

GLOBAL SANITATION FUND – OUTCOME SURVEY BRIEF

Nepal National Sanitation Campaign

September 2018

OBJECTIVE

In September 2018, an independent programme outcome survey was conducted to measure key sanitation and hygiene indicators for Nepal National Sanitation Campaign

The specific objectives of the survey were:

To provide statistically reliable data on key sanitation and hygiene outcomes of CRSHIP programme in households and public facilities

To measure whether Open Defecation Free (ODF) status has been sustained among previously verified communities

To assess the programme integration of equity and non-discrimination and the needs of marginal and vulnerable households or populations

To describe emerging indicators of programmatic effect, including behavioural norms, habits, and satisfaction with available sanitation services

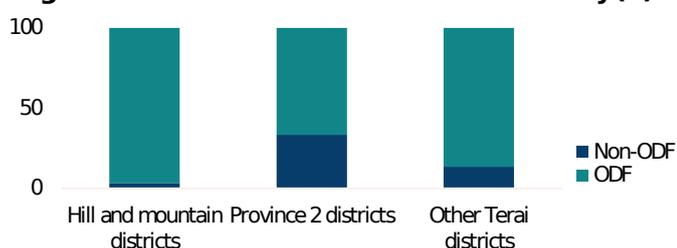
The Programme started in 2010 and is extended to June 2020. UN-Habitat is the Executing Agency (EA) to coordinate the implementation in the country supporting 52 sub grantees with 106 grants in 19 districts. In the 19 districts where the Programme operates, interventions have reached 1.2 million household with more than 6 million beneficiaries.

The survey is intended to provide consistent and representative estimates of key indicators in the program area for use in assessing programme effectiveness.

METHODS/SAMPLING

The survey with Angkor Research and University of Buffalo uses a cross-sectional design, with a multi-stage cluster sampling approach¹. The target population comprises all households and individuals living in communities where the GSF program has been initiated. Because the effects of the intervention are expected to reach community-wide, including into extra-household settings, data collection also include assessment of schools and health facilities in all selected communities. The sample size estimation was developed to allow sufficient power to provide reliable point estimate for key outcomes of interest for each of the top-level administrative sub-units (state, region, district, etc.) within the program. A most conservative expected rate, i.e., 50% was assumed for outcome prevalence.

Figure 1: ODF status across strata in Outcome Survey (%)



CONTEXT



The Nepal programme organization structure involves several levels, WSSCC/GSF is the Donor, the Government of Nepal is the Programme coordinating unit at national level known as National sanitation and hygiene coordination committee (NSHCC) functioning as PCM for the Programme with leadership of the Joint Secretary of Ministry of Water Supply (MoWS) in Chair role of NSHCC. The PCM unit ensures that the Programme complies with national policies, strategies, and guidelines during its implementation.

National ODF Criteria (Sanitation & Hygiene Master Plan 2011):

1. There is no open defecation (OD) in the designed area at any given time
2. All households have access to improved sanitation facilities (toilets) with full use, operation and maintenance; and
3. All the schools, institutions or offices within designated areas must have toilet facilities
4. In addition, the following aspects should be encouraged along with ODF declaration process: (a). Availability of soap and water for hand washing in all households; (b). General environmental cleanliness including management of animal, solid and liquid wasters is prevalent in the designated areas.

Table 1: sample allocation based on the multi-stage sampling strategy in the outcome survey, 2018

Strata	Total	Selected	Method
Primary Sampling Unit	5539 wards	122 wards	PPS (Probability proportional to size)
Households	/	1952	Simple random
Structured Observation	/	488	Simple random
Health/ school Facilities	Any present	Any present	Purposive

Strata A (Mountain and hill programme districts): Bhaktapur, Nuwakot, Rasuwa, Arghakhanchi, Bajura

Strata B (Province 2 programme districts): Saptari, Siraha, Dhanusa, Mahottari, Sarlahi, Rautahat, Bara, Parsa

Strata C (Other Terai programme districts): Jhapa, Morang, Sunsari, Bardia

¹ WSSCC GSF Outcome Survey Protocol and Analysis guide (<https://rebrand.ly/09wqau>)

KEY FINDINGS

Access to WaSH services: Majority of the surveyed household (97.5%) had access to basic water source; Majority (72 %) household had access to basic latrine, this proportion was very high in Hill and mountain programme districts (97%) and low among middle wealth quintile household and in non-ODF PSUs; Majority of the surveyed households (73%) had access to basic hand washing with soap and water, the proportion of those having basic handwashing facility was high in other Terai programme districts, wards with 3 or more years of ODF status and the household from highest wealth index quintile.

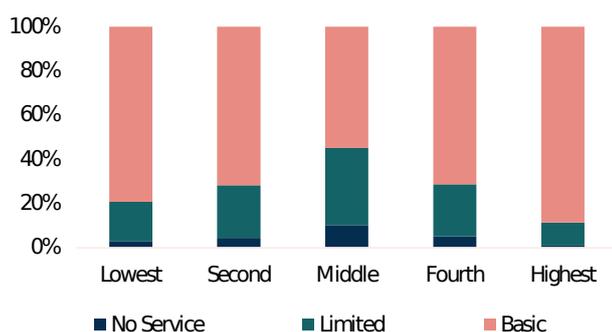
Sustainability: Out of 1504 surveyed household from ODF declared villages majority, (81.4%) of the household had access to basic sanitation facility. Arghakhanchi is the only survey district with 100% basic sanitation facility, the other districts having above 90% access to basic sanitation facility were Bhaktapur, Nuwakot, Rasuwa, Mahottari and Morang. On the other hand Rautahat and Sarlahi district's more than a half household did not have access to basic sanitation facility. Out of total 94 villages with ODF status covered by the survey, only 8 surveyed villages meet all ODF criteria to achieve "Sustainable ODF status". Arghakhanchi is the only district with 100% "Sustainable ODF status" villages and Bhaktapur and Rasuwa districts had one village each with "Sustainable ODF status".

Access to Handwashing Facilities

Overall, 73.2% household had basic hand washing facilities, 21.9% household had limited facilities and 4.8% household with no handwashing facilities.

The highest proportion of the household had basic handwashing facility in all 3 strata i.e. 75.5% in Hill and Mountain programme districts, 61.5% in Province 2 programme districts and 87.0% in Other Terai programme districts. Nearly one-third (32.3%) of household in province 2 programme districts had limited hand-washing facility followed by hill and mountain programme districts (19.1 %) and Other Terai programme districts (10.1%). The proportion of the household with no hand washing facility was highest in Province 2 programme districts (6.2 %) and was lowest in Other Terai programme districts (2.9 %).

Figure 3: Access to handwashing facility by wealth quintile

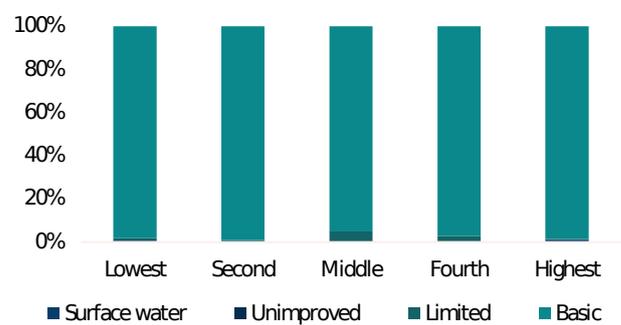


Access to Water

Overall, 97.5% of household had access to basic water source whereas, 2% of the household had access of limited source of water, and only 0.4% household and 0.1% household used unimproved and surface water respectively.

Among the household having access to basic water source highest proportion was from Province 2 programme districts (99.0%) and the lowest proportion was from middle wealth quintile (95.1%). In addition, among the household using limited source of water the proportion was highest among household from middle wealth quintile (4.9%). Similar pattern of access to water source as discussed table C.1 is seen in the following table C.2 table which is a weighted table with the base 4,765,711 population.

Figure 2: Access to water by wealth quintile

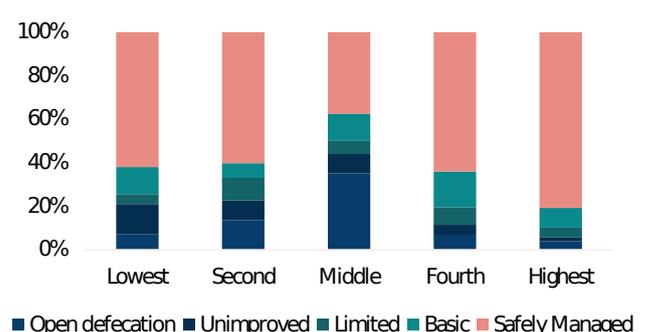


Access to Sanitation Facilities

In general, majority of the household used safely managed (60.7%) followed by Basic latrine (11.4 %) and limited latrine (6.5%). However, 7.6% household used unimproved sanitation facilities and 13.7% still practice open defecation.

75.0% household of Hill and mountain strata had access to safely managed latrine, which is the highest and no any unimproved latrine was found in this strata. It was found that open defecation was mostly practiced in Province 2 programme districts (25.3 %). Among the wealth index quintile, the proportion of the household practicing open defecation was high among household who fall in middle wealth quintile (35.2%). Similarly, the proportion of household accessing unimproved toilet facility was high among the lowest wealth quintile household (14.0%).

Figure 4: Access to sanitation facilities by wealth quintile



Social norms – hygiene and sanitation

48.8% of respondents have well-established social norms on latrine use, 14.9% have moderately established norms while 43.1% have low established norms on latrine use. 45.7% of respondents have well-established social norms on handwashing, 28.5% have moderately established norms while 29.5% have low established norms on handwashing.

Figure 5: Comparison in level of social norms of latrine use between previously non-ODF and ODF communities

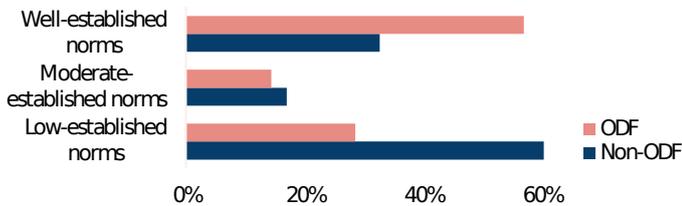
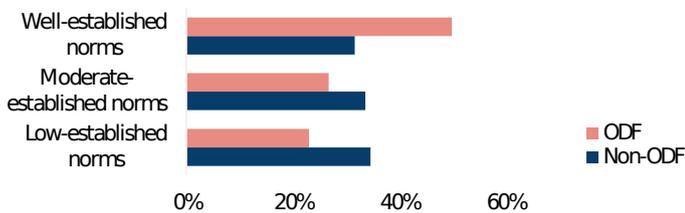


Figure 6: Comparison in level of social norms of handwashing between previously non-ODF and ODF communities

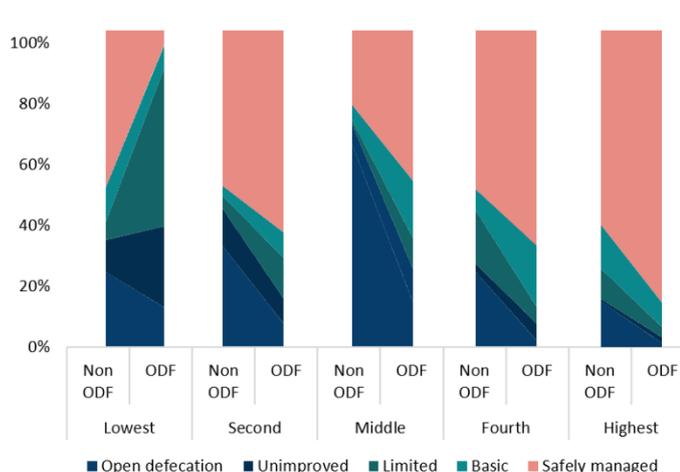


Sustainability of ODF

Out of total 1504 surveyed household from ODF declared villages, majority (81.4%) of the household had access to basic sanitation facility. Arghakhanchi is the only survey district with 100% basic sanitation facility, the other districts having above 90% access to basic sanitation facility were Bhaktapur, Nuwakot, Rasuwa, Mahottari and Morang. On the other hand Rautahat and Sarlahi district's more than a half household did not have access to basic sanitation facility.

Out of total 94 villages with ODF status, only 8 surveyed villages meet all 3 ODF criteria to achieve "Sustainable ODF status". Arghakhanchi is the only district with 100% "Sustainable ODF status" villages and Bhaktapur and Rasuwa districts had one village each with "Sustainable ODF status" whereas all other surveyed district villages had "None-sustainable ODF status". In regards to villages with non ODF status only 4 villages met criteria 1, 6 met criteria 3 but none of the villages met the criteria 2.

Figure 8: Comparison in access to sanitation facilities between previously non-ODF and ODF communities



Satisfaction

A composite score from 0 to 4 for satisfaction with latrine use was developed around privacy, cleanliness, safety at day and at night with higher score indicating less satisfaction. Overall, 47.8% of female scored 3 and followed by 31.4% scored 4. Less than a half (43.9%) of the respondents with mobility/vision limitation scored 3 points followed by 4 points (20.0%). Nearly a half (43.9%) of the respondents aged over 65 score 3 points followed by 4 points (20.0%).

Figure 7: Female caregiver/ disabled/ elderly people's satisfaction with sanitation facilities in following dimensions

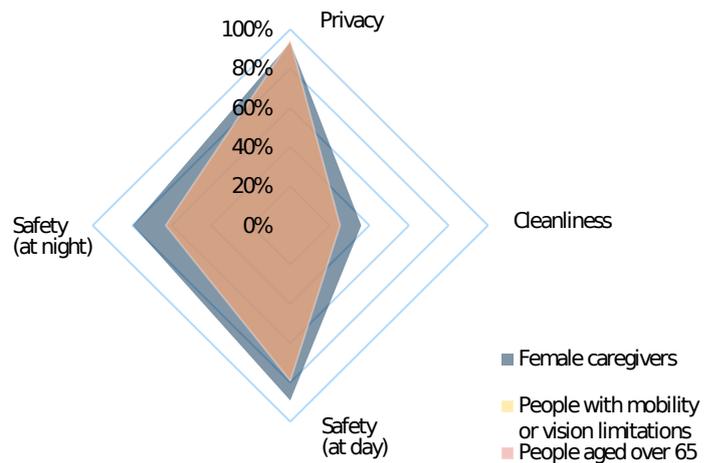
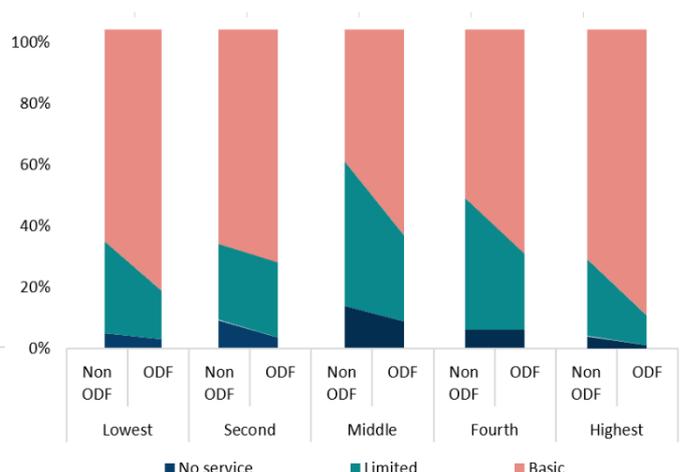


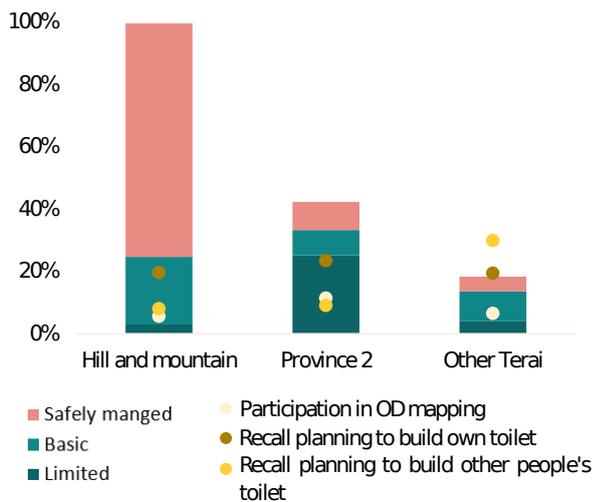
Figure 9: Comparison in handwashing facilities between previously non-ODF and ODF communities



Exposure to Programme Activities

Regarding GSF programme exposure almost 68% of the respondents participated in at least one or more events of programme activities. The highest proportion (60.1%) of the respondents recall that someone comes to their home to talk to them about using a toilet followed by people in community make a plan to build toilets for their household (53.6%). However, their participation in community activities was minimum, 13.2% of the respondents' percent of the respondents personally participated in walk across the community to look at place open defecation.

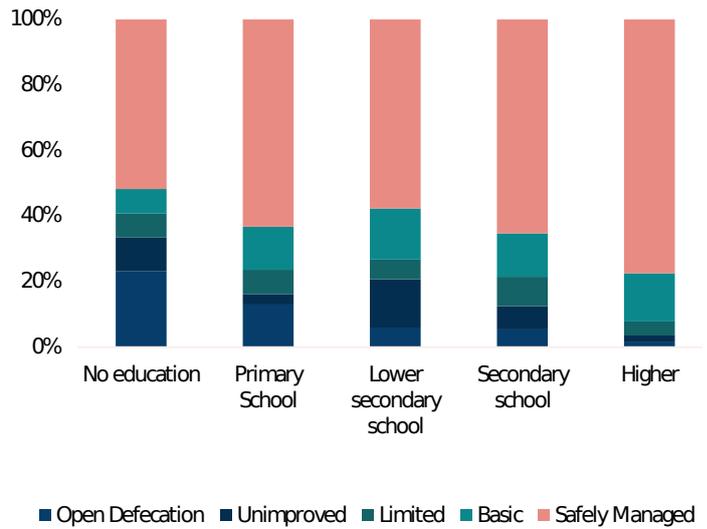
Figure 10: Comparison in level of activity exposure and the access to sanitation facilities by strata



Equity and non-discrimination

Overall, the survey result shows that among the household with latrine facility there is no disparity in using sanitation facility by age, gender, and health condition among the different household members more than 99% of the household members had access to latrine of the household. However, few elderly respondents and respondents with disability (40 respondents) could not use the latrine every time. In such situation, they used a bucket and some also defecate in bush.

Figure 11: Access to sanitation facilities by education of household head



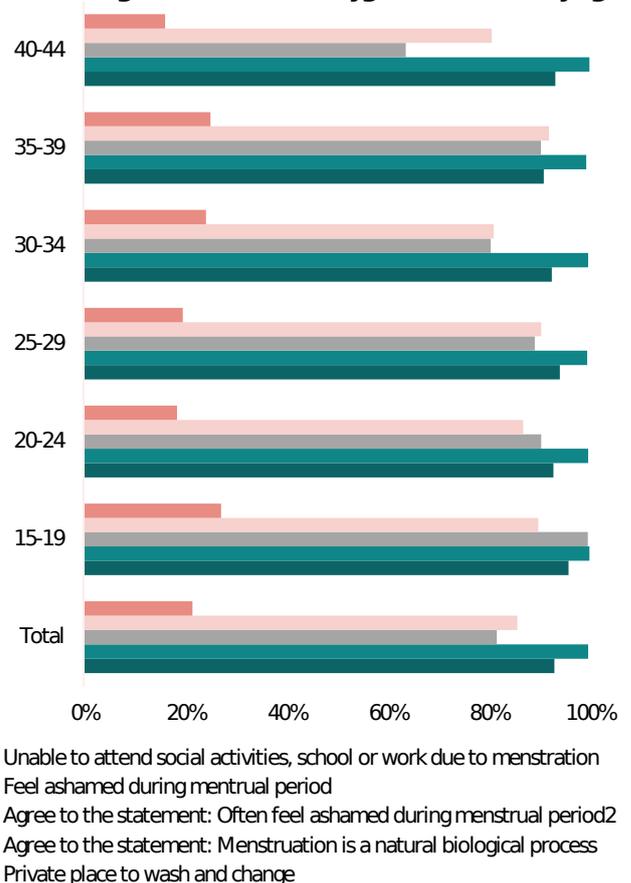
Menstrual Hygiene Management (MHM)

20 questions were included to assess perception and stigma about MHM to serve as a baseline for GSF to go forward.

Appropriate materials with private place to wash and change: majority of the respondents had a private place at their home to change their menstrual material (98.0%) and place where they could wash and clean their body (94.3%). When asked about condition of the facility at home majority of the respondents said they had enough water (96.9%), sufficient light (99.4%), it is easily accessible (96.0%) and 86.2% feel safe while using it. MHM related awareness and stigma: Information shows that 99.8% of female respondents agree that, menstruation is a natural biological process but at the same time 85.8% ever felt ashamed during their menstrual period and 81.7% agree with the statement that, "women and girls often feel ashamed about menstruation".

Exclusion of activities during menstruation: In total 71.5% of female respondents use cloth to manage their menstrual blood while 21.5% of female respondents did not participate in social works, school, work during their last period.

Figure 12: Menstrual hygiene indicators by age



Schools

Water: more than 95% schools had availability of basic water service. The main source of drinking water of schools were Tube well/ Borehole (69.2 %) followed by piped water supply inside and outside building (23.1%) and others sources (6.6 %), however, one school had no source of drinking water.

Sanitation: The highest proportion (70.3%) of the toilets are basic toilets according to the JMP ladder and 28.6% were limited toilets. Out of 91 surveyed schools, 90 schools had toilets facilities; about 75% schools had 2 or more than two toilets making a total of 224 toilets. Among them highest proportion (83.2%) of the schools had toilets outside the buildings but on the school ground followed by within school building (14.7%) and only 2 schools had toilets out of the school ground. In total, more than 77% toilets were flush/pour-flush toilets and 22.8% were pit latrines with slab toilets. It is to be noted that there were 4 toilets which were modified or designated for students with disabilities. Out of total 224 toilets 68 toilets were for female students, 67 for male students, 40 for teachers and 49 were for common use.

Hand hygiene: In 91 schools, majority (79.1%) had limited handwashing facility, 17.6% had basic and 3.3% had no handwashing facilities. There were 117 handwashing places in 91 schools in which 65.0% handwashing place were available within the schoolyard, 12.0% near boys' toilets and 10.3% near girls' toilet, 9.4% near unseparated toilet and 3.4% were near classroom. only 23.1 handwashing station had soap available.

Menstrual hygiene management (MHM): .In total 37 schools provided education regarding menstrual hygiene management during last school term, 14.3% schools had teaching material/resources of MHM education and 13.2% had MHM materials (pad, or clean cloths) for the students.

Health facilities

Water: The source of water supply was available in all 35 health facilities, out of which a majority (82.9%) were of basic standard according to JMP, and another 6 were limited standard (Improved water source but further than 500m and water is not available from main supply).

Sanitation: Among surveyed health facilities 94.3% had limited standard of JMP sanitation ladder (Improved toilet but the HF did not meet the other criteria for Basic (SDG) sanitation), one health facility had unimproved toilet facility and another one health facility had no toilet facility. It was also observed that there were 17 toilets, which have space for wheelchair, but there were no handrails available in any of the toilets.

Hand hygiene: Majority (94.3%) of health facilities had limited standard according to JMP sanitation ladder of (if there is at least handwashing place with soap and water near toilets or patients area but not both) and 2 health facilities had no handwashing service place (if there is no handwashing place or the handwashing place lack soap and water)

