

**A Model Guideline for
DISTRICT WATER SUPPLY, SANITATION
AND HYGIENE**

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**Rural Water Supply and Sanitation Project – Western Nepal
Pokhara, Nepal**

ACRONYMS/ABBREVIATION

AHW	Auxiliary Health Worker
AIDS	Acquired Immune Deficiency Syndrome
ANM	Auxiliary Nurse Midwife
BMI	Body Mass Index
CAP	Community Action Plan
CBO	Community Based Organization
CHSAC	Community Hygiene and Sanitation Action Committee
CLTBCHS	Community Led Total Behavioural Change in Hygiene and Sanitation
CLTS	Community Led Total Sanitation
CMA	Community Medical Auxiliary
DAP	DWS Action Plan
DCE	District Chief Engineer
DDC	District Development Committee
DDF	District Development Fund
DEC	District Evaluation Committee
DoLIDAR	Department of Local Infrastructure Development and Agriculture Road
DPHO	District Public Health Office
DTCO	District Treasury Controller Office
DTO	District Technical Office
DW	Dug Well
DWASHCC	District WASH Coordination Committee
DWIG	District WASH Implementation Guideline
DWS	Domestic Water Supply
ECOSAN	Ecological Sanitation
EOI	Expression of Interest
FCGO	Financial Comptroller General Office
FCHVs	Female Community Health Volunteers
FM	Frequency Modular (Radio)
GESI	Gender Equity and Social Inclusion
GoN	Government of Nepal
H&S	Hygiene and Sanitation
HF	Health Fund
HH	Household
HIV	Human Immunodeficiency Virus
HW	Hand Washing
IEC	Information, Education and Communication
IG	Income Generation
IMC	Institutional Management Committee
INGO	International Non-governmental Organization
IPRA	Ignition Participatory Rural Appraisal
LBFAR	Local Bodies Financial Administrative Rules
LLB	Local Latrine Builder
MLD	Ministry of Local Development
MOF	Ministry of Finance
MoU	Memorandum of Understanding
MSF	Multi-stakeholder Forum
MW	Maintenance Worker
NGO	Non-governmental Organization
O&M	Operation and Maintenance

Model District WASH Implementation Guideline

ODF	Open Defecation Free
P&E	Poor and Excluded
PHAST	Participatory Hygiene and Sanitation Transformation
PoU	Point of Use
PQ	Pre-Qualification
PTA	Parent Teacher Association
RWH	Rain Water Harvesting
SEC	Source Environment Conservation
SMC	School Management Committee
SODIS	Solar Water Disinfection
SP	Service Provider
SWAp	Sector wide Approach
TBC	Total Behavioural Change
TSG	Tap Stand Group
TW	Tube Well
UC	Users' Committee
VDC	Village Development Committee
VWASHCC	Village WASH Coordination Committee
WASH	Water Supply, Sanitation and Hygiene
WDO	Women Development Office
WQ	Water Quality
WQM	Water Quality Monitoring
WSP	Water Safety Plan
WSP	Water Supply Plan
WSST	Water Supply and Sanitation Technician
WUSC	Water Users and Sanitation Committee
WUSG	Water Users and Sanitation Group

DEFINITION OF TERMS

“Advocacy” = to persuade, convince, mobilize people

“Adequate hygiene behavior” = Refers to those practices that reduce the number of disease causing agents in the environment and protect individuals and families from contact with them

“Adequate sanitation” = is the provision and ongoing operation and maintenance of a safe and easily accessible means of disposing human excreta and wastewater

“Domestic Water supply” = generally implies development and supply of safe and adequate water needed for human consumption i.e. for drinking, household and hygienic uses

“Equality” = Being equal means with no difference in status equality or rank; rights, respects, access to opportunities, access and control of natural, financial and other resources and assets /property. It is the state of being equal. The process of achieving gender, caste and ethnic equality - while respecting their differences - refers to changing norms, values, attitudes and perceptions in order to attain equal status between men and women, between advantaged and excluded caste and ethnic groups.

“Equity” = Equity means fairness; principles of justice used to correct laws when these would seem unfair in special circumstances. Gender, caste and ethnic equity refers to fairness in women's and men's, advantaged and disadvantaged caste and ethnic groups' access to socio-economic resources.

“Gender bias”= Meetings or decisions etc. are dominated by one of the sexes: **“Male-bias”** = men are dominating in number or decision making (female-bias = women are dominating).

“Gender sensitiveness and responsive” = Aware of gender situation, and taking the situation into account and reacting to the situation by making action plan, identifying activities and allocating budgets – in order to eliminate gender inequality and injustice.

“Hygiene education” = Planned and systematic attempt to provide information to enable people to take action to prevent water and sanitation related illnesses and to maximize the benefits of improved water and sanitation facilities

“Hygiene promotion” = An activity to encourage behavioral change that serves to prevent infection from communicable diseases

“Integration of WASH” = The services of both water supply as well as household and environmental sanitation are linked well with hygiene education and will be provided to the same beneficiaries identified as facing health problems due to the lack of services

“Ignite or ignition” = To encourage, empower, and support people at household, Ward, VDC, and District levels as they take action.

“Improved Sanitation and Hygiene” = The process where people transform themselves to demand, develop and sustain a hygienic and healthy environment for themselves by erecting barriers to prevent the transmission of diseases primarily deriving from pathogenic contamination.

“Investments” = includes not only the direct construction costs, but also capacity building, planning, supervision, evaluation, etc...costs.

“Kuwa” = traditionally improved spring, which does not meet the criteria of protected spring.

“Minimum standard” (reflecting total behavior change) = Households and Wards are free of open defecation. All households have sealed latrines meeting clear safety specifications, used by all the family.

- All households have and use a hand washing station
- All household members wash their hands with soap (or substitute) and water:
 - After defecation/using the latrine
 - After washing a baby’s bottom
 - Before preparing food
 - Before eating or child feeding
- All households have a safe system for storing and extracting water for drinking

“Poor and Excluded” = Groups, individuals and households politically, economically, socially, culturally and self discriminated on the basis of their gender, caste, ethnicity, age, marital, status, sexual orientation, religion, language, disability, HIV status and where they live and have previously limited access to development opportunities.

“Public Audit” = Public auditing is a tool taken up for the purpose of enhancing governance, particularly for strengthening accountability and transparency of service providers (local bodies) towards beneficiaries/stakeholders by publishing the program including financial information. It values the voice of stakeholders, including marginalized/poor groups whose voices are rarely heard. Public Audit is not only an event but also a process to ensure beneficiaries/stakeholders right to know of the activities of their concern. Public auditing creates an impact upon governance.

“Sanitary facilities” = Refers to latrines; solid waste disposal sites; waste management equipment; and cloth washing, hand-washing and shower or bathing units.

“Scale-up” = the approach to service provision is widely replicable in a substantial number in all VDCs and Wards in a District

“Social Inclusion” = Social Inclusion is about addressing imbalances and disparities among people caused by gender, caste, ethnicity, marital status, geographical location, language, religion, age, sexual orientation, disability and HIV status by removal of institutional barriers and the enhancement of incentives to increase the access of diverse individual and groups to WASH activities. Social Inclusion is used to describe the complementary approach that seeks to bring about system-level institutional reform and policy change to remove inequities in the external environment.

“Stakeholder” = any organization that shall have direct or indirect influence or participation or contribution or involvement for the implementation of this MOU in the district or WASH in general.

“WASH Program” = The package that contains the provision of safe and adequate water supply, provision of safe sanitary facilities and the promotion of improved hygiene behavior.

“Water supply” = Generally implies development and supply of safe and adequate water needed for human consumption i.e. for drinking, domestic and hygienic uses and for other uses such as for livestock, industrial and municipal purposes.

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1. INTRODUCTION

1.1 Background

Nepal is in a process of change and so is the development process. This also brings change in the implementation of WASH services in Nepal. This process is the change from a project based implementation to programmatic implementation. The traditional model i.e. the project approach is going to be changed to Sector Wide Approach (SWAp) and naturally this sector support program in future is to be led by the Nepal Government. This means the following reforms will take place.

- government institutions responsible and involved in WASH sector,
- funding mechanisms used by different projects,
- planning processes,
- coordination mechanisms and several implementation modalities applied presently,
- government and community contribution and subsidy principles,
- monitoring, reporting and evaluation

All these are going to change towards being more harmonized and more aligned to the Governance structure and functioning. There is a need to accept the fact that this change is essential, and also that it is necessary to achieve more with the limited available resources in order to have universal access to water and sanitation. For this, there is a need to prove that it is possible to achieve this ultimate goal of universal access and total change in hygienic behavior. To propagate this development approach in the WASH sector, there is a need to have some Champion Districts. These champions will exemplify that the change and achieving ultimate goals is possible. This is a learning process and therefore platforms are needed to establish where the successes and failures will be discussed. Therefore, this guideline has been prepared for districts to test the new approach. Each district will modify the model guideline to fit its own environment accordingly.

This District Water Supply, Sanitation and Hygiene (WASH) Implementation Guideline tries to address all these challenges and has been produced for testing in the nine districts of Western/Mid-west development region of Nepal.

1.2 Objectives of this guideline

The major objective of this guideline is to test the implementation of WASH sector support in a holistic way at the district level. The ultimate goal is to improve the health status of the people and consequently living standard of the whole district population in general and poor, disadvantaged groups and people in remote areas in particular through change in people's hygienic and nutrition behavior. The other more specific objectives of this guideline are:

- Test and establish district and VDC wide coordinated and harmonized WASH planning, monitoring and evaluation which paves the way towards Sector Support Program
- Test and establish district wide harmonized financing and co-financing, management, project preparation, and operation & maintenance of WASH

- Test and establish efficient resource utilization and coordination amongst all stakeholders
- Increase participation and involvement of people from all castes, ethnic minorities and ensure that gender equity is harmonized and streamlined in all stages of the WASH implementation processes.
- Change the public hygiene and sanitation behavior and habits
- Improve the capacity of local bodies in WASH sector to be able to lead the WASH implementation processes efficiently.
- Support & strengthen the government's decentralization process by devolving the decision making and financial control power to the lowest possible level (VDC and communities)
- Introduce innovative, holistic and sustainable solutions for water supply, sanitation, hygiene, nutrition, water quality monitoring and arsenic mitigation
- Ensure the institutional and financial sustainability of physical infrastructures and their management as well as environmental sustainability

Due to the geographical, climate, political, environmental, social and technical differences between the districts as well as the VDCs it is not appropriate to prepare universal guidelines, which fits for all. There is a need to have district and VDC specific guidelines, which guide the implementation of WASH in each district and VDC. Thus this model guideline can be modified to match each district's varying needs.

1.3 What is WASH?

Safe water supply refers to the withdrawal or abstraction of surface or ground water, and including rainwater harvesting, and its subsequent treatment, storage, transmission and distribution for drinking and other purposes including economic. The water supplied for drinking purposes should meet Nepal's National Drinking Water Quality Standards, 2005.

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. For the purpose of this guideline, it is assumed to exclude factors such as air pollution.

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.

Most people living in the Mountains and Hills are provided with tap or pipe water, whereas in the Terai tube wells equipped with a hand pump are the main sources of drinking water. The national average of access to basic drinking water service is 76.6% and 45.8% to sanitation.¹ Tap water is said to be safe water. In rural village, most drinking water is provided through public

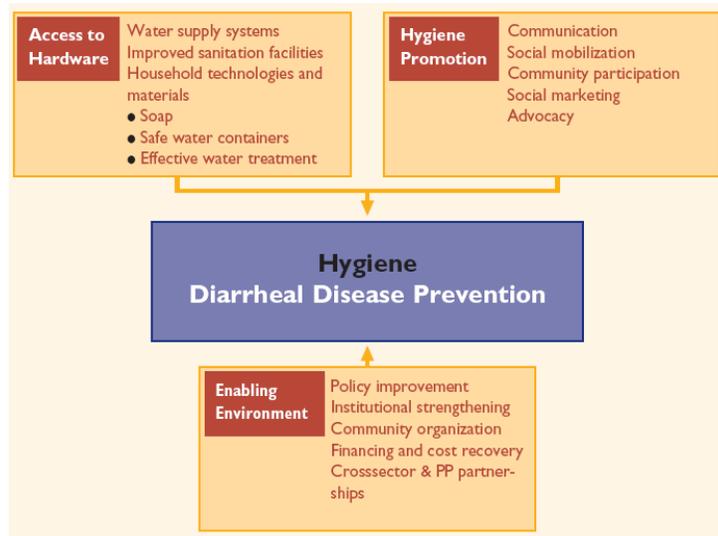
¹ Three Year Interim Plan, 2064/65 – 2066/67

taps. Other water sources such as wells, tube wells, water spouts, and rivers are commonly used by the rural poor.

The Three Year Interim Plan has set target, by the end of fiscal year the planning period i.e. end of 2066/67, 85% of the population have been covered with basic drinking water service and 60% with sanitation service. The target as per ‘rural water supply and sanitation policy 2004’ is to provide the service of water supply and sanitation to all the people by 2017. GoN investments in water supply and sanitation and the coverage target by 2017 are primarily guided by its Twenty-Year Vision (1997-2017), and the National Water Plan (2002-2017).

The primary objective of water and sanitation related hygiene promotion program can be taken to protect the health of people by reducing the risks of ingestion of germs that are present in excreta. Human excreta may contain germs that cause diarrhea and many other diseases such as jaundice, typhoid, worms etc. Diarrhea alone can lead to malnutrition and death particularly in case of small children. These diseases are transmitted when the germs present in the excreta reaches the mouth of a healthy person. People need to be helped in understanding the routes of this transmission and ways by which the routes can be blocked, as explained in the following two sections. Diarrhea, being the most killer particularly for children is taken as an indicator of this group of disease. Key component of Water, Sanitation and Hygiene (WASH) promotion can be illustrated as hygiene improvement framework below:

Figure 1: The Hygiene Improvement Framework



Source: Sanitation and Hygiene Promotion, WHO, 2005

1.4 Design of program

While designing a WASH program for a community first step would be the identification of ‘key hygiene risks’. This should then be followed by (a) assessment of available resources; (b) assessment of prevailing behaviors, knowledge and practices that have relevance to the identified risks; and (c) provision of materials and infrastructure support where necessary – for making the hygiene messages relevant and practical.

1.5 Gender and social inclusion

Gender and social inclusion issues are at the heart of WASH. In the WASH program implementation traditionally excluded groups and the poorest of the poor are able to benefit from the District and VDC WASH resources and the issues of these groups can be and are integrated into the policy planning, design and implementation and at the same time empowered them.

Equitable participation of all members of the communities is the key strategy for sustainable development in WASH implementation. Therefore, the WASH program design should always address the needs of all the members of the society without excluding anyone. The practical gender needs and responsibilities of women in water collection and utilization should be addressed including lack of access to economic resources such as finance through access to credit. WASH program should also address the needs and promote the rights of the easily excluded, particularly children, people with disabilities, indigenous people and ethnic minorities, and promote equal opportunities for participation at all levels.

WASH program can and will bring positive change in the social position of the poor and excluded in the society creating a more equal and stable society where the needs of all are heard and fulfilled. Only through a gender sensitive and socially inclusive process, the WASH programs can be sustained.

The following issues are supported by WASH Program directly and indirectly;

1) Promotion of the rights and the status of women and girls, and promotion of gender and social equality:

- Gender related activities incorporated in and WASH activities simultaneously
- Male counterpart sensitized for their household responsibilities
- Male counterparts take care of their children when female partner are engaging in WASH activities
- A close working relation maintained with the Women Development Office of the District (WDO) to increase the level of awareness on gender and gender relations
- In all training program related to WASH implementation, GESI considered as an integral part of it
- At the community level, in all activities 50% women participation ensured and proportionate representation of the excluded groups maintained.

2) Promotion of the rights of groups that are easily excluded, particularly children, people with disabilities, indigenous people and ethnic minorities, and the promotion of equal opportunities for participation

- Special reservation made for poor and traditionally excluded groups if any institutional barriers are found for equitable participation
- WASH program addresses “water-discrimination” issues and includes a discussion on the cultural-evils of caste and gender discrimination and makes people aware of the concept of “equal citizens” and “all people’s rights” to water and sanitation. The message is that if there

is scarce water everybody has to share the water. Caste is not an issue to exclude the poorest from water access

- Child protection activities included in the training given in WASH. Communities gain an understanding of legal and civil rights, and of the importance of registering their own birth and the births of their children
- Education of men and women in the training programs in order to aware them on their vulnerability to HIV and AIDS and Sexually Transmitted Infections and on prevention strategies.

A checklist for integration of gender and social inclusion in WASH implementation is provided in **Annex 1**.

1.6 WASH Components

Altogether there are four major outputs of the WASH. These outputs are explained more in detail under the following sub-headings.

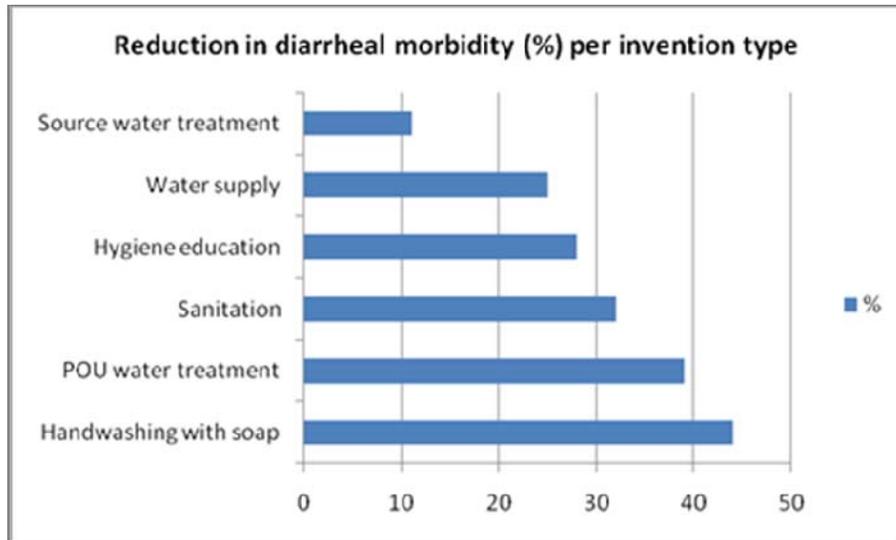
1.6.1 Total behavior changed in hygiene and sanitation

The behavioral change in hygiene and sanitation means that households or institutions don't just construct and use toilets. The approach includes behavioral 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 behavioral change needs to be TOTAL including all socio-economic groups of the society. Therefore, the WASH Program shall concentrate on behavioral change programs by using tools such as Participatory Hygiene and Sanitation Transformation (PHAST) and Community Led Total Sanitation (CLTS). In order to achieve total behavioral change the process is lengthy (several years) and requires continuous interaction with households and communities. Therefore, the use of already existing health personnel, both permanent and volunteers is utmost important. The process should be strengthened with the participatory monitoring and rewarding system. The behavioral change program is an entry point to the VDC where water supply component will be part of it. Furthermore, it is emphasized that people should change their habits to use drinking water for sanitation purpose. In the areas of water scarcity the separation of drinking water from sanitation water becomes important as well as introduction of the ecological sanitation e.g. dry toilets, which does not require water at all.

Individual behavioral change means improved defecation and personal hygiene behavior, increased use of soap and hand washing at critical times, improved kitchen hygiene (household and environmental sanitation). Special emphasis will be given for the washing of hands with soap. Studies show how this is most efficient way of reducing diarrheal morbidity as illustrated in the graph below (Fewtrell et.al 2005). Schools, health posts, communal halls, etc. are the places where best demonstrations can be held. The behavioral change programs should not be limited to the households only but include also these institutions. One of these institutions could be established as a Community WASH Center and should be led by community/VDC. From this center, hygiene and sanitation demonstration can be

expanded to the periphery of the center. Also to minimize the maternal and infant mortality rates communities could be strengthened by establishing the health funding systems.

Figure 2: Reduction in Diarrheal Morbidity



1.6.2 Well-functioning domestic water schemes managed by inclusive WUSCs

Most of the non-built water supply schemes are located in the areas where natural water sources are not available. It is expected that the unit cost per capita will increase in those areas. Therefore acceptable district and GESI specific unit cost limits are to be set for the planned water schemes for approval and the designs should favor the use of locally available materials and equipment. This principle means that alternative water supply systems such as Kuwa improvements, hand dug well rehabilitations, point source spring improvement, rainwater harvesting, etc. should be encouraged. These options should be used if the traditional gravity system or elevated water tank system becomes too expensive or its use is not affordable by the beneficiaries. Anyhow, the final decision is always with the users and if they can mobilize additional funds for more expensive technical solution, then this should be approved. The role and ownership of inclusive UCs (WUSC/CHSAC/IMC) in planning, implementation, and operation and maintenance of water scheme is a must.

1.6.3 Strengthened institutional capacity of local bodies to facilitate the WUSCs

The local bodies should be responsible for the implementation of WASH programs. The coordination, technical and managerial skills of the local bodies' personnel needs however to be improved, and resources available in the districts and VDCs need to be efficiently used. This requires multi-sectoral coordination and crossing the traditional boundaries between different government institutions. The coordination in hygiene and sanitation behavioral change is essential at the district level where required human resources are available in District Public Health Office and Health Centers/Posts, the Water Supply and Sanitation Divisional Office, the District Education Office to carry out such programs. Therefore, the

funds from the donors to support the District WASH Program implementation should be channeled through one pooled fund-basket called the District WASH Fund used through local bodies targeting all people, but giving priority to poor and excluded.

In order to sustain the functionality of already existing WASH facilities increasing support to the WUSCs in technical, financial operation and maintenance management of schemes shall be provided.

1.6.4 WASH sector policies, strategies and guidelines at the central and local level prepared

Districts have autonomous status. They have the authority to develop district specific policies, strategies, guidelines and regulations. Therefore, the development of transparent and accountable GESI responsive WASH sector policies, guidelines and strategies and their approval and implementation by DDCs to facilitate efficient and coordinated WASH Programs in the districts are to be supported. The District WASH Programs serve as a testing ground for national policy and strategy by providing valuable inputs to the national level. One part of this is also the human resource development in WASH. Therefore, GESI responsive human resource development for effective, decentralized WASH implementation will also be supported.

1.7 WASH Activities

Following are the major activities under each four components:

1.7.1 Health, Hygiene and Sanitation

To carry out the activities described below ensures that (i) behavioral change in hygiene and sanitation at household level, public places and institutions has improved, (ii) nutritional status of pregnant and lactating mothers and children has improved, (iii) surrounding environment has become cleaner and (iv) local resources have been made available to keep the communities active to practice new habits. The activities are:

- Ignite the process of change to open defecation free VDCs and Wards
- Implement household sanitation, hygiene and waste water management
- Implement institutional sanitation and hygiene
- Implement personal hygiene and health programs
- Implement nutrition programs for mothers and children
- Implement family health funding system
- Awareness creation, motivation and rewarding

1.7.2 Domestic Water Supply

To carry out the activities described below ensures that (i) improved domestic water supply schemes are operating, (ii) arsenic mitigation and lime encrustation are addressed, (iii) community mobilized resources met the O&M management and reconstruction costs, (iv) water quality is monitored by WUSCs, DDCs and DPHOs on a regular basis and that (v) knowledge and importance of water quality and quantity by users is increased. The activities are:

- Construction of new domestic water schemes
- Gravity schemes including multiple use system (MUS)
- Rainwater harvesting
- Kuwa/ Point source spring improvement
- Tube and hand-dug well
- Rehabilitation of existing domestic water schemes
- Building of technical and financial capacity for WUSC and others
- Carryout water quality monitoring
- Mitigation of arsenic and lime encrustation
- Environmental Protection of water sources
- Awareness creation/ Transparency of domestic water schemes

1.7.3 Inclusive local governance in WASH

To carry out the activities described below ensure that (i) GESI responsive local bodies planning systems are strengthened, (ii) GESI responsive policies on rural WASH have been updated / prepared, (iii) WASH Plans at district and VDC levels have been prepared, (iv) multi-sector stakeholders coordination mechanism is established, (v) local bodies staff is trained in WASH governance and service delivery, (vi) WASH stakeholders are trained, (vi) Participatory Monitoring and Evaluation systems are established, and (vii) financial management systems are established. The activities are:

- Coordinate and harmonize WASH sector programs, funding, approach and modalities
- Assist DDCs to manage District Development Fund effectively
- Enhance local bodies capacity to facilitate the GESI responsive WASH service delivery system
- Enhance roles, responsibility, transparency and accountability of local bodies and WUSCs
- Strengthen local bodies GESI responsive planning, programming, budgeting system
- Strengthen local bodies GESI responsive reporting, monitoring and evaluation system

1.7.4 Local WASH Policy and Guidelines

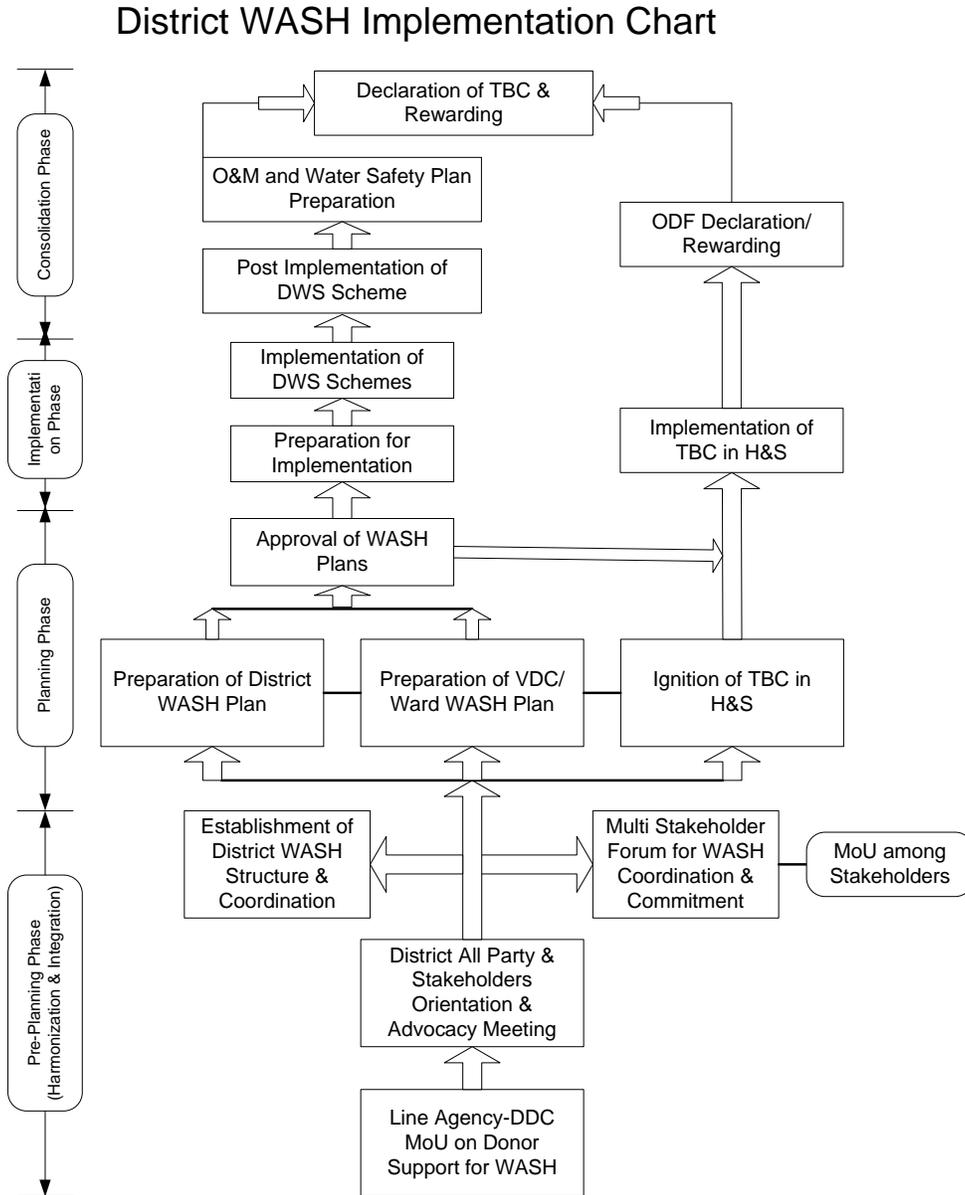
To carry out activities described below ensure that the district specific guidelines needed for effective, coordinated and transparent District WASH implementation have been prepared. The activities are:

- Prepare GESI responsive District WASH implementation guidelines
- Prepare District Arsenic mitigation strategy
- Prepare District and WUSC level water quality monitoring guidelines

2. WASH PLANNING

A step by step flow chart is provided below to guide the overall pre-planning, planning, and implementation and consolidation phases of DWIG.

Figure 3: District WASH Implementation Chart



2.1 Pre-planning Phase

2.1.1 MoU between Departments (line Agencies) and DDC

The memorandum of understanding will be signed by DDCs and Line Agency Department for the implementation of WASH program in their respective districts. The specimen of MoU between DDC and DoLIDAR is presented in [Annex 2](#).

2.1.2 District All Parties' Orientation and Advocacy Meeting

DDC plays a significant role in WASH planning, implementation, management, operation and maintenance as well. Hence, the District WASH Program cannot go ahead without DDC's consent. One day Orientation on WASH to be conducted by DDC during the pre-planning phase in order to make DDC aware of the present situation and to clarify the roles and responsibility of DDC in WASH program implementation and procedures to make their commitments financially and politically. Thereafter, it may continue its WASH-meetings bi-annually. This orientation/advocacy gives all necessary information about WASH and helps create an environment for mutual understanding in resource utilization.

WASH related issues should be discussed in a forum where political leaders and district sector offices understand the magnitude of the problems, take ownership, commit, and make hygiene and sanitation a key activity of their development program, and establishes performance indicators for all District stakeholders. The meeting should mobilize political leaders and other sector offices to establish a sustainable community-led behavior change program in the District and to prepare for capacity building, baseline data collection, Multi-Stakeholder Forum, planning, budgeting and fund allocation. The meeting should also open access to District/Donors funds to start District wide Community-Led Total Behavior Change in Hygiene and Sanitation Program.

The meeting will produce:

- Decision of district WASH structure
- Decision of annual district WASH program and budget
- Approval of district baseline data collection framework
- Approval of the District WASH Implementation Guideline (DWIG)
- Approval of the District WASH Plan framework

Participants of the District All-Party meeting:

The participants of the meeting are the District Development Council members and political leaders from major political parties in the District. DDC should make sure that the political parties must send women-representatives in the orientation and advocacy meetings.

2.1.3 MoU among Multi-stakeholder Forum (MSF)

The District Multi-Stakeholder Forum (MSF) is the advisory body of the District WASH sector Coordination in the District. It actively advises and provides guidance on the development of the WASH coordination and implementation. MSF is held annually and organized by DDC.

This Forum is represented by all the district level key stakeholders, namely the political leaders, faith-based and community-based organizations, VDC elected officials and staff,

associations, and others. The representation in the Forum should be inclusive. If institutional barrier exists then there should be the provision of inclusion of women and excluded groups.

The objectives of MSF are:

- To discuss together the present WASH situation and make proposals on how to improve and develop district WASH sector in general and WASH sector coordination in particular
- To share experiences (good and bad) of WASH with all stakeholders
- To introduce new policies and strategies developed or under development
- To decide common goals and make joint action plans for improved coordination and collaboration

To contribute to the achievement of the objectives of the District and Universal Goals in WASH, the MSF facilitates the coordination of the efforts of the various WASH stakeholders involved in WASH implementation:

- Contribute, advice and recommend to the District WASH Coordination Committee (DWASHCC) on the annual programs of the District WASH and on all other aspects of the development in the WASH sector
- Review the implementation of the annual District WASH programs on the basis of the District annual plan, reports and newsletters
- Disseminate information on the WASH, raise support for activities emanating from partners in WASH development, and serve as a platform to sensitize and attract potential new parties to district WASH
- Develop a common action agenda and commit to their part—both personally and institutionally—in carrying out the agenda
- Analyze the current reality and decide what needs to change
- Develop a common vision about the WASH
- Generate ideas about how and what to change
- Commit to short-term (months) and long-term (years) implementation plans towards the common vision
- Enhance and increase partnerships
- Share experience and on-going development practice in the sector.

The participants of the District Multi-Stakeholder Forum are open for all who are involved in the WASH sector. Names of the organizations (or individuals) that represent in MSF will be:

- decision-makers
- leaders from many sectors (both formal and informal)
- government and political leaders from the District and VDC levels
- faith-based organizations
- community resource people
- women
- youth
- teachers

- associations
- private sector
- NGOs
- donors
- media, etc...

The final outcome of the MSF is the commitment shown by all stakeholders which is manifested in the Memorandum of Understanding (MoU) signed by all stakeholders for the WASH sector improvement in the district. Specimen of the MoU between the stakeholders is given in **Annex-3**

2.1.4 Formation/Activation of DWASHCC

District water, sanitation and hygiene coordination committee (DWASHCC) will be formed comprising of-

- Chair person of DDC - chairperson
- Water Resource Committee Chair or representative - member
- LDO of DDC - member
- District Technical Office - member
- District Women Development Office - member
- District Public Health Office - member
- District Education Office - member
- Representatives of civil society - member
- Representatives of WSS projects in the district – member/s
- Water Supply and Sanitation Divisional Office – member secretary

In order to discuss various matters related to the WASH and review the WASH progress in the district the committee will meet at least every four months.

The DWASHCC will perform following tasks:

- Selection of VDCs for WASH implementation based on agreed criteria and VDCs demands
- Follow-up the formation of Water Users and Sanitation Committees (WUSCs) and Community Hygiene and Sanitation Action Committees (CHSACs). It will make sure that the WUSC/CHSAC is formed with proportionate representation of all castes & ethnic minority, including 50% women
- Follow up of the establishment of VDC Hygiene and Sanitation Behavioral Change Structures, Ignition Teams and VDC WASH planning process
- Monitoring & evaluation of water schemes and WASH implementation in various phases
- Budget allocation to users committee, monitoring and inspection to check if work is in progress and budget expenditure is in specified format
- Monitor User Committees' expression of commitment to carry out maintenance and repair work in future, help users committee financially when needed

- Ensure that all classes & castes of water schemes and other WASH committees and teams participate actively in each activity, help to conduct social & economy up-liftment programs of awareness campaign for such castes & classes
- Resolve any disputes (such as source dispute) occurred in water scheme area
- Review regularly VDC WASH implementation and water schemes work progress
- Prepare strategic reviews of District WASH implementation and present the results to the DDC
- Coordinate and monitor lead trainers' training at district level
- Coordinate and monitor VDCs/Wards/Clusters to design and implementation of institutional and HHs level TBC program
- Coordinate and oversight VDCs/wards/clusters to develop and implement nutrition program
- Monitor VDCs/Wards/clusters to conduct triggering training at VDC level
- Encourage VDCs/Wards/clusters to establish health fund
- Monitoring of ODF of VDCs/Wards/clusters and rewarding them
- Oversight of VDCs/Wards/clusters to start negotiation for change and implementation of HHs level TBC plan
- Evaluation of TBC in H&S and TBC declaration of VDCs/Wards/clusters.

2.1.5 Establishment of District WASH Structure

To embrace the WASH sectoral responsibility DDC introduces the following structural arrangements.

- A dedicated WASH structure² will be established within the DDC/DTO for WASH program
- It also liaises with the Planning and Monitoring Section of DDC for effective coordination of WASH policy, program and project planning and implementation
- It facilitates the WASH related activities to DWASHCC, Supervision and Monitoring Sub-committee, Supervision and Monitoring Committee of DDC, and selection of VDCs.

Refer **annex – 4** for detailed WASH structure at the District level.

2.2 WASH Planning Phase

A proper planning process is needed in order to achieve harmonized, effective and coordinated fund utilization for WASH implementation. The WASH plan will be a basic document for overall health/hygiene, sanitation and domestic water use related planning and identifying communities' priority needs.

The long term strategic plan and the short term annual plan of WASH will be prepared at the district and VDC level. A simple holistic VDC and/ or ward level (for Terai) WASH plan should be prepared by VDC itself with the support of the Service Providers³. DDC/DTO should facilitate the

² WASH Section (although it is said "Sanitation Section" in the Proposed National Sanitation Master Plan) will be established.

³ Service Providers : support organization, individual consultant, NGO, CBO and consulting firm

plan preparation process. This WASH plan should clearly mention the time line of total coverage of the VDC in terms of hygiene and sanitation, and domestic water supply. The VDC/Ilaka level will approve the VDC WASH plan and then approved by the DDC council. These plans and the follow-up of their implementation will provide adequate information to the decision-makers for funding decisions and utilization. This WASH planning process will be aligned with the regular planning cycle of local bodies as suggested in LSGA (refer **Annex 5** for the alignment of WASH planning with NPC format).

This phase will be of 6 months and may extend the duration depending upon the seriousness of DDC and VDC, and their organizational capacity to prepare the plans.

2.2.1 District Level - Information dissemination and WASH planning orientation

Information dissemination

Prior to start of annual planning in the District and VDCs, an awareness campaign in local radios on “domestic water supply” and “health, hygiene and sanitation” will be broadcasted in order to create demand for safe drinking water, sanitation and hygiene projects in the VDC among the poorest and excluded communities.

As an alternative, DDC will also launch the “domestic water supply” and “health, hygiene and sanitation” messages through the DEO’s literacy classes (posters, information kits, small texts). Local radio campaigns should be in the local languages, the message be clear and simple, and broadcasted at a time where the families are together in the home (breakfast or dinner time), or at a time where women are cooking or resting at home– to ensure maximum number of women (and men) are listening the messages.

Orientation meeting for all VDC secretaries

DDC will organize a one day orientation meeting with all VDCs’ secretaries and informs all VDCs about the availability of WASH fund in the district

During the workshop; radio campaigns, VDC selection criteria, process of WASH implementation, VDC’s contribution to WASH implementation and VDC application form will be discussed. Basically the application form will include socially and economically disaggregated information of population, number of households, occupation, income, source and quality of water used at present in the water scheme area, and health and hygiene situation in general

Based on the available information and the information provided by the VDCs, priority list of VDCs will be prepared as per ranking indicators. If the applications from the needy VDCs are not submitted DDC will provoke to submit the application from those VDCs too.

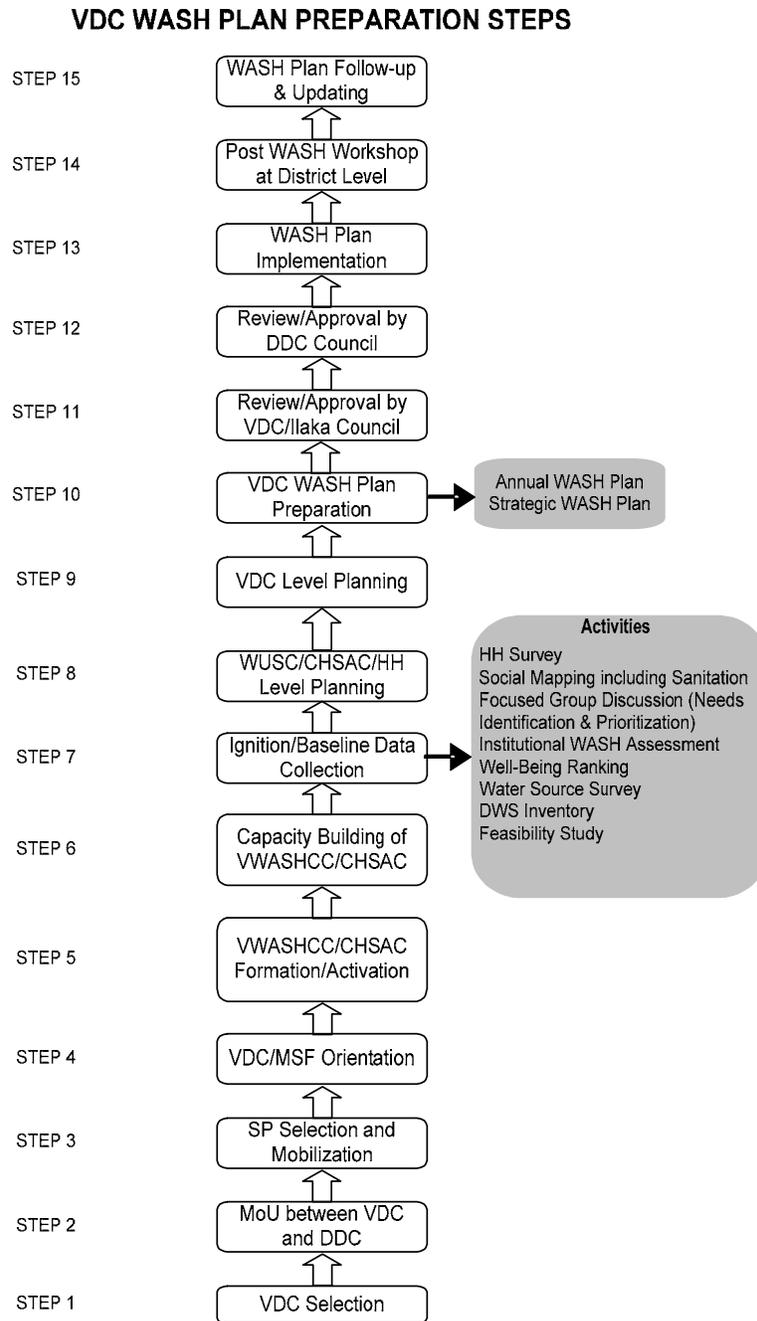
2.3 VDC WASH Plan Process

DDC will facilitate the overall WASH planning process in the selected VDCs. The detailed WASH plan will be prepared in a participatory and coordinated way including all line agencies working in the VDCs. The service providers will also support VDC for field works like rapport building, socio-economic baseline data collection, social/resource mapping, socio-technical assessment, DWS feasibility studies, HH/ward/VDC level planning and VDC WASH Plan preparation. This team

is also responsible for awareness creation of WASH through continuous ignition and triggering, awareness on hygiene and sanitation.

The planning process itself will be a process of social and total behavioral change in health and sanitation in the community. The plan will be holistic, combining all aspects of water, hygiene and sanitation activities having special focus on the poor and excluded members of communities. The step-wise process of planning is provided in the chart below.

Figure 4: VDC WASH Preparation Steps



2.3.1 VDC Selection and MoU between DDC and VDC

VDC application for WASH implementation:

The VDC that had felt the need of domestic water supply, sanitation and hygiene improvement program should duly fill up the application form and submit to the DDC along with a commitment letter. The samples of the application form and the commitment letter are given in Annex 6 and Annex 7 respectively. Prior to this DDC should inform all VDCs about the WASH fund availability in the district, VDC selection criteria, process for WASH implementation and provide the application form to VDCs. Based on the available information and the information provided by the VDCs, a priority list of VDCs will be prepared based on the given ranking indicators where poor and excluded still mostly suffer from unavailability of water, sanitation and hygiene improvements. If the applications from the needy VDCs are missing DDC will provoke to submit the application from those VDCs.

VDC Screening and Prioritization:

The assessment team of the WASH Structure will do assessment of the VDCs based on the set ranking indicators combined with both economic and socio-cultural dimensions of exclusion, poverty, scarcity of drinking water and health and sanitation situation of the VDC. For detail VDC selection process and criteria are referred to Annex -8. Highest number scoring VDCs will get the first priority. The selected/prioritized list of VDCs will be forwarded to DDC for approval.

VDC selection and Approval:

The DDC will select the VDCs on a fair basis. The priority list of VDCs will be discussed at the all party and DDC meetings. Name of selected VDCs will be duly approved by the DDC.

MoU between DDC and VDC:

DDC and selected VDCs sign a Memorandum of Understanding (Annex-9) about the VDC WASH Strategic Plan preparation, and further implementation of drinking water schemes and Total Behavioral Change in Hygiene and Sanitation activities based on the VDC WASH Plan. By signing the MoU, VDCs also confirm their commitments for funding.

2.3.2 Service Provider (SP) Selection and Mobilization

To facilitate overall planning process, baseline data collection, awareness campaign, as well as to support the users to implement scheme related activities VDC can seek the support from a service provider. SP could be of NGOs, support organizations, individual firms, and even individuals. The support arrangement process is described in Chapter 4.

2.3.3 Orientation to VDC level multi-stakeholders on hygiene, health, sanitation and domestic water issues in the VDC

Before starting planning process at the VDC level, DDC will organize an orientation program for VDC level multi-stakeholders. In the orientation workshop all ward chairs (including

women ward members), INGOs' representatives working in that particular VDCs, CBOs, users' group members, clubs, female volunteers, social mobilizers, natural leaders, possible lead triggers including political party representatives and other members of the community as felt necessary will be invited. VDC will ensure that meeting be participated by women (at least fifty percent) and excluded groups proportionately. During the program; hygiene and sanitation issues, poverty and exclusion issues, VDC/community contribution, need of VWASHCC formation will be discussed. In the meantime, DDC will share the planning guidelines of DDC (15 steps) and budget ceiling for that particular Fiscal Year. A tentative plan for WASH planning process will be prepared during this workshop.

2.3.4 VWASHCC Formation/ Activation

To facilitate the WASH related activities at the VDC level an inclusive VDC level WASH Coordination Committee (VWASHCC) will be formed. If there is any kind of water, health and sanitation related committees already existing, then they will be reactivated to serve as VWASHCC. At the ward or cluster level, as per the requirements, a similar type of WASH Committee and/ or users' committee(s) or subjective sub-committee(s) will be formed with representing all stratum and classes through democratic way. The formation of this Ward/Cluster level committee will be a result from hygiene and sanitation ignition process. If already existing committees exist, which could assume the responsibility of Ward/Cluster level WASH implementation such as WUSCs; these could be activated and used as per the decision of the community. Among the total members of VWASHCC and any other sub-committees at least 50% must be women & proportional representation of Dalit, Janjati and other excluded groups is essential. Minimum number of members in a VWASHCC will be of 18 and maximum depends upon number of clusters/WUSCs/CHSAC.

In order to discuss various matters related to WASH, and review the progress at the VDC level VWASHCC will meet at least every month in the initial phase and once in every two months afterward.

VWASHCC will perform following tasks:

- Support ward and VDC planning process
- Start triggering process on TBC in H&S at households/wards and VDC level and facilitate the establishment of Ward/Cluster level H&S action committees
- Support the formation/ activation of CHSAC/WUSC for WASH implementation. It will make sure that the WUSC/CHSAC/IMC is formed with proportionate representation of all castes & ethnic minority, including 50% women
- Support establishment of VDC Hygiene and Sanitation Behavioral Change Ignition Teams
- Coordinate monitoring & evaluation of TBC activities, water schemes and WASH implementation in various phases
- Ensure that all classes & castes are represented in all committees/sub committees, mass meeting and water schemes, and participate actively in each activity, help to conduct social & economy upliftment programs for such castes & classes
- Resolve any disputes (such as source dispute) occurred in water scheme area
- Reviews regularly Cluster/Ward/VDC WASH implementation work progress

- Prepare strategic reviews of Cluster/Ward/VDC WASH implementation and present the results to the DDC through VDC
- Coordinate lead trainers training at VDC level
- Coordinate and monitor Cluster/Wards/VDC to design and implementation of institutional and HHs level TBC program
- Coordinate and oversight Clusters/Wards/VDC to develop and implement nutrition program
- Facilitate Clusters/Wards/VDC to conduct triggering training at VDC level
- Encourage Clusters/Wards/VDC to establish health fund
- Monitoring of ODF in Clusters/Wards/VDC and rewarding
- Assist Wards/VDC to start negotiation for change and implement TBC in H&S plan
- Evaluation of TBC in H&S and TBC declaration of Clusters/Wards/VDC.

2.3.5 Capacity Building Training (CBT) to VWASHCC and Cluster/Ward level action committees

The Capacity Building Training to facilitate WASH Planning process provided to VWASHCC and Cluster/Ward level hygiene and sanitation action committee members by SP/TBC triggers/DDC. At the same time, ignition activities on TBC in hygiene and sanitation should be conducted. The detailed training contents are referred to Training Manual. Additionally, an observation tour to the communities where VWASHCC is already active may be organized by the DDC.

2.3.6 Socio-technical Assessment

Socio-technical assessment will be based on participatory approach using the Ignition Participatory Rural Appraisal (IPRA) tools. The SP, assisted by the members of VWASHCC and Cluster/Ward level H&S action committees, should facilitate the process. They encourage all the community people of all stratum to participate in all the activities related to the assessment. The ignition process on TBC in hygiene and sanitation will take place with socio-technical assessment simultaneously.

The major works carried out during socio-technical assessments are:

- Household Survey (Baseline) (Annex – 10 A)
- Social/ Resource/ Sanitation Mapping (Annex - 10B)
- Focus Group Discussion (WASH Needs Identification and Prioritization), Institutional WASH Assessment, Well being Ranking (Annex – 10C)
- Source Inventory Survey, DWS Inventory, Pre-feasibility Study of DWS Schemes (Annex – 10D)

The technical assessment work must be carried out during dry season approximately on or between April and May.

2.3.7 WASH planning at HH/Cluster/Ward/ Institution and VDC levels

Based on the findings of the socio-technical assessment, a VDC WASH profile will be prepared. It will serve as a basis for the WASH plan for the Community H&S Action Committee, Institutional Management Committee and Water Users and Sanitation Committee to plan, prioritize, execute, operate and manage WASH related activities. One

day meeting will be conducted with the Community H&S Action Committee members including community people to share the findings of the socio-technical assessments; to verify the findings and to endorse the plans. During the meeting the participants will exercise on holistic and sector specific prioritization of WASH related projects. The participation of women should be fifty percent (two persons; male and female from each household) and proportionate representation of excluded groups.

A three-day workshop will be conducted with the VWASHCC members and representatives of Community H&S Action Committee, members of DDC and advisory panel (political party representatives in VDC) to share the findings of the socio-technical assessments; to verify the findings; and to prepare strategic and annual action plans by prioritizing activities (refer **Annex 11 and 12** for formats). During the workshop the participants will exercise on holistic and sector specific prioritization of WASH related projects to know the WASH related needs of the VDC. In the planning workshop:

- Update & finalize the VDC level WASH priority list
- Strategic plan/ Five Years plan
- Detailed One year action plan
- Identification of potential resource organizations
- List of support activities like; training, observation tour, skill trainings
- Follow-up action to complete one year plan, total behavioral change in hygiene and sanitation & support activities
- Water Scheme construction and rehabilitation
- Institutional strengthening and capacity building
- Arsenic mitigation Plan in Terai
- Collect commitment of VDC, political leaders, community
- Other issues related to WASH as felt necessary.

2.3.8 WASH Plan Approval/ Review at VDC/Ilaka/DDC level Council

The WASH plan prepared after VDC level workshop will be approved by the VDC council, then by the Ilaka level council and then finally by the DDC council. For further details of TBC referred to VDC Hygiene and Sanitation Plan of Chapter 3.

2.4 District WASH plan

District WASH plan is a strategic plan for WASH implementation for overall district WASH activities and will be the part of overall District Development Plan of the district. District WASH plan is an integrated WASH plan of the VDCs which are forwarded by the VDCs with Ilaka level approval. Detailed VDC WASH plans will be prepared for selected VDCs, if the process and outcome of the WASH plan is good; the process will be scaled up to all VDCs of the district.

2.4.1 District WASH plan preparation and approval

DWASHCC will analyze the WASH plans of VDCs for complimentary and supplementary relation among the recommended programs, amend, add or reduce the scope, prioritize and forward for incorporation in the draft district plan. DDC body will review and analyze the

plan vis-vis policies, guideline, long-term plan goals and targets, profile, resource map, environmental impact, balancing development among Ilakas and so on. They categorize the programs into: a) district level; b) implemented with support from central level; c) implemented with support from others. They determine sectoral priority and finalize the draft plan for approval by the district council. Final WASH plan will be approved by the District council which will be a part of overall District Development Plan. Formats for the Strategic and annual WASH plan are provided in [Annex 13 and 14](#).

2.4.2 WASH Projects Implementation Based on WASH Plan

WASH projects will be implemented based on the WASH Plan. The potential resource organization will support VDC/VWASHCC/Community H&S Action Committee to implement the projects as per their commitment and working approach. The implementation process of the WASH plan is described in Chapter 3.

2.4.3 Post-WASH Plan Workshop at District Level

After preparing the WASH Plans, the respective DWASHCC will communicate this with the potential resource organizations that were introduced during the multi stakeholders' forum meeting. DWASHCC will coordinate and facilitate this process. Post coordination with potential support organizations will take place formally by organizing a post coordination workshop. These workshops will emphasize on developing co-operating mechanisms of the VWASHCC and DWASHCC with potential support organizations for the long-term realization of the various identified WASH related projects. During the workshops efforts will be made to obtain clear statements on commitment from the participating organizations for the implementation of the projects as prioritized in the WASH Plan.

2.4.4 WASH Plan Follow-up and Updating

The effectiveness of WASH Plan will be monitored by conducting follow up studies some years after WASH Plan preparation. During the follow up, the commitment and contribution made by the different organizations; effectiveness of DWASHCC and VWASHCC, skills and knowledge transferred to the communities, WASH coverage (ODF, TBC, water supply coverage etc.) will be assessed and the WASH Plans will be updated accordingly.

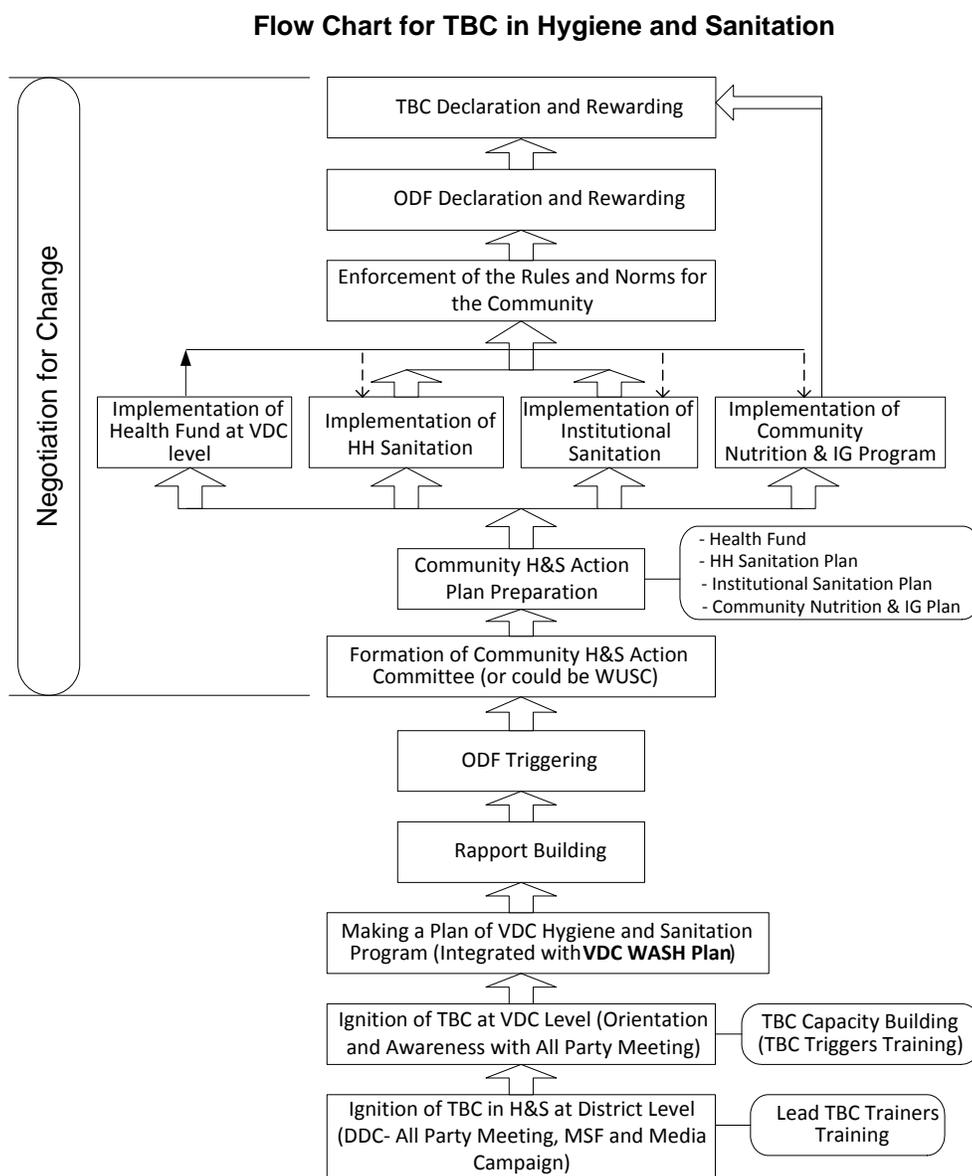
3. EXECUTION PROCESS

The execution process of the District WASH Implementation Guideline (DWIG) has two streams; hygiene & sanitation and domestic water supply as presented in the total flow chart of the DWIG in Chapter 2. However, ultimate goal of these two streams is to achieve Total Behavioral Change (TBC).

3.1 Implementation of CLTBCHS

Community Led Total Behavioural Change in Hygiene and Sanitation (CLTBCHS) process flow chart is shown below:

Figure 5: TBC Flow Chart in Hygiene and Sanitation



The process can be executed at three levels:

- Ignition and capacity building at District level,
- Ignition, planning and capacity building at VDC level; and
- Ignition, triggering, capacity building, construction, sustaining and consolidating the achievements at community level.

The first and second phases of ignition are carried out in order to ensure the required resources and political commitment at DDC and VDC levels, whereas the third phase consists of the actual action at the community level, including the triggering activities and ODF declaration.

The community can be a Ward, a Tole, or a Cluster. Especially in Terai VDCs there is a need to divide the community behavioral change process into small manageable execution units i.e. toles or clusters. In Hill, the community ignition can be done either at Ward or cluster level. It is important to keep in mind that the process shall include ALL households of the selected community.

3.1.1 Starting the Process at district level

3.1.1.1 Ignition of total behavioral change in hygiene and sanitation at district level

The total behavioral change process in hygiene and sanitation starts from the district. The preparation of DWIG at district level is already part of the process. As explained earlier the DDC-All party orientation and advocacy meeting is going to be organized for WASH at district level. This meeting also serves as a start for district level ignition process in the behavioral change. As a result of the meeting, decision makers will be fully aware of the importance to support WASH in general and total behavioral change in hygiene and sanitation in particular.

Another important step of the ignition at district level is the Multi-Stakeholder Forum (MSF) with all WASH stakeholders as explained in Chapter 2. As a result of MSF, there is district wise commitment and coordination agreed upon, and common goals have been established for WASH. The orientation to the district level stakeholders will make them motivated to implement CLTBCHS in the district. VDCs should be part of the MSF. Therefore, the VDC leaders will also be oriented towards total behavioral change before returning back to their own VDCs.

Next important action at the district level is the establishment of Information, Communication and Education (IEC) for hygiene and sanitation behavioral change programs. The established WASH Structure at district level should be responsible to maintain and distribute relevant and appropriate IEC materials and carry out general public awareness creation activities on behavioral change in hygiene and sanitation.

The IEC means not only materials such as posters, brochures, leaflets, movies but also carrying out awareness creation through radio and television, dramas, campaigns, etc...Therefore, the persons responsible for IEC in the district need to be in close contact with organizations developing and providing the IEC materials. Local and national media and FM radios are encouraged to visit the villages and disseminate the progress and best practices through publication and broadcasting.

They will be encouraged through the support of advertisement, cross visits, and prizes to the best articles in the year. Competitions in awareness creation can be also organized between schools. Experience sharing visits could also be organized.

Another important part of the IEC is to maintain a network of Total Behavioral Change (TBC) declared communities at the district level and organize workshops, exchange visits and award district level prizes and recognition.

Successful social marketing experience suggests that for a message to change behavior there should be at least six points of contact—messages should reach the target audience through a mix of communication channels, such as:

- Village/community leader (village/community meeting)
- Female Community Health Volunteers (FCHVs) (house-to-house interpersonal contact)
- School teacher (school health club), child to child, child to parents approach
- Faith based leader (church/mosque/temple/stupa)
- Radio/FM
- Banner, street drama, song, posters, brochure, film shows

The following communication options could be considered:

- Public announcements, games, contests
- Radio plays, adverts, phone-ins
- Drama scripts, drama groups
- Songs
- Posters, leaflets
- Tippy tap/HW station competitions
- ODF success publicly announced
- Health competition

The messages and news of development and achievements reinforce community and household commitment towards hygiene and sanitation improvement. Therefore, there is a need to assess the existing media in the district and make an agreement with the media for the airing of the hygiene and sanitation messages. Example of the radio message is given in [Annex 15](#). Another assessment is needed on availability of IEC materials such as posters, leaflets, etc. and print new bulks for the awareness creation and distribution. The guideline for the communications and media strategy preparation is presented in [Annex 16](#).

3.1.1.2 District level capacity building/Lead TBC Trainers' training

The District shall first prepare required resource persons from the District who should go ahead by assuring mastery of the “key competencies” for carrying out the steps of CLTBCHS. These Lead TBC trainers should learn innovative and effective skills in facilitating hygiene and sanitation behavior change and to collect, manage, and use data.

A total of 6 lead trainers (GESI responsive) will be selected in district using the following criteria;

- Willingness to travel VDC to VDC in the district
- Minimum Intermediate level pass; in case of health personnel, CMA/ ANM/AHW can also be considered
- Motivation and interest of working towards TBC
- Experience of working in WASH sector (district, VDC, community level)
- Proven communication skills with big masses

The Lead TBC trainers can be the employees of the government, NGOs, or freelancers. If they are employees of the government or NGOs, they will have to get permission from their respective organizations. The purpose of this Lead TBC trainers training is to develop human resources primarily at district level and secondarily train the Natural Leaders, FCHVs, teachers, health workers, and lead mothers at VDC level. These people will be the change agents for CLTBCHS at community level.

The training is important to learn new, innovative and effective skills to change hygiene and sanitation behaviors; and also to build competencies in data collection and management of district to prepare change agents for District and VDC ignition. The Lead TBC Trainers will conduct the triggering training in VDCs. Once they conduct the triggering training in one VDC, they start triggering activities in other VDCs. These Lead TBC trainers may trigger the whole district in 1-2 years.

The Lead TBC Trainers will be trained in the following topics.

- Setting the context
- Ignition and the Pathway to Total Behavior Change
- What influences behavior change?
- Community-Led Total Sanitation-General Introduction to Approaches and Principles
- Presentation on CLTS-Triggering Tools
- Field practice for triggering: creating ODF village
- Changing Behavior through Small-Do-Able Actions
- Negotiating for Behavioural Change at household level
- Follow up of the triggering activities
- Steps to mobilizing community in TBC in H&S
- 7 M Model to sustainability of behavioural change in H&S
- Process of ODF, TBC declaration and rewarding
- Communication and media strategy
- What is WASH Plan, component of CLTBCHS
- Develop action plan.

Refer training manual for “Lead TBC Trainers” details.

3.1.2 Starting the process at VDC level

3.1.2.1 Ignition of TBC at the VDC

Ignition means action! The “ignition” process in the VDC is the key action of the change process. The banner developed for the district MSF should be on display and everybody is primed for action. The air should be electric! People are committed and poised for action.

Many issues in the VDC orientation should be discussed. One topic is to discuss the actual hygiene and sanitation situation in the VDC. Therefore before the meeting VDC specific situation of the hygiene and sanitation should be known.

In order to achieve CLTBCHS the key VDC stakeholders, namely the political leaders, faith-based and community-based organizations, political and administrative workers, associations, and others need to go through a process TOGETHER to recognize that the current level of sanitation and hygiene is unacceptable; agree that it is a priority, and be willing to act TOGETHER—committing VDC resources and coordinating other local resources.

CLTBCHS program has recognized community as an entry point and natural leaders as role models in hygiene and sanitation. This program is a combination of CLTS and SLTS. Therefore, natural leaders, teachers, child club members, School Management Committee/Parent-Teachers' Association/VDC chair person/members, female community health volunteers, facilitator, CBOs/volunteers, and lead mothers are oriented to enable them for identifying their roles and responsibilities, mobilizing resources, establishing coordination with stakeholders, and formulating and implementing promotional actions. The capacity development of sanitation volunteers, women groups, social mobilizers, local leaders, etc. also deserves significance to seek their commitments for action in triggering, follow up, action plan, and monitoring in all phases of the program.

VWASHCC should be inspired for action through observation visits to the village that leads primarily to ODF and ultimately to TBC in H&S VDC/district. The visit significantly brings in them the positive and competitive feelings for actions; and stimulates them to develop their community, schools and schools' catchment areas in hygiene and sanitation. The training, orientation and observation visits capacitate the stakeholders to implement a joint Plan of Action and seek the collective commitments for instant action. The capacity building of natural leaders, female community health volunteers, masons, lead mothers and teachers is therefore a foundation of ignition process in CLTBCHS.

The process begins at the VDC level with the formation of a VWASHCC. The district Lead TBC Trainers train the TBC Triggers that will support the Ward/ cluster ignition and also conduct triggering at the same time. The VDCs and Wards are ignited through a set of reinforcing tasks and tools. They commit to Community-Led Total Behavior Change for Hygiene and Sanitation with the first goal of ending open defecation.

Communication and media will also be developed to complement the Ward and institutional ignition process. Techniques for reaching different audiences will be tested and market research applied to those "channels" selected such as radio, drama, song, campaigns through organizations (e.g. women's associations, faith based organizations).

Successful examples from within Nepal indicate that communities have the strength, willingness, and resources to achieve 100% toilet coverage with the right leadership and the facilitators leading by examples.

A 5 day TBC Triggers Training to the selected Natural Leaders⁴, FCHVs, teachers, health workers, and lead mothers (natural leaders and FCHVs can be the members of triggering in other VDCs as well) will be conducted by the Lead TBC Trainers.

A one day orientation programme on CLTBCHS to CHSAC members will be conducted by SPs.

A one day orientation programme on CLTBCHS will be provided to the members of VWASHCC.

A 5 day nutrition and income generation training programme to lead mothers will be conducted by SPs.

A 3 day training program on technology option to masons (maintenance workers of the water schemes for toilet construction) will be provided by SPs.

A 1 day orientation program for teachers/students of each schools of the VDC on child to child, child to parents, and school to home approach in CLTBCHS should be provided.

For all above training programmes refer training manual on CLTBCHS.

3.1.2.2 VDC hygiene and sanitation plan

VDC hygiene and sanitation plan is the part of VDC WASH Plan. This includes the planning of VDC level actions, approaches, targets, resources, contributions, budgets, responsibilities, etc. in total behavior change in hygiene and sanitation. The plan also includes follow up mechanism after the Ward and cluster level triggering has been conducted.

Important points needed to be considered in the TBC part of the VDC WASH plan are:

- Baseline data collection should be made using as much as VDC's own resources such as existing groups, committees and associations before going into outsourcing
- Assessment VDCs own resources to be used in the behavioral change process
- Design the ignition areas so that the ignition or triggering for the change will be practically possible. Do not select too large groups and areas
- Make ignition areas practical so that all households of the area are included
- Select people for TBC triggers training program from all Wards. In the selection, try to include 50-50 men and women and all excluded groups in the selected trainers

⁴ **The natural leaders will be selected with the following criteria:

- a) Natural leaders emerging out of the Ward ignition or triggering process may be women, men, youth, school children, elderly people, and/or people with special roles such as midwives, village headmen, and others. Natural leaders are active through the processes of construction, innovation, monitoring, developing, and implementing community norms and rules. Their role is crucial at all stages. Honor them through invitations to meetings and as speakers and facilitators for triggering processes in other communities, and induct them selectively as trainers and facilitators.
- b) The natural leader/volunteer should be a man or woman who is trusted, respected, and known for his/her exemplary works in the community.
- c) He/she should be a volunteer to help facilitate change in his/her community.

- The trainees should have skills to communicate and convince people. Do not select shy people or people who speak with low voice. Trainees should be the people who stay permanently in the VDC and are respected by the community people. Select Natural Leaders and Female Community Health Volunteers. The criteria for selection is:
 - Prominence or good reputation in the VDC
 - Leadership quality from previous experience
 - Pro-change attitude
 - Interest for community development
 - Gender and inclusion represented
- Consult with already existing WUSC members to be part of the behavioral change program. They are good resource.
- If you know a nearby VDC where Open Defecation Free activities have already been successfully practiced, organize visit for the VDC WASH Planning team and TBC Triggers to that VDC to share experiences.
- Organize coordination meetings between all development partners and stakeholders in the VDC to coordinate the hygiene and sanitation behavioral change activities in order to avoid duplication and confusion. If there are other actors in the VDC, who have different approach than recommended in the DWIG, it is necessary to discuss with them to change their approach into the district approach. Special attention should be paid on the subsidy and make sure that if subsidy policy is used then ALL actors have to apply same subsidy policy in the VDC. It is recommended that pre-subsidy for household toilet construction should not be provided. Community can establish their own internal mechanism to help those who have problems in construction of toilets.
- Establish a TBC information display board outside the VDC office to show the public the progress of the VDC in the total behavioral change. VDC can create competition in TBC implementation between the Wards or clusters or social village.
- In the plan the household sanitation and institutional sanitation construction follow different paths. The institutional sanitation construction process is same as explained in the domestic water supply construction process. The school teachers with parents establish Users' Group and manage the funds and construction management for school toilet construction similarly as WUSC in water supply.
- Be optimistic! Assume that VDC will achieve ODF status in 3-9 months and TBC status in 1-3 years.

3.1.3 Starting TBC Process at Community level

The TBC process moves from the VDC level action to the community level. The following steps will be observed for this process.

3.1.3.1 Rapport building

Actual process of total behavioral change starts from rapport building. It is the first step for ODF declaration. In rapport building the actual ownership to Community Led process is created. Immersion with community, understanding the situation and community values before actual intervention help in building trust and mutual understanding between the community and facilitators (trained TBC triggers).

During the rapport building, different local words for "shit" and "shitting" should be sought out for using during the triggering process. Rapport building aims in accessing actual situation and perspective of community as well as different aspects associated with hygiene and sanitation making the facilitation process easier. Informal discussion with the community people at the tea stall, community gathering, random HH visits may be carried out during the rapport building process.

At the end of the rapport building the date for the next meeting will be agreed. Make sure the date and time is fixed so that whole community can participate. Make sure that none is left outside.

3.1.3.2 ODF triggering

Creation of a situation of embarrassment and disgust which motivates the community to take immediate actions for stopping open defecations is the objective of triggering process. Following Ignition Participatory Rural Appraisal (IPRA) tools are required to be carried out over the period of one to two weeks. However, all the tools are not necessarily required for all the communities hence should be selected by the facilitators to suit the best situations of the community. The selection of the tools is governed by the following situations:

- Confidence of the facilitators to apply
- Sensitiveness of the communities
- Extent of the sanitation problems
- Availability of time
- Availability of the aid of the tools such as incubators, video, camera, etc.

As following tools are expected to change the iced mind set of the people like a quick action of ignition of a match stick, these are called Ignition PRA. The tools were initially developed by Dr. Kamal Kar in Bangladesh and later refined in Nepal.

- a) Use of disgusting words
- b) Defecation area transect or the 'walk of shame'
- c) Use of photograph and video
- d) Sanitation mapping
- e) Defecation mobility maps
- f) Faeces calculation
- g) Flow diagrams
- h) Description of social effects of not having toilet
- i) Clapping
- j) Flagging
- k) Cross visits
- l) On-site stool test
- m) Street drama
- n) Duet song and other cultural program
- o) Torching and whistling
- p) Cartoon in the public places

The tools from “a” to “k” may be introduced in the first one week, whereas, remaining other tools over the next a couple of two weeks depending on the time availability of the people. The tools mentioned in “o” and “p” are used when the period of action plan is completed and norms are enforced to pressurize the defaulters.

Details of the IPRA tools are given in the Lead TBC Trainers Manual.

As a result of the triggering process all households agree to abandon open defecation forever and adopt five key practices such as hand washing with soap/cleaning agents after defecation, safe disposal of faeces, safe handling and treatment of domestic drinking water, regular nail cutting, combing, bathing, washing cloth and proper waste management, in and out of house. This process also helps the community assess the situation, find their own solutions, and act for total behavior change.

Successful, competent facilitation is an important and challenging task. It is advisable that a skilled facilitator accompany the Ignition Team for the first Ward/cluster to support the Ignition Team carrying out subsequent Ward ignitions with confidence and ease. The VDC secretary and/or Chair need to be present during the one day triggering process, which adds value and should be initiated.

Although triggering is one-time event, ignition should never be a one-off event but the start of a continuous process of engagement, encouragement, empowerment, training, and support leading to communities and individual households becoming sustainably free from open defecation, poor personal hygiene, and dangerous water handling and storage practices. Strengthening community norms (or peer pressure) around the desired behaviors also motivates or maintains behavior change.

Helpful practical tips for skillful facilitation during Ward/Cluster ignition meeting are presented in Lead TBC Trainers Manual.

3.1.3.3 Formation of Community Hygiene and Sanitation Action Committee (CHSAC)

If in a community where Water Users’ Sanitation Committee (WUSC) or any other committee already exists which is active and strong; it is advised to use this committee for the planning and implementation of the actions followed from the triggering process. If the existing committees similar to WUSC do not exist the community should form a Community H&S Action Committee (CHSAC). This committee will also assist the preparation of VDC WASH Plan.

The WUSC/CHSAC together with community may carry out following activities in the Ward, Tole or cluster/ social village under the facilitation of TBC triggers.

- Assisting the preparation of VDC WASH plan
- Commitment of each and every community members to;
 - Stop eating faeces/Stop open defecation
 - When to stop eating faeces and open defecation
- Making action plan of committee to stop open defecation, building toilet and bringing other sanitation achievement

- Making a list of households with and without toilet
- Demonstration of low cost hygienic toilets
- Ensure resource sharing between communities
- Formulating and enforcing norms and regulation (e.g. reward and prizes to best adopters, punishment and fines to defaulters etc.)
- Building toilets (institutional, family, shared, public, etc.)
- Organization of committee meeting regularly
- Follow up and monitoring of HHs and OD 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 Hygiene and Sanitation Behavioral Change
- CHSAC/WUSC will perform the health, hygiene and sanitation situation analysis of the community at the end of health hygiene and sanitation training and prepare future vision on health, hygiene and sanitation situation of the community which is publicly displayed on notice board
- Establishment of Health Fund at community level by CHSAC
- Selection of local mason for training to establish as local technician for locally viable toilet construction.

3.1.3.4 Community hygiene and sanitation action plan

Community hygiene and sanitation action plan is prepared by CHSAC. This action plan contains the following plans:

- Health Fund
- Household sanitation plan
- Institutional sanitation plan
- Nutrition and income generation plan

Health Fund:

- Awareness of HF
- Establishment of HF
- Execution of HF
- Monitoring of HF

Household sanitation plan:

- Formation and task allocation of action group/user group
- Formation and task allocation of other supporting groups
- Time table of actions (with what, when, who, where)
- Setting norms (List of norms, prizes and punishment)
- Identification of training needs
- Base line survey of the community (this is done with the WASH Plan preparation process, but this is the point where behavioral change process and the WASH planning join together)

Institutional sanitation plan:

- Technological options for Institutional toilets
- Detail design estimate
- Time table of actions
- Contribution pattern
- Setting norms
- Management committee
- Formation of children Clubs
- Hygiene and sanitation program

Nutrition and income generation plan:

Nutrition:

- Situation of mothers and children
- Awareness raising program focusing on mothers and children
- Formation and activation of mothers' groups
- Home visits and counseling
- Monitoring and reporting

Income generation:

- ECOSAN
- Kitchen garden
- Plants and nursery
- Technological options to use over flow/waste water
- Bio-gas
- Linkage to other income generation programs and financial institutions

3.1.3.5 Health Fund

The community health fund (HF) is planned to be tested in selected VDCs. The HF is a social health insurance which guarantees medical treatment and essential health services at community level in case of illness or accidents of the members. This HF is managed by the CHSAC and coordinated by VWASHCC.

The main objective of the HF is to support each member family in case of;

- Illness = harm of physical or mental health, caused by an accident, calls for check-ups or medical treatment
- Maternity= pregnancy, birth and following time of recovery
- Certain measures = prevention of diseases
- Accident = immediate and unintentional harm, which was caused by an unusual, external event
- Consequence – physical or mental health disturbance.

Fund establishment

A memorandum of Understanding with the VDC will be signed by the VDC and CHSAC for the establishment and implementation of HF. It is proposed that VDC will also put 5 % matching fund calculated from community's contribution of health fund. All the members of the HF will collect monthly/yearly cash contribution to this fund. Also other sources will be explored by the CHSAC to raise the funds. An agreed percentage of the Health Fund can be invested as per the rules made by the members of CHSAC. A separate bank account will be opened to manage the fund.

CHSAC will develop rules with the help of SP about the establishment and mobilization of HF.

Auditing

The physical and financial auditing will be carried on a yearly basis. The annual progress and audit reports of the HF will be presented to all the members of the Health Fund/CHSAC.

3.1.3.6 Implementation of HH sanitation

TBC triggers with the support of SPs will assist CHSAC to implement HH sanitation activities. They will help in creating ODF houses, toilet construction and negotiate for behavioral change and reinforce that change. They will follow up of the implementation process and ensure that all households and Wards/Clusters/Social villages are covered.

CHSAC/WUSC with the TBC triggers and Service Providers will carry out the following activities:

- a) Act as role models in their community
- b) Support/facilitate households in developing their hygiene and sanitation plan
- c) Discuss or raise the issues of hygiene and sanitation and other health matters that need to be introduced in the communities by the VDC health staff
- d) Support organizing and facilitating community conversation groups, women groups, saving groups, and sanitation campaigns
- e) Collect information on toilets constructed, hand washing stations, home visits, compost pits, improved stoves etc. and report to the VWASHCC/VDC WASH Unit every month

This is to empower the communities and households to solve their own problems, to encourage communities to take a planned action, to enable the communities to analyze their strengths and weaknesses in solving their problems, to create a sustained community-led or community managed behavior change program in each household and to monitor progress in cleaning and beautifying their houses.

Detailed technological options for household and institutional toilet are presented in **Annex 17**.

3.1.3.7 Institutional sanitation

The institutions in VDC are;

- Schools
- Health post/sub health post
- VDC office

- Community building
- Cooperatives
- Others

As per the technological options proposed in the plan the institutions will select the best feasible option/s which implementation and operation can be managed by the institutions. This is to establish appropriate, acceptable, sustainable toilet and hand washing options for institutions. The institutional toilets must have access to children, women, adult and differently able people. Institutional toilet construction process will be same as water scheme construction i.e. detailed design estimate, procurement, storage, construction etc.

The institutional toilets will be constructed using the DDC and VDC funds reserved for sanitation. The contribution of the community/IMC for institutional toilet construction will be of minimum 20 % (1 % cash, 19 % kind).

3.1.3.8 Community nutrition and income generation program

Nutrition

The health improvement achieved through introducing hygiene, sanitation and nutrition awareness program focusing on pregnant and breastfeeding mothers and their children. The nutrition awareness creation is linked with income generating activities such as kitchen gardens and household nurseries.

Objectives:

The main objectives of the community nutrition program are to:

- a) improve maternal and infant health
- b) reduce chronic malnutrition among children and mothers

Process:

Based on the baseline data already collected in the VDC WASH Plan nutritional status of mothers and children at household level will be assessed by CHSAC. TBC triggers, Natural Leaders, FCHVs, SP and lead mothers will visit the individual households and support the households in developing their nutrition habits. They should also facilitate the establishment of Mothers' Groups for nutrition improvement. The lead mothers of each group should receive training in group facilitation and they should be the community level helping hands for the FCHV. Nutrition education and the importance of nutrition will be conducted in schools, community and households. Awareness raising about nutrition, malnutrition and its affect to human health especially of mothers and children will be airing by FM radio, posters, song, street drama, video documentary show etc. Refer Led Mothers Training manual for details.

Health workers, FCHVs, teachers, lead mothers, will be orientated about the following topics;

- Nutrition- Introduction

- Elements of food or basic food
- Nutritional status of local food stuff
- Protection and preservation of food
- Hygienic handling of food
- Food faddism
- Food adulteration and their affects on health
- Improper food habit
- Improper food product marketing strategy
- Consumer responsibilities and education for proper nutrition and food habit

A regular growth monitoring, BMI records, health check-ups, immunization, vitamin distribution, de-worming, will also be followed up by the FCHVs and lead mothers. FCHVs will also keep record of Body Mass Index (BMI) of mothers and children. The progress of nutrition program will be monitored by VWASHCC, CHSAC and SP.

Income generation:

Income generation activities are the part of the other activities of the WASH components. These activities will be linked to the livelihood activities run by other agencies in VDCs. Some important means to generate income are given below.

- ECOSAN (use of urine and compost as fertilizer)
- Kitchen garden (use of kitchen waste water to grow vegetables)
- Plants and nursery (introduce new plants and selling of seedlings)
- Technological options to use over flow/waste water (micro irrigation to grow vegetables)
- Bio-gas (energy and composting)
- Link to the financial institutions

For details refer to 3.2.11.

3.1.4 Monitoring and enforcement of rules and norms for the community

The CHSAC together with other groups will initiate monitoring immediately after the action plan has been prepared to ensure toilet building and stopping open defecation by the time frame set. The flags put in the open defecation areas are gradually taken out from the areas where open defecation has been stopped.

The next level monitoring starts once the period of the action plan to build toilets and stop open defecation is completed. The functions of various groups will be activated to enforce the norms set at this time. The child club members will specifically monitor in the morning to identify who defecates openly where. They will use torch, whistles and some stationery. They will shout the names of the persons when caught defecating in the open field and put their names in the public notice boards. This activity is expected to humiliate the people to stop open defecation and build toilets. The girls monitor the places where female are expected to defecate and boys monitors the places where male are expected to defecate in the open field. The CHSAC receives the reporting of the clubs and supports them to

accomplish their roles. If any conflict arises, CHSAC will resolve the problem. Monitoring is continued until open defecation is stopped and toilets are used by every household in the community/VDC and until ODF status is declared.

3.1.5 ODF declaration and rewarding

3.1.5.1 Declaration

Once open defecation practices are stopped and use of toilets is prevalent in the cluster / community / VDC, it can be declared ODF status. A VDC may be declared ODF in between three to nine months depending on the size and complexity of the VDC. In case of district, it may take one to two years again depending on the size of the district. At the community level, the declaration can be done at one of the following situations:

- Immediately after completion of toilets
- After a few weeks of completion of toilets
- After stopping open defecation but before completion of toilets
- After first rainy season when they demonstrate rebuilding and upgrading of the collapsed toilets
- Also according to the decision and criteria set by the community

The ultimate goal of all community-led efforts is to achieve an Open Defecation Free community. An ODF community should be certified using a set criteria. The following definition of a fecal free VDC/Ward/Cluster is proposed:

- All households should have access to toilets with full use, and there is no place for open defecation in the respective VDC
- All institutions have sanitation facilities, which are also put in use
- All institutions/schools must have separate toilets for males/boys and females/girls as well as hand washing facilities
- General cleanliness is prevailing in the village.

Verifying ODF status is a key activity. Verification entails inspection to assess whether a community is ODF. Certification is the confirmation of the status and its official recognition. Especially where there are rewards for ODF status, communities and officials may have incentives to seek certification before ODF status has been fully achieved. Where certification leads to community rewards, cases are known of deception and corruption. To guard against this, and to assure sustained ODF standards, many different approaches have been used. Inspections can be carried out by combinations of:

- People from neighboring communities (especially when there is competition)
- Natural leaders and others from ODF communities
- A government committee (e.g. VWASHCC and DWASHCC)
- Staff of District level government offices
- Staff of NGOs
- Teachers
- Members of the general public. For example, many may be invited to come from neighboring villages

Some useful principles and practices to carry out the verification process and to test the standards of the declaration and certification and their frequency are presented in the CLTBCHS Manual.

The declaration is displayed on a hoarding board in the public places to increase the ownership and commitment of the people.

3.1.5.2 Rewarding

VDC can design a rewarding system. Rewards can be a public recognition and/or conditional cash or material support. The community should be given authority to utilize the reward, but it is recommended that the reward should benefit poor and excluded who cannot afford to upgrade their toilets from temporary to permanent.

It is also recommended that availability of reward should not be disclosed to the community beforehand in order to avoid practice to achieve ODF status only to grasp the prize. Other rewards can be provided to the households with outstanding performance such as most beautiful toilet, the cleanest toilet, the first toilet, most innovative toilet, best performance in carrying out sanitation activities, etc.

Alternatively, other community development activities can be initiated as an incentive. Based on the local situation, community development infrastructure such as public toilet, public shower, cloth washing etc. can be constructed after declaration of ODF.

Based on the rewarding criteria developed by DDC/VDC/school together with CHSAC could decide the type of prizes to be given to each category (e.g. toilet, hand washing, cleanliness, waste water management etc.). Since ODF is a very important development achievement; government, donors, and NGOs will be motivated to support significant prizes for the winning individuals, households, clusters, Wards, institutions, VDC, or District.

Appropriate prizes such as career/training opportunities for the best performing FCHVs, Health Workers, institution focal persons, women's association representatives, or supervisors (WASH) can also be considered.

3.1.6 Negotiation for change

This is the longest and most demanding process. In this step, the people are expected to change their behavioral habits in hygiene and sanitation. Selected and trained natural leaders, lead mothers, teachers, health workers and FCHVs will play important role in this process of behavioral change. In this process the communities are empowered to solve their own problems, to encourage communities to take a planned action, to enable the communities to analyze their strengths and weaknesses in solving their problems, to create a sustained community-led or community managed behavior change program in each Ward or Cluster/ social village and to monitor progress in cleaning and beautifying their living environment. Negotiation for change can start immediately after the triggering.

The Negotiating H&S Change approach is based on the behavior change theories that move people through a progression of improved practices based on their personal assessment of risk and of what change is feasible in their given context. The techniques will help to identify current practice and then "negotiate" a range of improved practices related to target

behaviors, rather than educate or promote fixed ideal practices that are often not feasible from the household point of view. Promoters work with households to help “solve problems” and reduce any barriers to the consistent and correct practice of safe water, hygiene, and sanitation behaviors in households.

In this program; natural leaders, lead mothers, teachers, health workers and FCHVs will visit each household. They talk with the household about current household hygiene and sanitation practice. The GALIDRAA method can be used during household visit. For details of GALIDRAA refer to Lead TBC Trainers Manual. They refer to the ignition activities and the impact of open defecation contributing to the whole community ingesting feces! They will empower the household to an agreement on one or two areas the household can try to improve. The job aide is organized to identify a series of “small doable actions,” moving from least to most desirable from a public health standpoint. They discuss what will make it difficult to carry out the improved practice and what will help make it easier. They work with the householder to come up with feasible solutions. (This is “the negotiation.”)

The possible methods of keeping the community always in motion for behavior change program is by establishing community based systems or empowerment so that communities can plan and control their own affairs. In order to understand the concept of behavioral change some factors that influence the correct and consistent practice of behaviors are presented in the CLTBCHS manual.

3.1.6.1 Establish Community Conversation program

Community conversation program to discuss on individual behavioural change

After the successful ignition program and the relationship formed with the households after the small-do-able actions program in the Wards /Clusters the second important development that should take place is to establish “community conversation program” for Ward or Cluster. At this juncture the Ward / Cluster members are discussing about the ignition and the small-do-able actions where some have already started changing some behaviors.

Community conversation program to discuss on community behavioural change

The community conversation programs are done with the whole Ward / Cluster community members to discuss an issue or on the status of an action plan. It is to establish a competition spirit between Wards / Clusters/Social Village. It can be conducted once a month and it should be facilitated in the presence of the VDC Secretary. The program also helps to recruit innovators from among the community members and use her/him as a motivator or example of change.

3.1.6.2 Establish Sanitation Campaign

Sanitation campaign is another community action that should be programmed for the Ward / Cluster/ Social Village. Children, women, men, teachers, political leaders, business people, religious leaders etc. should be out once a month to clean up their communities.

3.1.6.3 Total Behavioral Change declaration and rewarding

TBC declaration is an ultimate outcome of the CLTBCHS program. Whenever a community or a larger unit achieves TBC status, organize a celebration gathering both as a reward and to generate enthusiasm and commitment among others. Senior and local government officials, politicians, journalists, media, heads of communities and administrative units, others should be invited

These are the proposed indicators to verify Total Behavioral Change in Hygiene and Sanitation in the Ward / Cluster /Social Village/ Community:

- a) Personal Hygiene
 - Availability of soap, towel and washing platform
 - Practice of hand washing with soap
 - after defecation,
 - after cleaning baby's bottom,
 - before eating and
 - before preparing food/cooking
 - Practice of nail cutting, combing, bathing and washing cloths
 - Use of toilet for defecation, safe disposal of faeces
- b) Household hygiene
 - Availability of Improved Cooking Stove
 - Covering food and water
 - Availability of toilet (hygienic, safe, able to use also by disabled people)
 - Repair, maintenance and upgrading of toilets
 - Availability of brush/broom/chemicals at the toilet
 - Regular cleaning of rooms, yards and household compound
 - Availability of managed animal shed
 - Availability of covered waste water pits
 - Continuous access to safe drinking water
 - Availability of bins to collect solid waste and place to dispose solid waste
 - Boiling/Filtering/SODIS/Chlorination of water for drinking
- c) Institutional level
 - All institutions have clean and hygienic and adequate number of toilets separately for boys and girls with hand washing facilities
 - Institutional toilets can also be used by people with disabilities
 - All schools have established and practiced hygiene and sanitation promotion programs

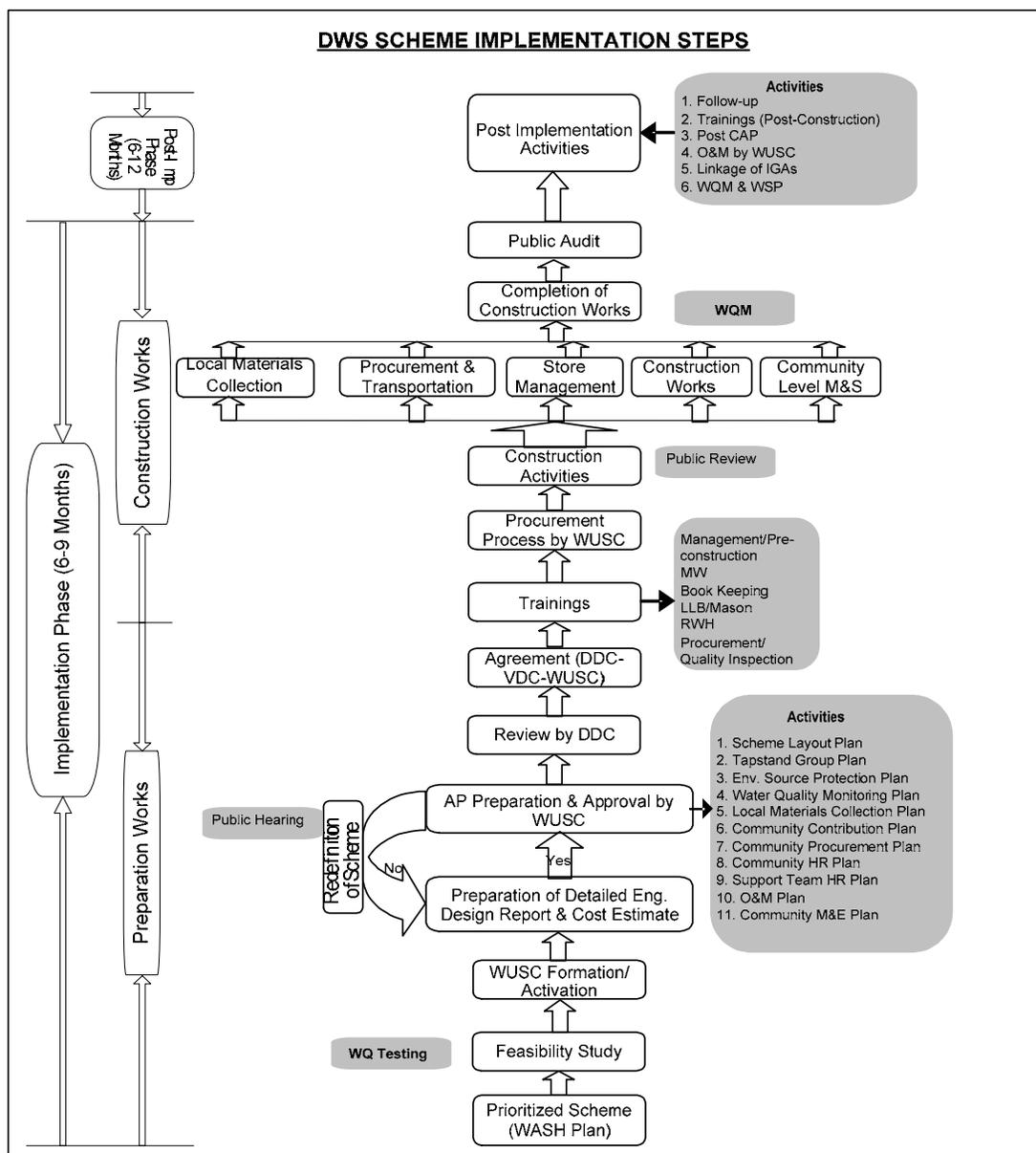
TBC declaration process is described in the CLTBCHS Manual.

3.2 Implementation of Domestic Water Supply

3.2.1 DWS Scheme Implementation Steps

In general, Domestic Water Supply schemes will be implemented in three phases namely, planning, implementation and post implementation. The implementation phase is divided into two stages as preparatory and construction works. The step wise chart is presented below:

Figure 6: DWS Scheme Implementation Steps



3.2.2 Preparation Works of Implementation Phase

Only the prioritized schemes are to be undertaken in the preparation phase, as pre-feasibility studies and ranking of DWS schemes or plans are already done in the planning phase during VDC WASH Plan preparation and approved by VDC and DDC.

3.2.3 Domestic Water Supply (DWS) Training

There will be a number of various training programs in domestic water supply. These programs will be conducted both at the district and VDC levels. The list of the training programs is as follows. Details of training programs are given in [Training Manual](#).

3.2.4 Detailed Feasibility Study

The design of a community-based scheme should consider a number of issues. These relate to the types of the water supply system; whether it is to be open or closed whether the supply is to be continuous or intermittent, and whether to provide provisions for future expansion. The strategy would be to provide decentralized storage tanks (more than one) to supply water to smaller population groups via public stand posts in case of the gravity system. The main focus of the strategy would be to provide manageable water supply schemes catering to smaller population. The designer must emphasize on a) optimal use of the available resources, b) detailing on designs to minimize operation and maintenance requirements, and c) children and women, and environment friendly technical option.

All components of the gravity water supply scheme are important. However, special care should be taken while surveying and designing the intake. A good intake must ensure that the source is not affected, there is no leakage and contamination possibilities are minimized. Each intake should be properly designed by undertaking detailed survey of the site to help appropriate construction. Same consideration should be given while designing the other components of the system.

When a gravity flow scheme is not feasible, alternate provision such as rainwater harvesting, lift/overhead system, improvement of point source (spring) must be investigated. Spring protection guards against possible contamination. This is a principal option in mountain and hill communities where water is available nearby. It costs a fraction of gravity flow schemes and requires only simple and virtually cash free maintenance.

The step by step procedures for gravity flow and ground water system survey-design are available in the various design manuals used by various agencies⁵.

- Some options for domestic water supply are as follows:
- Gravity Flow System (new and repair including lime encrustation mitigation)
- Point Source/Kuwa Improvement
- Rainwater Harvesting
- Source Environment Protection
- Dug well
- Tube well
- Lift/Overhead System (hill and Terai)

⁵ Volume I to XII of CWSS Standards, FB's Design Standards for Gravity, Groundwater and Rainwater Harvesting, Helvetas's Design Standards for Gravity and Source Improvements etc.

- Water Quality Monitoring (WUSC and District level)
- Arsenic Mitigation

An iterative process of DWS options should be carried out to check the feasibility of the schemes. Some of the scheme evaluation and selection criteria are given in **Annex-18**.

3.2.5 Formation or Activation of WUSC and Registration

In general, the people who take benefit from the domestic water supply scheme will form water users and sanitation group (WUSG). The committee will be formed with 9 to 13 members (chairperson, vice chairperson, treasurer, secretary & members) representing from Dalit, underprivileged class proportionate to their population. One of the key positions should be represented by women. The 50 % of the committee members shall be women.

Since the works carried out by any water users and sanitation committee that has not been registered with the District Water Resources Committee as per the Water Resources Act 2049 and Water Supply Regulation 2055 cannot be a legitimate entity. Therefore, the registration of a users' committee is compulsory. SP with the support & coordination of VDC and DDC helps WUSC to get registered. The work procedures of users committee will be guided by its statute. See **Annex-19** for sample statute of UC.

In a situation when the WUSC already exists, it should be activated. The activation may entail to change the membership structure, service coverage, funding mechanism, revenue and tariff structure etc.

3.2.6 Preparation of Detailed Engineering Design, Estimate and Action Plan

Based on the detailed feasibility study and scheme layout plan prepared by the WUSC, a report on detailed engineering design and cost estimate should be prepared. This report should clearly mention the total required estimated budget, contribution parts of community, VDC and DDC; detailed materials breakdown, quantity and specification of construction materials, availability of local materials, transportation details and all drawings of lay out plans and profiles. The norms of designing and costing can be referred to the design guidelines used by different agencies.

DWS Action Plan Preparation Process

Based on the detailed engineering design estimate, the DWS Action Plan (DAP) for the water supply scheme implementation will be prepared by the WUSC during the preparatory phase. Service Provider including the VWASHCC representatives will facilitate to prepare this plan. This plan will help the community to implement the scheme in a smooth manner, as they have already decided and assigned the major roles and responsibilities for each activity among themselves.

The preparation of DAP follows a certain procedure, which starts with the discussions held in each cluster/social village of the scheme. Participatory tools like community mapping, resource mapping and focus group discussions will be used in this stage to gather, analyze and discuss the information necessary for preparing plan. All households of the cluster /social village including representatives from VDC/CHSAC/WUSC should participate in these discussions to endorse the plan.

The following are the major elements of DWS Action Plan (DAP) to be prepared, and the details are provided in [Annex-20](#).

- Scheme Layout Plan
- Tap Stand Group Plan
- Environmental Source Protection Plan
- Water Quality Monitoring Plan
- Community Contribution Plan
- Local Materials Collection Plan
- Community Procurement Plan
- Community Human Resource (HR) Plan
- Service Providers' Human Resource Plan
- Operation and Maintenance Plan
- Community Monitoring and Evaluation Plan

3.2.7 DWS Action Plan Endorsement and Approval

When the DAPs have been prepared and formalized at the cluster/social village level, mass meetings of the users including the representatives of VDC/VWASHCC/CHSAC/WUSC should discuss and formally endorse the plan for action by making the minutes of decisions of the users. This plan will be followed to carry out the community level activities during the Implementation Phase of DWS.

DAP gives detailed actions and responsibilities including time frame such as what to be done, how to be done, who are responsible to do that, and the time frame to perform that activity. This will also be taken as the community level monitoring tool during DWS scheme implementation. After the endorsement of this Plan, the service provider will undertake final technical survey, design work and prepare cost estimate of the DWS scheme by redefining it. Once the action plan including design estimate is endorsed by WUSC it should be approved by DDC/DTO for implementation.

First public hearing: The first hearing will take place upon the completion of design/estimate and preparation of DAP. All detailed component wise cost estimates will be presented before the community at this time. WUSC is responsible to arrange the public hearing in consultation with SP/ CHSAC/VAWASHCC. SP will prepare the report of public hearing.

Quadruple Agreement: Following the registration of the WUSC in the District Water Resources Committee and after approval of the DAP by the WUSC and then by the DDC, a quadruple agreement (as mentioned in the formation or activation WUSC/VWASHCC) will be carried out among the SP, WUSC, VDC, DDC (see [Annex-21](#) for Quadruple Agreement) in order to put forward the implementation of DWS schemes. This agreement will consist of all budgetary plans, period of implementation, roles and responsibilities of all parties and commitments to carry out all activities, monitoring stages, payment schedule, quality control mechanism etc.

O & M Fund Establishment: The operation and maintenance management system includes the capacity building of the users/ WUSC in operation and management of the scheme, provision of a trained maintenance worker (MW) selected from among the users, provision

of necessary tools to MW, establishment of O & M fund in the WUSC's O&M Bank Account, and a well established future operation and maintenance plan for increasing the O&M fund on regular basis. Such provision will make the users/WUSC capable to independently handle the routine maintenance as well as some repair works in time which could prevent the possible major damages in the system. The details are given in [Annex-22](#) for Operation and Maintenance Management Guideline.

Cost sharing for Investment and O & M: The users should contribute cash for construction cost (Investment cost) before the implementation of DWS scheme. Based on the experience from other similar projects and as per the Rural Water Supply and Sanitation National Policy – 2004, it is reasonable to assume that the community will contribute minimum 20 % of the total scheme cost, which includes minimum 1% up-front cash and remaining 19% as kind (local materials), unskilled labor or cash. For poor communities, the minimum contribution will be reduced to minimum 10% and no cash with poor households as set out in the RWSS National Policy. The users have to contribute all unskilled labor and local materials (available within one day walk) as their contribution. Refer to Chapter 5 - Financing for details.

3.2.8 Construction Materials Procurement Process

WUSC must open an "operating account" in a bank prior to agreement among WUSC, DDC, VDC and SP. DDC/VDC will deposit the fund for construction works in this account. WUSC also deposit 1% of the scheme cost in this account.

Procurement of the non-local construction materials will be procured by WUSC as per the Section 155 of LBFAR. The WUSC will conduct market survey and procure the materials from the nearest available market. SP and DDC/DTO technical persons facilitate WUSC in procurement process.

3.2.9 DWS Scheme Construction

The technical team of a Service provider will facilitate WUSC and users to start construction work as per the approved design estimate and layout plan. As agreed in the approved DAP, the users will collect all local construction materials and provide labour contribution and land for the construction of the structure. The WUSC also manages skilled labour for the construction of the structure.

Capacity Building Training at Community Level: Several trainings required developing capacity of local level human resources and WUSC will be conducted at community. The details of these training programs are provided in the DWIG (DWS) training manuals.

Procurement, Transportation and Storage: The procurement of local and/or non-local construction materials as per Detailed Engineering Design and Cost Estimate Report is the responsibility of WUSC (As per section 155 of LBFAR). DTO/SP should provide necessary support to purchase materials of high quality as per specification, with brand name and easily available. The rates and quality of the construction materials will be controlled by dual method, one by the WUSC and second by the DWASHCC/ VWASHCC/ CHSAC.

SP should also check and control the construction materials at the construction site. It should ensure that quality of material comply with standards mentioned in bills/invoice or

the brand name specified. The DDC/DTO will also inspect and check if construction materials (such as cement, pipe, pipe fittings, rebar etc.) comply with the design and specification. The transportation and safe storage of local and non local materials to the site are the responsibilities of WUSC.

Public Review: The public review will take place after the procurement and transportation of construction materials to the site. In this review, all income and expenditures till the date are discussed and made transparent to the users of the scheme. WUSC is responsible to arrange the public review in consultation with SP and/or CHSAC/VAWASHCC. The Procurement Sub-committee (under WUSC) will share information on the materials purchased, bills, and vouchers; and explain the reasons for deviation if any.

Completion of Construction Works: The construction of structures is the full responsibility of WUSC and SP. WUSC will make available of human resource and supervise construction works. Construction works need to comply with the work schedule of DAP. In addition, SP and WUSC should, during construction, consider the following aspects too:

- The land for intake, pipeline, reservoir, treatment plant etc. should be managed in time by users themselves. No compensation for land acquired for constructing structures of water scheme is given to land owners, thus WUSC should manage this issue
- The WUSC should resolve source and other disputes, if any, by discussing with users group
- WUSC, with support from SP supervise and control quality of construction of various structures as per design & specification
- Necessary construction materials should be made available at site before construction work begins
- Construction of intake, transmission pipe line, treatment plant, reservoir, and distribution pipeline and community/private tap stand should be in a sequential order.

Inspection and monitoring of water scheme is one of the very important activities in the implementation procedure of the project. Inspection and monitoring can be carried out at the various levels at different time intervals. The main objective of inspection and monitoring is to check regularly if the work is being carried out at planned time and of specified quality and standards. Inspection and monitoring show the status of the progress, the achievement against target, problems in achieving targets, and probable solutions to them.

After completion of construction works, WUSC will write a report with facilitation support of SP stating that the construction of all structures of water scheme has been completed as per design & specification provided in Detailed Engineering Design Report and according to DAP. This report will be submitted to VDC/DDC. Later DDC/DTO inspects all structures and confirms that structures are constructed with specified quality & standards.

3.2.10 Public-Social Auditing

At the final stage of project completion, public auditing will take place. The process of public auditing will be as per the “Public Audit Guidelines 2063” of MLD/GoN. In WASH implementation, public auditing is a tool taken up for the purpose of enhancing governance,

particularly for strengthening accountability and transparency of service providers, WUSC, local bodies towards beneficiaries/stakeholders by publishing the scheme completion report including financial information. It values the voice of stakeholders, including marginalized/poor groups whose voices are rarely heard. Public Audit is not only an event but also a process to ensure beneficiaries'/stakeholders' right to know of the activities of their concern. Public auditing creates an impact upon governance.

The final payment of construction works will be made as per the final public audit report. Checklist for Public Auditing and Hearing is given in **Annex-23**.

3.2.11 DWS Post Implementation Activities

The following will be the major activities to be carried out during the consolidation Phase of DWS scheme.

DWS Operation and Maintenance Follow – up: After successfully completion of all construction activities and financial clearance by the DDC/VDC, the post construction activities will start to ensure the sustainability of the schemes. In this phase, the WUSC is responsible to ensure regular payments to MWs, ensure water tariff collection from each user household on a regular basis, operate bank account for O&M, maintain proper book keeping and accounts on expenses made for the purchase of spare parts in a transparent manner, manage preventive maintenance and small repairs, make plans to find outside resources in case of major repairs, organize regular WUSC meetings and inform the users about the decisions made and organize mass meetings of users to inform them about the fund situation and get prior approval to make decision to meet the possible emergency situation.

Linkage for Income Generation Activities (IGA): The DWS scheme may not be sustainable if the system is not financially sound and the O&M requirements are not considered. For this, all households should contribute to the operation and maintenance of the scheme. However, some households in the community may be very poor and cannot afford to pay for water. Hence, the water tariff should be fixed by the WUSC in such a way that all classes of society such as very poor, deprived castes and ethnic minorities could pay. Moreover, to enhance the household income of such groups the WUSC should be facilitated to make linkage and coordination with ongoing development programs like Community Livestock Development Project, Rural Infrastructure and Livelihood Project, Poverty Alleviation Fund, etc. This will help them to utilize the time saved for fetching water in income generation activities.

The WUSC upon the consensus of the users may also mobilize the O&M fund for income generation or other productive purposes. Depending upon the amount and size of the scheme the WUSC can mobilize the fund as a micro credit fund with focus on poor and excluded households. Some reserve fund in the account has to be kept to meet immediate maintenance need of the scheme.

Apart from mobilizing the O&M Fund, the WUSC may also establish coordination and linkages with other financial institutions, cooperatives, government line agencies to obtain financial, technical and management support for the interested users/groups to carry out

income generating activities upon the guarantee of WUSC (without collateral). The WUSC can also coordinate with the existing savings and credit funds (if any) operating within the community through Saving & Credit Groups, women groups etc. and take lead role in forming Community Banking or cooperative.

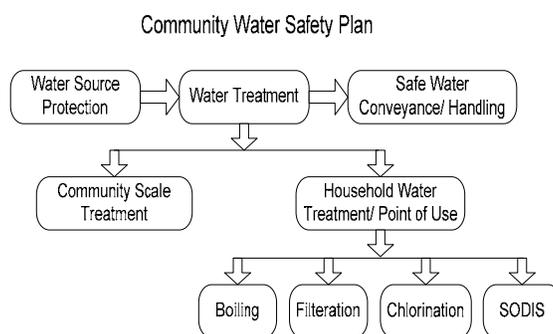
This activity will be implemented jointly with the community nutrition and income generation program as mentioned in Section 3.1.3.8 in chapter 3.

Water Quality Monitoring: Water quality monitoring (WQM) includes water quality testing according to the National Water Quality Standard 2006 and elimination of water contamination risks through the establishment of water safety plans (WSP). Water quality monitoring is to be incorporated into the water scheme implementation and operation and maintenance of the schemes. There should be two approaches of water quality monitoring. Refer to draft final report “Strategy and Action Plan for Drinking Water Quality Monitoring”⁶.

- WQM at district and WUSC level in hills
- WQM at Terai (Arsenic) at district and WUSC levels

First water quality testing will be carried out during the detailed feasibility study of domestic water supply schemes and monitoring plan will be developed accordingly in the DAP. Secondly, the water quality should be tested at source and conveyances at the construction completion stage and a detailed water safety plan should be prepared accordingly in the post-implementation phase. Likewise, water quality of untested TW/DW should be tested in advance before assessing any arsenic mitigation option in the Terai region. The aim of a WSP is very straightforward and is to consistently ensure the safety and acceptability of a domestic water supply. The basic strategy of the water safety plan at community level and options for household level water purification are presented in the figure below:

Figure 7: Community Water Safety Plan



⁶ Strategy and Action Plan for Drinking Water Quality Monitoring in RWSSP-WN, February 2009

The household level water purification options like Boiling, Filtration, Chlorination and Solar Water Disinfection (SODIS) will be carried out both in Terai and hills. These options are very powerful tools to reduce diarrheal morbidity.

Water Safety Plan Steps at Scheme Level:

Primary objectives of WSP are the minimization of contamination of source water, reduction and removal of contamination through treatment process and the presentation of the contamination during storage, distribution and handling of drinking water. If the system is theoretically capable of meeting health based targets, the WSP is the management tools to assist in actually meeting target through systematic steps and these steps are:

Step 1: Team Formation- Team would include individual who can help in different stage of water quality improvement such as UC members, local public health worker, teachers, operational staffs and users and local CBO representatives.

Step 2: System Assessment- Comprehensive understandings of the system, review design and drawings, visit water supply system from source to consumer with users committee or WSP team and understand the source, treatment plants and distribution system.

Step 3: Hazard Identification and Risk Analysis- Hazards may present at source, distribution system, storage and treatment system at different range and magnitude. Risk analysis includes hazard identification, understanding of how it occurs and its likelihood and magnitude of harm. Visit water supply system with WSP team and identify hazards points (points from where contamination is likely) and likely hazard events. Compare risk associated with each hazard events and express their priorities for risk management in locally convent term.

Step 4: Control Measures- It is the means to minimize risk of contamination collectively. Control system should base on multiple barrier principle such one barrier should be compensated by remaining others.

Step 5: Urgent Corrective Action- Visit water supply system with WSP team and identify required corrective action. This may include source protection and improvement at other control at reservoir tank, treatment units, valves or distribution line.

Step 6: Monitoring Plan- The purposes are to monitor each control measure in timely manner to enable effective system management and to ensure that the health based targets are achieved. Fix monitoring route, frequency and person based on the risk level.

Step 7: Validation and Awareness Creation- Validation is concerned with obtaining evidence on the performance of control measures. Observation of complete cycle of process with operation is necessary for validation and awareness should be created accordingly.

Step 8: Verification System for Effectiveness- It is necessary to undertake final verification for reassurance that system as a whole is operating safely.

Step 9: Assessment of User's Satisfaction- Pure quality of drinking water can be realized in three areas. One: in terms of users feeling about poor performance of system. Two: Users intension to use alternate HH level treatments. Three: Cases of diarrhea among users.

Step 10: Documentation- Prepare work completion report compiling all activity results. Report should be prepared as guide for WSP team and as a document for further replication.

4 SUPPORT ARRANGEMENTS

The WASH program will be implemented by DDC in coordination with sector stakeholders, where VDCs are the executing units. DDC /DTO will provide technical support to VDCs in WASH implementation. However, based on the existing capacity and human resource availability at DDC/DTO and VDC level, some additional human resource support is felt necessary. For this, it is optional to DDC/DTO for selecting support arrangements among consulting firms, Individual Consultant (IC), support organizations (NGOs/CBOs), and staff as a Service Provider⁷ (SP) to facilitate DDCs, VDCs and communities.

This will enhance the capacity of the district human resources in order to build VDC level capacity. The capacity building services may be outsourced to SPs only when there is a lack of competent human resource in DDC, VDC and community for their WASH service delivery. The employment of the SP should be in line with the decentralized principle of GoN so that the lowest unit of the governance i.e. the VDC/Communities should be strengthened adequately to mobilize SP. DDC/DTO can facilitate such task on behalf of VDC if such capacity does not exist in VDC.

Instead of only one option, DDC/DTO may also select a combination of SPs from among the consulting firms, SOs and ICs and/ or staff as per their requirement. The selection will be done by DDC based on the recommendation of the District Evaluation Committee (DEC). SPs will be selected on a competitive basis to carry out services under the specified terms and conditions mentioned in their contract. They are expected to maintain coordination with DWASHCC/DDC, WASH Structure, VWASHCC/VDC and other district/VDC based sector agencies while implementing their assigned roles and responsibilities. SPs shall strictly adhere to District WASH Implementation Guideline (DWIG) in performing their activities.

4.1 Selection Criteria and Procedure

DDC/DTO will outsource SPs on a competitive and transparent selection process by following the existing rules and regulations of the local government as specified in the Public Procurement Act (PPA) – 2063; Public Procurement Regulations (PPR) - 2064, and Local Body Financial and Administrative Regulations (LBFAR), 2064.

4.1.1 Revision / Formation of District Evaluation Committee (DEC)

For the selection process of SPs, the DDC may use their own existing “Evaluation Committee” as mentioned in the PPR and/or LBFAR (Section # 224) or form a revised and/or new District Evaluation Committee (DEC) having the composition as proposed below:

DTO	- Coordinator
Planning Officer, DDC	- Member Secretary
Representative of WSSDO/Sub- Division Office	- Member

⁷ SP: Support Organization, Individual Consultant, Consulting Firm and Staff

Representative of DPHO	- Member
Representative of WDO	- Member
Representative of DEO	- Member
Representative of Civil Society	- Member

As per the request of DDC, the DEC will undertake document review/evaluation, written examinations; practical tests; interviews etc. and recommend DDC for the final hiring.

4.1.2 Basic Criteria for SPs for Submitting EOI

The pre-requisites for SPs to submit Expression of Interest (EOI) shall be as follows:

a) For SPs or NGOs:

Interested NGOs/CBOs must submit copies of the following documents for eligibility along with this EOI for further evaluation:

- Organization Registration and Renewal Certificates up to the previous fiscal year
- Permanent Account Number (PAN) registration certificate
- At least two years of work experience in the implementation of participatory community development projects especially in areas of rural water supply, Hygiene and Sanitation, and Nutrition

Apart from the above documents, the NGOs/CBOs should also provide the copies of the following documents for appraisal / evaluation:

- Statute / Constitution of the organization
- Organization Affiliation Certificate with Social Welfare Council
- Work experience certificates of relevant projects similar to this assignment.
- The organization should have regular key professional and support staff or in a position to hire such staff as per the project need.
- Audit reports of last 2 years
- Minutes of decisions of last 2 years General Assembly of the organization
- Brief organizational profile

The local / district based organizations will get priority, however, the organizations registered in other districts who have branch office and/or previous work experience in the proposeddistrict can also submit EOI in association with local NGO/CBO.

b) For Consulting Firms:

The interested consulting firms must submit the copies of the following documents for eligibility along with the EOI for further evaluation:

- Company registration certificate
- VAT/PAN registration and tax clearance certificates up to previous fiscal year
- At least 3 years of work experience participatory community development projects especially in rural water supply, hygiene and sanitation and nutrition

Apart from the above documents, the firm should also provide the copies of the following documents for appraisal / evaluation:

- Work experience certificates of relevant projects similar to this assignment.

- The organization should have regular key professional and support staff or in a position to hire such staff as per the project need.
- Audit reports of last 2 years
- A brief company profile

The local / district based organizations will get priority, however, the organizations registered in other districts who have branch office and/or previous work experience in the proposeddistrict can also submit EOI in association with local organization/s.

c) For Individual Consultant or Staff:

The individual consultant or staff should submit the letter of interest or application to work in a proposed position with a copy of succinctly written CV. The individual must submit copies of his/her academic certificates, training certificates, and work certificates along with the application.

4.1.3 Pre-qualification Process of SPs

DDC/DTO will invite applications for EOI from the interested and capable SPs by publishing a notice in local/regional or national newspaper and on the DDC's and VDC's notice board (Annex-24). The sample of EOI notice for NGOs/CBOs, consulting firms and application notice for individuals is given in Annex-25A for NGOs/CBOs and Annex-25B for consulting firms. DDC will provide standard EOI format to applicants. The required documents, standard format, and time frame for submitting the EOI will be as mentioned in the PPA, PPR and LBFAR.

DDC has the authority to disqualify those SPs from the PQ process, whose past performance has been below acceptable level or who have not submitted the copies of the required documents as mentioned in the EOI notice. Moreover, the SPs not fulfilling the basic minimum criteria as mentioned in the section 4.1.2 will be not eligible for further prequalification evaluation.

Evaluation of information submitted by the SPs will be the main basis for PQ. PQ process will be done by DDC with the support of District Evaluation Committee (DEC) applying the following parameters and scoring system. The evaluation of SPs for pre-qualification is provided in Annex-26 A for NGOs/CBOs and Annex 26 B for consulting firms.

Parameters	Maximum Scores
General experience	10
Relevant Experience of organization	15
Organizational set-up	25
Available human resource	<u>50</u>
Total :	100

Evaluation will be carried out based on the marks obtained by the SPs from the evaluation of submitted documents and office visit or track record assessment (if the DEC feels necessary). To be pre-qualified the SPs must obtain minimum 60 scores. If the required number of SPs (minimum 3 nos.) could not secure the minimum pass marks, re-notice for EOI will be published. If none of the SPs secures minimum marks even in second attempt, DDC may

consider pre-qualifying those SPs scoring at least 50 marks or may seek PQ applications from regional or national level SPs. Name list of the pre-qualified SPs will be published in the DDC/VDC notice board.

4.1.4 Technical and Financial Proposal

In the second stage, DDC will publish a notice for the submission of technical and financial proposals from the pre-qualified SPs. Technical proposal standard formats are given in **Annex – 27**). The NGOs/CBOs may be requested only for bio-data technical proposal (BTP) while the consulting firm may be called to submit financial proposal as well. Evaluation of technical proposals submitted by the SPs is the main basis for the final selection of the organizations.

Following parameters and scoring system have been proposed for the evaluation of the technical proposals. Detailed evaluation criteria for technical proposal assessment are provided in **Annex- 28**. The DDC may use their own existing practices (if any) or follow the provisions as mentioned in the PPA, PPR and LBFAR:

Parameters	Maximum Scores
A. Relevant experience of the organization	10
B. Quality of proposal (Understanding of ToR, work plan, methodology etc.)	20
C. Qualification and experience of proposed personnel (CV assessment)	40
D. Technology Transfer / Training	10
E. Interview of proposed key human resource	<u>20</u>
Total:	100

Final selection of SPs will be made based on the marks obtained by the SPs from the evaluation of technical proposal. Evaluation will be made transparently based on the documents submitted by the SPs and interview with proposed human resources. To select the SPs, they should obtain minimum 60 scores. If the required number of SPs (minimum 3 nos.) cannot secure minimum 60 scores, re-notice will be published by DDC to get the technical proposals from already pre-qualified SPs. If none of them secure minimum marks even in second attempt, DDC may consider selecting those SPs scoring at least 50 marks.

After evaluation of the technical proposal, DDC will conduct financial negotiation with the highest scoring SPs to finalize the staff’s rate based on their professionals’ qualification and experience. The DDC will finalize the rate of the professionals, their facilities, and other activities including training by following their existing norms/guidelines set by DDC. The financial proposal submitted by SPs will only be the basis for negotiation.

SPs to work for WASH program are expected to have their own staff. In case of need for hiring from outside, officially authorized prior leave approval for the duration of specific period is mandatory for the staff working for government or government owned corporation or company. The commitment letter of the respective proposed key staff/consultants will also be requested by the DEC from the SPs. This will be ensured before signing of an agreement with the SPs.

The persons proposed for specific job must work accordingly. Any kind of replacement will not be entertained. In case of unavoidable circumstances, DDC may approve the replacement with due consideration on the qualification, experience and competency of newly proposed staff, upon the written request of the SPs. None of the full time proposed staff will be allowed to work in other organization or do job in the same period hired during the contract period.

4.1.5 Other Procurement Options

Based on the nature of assignment, current requirements and the existing staff or consultant hiring practices, the DDC/VDC, may also adopt Quality and Cost Based Selection (QCBS) with 80% technical and 20% financial weightage, the fixed or least cost selection method as per the provision in the LBFAR (section 142).

4.1.6 Proposed Team Composition

The composition of proposed team at VDC level for supporting the VDC / WUSC to implement the WASH activities are as follows. Among such positions the required manpower to be hired will be decided by the DDC/VDC depending on the existing manpower availability at the respective DDC/VDC.

Table 1: Proposed Team Composition, Minimum Qualification and Experience

Position	Minimum Qualification	Minimum Experience
A. Social human resource		
Team Leader	Masters' Degree in Any discipline, or Bachelor Degree in any discipline	Master degree with two years in Community Development activities including organization and management. Bachelor degree with three years in Community Development activities including organization and management.
Field Coordinator	Bachelor's Degree in Any discipline	Two years in rural development activities especially in areas of water supply, hygiene, sanitation and nutrition
Health Promoter	HA/Staff Nurse or	For HA/Staff Nurse one year in health, sanitation and nutrition activities in rural areas.
	ANM/AHW/CMA	For ANM/AHW/CMA three years for in health, sanitation and nutrition activities in rural areas.
Account Assistant	Intermediate in Commerce	Two years in Book Keeping and Accounting
B. Technical human resource		
Engineer	Bachelor Degree in civil engineering	Two years in design and supervision of rural water supply scheme
Sub-Engineer	Intermediate Degree in civil engineering	Two years in design and supervision of rural water supply scheme
Water Supply and Sanitation Technician	Eight years of schooling and Certificate of relevant basic training	Two years in rural water supply and sanitation activities

4.1.7 Allocation of SP Staff Month

The proposed minimum time allocation for different human resources for different phases of WASH program will be as follows:

Table 2: Staff Time Allocation

Position	Effective Person month/VDC		
	Planning Phase	Implementation Phase	Consolidation Phase
A. Social background			
Team Leader	1.5	2	1
Field Coordinator	4	12	6
Health Promoter	4	12	6
Account Assistant	0	3	0
B. Technical background			
Engineer	0.5	1.5	0
Sub-Engineer	4	12	3
Water Supply and Sanitation Technician	4	12	6

The DDC/VDC will make a separate agreement with the SPs for different VDCs (refer **Annex – 29A**). In general, one SP will be engaged in one VDC,

Field co-coordinator, sub-engineer, water supply and sanitation technician, and health promoter will be involved in on a full time basis at different phases (e.g. planning, implementation, and post implementation or consolidation phases) of WASH implementation. Other positions are on a part time basis depending upon their requirement. The SP team should be inclusive with at least one woman and one excluded group’s member. A single contract with SP will be made for the all phases (if the same SP has been selected), however, the work order will be issued by DDC in consultation with respective VDC for commencing each phase based on the performance of the SP in the preceding phase. If the performance of the SP is found not satisfactory the contract can be terminated at any time as per the contract.

The Terms of Reference (ToR)/ job description for the SPs along with the roles and responsibilities of each staff position is attached with the contract.

4.1.8 Recruitment of Individual Consultant or Staff

Instead of organization, the DDC may also recruit Individual consultants or staff as per their requirement. The selection of such consultants/staff will also be done by the same DEC as mentioned above. Priority will be given to hire local consultants/staff with focus on women, dalits, and other excluded groups.

DDC will invite applications from individuals for required positions by publishing a notice in local/regional newspapers and on the DDC/VDC notice board. The selection process will include the assessment of academic and relevant work certificates submitted by the applicants, written test, practical tests, and interviews or as per the prevailing procedures of the local government for such individual hiring. The selected candidate(s) will be hired on the basis of “Service Contract”. (**Annex-29B**)

The proposed minimum qualification, experience and estimated time inputs of the individual staff for different positions are the same as mentioned above in case of SP. Similarly, the roles and responsibilities (job description) of each individual staff position will be the same as mentioned in the Terms of Reference (ToR) for the SP given in [Annex-29A](#).

4.1.9 Facilities and Allowances

The consultant or individual staff will get the remuneration, facilities and allowances such as field allowance, remoteness allowance, Dashain allowance and other support costs (transportation expenses for field visits) as per the prevailing GoN rules and regulations or as agreed and mentioned in their individual contract. The norms for basic salary and facilities have been presented in [Annex-30](#).

The remuneration of such individual staff, consultants or payments to the SPs will be done from the DDF (WASH fund).

4.1.10 Orientation and Mobilization

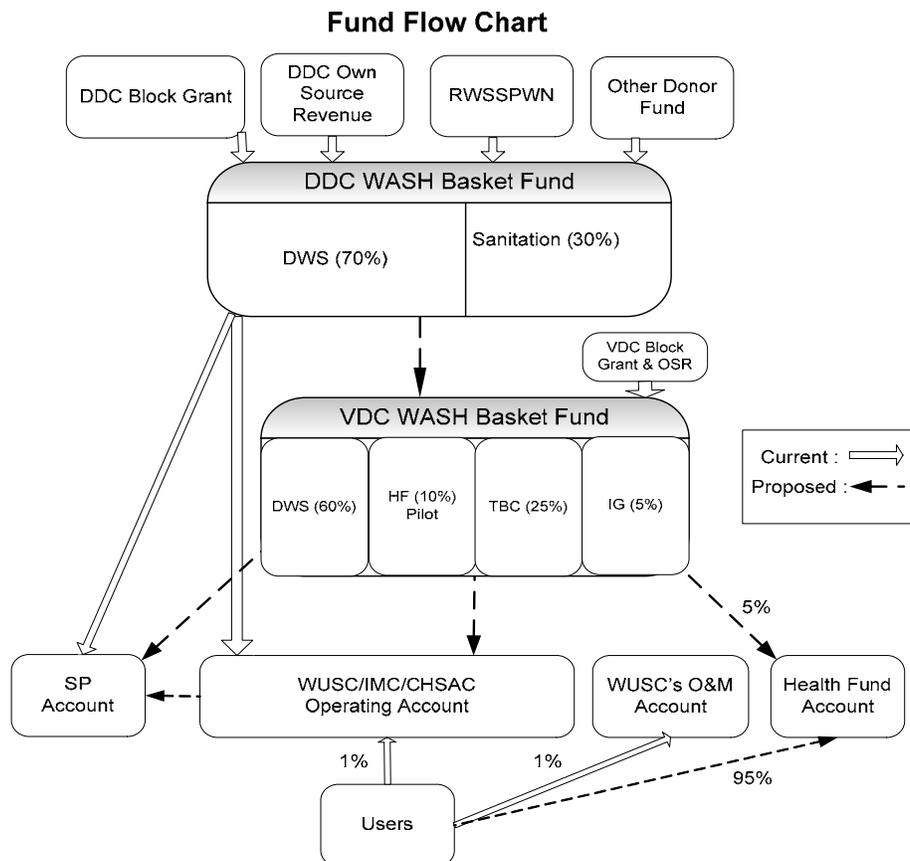
Before mobilization of the SP(s) or Individual Staff/consultant, the orientation training on the DWIG covering the working modalities, approaches/strategies, phases and the program components on DWS, and Hygiene, sanitation and nutrition including TBC will be imparted. The training will also focus on the VDC/Ward WASH Plan preparation process, socio – technical baseline survey and CLTBCHS tools and triggering process.

5 FINANCING AND ACCOUNTING

5.1 Concept of WASH Basket Fund

The concept of “District WASH Basket Fund“ has been proposed, which will be composed of the funds received from different sources at the District Development Fund (DDF) for the implementation of water, hygiene and sanitation sector program. The major sources of funds for this includes the DDC Block Grant from the Central Government, DDC own source revenue (OSR), and other donor funds including RWSSP-WN. Of the total District WASH Basket Fund, it is envisaged that the DDC will allocate 70 % of the fund for domestic water supply and 30 % for sanitation. At present, the fund is directly transferred to the WUSC operating account for DWS implementation, and the payments made to the support organizations for their services from the DDC. However, the DWIG has also envisaged that, when the VDC’s capacity will be enhanced such funds for water supply and institutional toilet construction will be transferred to the VDC WASH Basket Fund and payments will be made through the VDC. It is proposed that funds for sanitation from DDF will be channeled and used by the VDC and therefore being part of VDC Basket Fund.

Figure 8: Proposed Fund Flow Mechanism



As in DDC, the concept of WASH Basket Fund has also been proposed in VDC. The VDC WASH Basket Fund will be composed of the sector specific funds received from District WASH Basket Fund, the part of the VDC Block Grant Fund and its own source revenue (OSR). Out of the total VDC WASH Fund, the VDC will allocate 60% for DWS, 10% for Health, 25% for TBC and 5% for Income Generation. As already mentioned, these accounts will be maintained by VDC and the fund will be channeled through VDC for the respective purpose accordingly.

5.2 Proposed Contributions for WASH Program

At present, the contribution pattern for WASH program from different partners⁸ varies from district to district and also by the donors or support agencies. On average, the DDC is contributing 5 – 10 % of their annual budget including own source revenue (OSR), while the contribution of VDC from their block grant fund and OSR is on average 5 – 15%. Similarly, the contribution from users/WUSCs for water scheme including cash and kind or labor contribution is on average 20 – 30% of the scheme cost depending on the project specific norms/criteria. The Fund for Operation and Maintenance (O&M) is contributed by users only, which is on average 1 – 3% of the total DWS scheme cost.

In such case, the DWIG has proposed the following contribution pattern for different partners by type of WASH activities.

Table 3: Proposed Contribution from Different Partners in (%)

Partners	DWS		TBC		Health Fund	Income Generation	WASH Plan Preparation	
	Water Scheme Construction	O & M Fund	Sanitation hardware for institutions	Hygiene Promotion and Nutrition			VDC Level	DDC Level
DDC	75	-	75	80	-		80	100
VDC	5	-	5	20	5	100	20	-
CHSAC/WUSC/IMC	20	100	20	-	-		-	-
HHs				-	95	-	-	

5.2.1 DDC/VDC

The DDC and VDC contribution for WASH on average is expected to be 10 - 20% from their central grant fund and own source revenue together. The percentage distribution of this total fund for different activities will be as proposed in the above table.

5.2.2 WUSC

For Water Scheme Construction: The users should contribute cash for construction cost (Investment cost) before the implementation of DWS scheme. Based on the experience from other similar projects and as per the Rural Water Supply and Sanitation National Policy – 2004, it is proposed that the community contribution will be minimum 20 % of the total scheme cost, which includes minimum 1% up-front cash and remaining 19% as kind (local materials or cash) and unskilled labor. For poor communities or households, the minimum

⁸ Partners entails DDC, VDC, WUSC, CHSAC, IMC and HHs

contribution will be reduced to minimum 10% and no cash with poor households as set out in the RWSS National Policy. The users have to contribute all unskilled labor and local materials (available within one day walk) as their contribution. For the materials beyond one day walk, the transportation cost will be included in the design estimate.

For O&M Fund: The users should collect 1% up-front cash of the total scheme cost for O&M and deposit it in O&M Bank Account of the WUSC prior to scheme implementation. After the completion of the scheme, the users' will raise additional fund as water tariff usually on a monthly basis to cover the cost of regular repair and maintenance, payment for the remuneration of maintenance workers, and also to cover the future extension and rehabilitation cost as a part of cost recovery.

5.2.3 IMC

For Drinking Water and Sanitation Hardware: The fund under TBC will be used for the construction of institutional toilets (sanitation hardware) and drinking water construction for the institutions. The respective IMCs of the institutions (schools, health posts, community buildings etc.) will manage these activities. The DDC will contribute 75% and VDC will contribute 5 % of their respective WASH Fund for institutional toilet and water scheme construction.

In case of institutional toilet and water supply construction the IMC/community will contribute minimum 1% up-front cash of total cost and 19% kind contribution which include unskilled labor and local materials contribution.

5.2.4 CHSAC

For Sanitation, Hygiene Promotion and Nutrition: For these activities, the DDC and VDC contribution is 80% and 20% respectively. This fund will be mainly used to implement sanitation, hygiene promotion and nutrition activities in the community/VDC, and also for rewarding ultra poor for HH toilet (after they construct); rewarding to other households or individuals as decided in the rewarding policy of the District/VDC.

For Health Fund: The health fund is proposed for essential health services including medical support for the user households and it will be piloted in the selected VDCs. This fund will be created at user level and managed by CHSAC. VDC will reserve 10% of its total WASH fund to contribute as matching fund for this purpose. The households will raise the money for the fund on a monthly/yearly basis. The amount to be raised will be agreed by the HHs later on. However, the total contribution of households is planned to be 95% and the VDC matching fund is 5%.

For Income Generation: The VDC will provide 5% of WASH fund for income generating activities focusing on kitchen garden and other micro enterprises targeting poor and excluded HHs.

5.2 Proposed Financial Authority

The table below depicts the proposed financial authority among different partners for managing the different Funds for WASH program implementation. The concept envisaged under DWIG is to decentralize such authority at the lowest governance level i.e. the VDC and/or users' committees as in line with the LSGA.

Table 4: Proposed Financial Authority among Different Partners

Stakeholder	DWS		TBC		WASH Plan Preparation	
	Scheme Construction Account	O & M Account	TBC Account	Health Fund Account	VDC WASH Plan Account	DDC WASH Plan Account
DDC	*		*		*	**
VDC	*		**	*	**	
WUSC	**	**		**		
IMC/CHSAC			*			
HHs				*		

Note 1: Community Hygiene and Sanitation Action Committee (CHSAC)

Note 2: Institution Management Committee (IMC); for example school management committees for schools and health facility management committees for health posts

Note 3: * = funding affiliation of the respective partner

Note 4: ** = financial authority of the respective partner

Financial Authority of VDC: The WASH Funds at the VDC level will be channelized through VDC, once their capacity has been enhanced. For WASH program implementation, though at the moment DDC is directly involved on behalf of VDC for outsourcing of SPs. Similarly, the DDC is releasing the funds to the WUSC operating account, or making payments to SPs. The VDC at present is only involved in supervision and monitoring of such activities recommending the payment for the SPs.

Financial Authority of WUSC: The WUSC has the financial authority to manage the operating account for the construction of DWS scheme and the O&M fund. The O&M account will usually be administrated by joint signature of the Treasurer and Chairperson of the WUSC or as decided by them. Similarly, the operating account will also be managed by the same signatories. The same principle applies for Institution Management Committee (IMC) in the construction of institutional toilets and drinking water schemes.

Managing financial records in a proper and transparent manner is the key responsibility of the WUSC. Hence, the WUSC has to maintain all records and books of accounts for all financial transactions for the operating account (e.g. bills, invoices, receipts and financial records) and O&M account fund properly. They have to present the financial records with total income and expenditure of the O&M account during public audit and mass meetings/general assembly. The same principle applies for IMC in the construction of institutional toilets and drinking water schemes.

5.3 Management of WASH Fund Accounts

The District WASH Sector Fund has two types of accounts: i. Investment Account and ii. Office and Administration Account (O&A Account). These two accounts jointly constitute “District WASH Fund”. District WASH Fund is a sector-specific Fund under the existing District Development Fund (DDF). District Investment account is a joint account accumulating WASH investment funds from donors, Central Government and DDC own source revenue (OSR) administered by the DDC/DTO. Office & Administration Account is the Nepal Government’s specific account which is also administered by DDC/DTO. Part of this account funds are also used for the implementation of District WASH programs. At DDC level, the expenditure incurring under District WASH Fund is to be approved by the District Chief Engineer (DCE).

Parts of the WASH Funds can be transferred by the DDC to the VDCs to be administered by the VDC Secretary. At VDC level VDC shall add its own agreed contribution to the VDC level WASH Fund. Like in DDC, the VDC also has the Investment Account and O&A Account.

5.4 District WASH Investment Account

District WASH Investment Account is administrated and audited as per the local government rules and regulations approved by the GON. Fund under the District WASH Investment Account is for financing Water Supply, Sanitation and Hygiene programs approved for implementation in the district.

The funding is meant for physical investments, support organization or private consultants’ service costs, payments for labor contracts made for the strengthening of the WASH organization and training conducted at district, VDC and community levels. Similarly, the fund is also used for WASH planning at district and VDC levels, arsenic mitigation support, physical capacity building of the district and VDC WASH structures, research, monitoring and evaluation as well as overall program management.

Within the district budget ceiling prescribed by MLD, the DDC shall prepare an Annual WASH Plan, as per the standard formats prescribed by NPC separately for each of the WASH sub-projects. WASH sub-project annual plan will be based on the sub-project cost estimate, cost sharing pattern and time estimate. Annual plan shall clearly indicate the break downs of activities and budgets for planning, construction and post-implementation. Accordingly the cost budget will be assigned to sub-projects such as drinking water scheme construction sub-project, planning sub-project, capacity building sub-project and hygiene and sanitation sub-project.

5.5 Office and Administration Account (O&A account)

The Office & Administration account reflects the provision of funds required for the office and administration purpose at the district as well VDC level. It is administered and audited as per the rules of the government of Nepal. The expenses of O&A account have recurrent nature. The expenses (Office and Administration cost) shall be allocated by GON under the budget heading of 69-3-808 which will be reflected in the approved annual program and in the red book. DDC and VDC shall allocate this budget for smooth execution of WASH sub-project related activities to different sub-headings as prescribed by the prevailing government rules.

5.6 Planning and Approval of Annual Programs

The process of Planning and Budget Formulation starts in November each year i.e. at the end of the First Trimester of Nepali fiscal year. The National Planning Commission (NPC) sends guidelines and the budget ceiling for the upcoming fiscal year to each line ministry at central level. Central level sector ministries then distribute the information to the districts.

DDCs prepare their annual WASH programs – as part of their District Development Plans - and the corresponding budgets. District Annual WASH Plan with budget estimates as part of the DDF are submitted by DDCs to the MLD for comments by the end of March.

5.7 Fund Request and Transfer Requirements

GON:

Ministry of Finance (MOF) will allocate and transfer the Central Government WASH contribution to the Districts according to the GON budget allocation. In case the initial budget allocation is not enough, MOF will re-allocate the budget.

Donor:

According to the agreed annual disbursement plan, DDC shall request through MLD to MOF to send fund request of the following trimester to the Donor. The request from the DDC shall include with the report of the previous trimester. Donor funds are transferred by the donor to a designated account at Nepal Rastra Bank (Central Bank) reserved to the Donor. MOF will use this account to transfer the donor funds to the Districts.

5.8 Fund Transfer Sequences

According to the prevailing GON systems the authority for the use and release of the approved annual District WASH budget is passed on to DDCs and District Treasury Controller Office (DTCO) for the entire Nepalese fiscal year. However, along the year payment orders are issued at the district level by DTCOs to local banks according to the requests put by DDCs (normally on a trimester basis) subject to fulfillment of performance (both progress and financial) requirements. On receipt of fund request, DDCs release payments to DDC/DTOs for disbursements.

The actual payments to DDFs are made by the local banks at the district level. By that time the donor funds should always be available at the Central Bank latest by the time local banks claim through Financial Comptroller General Office (FCGO) for reimbursement.

At the end of each fiscal year the unused funds, if any, will be frozen and transferred back to the government treasury. However, in the case of P-1 projects the balance of unused funds (donor contribution part) remains available for adjustment in the subsequent year.

5.9 Fund Disbursement Plan

The Donor funds should be transferred according to the following intervals:

- a) In early March the total amount for the Nepalese trimester III and for the following trimester I, totaling the funds for eight months altogether
- b) In early November the total amount for the Nepalese trimesters II and III
- c) In early July the total amount for the Nepalese trimesters I and II

d) In early March the total amount for the trimester III and I, etc.

In this way Donor funds would be transferred in the installments covering eight months (2 trimesters) – in order to allow sufficient time for (a) report processing that includes re-verifications and incorporation of improvements when necessary, and time for (b) processing approval procedures of trimester reports and handling of fund requests for the following installments. However, the reporting will follow the cycle of four months (trimesters) as is the practice of GON.

5.10 Fund Flow to WUSC/IMC/CHSAC and SP Level

5.10.3 Implementation of Water Scheme, Institutional or Demonstration Toilets, Household Hygiene and Sanitation

Funds for water scheme, institutional toilets and Household hygiene and sanitation implementation will be channeled from DDC/VDC directly to WUSC’s/IMC/CHSACs “operating bank account” on installment basis as stipulated in the contractual agreement . The WUSC/IMC/CHSAC will operate the bank account independently. In future the payments for WUSC/IMC/CHSAC should be channeled through VDC.

Payments agreed for SP services will be provided to the SP's bank account directly by DDC/VDC. The SP service contract can be made by DDC/VDC. In both cases the payment by the DDC/VDC to SP can’t be released until the authority to pay has been given by the WUSC/IMC/CHSAC. SP will get payments on installment basis as indicated in the agreement made.

Funds to WUSC/IMC/CHSAC account will be released directly from District WASH Fund on installment basis as follows:

Table 5: Payment System to WUSC/IMC (%)

Type of Scheme	1st Installment (%)	2nd Installment (%)	Final Installment (%)
Gravity Flow system	50	30	20
Rain Water System	50	50	
Tube wells	50	50	
Institutional toilet	50	30	20
Hand dug wells and Kuwa and source improvements	50	50	

Installments for WUSC/IMC will be paid in following timeline:

- 1st installment after signing the implementation phase agreement
- 2nd installment after submission of 80% of expenditures of 1st installment (original bills/receipts of first installment must be submitted) and submittal of progress report and final inspection in 2-installment systems
- Final installment after completion and public Auditing of the scheme (original bills/receipts must be submitted and the amount will be paid according to final evaluation and expenditure of users' committee)

Funds to SPs will be released from the District WASH Fund on installment basis as provisioned in the agreement. SP payment for construction will be made only after the respective installment is paid to WUSC/CHSAC.

5.11 Monitoring of Payments

DDC, DTO and DTCO will monitor all the transactions mentioned above to ascertain that:

- Contribution of respective agencies and beneficiaries is deposited in time
- Fund is managed properly at District and VDC levels
- Respective beneficiaries have got their payments timely
- Accounts of the respective stakeholders are maintained properly
- WUSC/IMC/CHSAC members are aware on all financial matters

5.12 Book-keeping at User Committee Level

The WUSC/IMC/CHSAC, as provisioned in their statute will have the main responsibility of recording all transactions and keeping the financial records updated. The WUSC/IMC/CHSAC has to keep safely the bills and vouchers obtained in relation to the works done. This responsibility should be taken into account when selecting a suitable person for a WUSC/IMC/CHSAC treasurer. It is also recommended that all members of the WUSC/IMC/CHSAC know how to keep records updated. The SP should assist the WUSC/IMC/CHSAC frequently in book keeping. For details on book keeping refer to Training Manual.

5.13 Reporting

WUSC/IMC/CHSAC with the assistance of SPs will submit monthly expenditure statement of funds to the DDC/DTO via VDC as prescribed in the implementation agreement of the water scheme or institutional toilet. VDC/DTO/DDC has also right to ask for financial and progress report as and when needed. In addition, WUSC/IMC/CHSAC is required to provide progress reports on project construction to the VDC and DDC on a bi-monthly basis.

The WUSC/IMC/CHSAC should store original bills and receipts with its Treasurer. WUSC/IMC/CHSAC submits only the financial statement to DDC/VDC to clear the respective advance and get a new installment/final payment from the District WASH Fund. Technical evaluation by the DDC/DTO shall be carried out before the expenditures can be approved. DDC/DTO can also carry out external audit of WUSC/IMC/CHSAC accounts whenever it finds it necessary. Information about the expenses made by WUSC/IMC/CHSAC will be presented in public audit.

5.14 Auditing of District WASH Fund

Investment Account

Auditing of the accounts will be done as per the prevailing financial rules and regulations of GON. Therefore, the records, bookkeeping and accounting of these accounts should strictly adhere to the principles of financial rules and regulations of GON, as applicable to the local governments (DDC, VDC) and the User Committees. Internal audit of these accounts will be done by DDC Office and final audit by the Office of the Auditor General. DDC Secretary on behalf of DDC will be responsible for timely auditing of the fund.

Service Providers

A separate audit of the funds provided from District WASH Fund to SPs is not necessary since they are subject to audit of their books and accounts every year as demanded by the Act they are registered too. However, SPs should retain audited books and account pertaining to the funds received from the District WASH Fund for one year for checking purpose by DDC if the latter desires to do so. To maintain the internal secrecy of books and account relating to other sources, SPs may open a separate account for the funds originating from the District WASH Fund.

WUSC/IMC/CHSAC

Since DDCs have to get their District WASH Fund audited by the Office of the Auditor General a separate audit at WUSC/IMC/CHSAC level is not required. However, DDCs should ensure that the WUSCs/IMC/CHSACs are following the suggested book keeping and accounting system and also see that the funds are used as intended. In case the DDC feels it necessary to get WUSC/IMC/CHSAC account audited, management of the audit will be done by DTO. The fund required for the task should be covered from the management cost of WUSCs/IMC/CHSACs, which is a part of the cost estimate.

6 CAPACITY BUILDING

The capacity building of the local bodies (DDC and VDC) including WUSC/CHSAC/IMC will be done through two ways. That is through:

- implementing the WASH specific training programs
- implementing local governance improvement programs

6.2 WASH specific training programs

The following training programs (including orientation) will be conducted for the WASH specific capacity building of DDC, VDC and WUSC/CHSAC/IMC to implement DWS and CLTBCHS programs. The training programs are the mix of both technical and managerial inputs. Many of these programs are generic in nature and well established since long time.

6.2.3 WASH Planning

Table 6: Proposed Orientation Programs on WASH Planning

Sn.	Type of Training	Target Group	Duration	When?	Who is responsible?
WASH Planning					
1	All VDC Secretaries Orientation at district level	All VDCs	1 day	Pre-planning stage	DDC/PSU
2	Orientation training on WASH Planning (Baseline, Socio-technical assessment, WASH Plan)	SP, DDC/DTO, VDC secretaries	4 days	Pre-planning stage	DDC/DTO/PSU
3	Orientation training at VDC level	All party members, secretary, local NGOs, CBOs	2 days	Planning stage	SPs/DDC/DTO
4	Orientation training on WASH Planning (Baseline, Socio-technical assessment, WASH Plan)	VWASHCC / CHSAC members	4 days 2 days	During field assessment	SPs/DDC/DTO
5	Orientation to enumerators on baseline household survey	Enumerators (...teachers, FCHV, VDC staff, volunteers etc.)	1 day	Pre-planning stage	DDC/PSU

6.2.4 DWS Stream

Table 7: Proposed Training Programs on domestic water supply

Sn.	Type of Training	Target Group	Duration	When?	Who is responsible?
1	Training On design/estimate	Engineers/Sub-Eng/SPs	4 days	Preparatory stage	DDC/DTO/PSU
2	Training on Water Quality Monitoring/Arsenic Mitigation	„	3 days	Preparatory stage	DDC/DTO/PSU

Model District WASH Implementation Guideline

3	Refresher Training (Pre-post const./leadership, DAP Mgmt./Procurement/Quality)	„	3 days	Preparatory Stage	DDC/DTO/PSU
4	Refresher Training on MW/LLB/MASON/RWH	Sub-engineers, SPs, WSST	3 days	Preparatory Stage	DDC/DTO/PSU
Community Level					
5	Mgmt./leadership of WUSC	WUSC/CHSAC	6 days	Implementation stage	SPs
6	O&M Mgmt of WUSC	WUSC/CHSAC /MW/TSG	3 days	Implementation stage	SPs
7	Book keeping	Members of WUSC and CHSAC	3 days	Implementation stage	SPs
8	LLB	LLB/selected persons	7 days	Implementation stage	SPs
9	MASON/RWH	Selected community members	7-21 days	Implementation stage	SPs
10	Procurement/Quality Inspection	WUSC/CHSAC	3 days	Implementation stage	SPs
11	Post Construction	WUSC/CHSAC/MW/TSG	3 days	Post implementation stage	SPs
12	Public/Social Audit	SP/WUSC/CHSAC	5 days	Implementation stage	SPs
13	WQM	WUSC/CHSAC/MW	3 days	Implementation stage	SPs
14	MW Training	VMW/WUSC's members	4 days	Implementation stage	SPs

6.2.5 CLTBCHS Steam

Table 8: Proposed Training Program in CLTBCHS

S.N	Type of Training	Target Group	Duration	When?	Who is responsible?
District level training					
1.	Lead TBC Trainers' Training	Freelancers, district level government/ NGOs officials	5 days	Before starting the triggering activities in VDCs activities	District WASH structure/unit
VDC level training					
2.	TBC Triggers Training	Natural Leaders, FCHVs, teachers, lead mothers, health workers	5 days	After the VDC level orientation	VDC WASH unit/Lead TBC trainers'
Community level training					
3.	Orientation at School	Teachers and students	1 day	After the VDC level orientation, step by step to cover all schools	VDC WASH UNIT/ SP/TBC triggers'
4.	Lead Mothers training on Nutrition and IG activities	Mothers (include their spouse)	5 days	After the TBC triggers training and CHSAC formation	VDC WASH UNIT/ SP/TBC triggers'

Details of each training program are provided in the DWIG Training Manual separately.

6.3 Local governance improvement programs

The governance improvement capacity building program can be of both training and counseling. Basically the areas of capacity building for governance improvement of DDC, VDC and WUSC/CHSAC are:

- Leadership building
- Organization and management development
- Human resource development

6.3.3 Leadership Building

It is understood that the proactive leadership is essential to drive the development process. Visioning, strategizing and negotiating the various interests and pursuing the people to achieve a common goal are some integral part of the leadership characteristics. Local leaders will be trained to lead the development process particularly the WASH sector to meet the national and MDG goals. Networking as a modern management tool for leadership will also be included in the course for effective leadership development.

6.3.4 Organization and Management

Organization and management of public governance is one of the key areas for capacity enhancement. This basically entails to re-orient the existing organizational system to make it of more WASH friendly and responsive to the public in general.

DDC:

Establish a WASH structure within the DDC/DTO office structure to facilitate WASH planning, monitoring and evaluation of the WASH sector. This structure also liaises with the related offices in the district to implement WASH Program. The functions to be carried out by this structure are as follows:

- Facilitate the WASH program priorities in the district periodic plan with a long term vision and strategy
- Work closely with Planning and Monitoring Section (PMS) to integrate WASH sectoral program and resource (budgeting) as priority sector of the District Development Plan
- Facilitate PMS in the monitoring of WASH program and projects (at VDC level) on a trimester basis
- Facilitate VDCs to restructure, redefine and streamline their organizational structure, management functions, internal working procedure and staffing pattern in line with to implement the WASH program/projects/schemes
- Execute internal and external evaluation of the WASH program
- Provide WASH policy guidance to DWASHCC and DDC

VDC:

VDCs should have a WASH Unit headed by the existing public health and sanitation staff (Health Assistant). If such staff does not exist then the arrangement should be made to hire such staff by establishing the unit. If none of this is possible then it is the function of the VDC

secretary to look after the WASH related functions. The following functions should be carried out by this staff.

- Assist to identify the WASH needs of the local people
- Assist users' committees/CHSAC/VWASHCC to prepare WASH Plan, CAP, Scheme Feasibility, Design and Construction
- Assist users' committees to establish O&M and health funds
- Assist to facilitate the contractual agreement between WUSC, VDC, DDC and ST
- Assist Users' Committees and VDC to conduct public and social audit
- Supervision and monitoring of the sanitation and drinking water projects/schemes constructed and operated by Users' Committees
- Prepared and submit monthly WASH progress report to VWASHCC/VDC

Users' Committee:

The WASH users' committee (it could be WUSC or CHSAC or IMC) should have the following functional structural arrangements.

- Policy and Regulation Committee
- Fund Management Committee
- Admin and Account Unit
- Procurement Unit
- Maintenance and Repair Unit
- Social Mobilization Unit

6.3.5 Human Resource

The institutional capacity building of WASH from the human resource competency point of view at the different levels of governance can be considered as follows.

For Users' Committee:

- Community leadership and networking
- Social and resource mobilization
- Drinking water scheme maintenance and repair
- Accounts and book keeping

For VDC:

- Local leadership and networking
- Strategic management, planning and project management
- Resource mobilization
- Procurement management
- Monitoring and evaluation

For DDC:

- Sectoral Leadership and coordination
- Strategic management, planning and program management
- Resource mobilization
- Procurement management
- Monitoring and evaluation

Procurement management and monitoring and evaluation can also be given to the responsible DTO staff. Details of the training programs required for governance capacity building are referred to the DWIG training manual.

6.3.6 Training Management Capacity

If possible, the Human Resource Section/Unit/centre of DDC, if there exists, will be capacitated to implement the required training programs for DDC, VDC and users' committee. This will enhance the training management capacity of such section or unit or centre to carry out the competency gaps analysis of the target groups/individuals, designing course modules, duration, implementation and evaluation. Alternatively, if DDC is unable to take this responsibility then their human resource development outsourcing capacity will be developed.

6.4 Outsourcing

In the modern public management work, the contracting out has become one of the best options for the public governance for service delivery, even to do this the capacity of DDC and VDC needs to be further strengthened. "Procurement Management" essentially require high professional caliber which is often undermined by the public offices in Nepal. DDC and VDC capacity will be built in outsourcing of the software capacity building services to the professional individuals and firms not only to train the staff but also to strengthen the other organizational aspect of capacity such as information management, planning, monitoring and accountability in the public services like drinking water and sanitation.

7. MONITORING AND EVALUATION

Monitoring and evaluation (M&E) are the important elements of any development project (or program) to measure the development effectiveness of the interventions. Monitoring provides information to enable DDC, VDC and users committee to assess progress of implementation and take the corrective measures timely to avoid the loss of resources by ensuring the activities being carried out in time and resources are appropriately made available.

7.1 Monitoring at different phases

For DWIG program, the monitoring will take place in the different phases of the WASH program cycle. All these monitoring events are done at the process level of the programs.

- Planning Phase
- Implementation Phase
- Consolidation Phase

7.1.1 Planning Phase

Table 9: WASH Planning Monitoring Matrix

Monitoring	Objectives	When	By Whom	Major Indicators	Remarks
I	To assess the level of participation of P&E groups in WASH Planning process, their representation at decision making levels, their WASH related needs, ownership level of WASH by local bodies and political parties, accuracy potential water sources and DWS schemes	At Completion of Baseline Data collection, Socio-technical Assessment of WASH Planning	DDC/DTO/VDC	Percentage of P&E representation on various decision making committees Needs of P&E explored Nos. of water sources and WASH related needs identified Presence of local body and political party representatives	
II	Preparation of VDC level Strategic and Annual WASH Plans	During VDC level WASH planning Workshop	DDC/DTO/VDC/Political Party Representatives	List of Schemes and their tentative budget under Annual WASH Plan List of Schemes and their tentative budget under Strategic WASH Plan List of potential collaborators Commitment letter of the VDC	Follow-up

7.1.2 Implementation and Consolidation Phase: DWS

Table 10: DWS Scheme Monitoring Matrix

Mo nito ring	Objectives	When	By Whom	Major Indicators	Remarks
III	To check the accuracy of DWS Action Plan and the scheme coverage	At DWS Action Plan Approval stage	DDC/DTO/V DC/Audit Team	List and accuracy DAP Accuracy of lay out plan and design estimate Representation of P&E on WUSC	Followed by Public Hearing
IV	To check the financial transparency and actual implementation of DAP	After collection of local materials and transportation/storage of construction materials	DDC/DTO/V DC/Audit Team	Actual implementation of DAP Financial Transparency Quality of Local Construction Materials Community level construction and supervision plan	Followed by Public Review and release of next installment payment to WUSC
V	To check the mid-term progress of construction works and to release the further payment	During peak of the Construction works	DDC/DTO/V DC	Activities and performance of WUSC Quality of construction works and performance Book Keeping	
VI	To evaluate the completed works of construction, performance and quality	At the completion of Construction works	DDC/DTO/V DC	Comparison of works planned and completed Quality of completed works Transparency on book keeping	Followed by Public Audit
VII	To ensure proper operation and maintenance of system, equitable mobilization of post construction support fund (O&M, income generation, O&M fund) continuation of health, sanitation and income generation activities	After 6-12 months of implementation	DDC/DTO/V DC	Post implementation action plan Water quality monitoring and water safety plan Linkages of IGA O&M by WUSC Regular water tariff collection	

7.1.3 Implementation Phase: CLTBCHS

Table 11: CLTBCHS Monitoring Matrix

Monitoring	Objectives	When	By Whom	Process Indicators
1. District ignition and Checklist to prepare All party/ advocacy - meeting	To ensure district ignition process started and meeting agenda are well prepared	Before starting WASH planning process i.e November	District WASH structure/PSU/DSA	1.Secondary data collected 2. District level ignition towards TBC meeting conducted

Model District WASH Implementation Guideline

2. District level “Lead TBC Trainers’ Training”-	To make sure well motivated and experienced human resource on TBC are selected and trained to help the national efforts to meet MDG and national goals	Before starting triggering at VDC level	District WASH structure, PSU/DSA	<ol style="list-style-type: none"> 1. Lead trainers selected (6) 2. Lead trainers’ training manual prepared, 3. Lead trainers’ training conducted 4. Follow up & monitoring conducted
3. Ignition at VDC and TBC triggers’ training	To identify VDC people are ignited, and motivated triggers trained	After the VDC level orientation	VDC WASH unit/Lead TBC trainers’	<ol style="list-style-type: none"> 1. VDC orientation meeting conducted 2. TBC triggers selected and trained
4. CLTBCHS orientation during WASH planning at VDC level	To ensure VDC people ignited in right way towards TBC	Together with WASH orientation	District WASH unit/PSU/DSA/SP	<ol style="list-style-type: none"> 1. VDC orientation agenda prepared 2. VDC orientation conducted
5. ODF triggering at VDC/community level	To make sure VDC/community people are ignited towards ODF VDC/community	After the VDC level TBC triggers training	VDC WASH UNIT/ SP/TBC triggers’	<ol style="list-style-type: none"> 1. ODF triggering plan developed 2. ODF triggering tools applied
6. Action plan design and implementation (Health fund, HH & Institutional HS plan, Nutrition and IG plan,)	To identify VDC action plans towards TBC have been developed and implemented	After the VDC level orientation, Capacity building training, TBC triggers training,	VDC WASH UNIT/ SP	<ol style="list-style-type: none"> 1. Situation of H & S analyzed 2. Health fund, HH & Institutional H&S plan, Nutrition and IG plan developed
7. ODF declaration	To identify the VDC/community is ODF	Once OD stopped, toilet constructed by each HHs	DWASHCC/VWAS HCC,/VDC	<ol style="list-style-type: none"> 1. ODF triggering conducted 2. OD stopped, toilet constructed by each HHs 3. Total sanitation coverage
8. TBC declaration	To ensure district/VDC/community is TBC in H & S	Once district/VDC/community changed/improved their H & S behaviors		<ol style="list-style-type: none"> 1. Individual and Institutional H & S plan developed and practiced 2. People started to change their behaviors

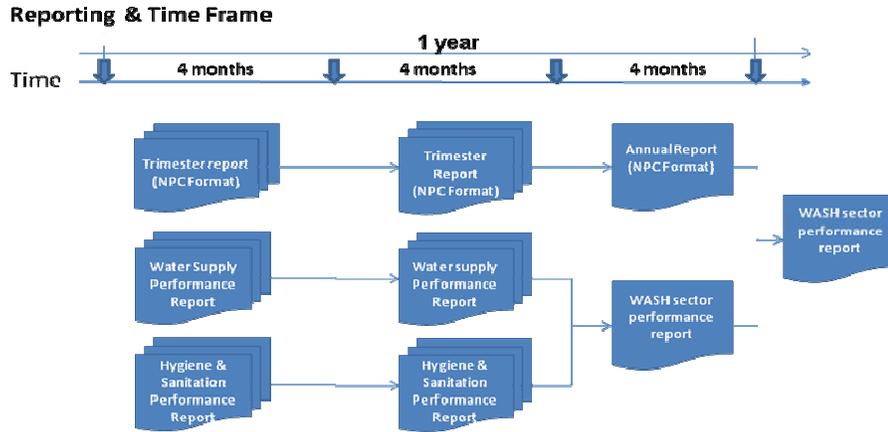
7.2 Reporting Frame and Time

All the monitoring reports which are produced at the DWS scheme and H&S program levels are eventually transformed into the standard reporting formats of the Government Reporting. This reporting followed the government prescribed format. At the same time, to measure the effectiveness of project/program inputs at the different stages and levels of interventions two separate reporting formats, one for water supply and other for hygiene and sanitation will be applied. Refer **Monitoring and Evolution Manual** for the formats to be used to monitor the performance of DWS and H&S.

This reporting system follows the exact reporting time frame, a trimester basis, of the Government of Nepal. At the end of each fiscal year, a consolidated report including all three formats (NPC, DWS and H&S) will be prepared by the PA&M officer of DDC with the help of DTO and VDC’s secretary, and the Sanitation Section of DDC (if it is established as per the provision made in the Sanitation Master Plan). This report will be submitted to the DWASHCC, District

Supervision and Monitoring Sub-committee⁹ which will finally submit to the District Supervision and Monitoring Committee¹⁰. For the consolidated report of the WASH sector refer **Monitoring and Evaluation Manual**.

Figure 9: Reporting and Time Frame



7.3 Monitoring and Evaluation Manual

A DWIG monitoring manual will be developed to monitor and assess all the process level outputs for reporting purpose. This manual will help the DDCs and VDCs to monitor their programs and projects interventions by observing the on-going activities and immediate results. This manual also specifies how the monitoring results will help to achieve higher order of results i.e. outcome and impact of the interventions.

7.4 Evaluation

DDC and VDC monitor their program effectiveness on a regular basis through the information generated from their monitoring system. However, the long term development effectiveness of the program interventions should be evaluated through external agency. Although to measure development impact the DDC depends on the national development parameters either produced by the National Planning Commission or the international development agencies like UNDP, the World Bank, Asian Development Bank, and DFID etc. a new evaluation framework is proposed in the **Monitoring and Evaluation Manual**. This framework includes:-

Table 12: Program Results

<p>Overall Goal Increased well-being of the poorest and excluded households</p>	<p>Results at Impact Level: Increased productivity and income of the poorest and excluded</p>
<p>Immediate objective (Purpose) Fulfillment of poorest and excluded households' basic needs and rights of access to safe domestic water, good health and hygiene through</p>	<p>Results at Outcome Level:</p> <ul style="list-style-type: none"> • Increased women's productive role (time and energy) • Decreased hardship, gender and social discrimination linked with water, sanitation and hygiene

⁹ LSG Rules 2056, Clause 202

¹⁰ LSGA 2055, Clause 210

decentralized governance system	<ul style="list-style-type: none"> • Improved health, nutrition and hygiene of community people in program districts, particularly among the poorest and excluded • Decreased infant and maternal mortality. • Enhanced institutional capacity of local bodies (DDCs and VDCs) to facilitate to execute WASH sector/projects • Sustainable operation and maintenance of domestic water schemes managed by inclusive WUSC • GESI responsive WASH sector policies, strategies and guidelines at the central and local levels adopted
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7.4.1 Evaluation Approach

Considering the nature of interventions and the costs associated with this DDC adopts appropriate evaluation approaches. The approaches could be of:

- Experimental
- Non-experimental
- Case Method
- PRA
- Observation...

7.4.2 Baseline

The district level baseline information will be established either through primary or secondary sources. However, the VDC WASH level information where the DWS schemes and H&S programs are implemented, as possible, the data and information from primary source will be used to measure the “before” and “after” case scenario to see the changes brought by the development interventions. Refer Chapter 2 for baseline information collection.

7.4.3 Use of Evaluation Results

Normally the use of monitoring reports is meant for the creativeness of the process of programs/projects/schemes while the results obtained from the evaluation are used for policy feedback. It is expected to establish adequate evidence to formulate the policy for effective WASH sector implementation at the central, district and VDC levels. To supplement this, a number of research and studies will be carried.

7.5 Research and Studies

To assess and understand the impact as well as the status of WASH programs implemented in different VDCs, the DDC in consultation and coordination with WASH sector stakeholders will carry out a number of research/studies through the consulting firms or individual consultants. Such studies will also be conducted jointly with sector stakeholders. These studies will help DDC to revise/update its modalities regarding the implementation of WASH program from time to time and also replicate the best practices in other areas.

7.5.1 Technical, Operational and Environmental Audit (after one year)

The research/study on Technical, Operational and Environmental Audit has been designed to evaluate the overall strengths and weaknesses of the TBC in H&S and DWS scheme under

WASH program after the completion of activities. This study will be conducted by the third party (Consulting firms / Individual experts) not involved in any of the WASH implementation processes. This study will be carried out separately for different technological options.

This study includes the evaluation and analysis of the approaches and processes followed during the implementation of TBC in H&S and DWS schemes and provide recommendations for future improvements. Under this study the effectiveness of the WASH Program implementation from technical, operational and environmental dimensions will be assessed with due focus on the institutional capacity and effectiveness of different stakeholders involved in program implementation.

This study will be conducted by technological options of DWS schemes so that in-depth technological option assessment and comparisons in terms of quality and cost effectiveness could be done.

7.5.2 Sustainability Study (after 3 and 5 years)

The sustainability study is designed to evaluate the overall sustainability of the WASH Program based on four major dimensions i.e. Institutional, Social/Environment, Financial, and Technical comprising of a number of pre – determined indicators under each dimension in order to evaluate the strengths and weakness of the program and assess the sustainability of the scheme after three and five years of program completion and functioning under community operation and management.

This study will be conducted by the third party (Consulting firms / Individual experts) not involved in any of the WASH implementation processes. This study could be conducted by DWS technological options.

The major areas under this study includes: gender and social inclusion, community empowerment, participatory approaches used, integration of sectors, effectiveness of O&M mechanism; institutional capacity of WUSC/CHSAC/IMC; functional status and effectiveness of other committees, sub-committees/groups formed/activated to implement different program activities under WASH; Hence, apart from the functioning of the schemes on technical grounds, the sustainability study will also focus on examining the strengths and weaknesses of the software components of the program and their contribution on the overall sustainability of the schemes.

7.5.3 Quick Impact Studies/ Case Studies

A number of quick impact studies / case studies to assess the strength and weakness of different program components and sub-components under WASH will be carried out at different intervals of program implementation for lesson learning. Such studies will be carried out by DDC/VDC in coordination with sector stakeholders through the consulting firms or independent consultants.

Prior to the execution of such studies a brief concept note mentioning the justification of the study, expected outputs, proposed modalities, cost estimates, and duration should be prepared and endorsed for the study by DDC.

Some of the impact studies/ case studies proposed under this may include:

- Changes in water consumption Pattern
- Socio – economic analysis of Lift /overhead scheme (especially in southern Terai)
- Effectiveness of community involvement in operation and management
- Ways to Improve effective household WASH management (solid and liquid)
- Changes in socio-economic and human rights status through WASH program
- Appropriateness of technological options selected and cost effectiveness
- Present tap stands designs and ways to make it better gender sensitive designs
- Community empowerment
- Rain Water Harvesting – solution or not (from operation, cost effectiveness and users' acceptance)
- Low cost sanitary toilet options for Terai (especially for poor and marginalized HHs)
- Status of social inclusion – Is it theory or in reality?
- Impact of Health Fund
- Effectiveness of CHSAC in service delivery
- Promotion of Income generation activities and changes in HH income through the integration of WASH with livelihood improvement (for different socio-economic groups including poor and excluded HHs)
- Impact of Triggering and achieving TBC in H&S
- Arsenic and Water Surveillance Studies

Various studies on arsenic mitigation, status and hydro-geological researches will be possible to carry out at different stages in Terai district. Likewise, studies on water surveillance and water safety issues at community level will also be carried out.

Performance evaluation and Technological options of Rainwater Harvesting will also be carried out