (Local inhabitant, Sekham VDC.)

Earlier we used to throw away the garbage anywhere possible without proper concern. But, today as we are ignited about proper sanitation and hygienic behaviours, I have been disposing the decomposable household wastes in these closed wooden bars. I am also planning to dig a compost pit in the kitchen garden. As we have made proper waste management, there has been reduction of flies around the house. Among others since, these wastes decompose and form compost manures, we no more need to spend money in buying chemical fertilizers from the market. These compost fertilizers are really nice for the soil and plant; the agricultural production has also increased. (Local inhabitant, Sekham VDC.)

In the past days, we did not have knowledge and went to forest for defecation. Now as the project activities have alerted us, we constructed toilets and are also utilizing the stool and urine from the toilets into the bio gas plant. It has really been beneficial economically and ecologically. The facilitators in the training once told us that we could sell our shit for more than 400 Rupees. But now we realize, it worth's more than that. We no more need to depend on the Indian imports for gas and fertilizers as we get them from our own bio gas plant. We don't even get worried about the high inflation on gas and chemical fertilizers. (Local inhabitant, Mahendrakot VDC.)

The impact of sanitation and hygiene intervention in the rural villages of Western Nepal reaches beyond the open defecation declaration and construction cum proper usage of toilets. The trickle down effects have been wide spread and quickly felt in these target villages. There has been a great improvement in health and hygiene; the risk of exposure to pathogens and hazardous substances that could affect public health in the community and villages has been reduced at all points of sanitation system from household to institutional level. The local schoolteacher in Sekham VDC reported that the school was not closed for the first time during the monsoon season this year, clearly denoting the decrease in viral diarrhoea occurrence in the village in 2010. Equally important is the first hand economic benefits people have experienced not only in the reduction of health expenditure but also as waste management for a source of energy- fertilizers and bio gas.

The anti-subsidy approach promoted by Community Led Total Behavioral Change in Hygiene and Sanitation is one of the main driving principles and certainly the principle that was most widely cited reason for its success according to most of the respondents in Western Nepal. The anti-subsidy support has a lot of support and not least because of it ensuring proper use of latrines. There were numerous accounts given in the focus group discussions and in interviews that in previous projects where subsidies were given and it resulted in latrines being misused. Some latrines were used for storage, some were not even used. Reasons for the support of a anti-subsidy approach include the fact that a sense of ownership is heightened if people have had to pay for a product, experience has shown that maintenance and use of the product is better if it has been paid for by the user, and that subsidies are often vulnerable to capture by the 'elite'. This approach finds some support if poor people make even a modest contribution to the provision of health services, it results in more accountability and better quality care.

Another finding in regard to the spin off effects of preventing the practice of open defecation is that it was helping to prevent some of the dangers women had to face. The risk was not only due to safety issues of having to walk long distances and in the dark to defecate, but also due to some cultural expectations. Amongst some of the communities in the Terai, it was reported that women, particularly newly married women, are not allowed to defecate during the day. This has obvious negative implications for their health as due to this restriction they are severely restricting their intake of food, which results in a number of illnesses related to poor nutritional status. This was repeatedly mentioned in focus group discussions and in some of the in-depth interviews. The spin off effect is that it has been proposed that the construction of latrines is preventing women having to take these long distance treks from their homes and may help prevent the pressure to wait until it is dark. And this naturally has increased the sense of security from sexual assaults while defecating outside.

The principle of using children as agents of change was evident in Nepal. I was opportune, during a visit to a village in the Hills to have a rather elaborate looking

latrine pointed out to me. I was informed that the 12-year-old son of a widow living in the village had constructed it. He constructed the latrine very soon after some ‘triggering’ activities had happened in his village.

The overall impacts of the sanitation & hygiene activities are categorized below:

- Increase in human dignity, quality of life and environmental/health security at household level and broader community level.
- Set up of autonomous community based governance structure, social inclusion of all stratum of the community in the sanitation and hygiene discourse and communities established as the real implementer and owners of the project cycle and assets/outputs.
- Household waste considered as a resource, and its management has been holistic and capable of bringing long term economic benefits, sustainable energy source and agricultural yields.
- Consolidation of community action and mutual support, which provides a harmonious community life accepting and rejoicing diversity.

5.7 Sustainability of the sanitation and hygiene interventions

The sustainability of the sanitation and hygiene activities in the rural villages of the Western Nepal derive from the ingenious mobilization and meaningful engagement of local community people and resources in the designing, implementation, monitoring and evaluation and ownership of the whole project discourse. The impacts discussed in the previous chapter serve as the founding blocs for the target communities to realize and own the benefits of the project in their daily lives. The local people have understood and felt the outcomes, which are significant for their own well being that drives and encourages continuing the activities in their household level.

5.7.1 Socio-cultural aspects

The community led total behavioural change in hygiene and sanitation (CLTBCHS) approach has kept the communities in radar and uncompromisingly facilitates them to implement and lead the project endeavours. The communities in the discourse have generated and beholden the socio-cultural acceptance and appropriateness of the CLTBCHS approach and therefore, discussing about defecation, toilets and waste are no more regarded as an embarrassment and taboo. The activities have been building convenience, community perceptions toward their common problem, rejoiced gender sensitivity and inclusion of poor and marginalized leading to a sustainable social contract.

5.7.2 Mobilization of local community

Ever since the outset, the sanitation and hygiene intervention has looked for local knowledge and local people as the key actors. The involvement of community for their own assessment and planning their activities are the benchmark. The formation of 'Community Hygiene and Sanitation Action Committee' is equally a long serving and sustainable institutional base for the community to govern, monitor, evaluate, operation and maintenance of the sanitation and hygiene activities, infrastructure and assets. Of all-important things, the assets and outputs of the activities are cemented in the communities and with the raise of awareness and local knowledge for the importance of total behavioural change in sanitation rather than a subsidy based toilet construction, the usage of toilets is sustainable and community owned. The Service Providers and Lead Total Behavioural Change Facilitator have facilitated the capacity enhancement of the Village Development Committee and community based institutions, which enables the village and community to continue the activities in the cease of project support as well. It is also noteworthy to recall that the community triggers and community masons or construction workers are the human resources in the communities and hence, the human resource is also firmly owned by the local

community. As also ascertained from the literature, the community led approach has stemmed from efforts within programs to increase the level of community participation. The community participatory approach in many ways testifies to the dissatisfaction that has been felt with programs and projects before that have had a traditional subsidy based approach. The belief being that the preceding programs have ignored factors in the environment and conditions in which people live, that contribute to the health status of people. The assertion is that it is important to establish knowledge of these factors before behavior change can be facilitated. Certainly in the literature reviewed for this research and from the impressions the researcher gained in Nepal there seems to be an increasing level of sensitivity towards people in projects aiming to prevent the practice of open defecation.

Earlier, the committees would have been formed in the district level only, which would make decisions and select the projects for the VDC. The opportunity for the users' in the community was to accept the decisions. After the formation of Community Hygiene and Sanitation Action Committee (CHSAC) and Village WASH Coordination Committee (VWASHCC), the users' from different wards within the VDC have been capable to demand, own and succeed in the Water supply, Sanitation and Hygiene (WASH) activities. In the past, the previous projects did not reach the people at the bottom or at the grassroots but this project since its inception has participated people from each ward and clusters within the VDC. (VWASHCC member, Sekham VDC.)

5.7.3 Financial and economic contribution

The financial and economic issues relate to the capacity of households and communities to pay for sanitation and hygiene themselves, including the construction, operation, maintenance and necessary reinvestments in the system. Of the total project budget the Village Development Committee (VDC) contributes 3 % and the local communities contribute 6%. The financial contribution from the communities already gives them the ownership and urge to sustain the project infrastructure. In the preceding projects in the villages, there were no maintenance concerns and the sanitation scheme eventually was not sustainable, got damaged and deteriorated. In

this CLTBCHS approach the communities themselves build the toilets and also contribute 20% to the construction of institutional toilets in cash or physical labour of the total budget.

We did not have ideas about Operation & Maintenance (O&M) of the water schemes earlier. The contractors hired by the project would only construct and go back. They did not teach us anything. In these days, we have also participated in the O&M training, so, our own committee is capable to operate and maintain these infrastructures. That is why we are hoping that this project will be sustainable. (CHSAC member, Sekham VDC.)

For voluntary contribution to school demonstration of toilets or demonstration in other public places, the implementation by beneficiary communities in labour and local material and transportation of external material from road head to village, the young, unemployed men in the village have taken lead. Women are busy and were not burdened with extra work in this case. In case that transportation and other labour is being paid for by the community based user committee, CHSAC or VDC, women and men have been given equal job and earning opportunities. Priority has been given to the poorest women and households for employment; for latrine construction as a skilled job, the poorest households have been given a chance, although latrine construction has not automatically been regarded as a lower caste job, everybody is responsible for latrine construction, cleaning and maintenance.

5.7.4 Monitoring of the sanitation and hygiene activities

The sanitation & hygiene planning, implementation and monitoring has uniformly followed the Local Self Governance Act and Rural Water Supply and Sanitation Sectoral Strategic Action Plan and normal procedure for annual development planning in villages and districts has been community-led and implemented by the communities and user committees.

Sanitation & hygiene activities has been coordinated and harmonized so that all available resources for sanitation and hygiene are effectively used and mobilized by the community. The implementation and monitoring of sanitation & hygiene projects has followed normal practices for community based procurement, implementation and monitoring of sanitation schemes through community based user committee; CHSAC and has been engaged in self-monitoring and the local bodies Village WASH Coordination Committee has provided oversight on performing normal progress and financial monitoring of activities within the communities.

The monitoring of sanitation & hygiene projects has followed normal and prescribed procedures as set by the villagers in the VDC WASH plan. The community based structures and institutionalization as an action committee has set a long standing local governance and monitoring structure.

5.7.5 Service Extension

Additionally, the communities have been involved in ingenious ways to extend the sanitation and hygiene services with collaboration of other community based institutions and support from local bodies. The Village Development Committee (VDC) WASH plan also sets directive and focused plan to implement and increase the outreach of the sanitation and hygiene intervention. With the community lead and focus on locally available resources and manpower, the extension of activities is made more relevant and accessible to even the poorer households.

We now have trend of building toilets in our village. The local people are actively involved in constructing permanent toilets. During the Open Defecation Free (ODF) declaration in our village, the District Development Committee (DDC) rewarded prize money for our achievement to the Village Development Committee (VDC). The Village WASH Coordination Committee (VWASHCC) has utilized this reward money to invest in the construction of permanent toilets along with the cooperation and monetary support from the Community Forest User Group. We are investing the money in the construction materials of the toilet, and the citizens in each ward are

collectively constructing the toilet rings themselves through CHSAC (Community Hygiene and Sanitation Action Committee). The users are receiving loans for the toilet rings and construction of permanent toilet, which they have to pay back so that the other in need receives the loan again. In this way, we have created a revolving fund. We all the users in this locality are constructing these toilet rings with our joint efforts. As soon as we receive the pay back from the debtors, the money from the revolving fund will be disbursed to other localities without permanent toilets. (CHSAC member of Mahendrakot VDC, ward no. 3.)

Additionally, the construction of latrines has been streamlined in correct places; safe distance to kitchen and living areas to minimise transmission of faeces and bacteria /diseases by flies and small animals (rats, mice, geckoes etc.) – especially for dry/ecological latrines; location of latrines below water wells in hilly areas – not above, since that increases the risk of pollution of drinking water from the well by faecal coli bacteria; and safe distance of pour-flash toilets from water wells in Terai areas. The promotion of simple, cheap, hygienic and already tested pit latrine models, according to national or district standards, and which requires minimum maintenance and repair and minimum external materials has increased the outreach and service extension of the latrine construction. On the other hand, the promotion of toilets has taken into consideration of old and disabled people who cannot walk far for defecation or who need special arrangements for toilet use because of their disabilities. School awareness campaigns for school management committees, teachers, students and their parents on human dignity, shame of open defecation, “modern” life and risks of open defecation for the health and for environment equally serve sustainable community knowledge.

Latrine demonstration in schools for girls and boys, female teachers, male teachers separately has encouraged girls to stay in school after puberty, and encouraged female teachers to take jobs and stay in even the most remote villages. It has also helped spreading awareness about hygiene and dignity and created demands for construction and proper utilization of private latrines from parents through the children. Meanwhile, latrine demonstration at the local health post or sub-centres – separate for women and men, has helped set a good example for people seeking help at the health

post and create awareness of good hygiene practices. Latrine demonstration at VDC offices – for women and men separately, has also encouraged women to participate in public meetings and in political life and village decision-making.

6 FINDINGS III: LOCAL CHALLENGES

In both the Village Development Committees- Mahendrakot VDC and Sekham VDC- they have been declared as Open Defecation Free (ODF) after construction of both temporary and permanent toilets in almost all houses of all 9 wards within the village. Bilateral program between Finland and Government of Nepal are working for Water, Sanitation and Hygiene in these VDC under RWSSP-WN. Based on community led participatory approach, this program seems to be working effectively including all people from various ethnic cultures and stratum. But the whole discourse has not been without hiccups and local loopholes that could impede the sustainability and overall community ownership of the sanitation and hygiene interventions.

6.1 Conflicting structures in the community

Preceding the formation of Community Hygiene and Sanitation Action Committee (CHSAC) there is already an existing Water Users and Sanitation Committee (WUSC) in both the sample villages- Sekham and Mahendrakot. Despite having a clear understanding that in the presence of WUSC, they would be serving as CHSAC it has not been the reality. The Rural Water Supply and Sanitation Sectoral Strategic Action Plan of Nepal only provides authenticity of WUSC as community based entity for activities relating to water supply, sanitation and hygiene. There has been reformation of CHSAC, which creates some duplication of roles and responsibilities within the communities. Nonetheless, people have been aware of need to work collectively, CHSAC has added to be another community-based group. CHSAC is pretty new and would have additional role of maintaining sanitation and hygiene with aim of community led total behavioural change in hygiene and sanitation.

CHSAC has also the mandate to work for operation and maintenance of the water taps of the local area. But there is already an authorized WUSC for the same task. Though

they have not incorporated sanitation and hygiene as broadly compared to CHSAC but still there is no clear demarcation of responsibilities between newly formed CHSAC and old WUSC. The further pressing issue is unlike WUSC; CHSAC is not entitled to collect water tariff. Water tariff will remain a crucial sustainability parameter so; WUSC already has an upper hand. The major loophole is the Village Development Committee or local bodies' legislative directive, which does not provide any clear solution to the duplicating structures at the community level. It is understandable that the vision of CHSAC is broader and has injected community led approach in overall project cycle, but the existence of two similar community based governance structure is unsustainable. It is advisable that both the community-based structures can be merged together with the same broader vision of CHSAC, but the name of the committee can be discussed in the community. As of both CHSAC and WUSC being the community owned and managed structures, and also that the whole project process has already created a favourable social contract and mutual relationship, combining these community based user committees is an easy go.

6.2 Missing youth representation

Apart of user committees in the community there is also existence of youth clubs in the villages. Especially this youth club is responsible for youth development and organizing various activities to build capacity of youth in local area. The youth club and the young demography of the village including children have been participated in the project planning discourse and additionally, youth club has assisted the project cycle by providing free voluntary works in organizing meetings, discussions and also in construction of toilets. Inclusive in nature, CHSAC is a perfect incorporation of social diversity, however, the affiliation of youth is very marginal also considering the median age of Nepal is 21. Mostly the representatives in CHSAC were above 30, and therefore involvement of youth demography will remain a crucial aspect for long term sustainability of the activities and community based governance.

6.3 Preponderance of community groups

An expanded rural agenda involves new approaches to community participation. First, I contend that the traditional forms of community engagement no longer work. Experience is showing that in organizing for community development, people are tiring of committees, public meetings and other “ traditional” forms of participation, which often appear to be used by default. People are seeking more informal, temporary and social ways of participating in their community. In a small social cluster of Mahendrakot VDC, ward no. 9 with a approximate population of less than one thousands there are at least 13 community based groups or committees formulated by different projects; for example community forest committee; community irrigation committee; women’s group; bio gas committee, water users and sanitation committee and now community hygiene and sanitation action committee for example. Many rural citizens express confusion and frustration about lack of connectivity and proper communication between these different groups.

Innumerable women groups have been formed for the development of status of women in ward no. 9 of Mahendrakot VDC. There are mother group supporting finances for the mothers and also looking after the child nutrition, women development groups working for the women development through capacity building. There is also special poverty alleviation fund group of marginalized and poor women. Besides having various women groups, the situation of poor women was still miserable as it was. All women groups were generally established for the growth and development of the women both rich and poor. But looking through the representation, those who can speak and are dominating in nature are controlling the strand behind it. Poor and marginalized people suffered from low representation and suppression. There were no representations of lower caste and indigenous women in the executive head of any group except poverty alleviation fund group as it was supposed to include poor and marginalized women only. As it has been the specialties of Mahendrakot to bear many committee and institution, women group also suffer from the same. Every woman belongs to every one of the women group. Though all these groups aim to improve the women of that area, with similar background with almost similar activities but also they differ institutionally. Hence at this condition, rather than forming different groups and confusing the villagers, all women should form a team and work together for the development and the growth with equality and equity. (Local female inhabitant of Mahendrakot VDC.)

As such, despite the broad based inclusiveness of Community Hygiene and Sanitation Action Committee, Village WASH Coordination Committee and the whole project cycle, the other projects undergoing in the village and their innumerable community based committees can be disengaging and thwarting the inclusive process and zeal of this community led sanitation and hygiene interventions. A more complete rural and regional development agenda needs to firstly embrace new forms of community involvement, such as coalitions, temporary commitments and networks of existing community groups in the village and community level. These are more likely to engage people with very limited volunteer capacity and to encourage a broader spectrum of community participation not just in sanitation and hygiene but also in other development agendas. Secondly, a wider approach needs to involve local people in prioritizing issues based on the level of local motivation and existing user committees in their communities and also create easier ways for people to act on their existing structures. This greater participative democracy must retain legitimacy and add value to representative democracy.

6.4 Meaningful engagement in decentralization processes

While participation is a useful concept in theory, it has associated costs, for example transport and feeding costs. The experience of decentralization, as shown by the research, is that many of the disadvantaged members of the community (the poor, peasants, women and people with disabilities) cannot afford the costs to go to district level consultation meetings in spite of its open call. An interview with the VDC secretary of Sekham revealed that in the village meetings, the majority of the attendants were women. However at the district level, where most decisions are made, fewer women attended such meetings. His opinion was that most of the women could not afford the associated costs of transport, feeding and time at the district level compared to the local village level. The 'well off' ones (politicians, businesspersons, property owners and other elites) can afford them. In that situation, only these people have been seen from participating in the broader planning processes and consultation

at the district level. Consequently, so-called participatory processes, more often than not, fail to meaningfully engage the poor in decentralization processes. The view of VDC secretary of Mahendrakot was that “the community lacks the competence to appreciate and engage in full participation and unless this competence is built among the people, participation remains rhetoric”. His opinion was that “the level of participation, especially in meetings, heavily depends on the competence and expertise of the local leaders to facilitate the process”. For example, community meetings that were held with the help of the district technical staff and where local leaders were willing to co-operate were participatory. This clearly indicates that decentralization is a slow process and will require much greater time and consistent bottom-up effort. On one hand this project has well founded bottom up approach but, on the other hand, there needs to be constant oversight to facilitate and reserve the proportional representation of disadvantaged and marginalized people.

6.5 Introducing new technological solutions

Unambiguously in both the villages, the target population want to attain universal access to safe drinking water and proper sanitation (construction of temporary and permanent toilets with behavioural change in hygiene and sanitation. With the backdrop of already constructing toilets in the villages, the project has now started the concept of ECOSAN toilets or urine diversion toilets, which is eco friendly and is able to produce organic fertilizers from the raw urine. The project in its inception did not provide ECOSAN toilets as a technological option and only brought the concept of construction of toilets; temporary or permanent. After already having constructed the toilets the villagers are now caught in a natural dilemma either to reconstruct their toilets to tap the urine resource for potential natural fertilizers or to live in status quo. In the village level meeting, the local inhabitants complained that reconstructing their toilets would require extra money and will increase people’s expenditure. People have already put their money for the toilets and bringing new concept of ECOSAN toilets only after the declaration of open defecation free village was banal. This issue clearly

raises the need for discussing all technological solutions relating to the project already in the planning process. Introducing new technological solutions in a project is pragmatic and evolutionary step but this has to be sought for in the planning process and such practices can disengage the belongings of community towards the project.

6.6 Conflict analysis and resolution

Conflicts were a major challenge in the first phase since there was little capacity and experience with conflict resolution in the community and village level. Conflicts in the early years of implementation are reported to be broadly of those relating to internal issues of community based user committee; Community Hygiene and Sanitation Action Committee (CHSAC). Within- user committee's conflicts are said to have occurred because of incorrect identification of representative to CHSAC (referring to elite representation) and lack of agreement about leadership in a group.

The Executive Committee in Community Hygiene and Sanitation Action Committee (CHSAC) and Village WASH Coordination Committee (VWASHCC) consists largely of village elite who makes decisions on behalf of the group, despite having included marginalized groups as general members. Although several meetings have been held, several members are ignorant of the operational plan and preparation process. Moreover, it was natural for some members of the community user committees to be more active than others. It was also natural for the more active members to be dissatisfied with the passive members. In some groups, conflicts arose because two or more individuals vied for leadership of the group. In a village community, acquiring the chairmanship of an organization like the user committee can have tremendous implications for the social status of individuals.

Availability and identification of a mediator within the village in which the community have faith is crucial in a conflict situation. Experience shows that user committees generally depended on the project staffs for conflict resolution, though the

user committees themselves also solve minor cases of conflicts related to violation of rules. However, given the shortage of project staff, the need for the development of other conflict-resolving intermediaries who are trusted by user committees need to be noted. Though local governance institutions, VWASHCC have played significant governance role, given their increasingly important political status (with the inclusion of political party representatives), they may have a much more crucial role to play. However, while using local political bodies as intermediaries, there is a need to ensure that the interests of the weakest are not sacrificed, especially when the conflicts arise because the weaker sections in the village feel that the elite, who may also be the leaders of the village institutions, has wronged them.

6.7 Lack of access to information

Rural citizens have indicated that they feel there is a lack of access to information about government policies and services, and exact financial information in relation to the project. They have also reported that the information that is available on legislative policy, government programs and services is difficult to obtain and interpret. There is a desire to learn about and access information about project finances and services that is understandable, concise and timely. There should be first hand information on financial matters that should be available in the local language at the village level. The availability of information not only increases transparency but also creates an accountability whip for the project staffs and local government.

6.8 Challenges to community participation

An important challenge to community participatory approaches concerns the ‘dynamics of the various players’ that are involved. Most community participatory programs fall under the umbrella of a ‘development project’ and there are frequent power struggles at play among the different stakeholders, not least the outside

agencies. It seems almost a contradiction in terms to promote community ownership when the 'outsiders' have their own agenda to meet, inclusive of the targets that they have set.

For me what I am always thinking is that whether this CLTBCHS tool that you can actually apply in a project because we also have our targets and everything. We are under pressure and sometimes I think that might be the problem also that is not community led sometimes because we are also thinking about our own targets and we are not actually giving the community space, space that they should need. (Budge 2010, 84.)

Another caution extended to the community participatory approach concerns the potential for the situation to be politically manipulated. Community participation can be employed to describe euphemistically the manipulation of people by politicians, bureaucrats and technocrats for the purposes which are believed to be for the people's good – and may well be so – but which are conceived by these others in a manner that objectifies and infantilizes people. This resonates with the analysis that sometimes in development projects it alludes to the creation of problems, or manipulating poverty, as a means to open the door for technical solutions. The challenge boils down to development workers needing to carefully consider 'whose needs are being met', those of the 'community' or those of the projects.

7 CONCLUSIONS

7.1 Grassroots based planning

The social planning involved in the pre-planning and planning phase of sanitation and hygiene activities in rural villages of Western Nepal resonates the idea of Thomas (1993) that the social planning has been concerned with the assessment of the community needs and problems in a participatory manner. And together with these communities, a systematic planning of strategies was done to meet the needs and challenges of the communities within the Village Development Committees (VDCs). Distinctly, this social planning process has analysed the socio-technical conditions; informed people of the policies and legislations; and the role and responsibilities of local and community based governance structures. The pre-planning phase and planning phase of RWSSP-WN facilitated sanitation and hygiene activities have also resulted in community level goals and targets. It has empowered the communities to design the service programs, and to agree on the appropriate resources from the VDC and communities. Meanwhile, the VDC water supply, sanitation and hygiene (WASH) plan has been primarily formulated, prepared and accepted by the communities under guidance and facilitation of the local governing structures. And thus, reflecting the felt needs of the communities and local demands; mutual agreement of the local inhabitants; and clear distinction of role and responsibilities for everyone within the VDC. The whole discourse has also been socially inclusive of marginalized groups and exemplary of women participation.

The data also reveals that Community Hygiene and Sanitation Action Committee (CHSAC) and Village WASH Coordination Committee (VWASHCC) serve as community organizations, which is invaluable in collaborating the separate communities and most importantly all the inhabitants of the VDC. For the first time in the VDCs, the additional participation of the statutory agencies- for instance VDC,

health posts, schools; political parties, civil societies and other VDC level WASH stakeholders has led to joint initiatives, consensus on WASH plan and shared responsibility for implementation and post implementation phase. The process has also laid foundation stones for decentralization process of sector-wide WASH program implementation in Western Nepal. The data also confirms that the local patterns and structures have the authority and scope to enforce downward accountability and local ownership of overall WASH program. It has been the communities who have planned and have total control over the design of sanitation and hygiene activities in Western Nepal.

7.2 Community ownership

The research reveals that there is valid data to verify that the hygiene and sanitation activities in rural Western Nepal through Rural Water Supply and Sanitation Project (RWSSP-WN) has strong community ownership. The communities' state or fact of exclusive rights and control over project cycle, including sanitation infrastructure and behavioural change in sanitation and hygiene is well founded. Community owned assets and institutions are managed and controlled through community based and village based representative mechanism that allows a community to influence their operation or use and to enjoy the benefits arising. The communities of Western Nepal have owned, have access and control over the design, implementation, outcome and resources of on-going or completed intervention. Meanwhile, impacts and benefits of sanitation and hygiene activities include increased responsiveness to needs of the very community and the community valuing the projects more highly. The sanitation and hygiene intervention in Western Nepal has induced community mobilization through uncompromising focus on community and village wide triggering in total behavioural change, which necessarily entails a new kind of awareness building. It has yielded strategic coordinated action of communities and collective movements, locally. With the community-based user committees planning and control of activities and

performance are matters in which community-owned institutions have been able to act on their own.

Community led approach to plan, implement and own sanitation and hygiene activities is the ingenious engagement of people's resources to a common good or goal where community participation has been instrumental means. This purpose values the efficiency obtained in meeting project objectives through people's own efforts. It implies that community interests are cohesive and that internal, community conflicts can be resolved through democratic processes. Community led approach imply that control and direction of activities pass to the local people. Any barriers to participation are commonly addressed by community-combined action.

7.2.1 Community organization- an ownership barometer

Community organization has been the process of organizing or arranging people in common activities; both means and end. In this purpose of community ownership, the origin and form of the organization at grassroots level has been crucial. The community organizations are conceived and introduced by external agents; projects combined with local bodies, while it emerged and take form from the process of community members' own involvement. In either case, this purpose of participation values the process of organizational development to achieve social integration of diverse social stratum and gender sensitiveness, group cohesiveness, and common objectives. (Thomas 1993.) Any barriers to participation are believed to be derived from operational problems and are usually addressed by technical and resource mobilization strategies; most importantly the process for bottom-up approach and community managed sanitation and hygiene has been firm and real.

As such, community ownership of sanitation and hygiene activities in Western Nepal has begun with the formation of a citizen-based committee at the grassroots namely Community Hygiene and Sanitation Action Committee (CHSAC). The committee

leads the planning, implementation and sustaining the project. Technical experts; project staffs, VDC, Service Providers provide information, advice and process facilitation to help the committee achieve their goal of developing and implementing a resource management plan. Community ownership of sanitation and hygiene activities in the rural villages of Western Nepal has developed with regular public input, planning for inclusive participation in resource inventorying and evaluation, and stakeholder selection of preferred management strategies by the community themselves. Implementation strategies in the villages have actively involved volunteer activities; educational campaigns, appraising committees and more- keep the plan in the purview of the local people participation.

Such a community based governing structure, Community Hygiene and Sanitation Action Committee (CHASAC) in the community cum neighbourhood level and Village WASH Coordination Committee (VWASHCC) in the bigger village level has enabled communities and households to solve their own problems, has encouraged communities to take planned action, has enabled them to analyse their strengths and weaknesses in solving their problems, and most importantly created a sustained community led or community managed total behaviour change approach.

7.2.2 Community development- a reflection of empowerment

The whole discourse of community development involved in sanitation and hygiene activities in rural villages of Western Nepal has emphasised self-help, mutual support and the building up of community integration, the development of neighbourhood capacities for problem-solving and self-representation, and the promotion of collective action to bring a community's preferences to the attention of political decision-makers and local governance in Village Development Committee (VDC) level (Thomas 1993). Community development based on community ownership has led as 'empowerment' that has been a more recent purpose and implies both the development of management skills in local people and the ability to make decisions, which affects

their lives (community led approach as a transformational end). Empowerment for community has revealed that people have a right to self-organize and that internal conflicts between social groups are able to be resolved at the local level. It has been identified that the core concern to address the issue of community participation, social inclusion and gender equality is to address the issue of power. This empowerment purpose of community engagement acknowledges the need for community members to exercise power and values the social equity, which is achieved through the practice in the implementation of project cycle in sanitation and hygiene through community led total behavioural change in hygiene and sanitation.

Fortunately, project planning has clarified a new social contract based on social justice, thus creating the potential for the rhetoric of ‘instrumental participation’ to mask the maintenance of equality in community activities. In practice, the purpose of community engagement in rural villages of Western Nepal is claimed to be ‘empowerment’ of community including women and marginalized people. This implies that there has been a transformational phenomenon influencing the process of community decision-making. There are a number of implicit practices. First, there have been basic rights for everyone in the community to participate and the objective of participation has been to introduce change in social conditions and abolish marginalization of women and poor and excluded. Second, active participation of people from all walk of lives within the community and village has improved relationships between them and other community members, and thus reduce their alienation and stigma. Third, through community ownership of planning, implementation, monitoring and evaluation, operation and maintenance and assets produced by projects in sanitation and hygiene has provided access to resources and positions of influence. Finally, community engagement has been fostered based on anti-subsidy approach led by CLTBCHS approach, which has resulted in attitudinal and behavioural changes in sanitation and hygiene of community members, community organizations, and village at large. Community ownership is reflected with this unambiguous engagement of the people in the community level sanitation and hygiene activities. The engagement is broadly classified as the active and meaningful

participation in the activities, governance; particularly participating in the decision making that influences the project cycle, and formation of formal plan of actions to sustain the on going activities and vision.

7.2.3 Collective community action

Among many other community owned sanitation and hygiene intervention the collective community action has been a founding block for sustainability of project activities. It has focused on the organisation of those adversely affected by the decisions, or non-decisions relating to sanitation issues and by more general structural characteristics of society. The overall sanitation and hygiene intervention has promoted collective action to challenge existing socio-political and economic structures and processes, to explore and explain the power realities of people's situations and, through this twin pronged approach; has develop both critical perspectives of the status quo and alternative bases of power and action. (Thomas 1993.)

Imparting awareness in the communities that poor sanitation is not just an individual problem but a broad concern for the well being of the community, collective action has been ensured; that both rich and poor have access to and use latrines is critical, as even if a few people continue open defecation the negative impacts are felt by all. Collective action has also set precedence for working together on future issues, which are likely to require collaboration from all members of the community. The participatory analysis of community issues, needs and strengths, rapport building and triggering process in the village has revealed many pressing priorities, embracing a range of complex issues, from addressing gender discrimination, social inclusion of marginalized groups to ensuring communities as the real implementers. Community Led Total Behavioural Change in Hygiene and Sanitation (CLTBCHS) approach has involved mobilising communities to build latrines and completely eliminate open defecation. Through a process of facilitation, community members have realised the

links between open defecation and negative health impacts, and as a result they have become motivated to take collective action to change this practice.

7.2.4 Service extension- personifying community possession

As of the community being firmly the owners, the communities with their community based and village-based committees have been able to extend operation and outreach. The communities have been involved in ingenious ways to extend the sanitation and hygiene services with collaboration of other community based institutions and support from local bodies. (Thomas 1993.) The Village Development Committee (VDC) WASH plan also sets directive and focused plan to implement and increase the outreach of the sanitation and hygiene intervention. With the community lead and focus on locally available resources and manpower, the extension of activities is made more relevant and accessible to even the poorer households. It has equally brought into consideration that the construction of latrines has been in proper places and accessible to elderly people, person with disabilities and also taking into consideration of women needs. The cost of sanitation facilities; toilets in the rural villages of Western Nepal has been cost effective at low price mobilizing local raw materials and local human resource, and therefore has set an invaluable extendibility of the sanitation and hygiene activities.

7.2.5 Sustainability of sanitation and hygiene activities

The sustainability of the sanitation and hygiene activities in the rural villages of the Western Nepal derive from the ingenious mobilization and meaningful engagement of local community people and resources in the designing, implementation, monitoring and evaluation and ownership of the whole project discourse. The community triggers or volunteers have emerged from within the communities through the process of community triggering who have been effective in mobilising and motivating

households in future activities. The communities in the discourse have generated and beholden the socio-cultural acceptance and appropriateness of the community led total behavioural change in hygiene and sanitation approach and therefore, discussing about defecation, toilets and waste are no more regarded as an embarrassment and taboo. The activities have been building convenience, community perceptions toward their common problem, rejoiced gender sensitivity and inclusion of poor and marginalized leading to a sustainable social contract. The process of involving the whole community has transformed sanitation as an issue which crosses social strata and requires collaboration of all, both poor and rich, young and old, women and men, dominant or marginalized to achieve a successful outcome. The involvement of community for their own assessment and planning their activities are the benchmark. The formation of 'Community Hygiene and Sanitation Action Committee (CHSAC)' is equally a long serving and sustainable institutional base for the community to govern, monitor, evaluate, operation and maintenance of the sanitation and hygiene activities, infrastructure and assets. Of all-important things, the assets and outputs of the activities are cemented in the communities and with the raise of awareness and local knowledge for the importance of total behavioural change in sanitation rather than a subsidy based toilet construction, the usage of toilets is sustainable and community owned. The financial contribution from the communities already gives them the ownership and urge to sustain the project infrastructure. Sanitation & hygiene activities has been also coordinated and harmonized with Local Self Governance Act and Rural Water Supply and Sanitation Sectoral Strategic Action Plan of Nepal so that all available resources for sanitation and hygiene are effectively used and mobilized by the community in long run.

7.3 Local challenges to full achievement of sanitation & hygiene activities

Based on community led participatory approach, there is plausible evidence to state the community ownership of sanitation and hygiene activities in Western Nepal. But the whole discourse has not been without hiccups and local loopholes that could

impede the sustainability and overall community ownership of the sanitation and hygiene interventions.

Firstly, there are conflicting community based structures with similar work scope, newly formed Community Hygiene and Sanitation Action Committee (CHSAC) and pre-existing Water Users and Sanitation Committee (WUSC). Despite having a clear understanding that in the presence of WUSC, they would be serving as CHSAC it has not been the reality. Though WUSC has not incorporated sanitation and hygiene as broadly compared to CHSAC but still there is no clear demarcation of responsibilities between newly formed CHSAC and old WUSC. As of both CHSAC and WUSC being the community owned and managed structures, and also that the whole project process has already created a favourable social contract and mutual relationship, combining these community based user committees into one single entity should be the way forward.

Secondly, despite CHSAC being inclusive in nature, the affiliation of youth is very marginal also considering the median age of Nepal is 21. Mostly the representatives in CHSAC were above 30, and therefore involvement of youth demography will remain a crucial aspect for long term sustainability of the activities and community based governance.

Thirdly, there is preponderance of sporadic community based groups or committees in rural villages of Western Nepal formulated by different projects serving their own plans. Many rural citizens express confusion and frustration about lack of connectivity and proper communication between these different groups. A more complete rural and regional development agenda needs to firstly embrace new forms of community involvement, such as coalitions, temporary commitments and networks of existing community groups in the village and community level.

Fourthly, the experience of decentralization, as shown by the research, is that many of the disadvantaged members of the community (the poor, peasants, women and people

with disabilities) cannot afford the costs to go to district level consultation meetings in spite of its open call. The show up of disadvantaged members was higher in the village, however lower in district level. The level of participation, especially in meetings, heavily depends on the competence and expertise of the local leaders to facilitate the process. This clearly indicates that decentralization is a slow process and will require much greater time and consistent bottom-up effort. It is crucial to continue the decentralization discourse and understand that decentralization needs to be planned and managed in accordance to the plans enacted with bottom up approach; VDC WASH plan.

Fifth concern is that, with the backdrop of already constructing toilets in the villages, the project has recently promoted ECOSAN toilets or urine diversion toilets as a technological option. The local inhabitants are reluctant to put extra money on the new technological option. This issue clearly raises the need for discussing all technological solutions relating to the project already in the planning process. Introducing new technological solutions in a project is pragmatic and evolutionary step but this has to be sought for in the planning process and such practices can disengage the belongings of community towards the project.

Similarly, the sixth concern is the availability and identification of a mediator within the village in which the community has faith is crucial in a conflict situation. Experience shows that user committees generally depended on the project staffs for conflict resolution, though the user committees themselves also solve minor cases of conflicts related to violation of rules. However, given the shortage of project staff, the need for the development of other conflict-resolving intermediaries who are trusted by user committees need to be noted. Though local governance institutions, VWASHCC have played significant governance role, given their increasingly important political status they may have a much more crucial role to play.

The seventh challenge is the lack of proper financial information to the rural citizens of Western Nepal. There should be first hand information on financial matters that

should be available in the local language at the village level. The availability of information not only increases transparency but also creates an accountability whip for the project staffs and local government.

Last but not the least, one of the crucial challenges will remain to be the dynamics of various actors or projects in the village level. The challenge boils down to development workers needing to carefully consider ‘whose needs are being met’, those of the ‘community’ or those of the projects. The power struggle between different actors should be properly appraised and the community ownership should always be kept at fore front of project activities than the actors’ own agenda and targets.

7.4 Author’s note

The community led approach of Rural Water Supply and Sanitation Project in Western Nepal (RWSSP-WN) to improve the access of Western Nepal’s rural inhabitants to sanitation and hygiene has been firmly successful with the uncompromising focus on local community participation and community ownership of project activities. Community participation and community ownership takes time, commitment, resources, practical skills and a consistent community engagement. It does not offer a quick fix to any problems, including sanitation and hygiene, but it is an approach to working with communities that builds relationships, acknowledges local people’s contributions and capabilities, firmly cements sustainability of an intervention, and aims to address shared problems through collective solutions. It requires more than a set of skills, resources and competences, being based on principles, processes and beliefs that ensure that communities are empowered, that individuals are encouraged and that groups are enabled to achieve their own ends to benefit of others across the wider society.

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