LEAVE NO ONE BEHIND
Voices of Women, Adolescent Girls, Elderly, Persons with Disabilities and Sanitation Workforce

NEPAL
COUNTRY REPORT
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NEPAL COUNTRY REPORT

This report is one in a series of 8 reports produced as a result of a regional consultation process in preparation for SACOSAN VI held in January 2016 in Dhaka.
**Leave No One Behind** is a call to listen and learn by putting people in the centre, asking them what they need and valuing the one in everyone. It is based on the belief that human beings come in different shapes and sizes and a single solution cannot meet their diverse needs. WASH services are mostly designed to meet the needs of the mainstream, dominant community. But what happens to those that are traditionally left behind ... the last mile ... adolescents, pregnant women, the elderly, people with disabilities, migrant workers, rag pickers, transgender people? How do they take care of their daily sanitation and hygiene needs? What are their challenges and aspirations? Do they have insights and suggestions to improve sanitation services?

The Kathmandu Declaration from SACOSAN V recognized the importance of “addressing diversity in service provision for infants, children, youth, adolescent girls, women, people with disabilities, chronically ill and elderly in rural area and people affected by poverty...” and committed to significant direct participation of these groups in SACOSAN VI, Dhaka and systematically thereafter. (Commitment X)

As part of the preparation for SACOSAN VI in Dhaka, the Freshwater Action Network South Asia (FANSA) and Water Supply and Sanitation Collaborative Council (WSSCC) organized a consultative process with marginalized groups in South Asia to listen to their sanitation and hygiene needs, challenges, hopes and aspirations. Over 2700 adolescents, women, elderly people, persons with disabilities, sanitation workers, rag pickers and transgender people participated in 55 consultations organized with the support of 70 local partners across Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka.

Across these eight countries, this was the first time many of these groups were being consulted on their sanitation and hygiene needs, aspirations and challenges. In spite of regional variations, the challenges they faced were remarkably similar. Their key issues and demands can be found in the Leave No One Behind regional report, the individual country reports and a film that was screened at the plenary session at SACOSAN VI, Dhaka.

In January 2016, twelve community representatives participated in the plenary session¹ at SACOSAN VI, Dhaka where they eloquently presented the sanitation and hygiene challenges of their constituencies to the Ministers and key decision makers of national governments, international development agencies and other stakeholders. The Dhaka declaration² is a testimony to the influence this session had on policy makers.

The Leave No One Behind consultation process is an important, first step towards addressing equity and inclusion in sanitation and hygiene. However, we need to continue and deepen this process by systematically creating more platforms for constructive dialogue, so that duty bearers can listen to the needs and aspirations of marginalised groups and include them in the design, delivery and management of sanitation services. For, unless we put the last mile first and listen, they will continue to be left behind.

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¹ Plenary session on ‘Grass-root Voices: Women, Adolescents, Elderly, Persons with Disabilities and Sanitation Workforce’
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This report is the outcome of a series of interactions with marginalised communities, such as women, adolescent girls, sanitation workers, persons with disabilities and senior citizens, organised in different parts of the country. The purpose of these interactions was to gain an understanding of the current sanitation status, practices and challenges faced by these groups. The report revealed that marginalised individuals and communities are still experiencing hardships and struggling to live a dignified life with easy access to improved water and sanitation facilities. Women continue to remain in pain and wait till it gets dark to go and relieve themselves. School-going girls still miss classes when they are menstruating and even drop out of school. The elderly and persons with disabilities feel they are discriminated against as they do not experience any public sanitation facilities that are sensitive to their needs.

Although the country has managed to increase the WASH coverage in rural and urban areas, and even as the declarations of ODF villages, cities and districts increase, the sanitation issues of hard to reach and marginalised groups persist. A ‘toilet’ - as an infrastructure or basic facility - is incomplete if it lacks suitable menstrual hygiene management facilities for girls and women, or if it is inaccessible to people who need special assistance.

The voices coming from the interactions tell us that we need to be extra sensitive and pay attention, that we need to raise these concerns at all levels so that we do not leave any one behind.
The consultations with marginalised groups from different parts of the country was an opportunity to openly interact with individuals on their sanitation and hygiene experiences that are critical aspects of their well-being and dignity. Women and adolescent girls, elderly people, persons with disabilities and the sanitation workers actively participated in the consultations where they shared their life story and struggles without adequate sanitation facilities at the household level, at the workplace and in public places. The consultations helped us to learn about their needs and the sanitation gap, and it was also an opportunity for the participants to get engaged in the process and realize that their actions can make a difference in their communities.

We would like to thank Water Supply and Sanitation Collaborative Council (WSSCC) and Freshwater Action Network South Asia (FANSA) Regional Office for supporting us to organize these consultations prior to SACOSAN VI. We are grateful to all the participants and representatives of marginalised groups for spending their valuable time with us, sharing their difficulties and challenges and increasing our commitment to closing the sanitation gap. We are also thankful to all the national organisations and members of FANSA Nepal who hosted and provided support in organizing the consultation meetings with different groups. We would also like to thank the facilitator Ms. Urmila Shimkhada for her valuable support in the facilitation and documentation of the consultation meetings.
EXECUTIVE SUMMARY

Background

In SACOSAN V (2013), Kathmandu, it was recognized that access to water and sanitation continues to be inequitable and many marginalised groups are excluded from decision-making processes, even though they face specific challenges with regard to access to water and sanitation. A commitment was therefore made to include the voices of these groups through direct participation at SACOSAN VI, Dhaka (Commitment X, Kathmandu Declaration).

To support South Asian governments implement Commitment X and make these invisible groups visible, the Fresh Water Action Network South Asia (FANSA) and the Water Supply and Sanitation Collaborative Council (WSSCC) organized a series of consultation meetings in eight countries of South Asia\(^3\) to listen to the voices of marginalised groups and learn about their current WASH practices, challenges and coping strategies.

As part of this initiative, ten meetings were organised by Lumanti Support Group for Shelter and Nepal chapter of FANSA with women, adolescent girls, the elderly, persons with disabilities, sanitation workers and waste segregators in different parts of the country. Civil society organisations working with these groups played a key role in organising the meetings.

This report is one in a series of 8 country reports produced as a result of the Leave No One Behind consultative process. It presents the key findings that emerged from the consultations in Nepal and recommendations to address the sanitation and hygiene challenges faced by these groups.

Key Findings

The consultations revealed that although most of the households have access to toilets, even for the disabled and elderly, it was the lack of user-friendly, clean and well-maintained public toilets that pose a major challenge.

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\(^3\) Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, Sri Lanka
Social discrimination and inequality, superstition and taboos continue to prevent women and young girls from addressing their WASH needs and reduce their mobility and life opportunities. Young girls shared that they often end up missing school when they are menstruating. Women’s health and livelihood options are also impacted as a result of poor sanitation and menstrual hygiene management facilities.

Sanitation workers and waste pickers stated that they did not have any job security or safety gear at their work place where they handle decomposing and even toxic waste. The women sanitation workers are especially vulnerable as they work long hours without access to proper toilet and washing facilities.

A key demand was the provision of more inclusive toilets in public places, schools and hospitals – toilets that meet the needs of women and people with disabilities, so that members of these groups can be active participants in all aspects of their lives. Participants also emphasized the importance of creating spaces so that their voices can be heard and included in the planning and decision-making processes with regard to WASH issues.

Key Recommendations
Some of the key recommendations to address the WASH needs of the Marginalised groups included:

- Disseminate and implement the National WASH policies, including guidelines for the construction of disability friendly toilets.
- Develop guidelines for promotion of menstrual hygiene management.
- Ensure adequate and inclusive WASH facilities in educational and public institutions.
- Ensure safety equipment and social security for sanitation workers.
- Create public awareness through media campaigns to highlight the hygiene and sanitation needs of different groups.
Despite achieving the Millennium Development Goal on sanitation (Box 1), the progress on sanitation in Nepal has been inequitable and many challenges remain. Many groups, like women, adolescent girls, the elderly, persons with disabilities, sanitation workers and waste segregators are systematically excluded from safe and satisfactory hygiene and sanitation services. They are also excluded from decision-making processes, even though they face specific challenges with regard to access to water and sanitation.

Fresh Water Action Network South Asia (FANSA) and Water Supply and Sanitation Collaborative Council (WSSCC) organised consultation meetings with the above mentioned groups with the dual purpose of supporting the South Asian Governments to implement Commitment X of the Kathmandu Declaration, and ensuring direct voices of adolescents, women, disabled/ill people, elderly men and women and sanitation workers are heard as a first step towards their inclusion in the design, delivery, management of sanitation and hygiene services.

As part of this consultative process, 10 consultation meetings were held with participants from these groups in different urban, peri-urban and rural regions of Nepal to capture their current WASH status, challenges and coping strategies. The participants included 178 women and adolescent girls from around Kathmandu, Ratnanagar and Lothar regions of Chitawan District, 171 elderly and disabled men and women from Kathmandu and Lalitpur region, and 130 sanitation worker/waste collectors from Biratnagar, Kathmandu and Ratnanagar regions (Annexure I). The meetings were organised by Lumati, with the support of 14 partner organisations from Nepal (See Annexure II).
The overall sanitation coverage in Nepal has increased to 81% while water supply coverage is about 85% as of the end of July 2015 (Water Supply and Sanitation Division/Sub-Division of the DWSS). One zone, 27 districts, 81 municipalities and 2032 VDCs (Village Development Committees) have been declared as ODF zones.

**Current Sanitation Coverage of Nepal (2015)**

<table>
<thead>
<tr>
<th>Status</th>
<th>Urban</th>
<th>Rural</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improved facilities</td>
<td>56%</td>
<td>43%</td>
<td>46%</td>
</tr>
<tr>
<td>Shared facilities</td>
<td>37%</td>
<td>13%</td>
<td>18%</td>
</tr>
<tr>
<td>Other improved facilities</td>
<td>1%</td>
<td>7%</td>
<td>4%</td>
</tr>
<tr>
<td>Open defecation</td>
<td>6%</td>
<td>37%</td>
<td>32%</td>
</tr>
</tbody>
</table>

(Source: JMP WHO-UNICEF)

- WHO and UNICEF data shows that only 46% of the population has access to hand-washing facilities.
- 30% of urban households have toilets connected to sewer systems while 48% have toilets connected to septic tanks. Many of the septic tanks are not designed properly, and there are no proper systems yet for treating the fecal sludge from septic tanks.
- Major reforms and policy changes have been undertaken, such as the formulation of the WASH Umbrella Act, institutionalization of local level social norms and code of conduct to prohibit open defecation, ‘community triggering’ and ‘sector triggering’ processes and sector convergence and harmonization.
- Apart from a separate budget for sanitation and hygiene allocated by the government, local level Micro-Finance Institutions, saving and cooperative groups and private sector have invested considerable resources to accelerate the ODF campaign and strengthen the supply chain. The exchange of labor (locally known as parma) for household toilet construction has also contributed to the campaign.

**Challenges:**

1. Lack of water supply facilities or locally appropriate infrastructure in some areas.
2. Attitudinal barriers and prevailing cultural dogmas.
3. Climate change and natural disasters, such as the recent earthquake that damaged many water supply points and sanitation facilities in the affected districts.
4. Poor hygiene behaviour and cultural taboos on menstruation.
5. Disparities in sanitation coverage across different ecologies and socio-economic categories.


Current Practices

In urban and peri-urban Nepal, all the women consulted had toilets at home. Those who live in urban areas have indoor toilets and washrooms, while peri-urban residents have outdoor toilets. They use different types of toilets (pit latrine, ecosan and flush latrines) depending on the architecture of their house, the availability of space and water. According to them, each type of toilet has its own advantages and disadvantages: for example, improved toilets are more comfortable for the elderly and children but require plenty of water for flushing; ecosan toilets give manure, but are not convenient for children and the elderly. Besides, ash is not easily available for this toilet; pit latrines fill up quickly and need to be cleaned.

As in other countries, Nepali women are responsible for ensuring the availability of water for household consumption, including for tasks, such as cleaning, bathing, washing and flushing. While a few women do have access to piped water in their homes, most women and girls have to collect water from different sources, such as springs, dug wells and rain water. Due to this time intensive labor and the burden of other domestic chores, women and young girls find they are unable to bathe on a daily basis.

During menstruation, women and young girls use both sanitary napkins and cloth pads. The soiled materials are thrown after use in the riverbank, bushes, and garbage containers. Some of them dispose the soiled pads by burning them. They reuse domestic sanitary materials after washing and drying them in the sun.

Even though the majority of households have toilets and even use them, there are still challenges with regard to personal hygiene and hand washing with soap before eating and after defecation.

“We face many problems while using public toilets as there is no dustbin to dispose the used pads during menstruation. Often, offices also do not have water and soap or a convenient space and privacy to change a soiled pad.” - Ms. Binita Shreshta, Macchegaon, Nepal.
Challenges

Given the mountainous terrain of Nepal, there are many hard to reach and inaccessible areas. In the remote area of Chepang, for example, about a fifth of the households do not have toilets because they are not a priority. The women of these households go to the forest for defecation in the early morning or in the evening, when they can be assured some privacy. Pregnant and sick women from these households face many difficulties as they have to urinate more often.

The lack of women-friendly toilets in schools, offices, and public places limits women's mobility and their participation in daily activities outside the household. These toilets are dirty, poorly maintained and lack adequate water, soap and bins for disposing used sanitary materials. It is difficult to maintain personal hygiene given these conditions. Toilets in schools and colleges suffer from the same problems. There are a number of cases where girl students go back home because sanitary napkins are not available in the school or college. This tends to have a negative effect on their academic performance.

Gender roles and socio-cultural traditions play a key role in inhibiting women and young girls from participating fully in society. Menstruation, for example, is an issue that is shrouded in myth, superstition and social taboos. Traditional beliefs in witchcraft and faith healers ensure that women remain ignorant of this vital biological process, the reasons for menstrual pains and how to manage their menstruation hygienically.

The lack of water is a major challenge for women and adolescent girls, since they are responsible for domestic chores, including the labor-intensive task of fetching water from the source. As a result, they pay little attention to personal hygiene and cleanliness, preferring to use the scarce water for other domestic purposes. Participants reported that infants were bathed only once in two weeks while mothers bathed perhaps, once a week. They did not even change their clothes regularly due to the lack of sufficient water.

7 Consultation Meeting with Women and Adolescent Girls, CWF Nepal, on 11/10/2015 and 8/11/2015
Although women face the consequences of poor water and sanitation facilities, they are not consulted when decisions are taken regarding these facilities. According to the participants, most family members do not recognize and prioritize women’s specific WASH needs, especially during pregnancy, delivery or lactation.

Coping Practices/Success Stories

Women’s cooperatives have played a key role in addressing WASH needs, including toilet construction and solid waste management in Kathmandu, Lalitpur and Kirtipur districts.

Participants shared their experiences as members of Women’s Saving and Credit Cooperatives. All these cooperatives have successfully mobilized resources for the socio-economic development of their members, including the construction and renovation of toilets. They have an excellent track record of saving, investing and collecting loans and are capable of providing soft loan to households that require financial support for taking care of their WASH needs. This is complemented by the “Hamro Ghara Dailo” Program – a door-to-door campaign led by members of the women’s cooperative to sensitize and motivate the community for toilet construction.

“We have to face many problems due to the shortage of water. It is embarrassing for us, as we are forced to wear dirty clothes. If the state could only provide sufficient water twice a week, it would be a big relief for us.” - Ms. Somi Darai, Kathmandu

The women’s cooperative of Thecho, Lalitpur provided a loan of NRP 15,000 with 10% interest rate for 162 households for toilets construction. These loans were for 15 months with a 4-6% lower interest rate than other financial transactions. Today all 162 households have a toilet and women no longer have to go out to defecate.
Further, women members have shown interest to improve their leadership and managerial qualities and are also keen to learn social marketing skills in WASH schemes. For example, a group in Thankot has started producing soap for commercial purpose.

There are also examples of successful initiatives in solid waste management. These initiatives have been possible through the collaboration of several stakeholders.

For example, the women’s cooperative in Panga, Kathmandu district started a household waste management initiative in collaboration with the Kirtipur Municipality and the Department for Urban Development and Building Construction. An Environmental Conservation Society was formed to manage this initiative. The Solid Waste Management Technical Centre, Urban Development Department contributed 1000 waste bins and 2 rickshaws for door-to-door waste collection. The Centre for Integrated Urban Development (CIUD) and Practical Action Nepal also supported the installation of a manure production plant in this locality. The Environmental Conservation Society earns a monthly income of NPR 15,000 from the sale of reusable waste and NPR 2,500 through sales of organic manure. Four sanitation workers and 11 community mobilizers manage this activity.
ELDERLY AND DISABLED

Current Practices
Participants shared that while they had access to suitable toilets at home, the situation was quite different in public places and educational institutions. Most public places lacked facilities that were suitable for the elderly or persons with disabilities restricting their mobility. At home, the participants shared that they had either a flush toilet or a pan for squatting. Some of the participants, who had knee problems and found it difficult to squat, had installed handlebars in their toilets. In extreme cases, some of the physically disabled managed their immediate WASH needs through the use of a catheter, urine bags and perfume to dispel any odor.

Challenges
The elderly and persons with disabilities remain largely invisible and their needs are not prioritized in WASH programs. Participants cited the lack of disabled-friendly toilets in public spaces as a key challenge. They are unable to go out because the public toilets are not designed for them and do not have basic facilities, such as ramps, handle bars, slip resistant floors, etc. The taps, wash basin and urinals are placed at a height that may not be accessible to wheelchair users. This is critical especially at the work place. Due to these reasons, they are excluded from mainstream life and have to depend on other family members or neighbors to fulfill their WASH needs.

Coping Practices/ Success Stories
Most people reported using commodes or installing handle bars in their toilets for support. Some physically disabled participants, like Shanti from Lalitpur Apanga Samiti, have also taken the initiative to advocate for better WASH facilities in public places for persons with disabilities. Shanti has represented the disabled community in several forums and was successful in constructing a disabled-friendly toilet in Mangal Bazaar. Other participants shared how they have collaborated with municipalities to initiate street and garbage collection campaigns in the Lalitpur region.

“People with disabilities are usually not included in WASH programs and are unable to access services. Deaf people, in particular, face a challenge because they cannot hear or express themselves when they want to go to the toilet or when they are menstruating. When I go out and the public toilet is not marked clearly, I have a difficult time finding it because very few people understand sign language. Often when I cannot find a public toilet, or if it is badly maintained, I have to wait the whole day and only go to the toilet once I get back home.”

Laxmi Devakota

8 Consultation Meeting with Elderly and Disabled People, Lalitpur, Nepal on 16/10/2015
9 Consultation Meeting with Elderly People, Kathmandu, Nepal on 18/10/2015
Sanitation Workers and Waste/Rag Pickers

Current Practices

Sanitation workers are divided into 4 categories: drivers, waste collectors, waste processors and sweepers. Mostly women are street sweepers. The waste collectors, processors and sweepers have to work long hours in unhygienic conditions. They have neither toilet nor hand washing facilities while at work.

Women, men, boys and girls of the lowest income group are engaged in waste picking. The waste pickers are an informal group who go through garbage bins, landfills and waste transfer stations to pick out reusable and recycle items. These materials are sold to scrap dealers. They live in dilapidated, rented houses, on the banks of the river or in any low profile public place without toilet and drinking facilities. Their role in keeping the cities clean, though important, is not recognized by the government.

Challenges

Sanitation workers are key stakeholders in the WASH sector. Yet, their working conditions are deplorable. As most of them are Dalit, they are often discriminated against, humiliated and exploited by the municipal authorities and private contractors. Participants shared that they work without any safety measures, such as masks, gloves, helmets, boots, or gear to protect them from the cold and rain. Most of them are hired on a temporary basis. Their meager salary and low status demotivates them and they have little negotiating power vis-à-vis their supervisors. They also do not have access to information related to municipal plans and budgets and are usually overworked because there are not enough workers on the payrolls.

Their work is crucial but does not win them any respect or dignity in society. They have to sort and segregate often unwrapped, domestic waste, including soiled baby’s diapers and sanitary pads with their bare hands. They also run the risk of cutting and injuring themselves while segregating dangerous waste like glass, syringes or corpses of animals.

Even though their work makes them prone to infection, illness and injury, they are not covered by medical or other insurance facilities.

10 Consultation Meeting with Sanitation Workers, Biratnagar, Nepal on 7/11/2015
They fall ill frequently and contract fever, respiratory diseases, skin allergies, diarrhea and other diseases. If they do not get better after trying out home remedies, they may visit the nearest health center, provided they can afford it. The municipality covers treatment for minor injuries and gives them sick leave only in emergencies.

For women sanitation workers, the situation is particularly difficult, as they have to work long days, that typically start by 5 AM leaving them no time to take care of their children and other family members. The workplace offers no creche services, clean space for eating and hand washing or private facilities for defecation and changing their sanitary materials during their menstruation.¹¹

**Coping Practices**

With support from Lumanti, some women sanitation workers and waste pickers have formed their own saving and credit cooperatives and community-based organisations (CBOs) called ‘Sanyukta Safai Jagaran (SSJ)’.

SSJ provides easy access to loan facilities for personal and commercial purpose, and has become a forum to raise issues regarding the rights and entitlements of sanitation workers. Although they still need to go a long way to realize their rights, the cooperative has helped them to enhance their confidence and become waste ‘entrepreneurs’ rather than employees. They have been able to set up their own work place for collection, segregation and sale of waste materials. A few women have received loans to purchase sewing machines so they can stitch waste storage bags for which there is a ready-made market. Some women also took loans to purchase rikshaws so they could engage with the transportation of waste materials.

¹¹ Consultation Meeting with Sanitation Workers, Kathmandu, Nepal on 17/10/2015
1. Access to safe, clean and well-maintained WASH facilities, not only at home, but also at school, colleges, the workplace and public spaces. There should be adequate number of separate toilets in schools for girls with facilities for hand washing and menstrual hygiene management. Soap, water, sanitary napkins and bins for disposal of used material should also be available in toilets.

2. Inclusion in the planning of WASH facilities so that these facilities are designed according to the specific needs of the user.

3. Engagement of community women in organizing local sensitization events on WASH, especially on the proper use and maintenance of community toilets.

4. Information and education on menstrual hygiene management for young girls and women.

5. WASH facilities in educational and public spaces that are user friendly for the elderly and people with disabilities, e.g. commodes with flush, handle bars, good lighting, slip resistant floors, wide doors and ramps, taps at suitable heights and braille signs. The provision of easily accessible WASH facilities for physically disabled people will increase their mobility and enhance their capacity to work.

6. Dissemination of Information on available technical design alternatives from which people with disabilities can choose as per their specific needs.

7. Financial security, including pensions for the elderly and employment opportunities for people with disabilities - so that they can be financially independent and improve their living conditions.

8. Introduction of incentives and awards for encouraging participation and leadership among women to promote better WASH facilities and services in their communities.

Key asks of sanitation workers from the Sanitation Department of the Municipality included:

i. Creation of a platform to facilitate listening, dialogue, and experience sharing between sanitation workers, waste collectors and scrap dealers and other stakeholders including government officials, traffic police and representatives of community-based organisations.

ii. Provision of medical and insurance policy for sanitation workers along with its effective implementation and monitoring.

iii. Inclusion of workers in planning, budgeting and policy making processes.

iv. Public awareness campaigns to ensure separation and safe disposal of toxic and dangerous waste by households and medical institutions.

v. Enforcement of safety measures for sanitation workers and waste/rag pickers so they can protect themselves from accidents and illness.
The following recommendations can enable persons of every age, gender and ability to access sanitation and hygiene services and live a life of dignity:

1. The Sanitation and Hygiene master plan of Nepal mandates provision of sanitation facilities in all institutions. Standards and norms for these facilities need to be developed, disseminated and enforced to ensure adequate, safe toilets with easy access by people of all ages, gender and disability in all public places (markets, bus stops, railway stations etc) and institutions such as schools, universities, hospitals, offices and others.

2. Promote and strengthen partnership with local community groups, such as women’s groups and children’s clubs for their inputs in planning and implementation of community-based WASH projects. Capacities of community-based organisations and groups should be built so they can understand and advocate for appropriate sanitation facilities with local administration, including the District Development Committees (DDC), municipality and Village Development Committees (VDC), and ensure that the specific sanitation needs of different groups are met in their areas. Media through the existing District Level Journalistic WASH Committees can help raise the voice of the communities, ensuring their needs are understood and addressed by the government.

3. The ‘No Toilet, No School’ norm set by Nepal Millennium Development Goal Acceleration Framework (MAF) 2012 should be adhered to. The Framework of Child Friendly School 2010 developed by UNICEF and endorsed by Ministry of Education has set minimum expected standards / guidelines for WASH in schools ensuring separate toilets for girls and boys with hand washing facilities and one toilet for every 50 students. Implementation of these guidelines must be enforced. School management committees and school clubs can play an important role in the monitoring the implementation of these guidelines. Additionally, they can organize sanitation and hygiene sensitization events to promote hygiene behavior and menstrual hygiene management among school children.

4. To promote MHM as outlined in Total Sanitation Guidelines 2015, formulate specific policies and guidelines related to MHM and ensure their dissemination, implementation and monitoring at the ward and city level. All school and public toilets should have facilities for procuring, changing and disposal of used menstrual material.

5. Similarly, develop policies and guidelines related to WASH for the disabled and ensure their implementation in all public and educational institutions. To ensure that people with different disabilities have easy access to user friendly WASH facilities, a technical guide for suitable designs should be disseminated so that they have different options to choose from.

6. CSOs should advocate for an increase in the annual Municipal budget for WASH activities to ensure improved sanitation. The cost of operation and maintenance must be included in the budget estimate. Innovative methods of revenue generation such as use of microfinance institutions can help achieve financial sustainability.

7. Ensure safety and security measures for sanitation workers. Provision of financial security, pension and social security, life and health insurance and safety equipment to sanitary workers must be made legally binding for employers.

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12 District Level Journalist WASH Coordination Committees have been formed in few districts of Nepal to strengthen media partnership in WASH


8. The important role played by ragpickers in solid waste management should be recognized by the Government to protect their rights and ensure they are not discriminated. Their job responsibilities and wages should be clearly specified by the municipality.

9. Promote education to help improve understanding of WASH as a human right. Prepare and disseminate messages to build knowledge and awareness among community members on healthy WASH behaviors and practices including MHM. Tole Sudhar Samiti\textsuperscript{15}, Female Community Health Volunteers, CSOs and the media have an important role to play in organizing social campaigns and delivering positive messages vis-à-vis MHM for the well being and dignity of girls and women.

10. Introduce a system of monitoring and evaluation to learn from successes and failures and promote and sustain best practices

\textsuperscript{15} Tole level WASH coordination committee
ANNEXURES

Annexure 1: Consultation Meeting Schedule in Nepal

<table>
<thead>
<tr>
<th>Constituency</th>
<th>MEETING 1</th>
<th>MEETING 2</th>
<th>MEETING 3</th>
<th>MEETING 4</th>
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Annexure 2: List of Partners Organisations

1. Akriti Cooperatives
2. Biratnagar Sub Metropolitan City
3. Community Women Forum
4. Development Exchange Center (DEC) Nepal
5. Elder Citizens Welfare Society
6. Forum for Social Improvement & Environmental Development (FoSIED)
7. GUTHI
8. Kathmandu Metropolitan City (KMC)
9. Lumanti Support Group for Shelter (Lead Partner)
10. Maitree: Women Alliance for WASH Advocacy
11. NGO Forum for Urban Water and Sanitation
12. National Federation of Disabled, Nepal
13. Nepal Sukumbasi Sudhar Samiti
14. Patan Community Based Rehabilitation Organisation
15. Ratnanagar Municipality
About FANSA

The Freshwater Action Network South Asia (FANSA) aims to improve governance in WASH sector by strengthening the role of civil society in decision-making. It considers both environmental and developmental aspects as crucial for the realization of the right to water and sanitation for present and future generations. FANSA was established in 2008 based on the felt need of the civil societies to ensure that their local experiences and voices are represented at the policy-making discussion and fora. The South Asian network is a member of Freshwater Action Network (FAN), a global consortium of civil society networks engaged in implementing and influencing water and sanitation policy and practice.

# fansouthasia

About WSSCC

WSSCC is at the heart of the global movement to improve sanitation and hygiene, so that all people can enjoy healthy and productive lives. Established in 1990, WSSCC is the only United Nations body devoted solely to the sanitation needs of the most vulnerable and marginalized people. In collaboration with our members in 150 countries, WSSCC advocates for the billions of people worldwide who lack access to good sanitation, shares solutions that empower communities, and operates the GSF, which since 2008 has committed close to US$ 109 million to transform lives in developing countries.

Learn more at www.wsscc.org

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