



ONE WASH

ANNUAL REPORT 2016

WASH Section,
UNICEF Nepal Country Office

unicef 
for every child

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EXPRESSION OF THANKS

2016 remained a very productive year in terms of achieving the planned results envisaged under the UNICEF assisted Water, Sanitation, and Hygiene (WASH) Programme. Nepal is making tremendous progress in the area of water and sanitation, most notably in the elimination of open defecation in the country. UNICEF WASH Programme significantly contributed to achieving the WASH agenda set out by the Government. With support from UNICEF, about one million people are living in Open Defecation Free (ODF) environment. Despite many challenges, reasonable progress was made in reaching people affected by the 2015 earthquake with WASH interventions including reconstruction and recovery works in the affected districts.

This annual report presents the results achieved through regular development and emergency programmes in partnership with multiple partners at all levels without whom these results would not have been possible to attain, in particular the strong government leadership and support at all levels. UNICEF highly appreciates and acknowledges the continued partnership and financing from the Governments of Finland, United Kingdom, and Japan as well as the World Bank, UNICEF National Committees and other donors who provided funding for the WASH Programme during 2016. UNICEF highly values its partnership with national and international non-governmental organizations, community based organizations, private sector and academia which resulted in achievement of the major results being reported in this ONE WASH Annual Report 2016.

On **11 December 2017** at UNICEF Nepal Country Office in Kathmandu

MR. TOMOO HOZUMI
Representative

DR. ROWNAK KHAN
Deputy Representative

DR. TAMEEZ AHMAD
WASH Chief

ACRONYMS AND ABBREVIATIONS

CBO	community based organisation
CERF	Central Emergency Response Fund
CPAP	Country Programme Action Plan (UNICEF)
DACAW	Decentralized Action for Children and Women (UNICEF)
DDC	District Development Committee
DFID	Department for International Development (United Kingdom)
DHS	Demographic Health Survey
DoLIDAR	Department of Local Infrastructure Development and Agricultural Roads
DWASHCC	District Water, Sanitation and Hygiene Coordination Committee
DWSS	Department of Water Supply and Sewerage
FEDWASUN	Federation of Drinking Water and Sanitation Users Nepal
HACT	harmonized approach to cash transfers
IDE	International Development Enterprises
IEC	Information, Education and Communication
INGO	international non-governmental organizations
IR	Intermediate Result (UNICEF indicator)
JSR	Joint Sector Review
MDGs	Millenium Development Goals
MFA FINLAND	Ministry for Foreign Affairs Finland
MHM	Menstrual Hygiene Management
MoWSS	Ministry of Water Supply and Sanitation
NGO	non-government organization
NHEICC	National Health Education Information Communication Centre
NMICS	Nepal Multiple Indicator Cluster Survey
NRCS	Nepal Red Cross Society
OCHA	Office for the Coordination of Humanitarian Affairs (United Nations)
ODF	Open Defecation Free
PDNA	Post-Disaster Needs Assessment
PPPHW	Public Private Partnership for Hand Washing
SACOSAN	South Asian Conference on Sanitation
SAP	System, Application and Products (Accounting system)
SDG	Sustainable Development Goal
SDP	Sector Development Plan
SEIU	Sector Efficiency Improvement Unit
SWA	Sanitation and Water for All
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
VDC	Village Development Committee
VWASHCC	Village Water Sanitation and Hygiene Coordination Committee
WASH	Water, Sanitation and Hygiene
WASHCC	WASH Coordination Committee
WIS	WASH in School
WIH	WASH in Health Care Facilities
WiE	WASH in Emergencies

EXECUTIVE SUMMARY

This is the third One WASH Annual Report produced by WASH Section, UNICEF Nepal. It captures progress, challenges and lessons learnt during 2016 during implementation of WASH Programme. Significant progress was achieved by the UNICEF-assisted WASH Programme at both the upstream and downstream levels, as well as under the earthquake reconstruction and recovery works. With support from UNICEF, the Government of Nepal produced the final draft of the WASH Sector Development Plan (2016-2030) through a wide consultative process. The final draft is due for approval by the Cabinet in 2017. Similarly, the development of WASH Act was also initiated in 2016 with support from UNICEF. Under the leadership of the Minister for Water Supply and Sanitation, Nepal actively participated in SWA High Level Meeting held in March 2016 in Ethiopia. In addition, Nepal had a strong presence at SACOSAN in January 2016 in Bangladesh with almost 50 high-level delegates. The event provided a great opportunity for Nepal to showcase its tremendous achievement in sanitation. UNICEF provided support both for SWA High Level Meeting and SACOSAN.

Under the UNICEF WASH Development Programme, the major focus remained once again on supporting the government agenda to eliminate open defecation by the end of 2017. With UNICEF support, a total of five districts, 111 VDCs and 10 municipalities were declared free of open defecation. This benefitted 487,250 people with access to improved sanitation and a total of 991,858 people are living under an ODF environment. A total of 13,395 marginalized people gained access to improved water sources through 21 water supply schemes and 319 water safety plans were implemented in collaboration with DWSS FEDWASUN. UNICEF also supported 977 schools with software and small scale hardware services through District Education Offices, Water Supply Sanitation (Sub) Division Offices and civil society organizations, benefiting 237,809 children. A total of 59,700 mothers and caretakers of under-five children were reached

with hygiene education including hand washing with soap facilities.

Under the UNICEF WASH Emergency, Recovery and Reconstruction Programme, 53,254 people were reached with emergency and sustained water supply interventions and 33,519 people with sustained sanitation facilities, while 80,000 families (with children under 5 years) received hygiene kits and hygiene education. In addition, 177 schools and 443 health posts / Outpatient Therapeutic Centres were provided with basic WASH facilities, while capacity assessment for recovery and reconstruction was conducted in 21 earthquake affected districts, with the capacity of 420 individuals being improved through training on various aspects of disaster risk management. UNICEF also supported formal training at the regional and local level, benefiting more than 10,542 people on different aspects of improved sanitation and hygiene behaviours. Two major studies: ODF sustainability and impact of climate change on WASH services were also initiated, each of which is expected to be completed in 2017.

UNICEF's WASH programme delivered more than US\$ 9 million in 2016. UNICEF would like to express its thanks to the major donors, Government of the United Kindgom, through DFID (27 per cent of total fund), Global Thematic funds (24 per cent), the Government of Finland (18 per cent), the Government of Japan (12 per cent) and the World Bank (10

A TOTAL OF 13,395 MARGINALIZED PEOPLE GAINED ACCESS TO IMPROVED WATER SOURCES THROUGH 21 WATER SUPPLY SCHEMES AND 319 WATER SAFETY PLANS WERE IMPLEMENTED IN COLLABORATION WITH DWSS FEDWASUN.

A total of **59,700** mothers and caretakers of under-five children were reached with hygiene education including hand washing with soap facilities.



per cent). The final eight per cent came from UNICEF regular resources (eight per cent) and additional resources. The specific contributions of each co-financer to the overall results achieved is proportional to its share of total financing.

The major challenges included: accessibility, the capacity of partners in the earthquake-affected

With UNICEF support, a total of five districts, **111** VDCs and **10** municipalities were declared free of open defecation.

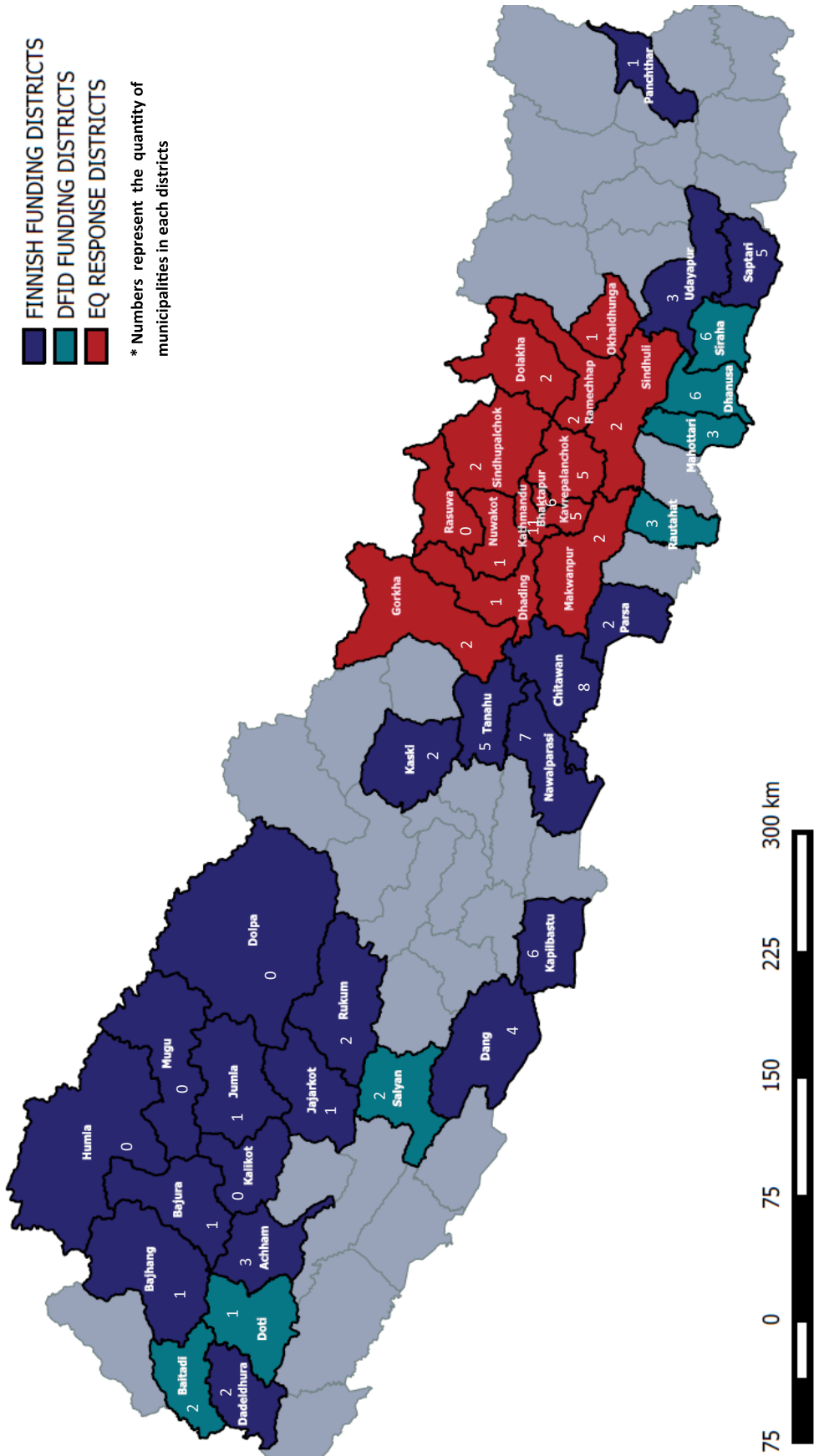


districts, lack of space for individual toilets and social norms around menstrual hygiene. The major drivers of success were effective coordination at different levels, government leadership and community empowerment. UNICEF expresses its sincere thanks to all its donors and development partners without whom the results presented in this annual report could not have materialized.



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UNICEF WASH PROGRAM DISTRICTS



CHAPTER 1

COUNTRY SITUATION

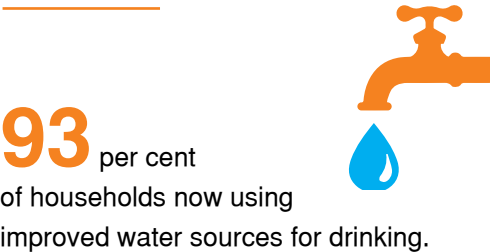
71 PER CENT OF HOUSEHOLDS ARE AT RISK FROM E. COLI CONTAMINATION AT THE SOURCE WATER, AND 82 PER CENT ARE AT RISK FROM RE-CONTAMINATION BY E.COLI AT THE HOUSEHOLD LEVEL.

WATER SUPPLY

Significant gains have been made to support WASH coverage for the people of Nepal. 93 per cent of households now using improved water sources for drinking¹. Despite this, access (including populations as-yet un-reached by WASH services), functionality of water supply schemes and water quality continue to pose significant challenges. While the coverage for urban water supply now stands at 96 per cent² many of these areas are largely semi-rural in nature with underdeveloped water supply and sanitation systems. Nationally, 7 per cent of households spent 30 minutes or longer fetching water. Regional disparity remains high: for example, some 30 per cent of households in the mid-western hills and mountains, 29 per cent in the far-western hills and 19 per cent in the Far Western mountains spend more than 30 minutes collecting water³. Inadequacy of water sources have health impacts on all household members as well as an immense labour burden, particularly on women and girls (who are most often the ones responsible for fetching water). Drinking water functionality and quality remain primary concerns as well, with only 25 per cent of the water supply systems functioning well. Furthermore, 36 percent require minor repairs and 39 per cent require either major repairs, rehabilitation or reconstruction: these problems are due to poor operation, maintenance, lack of governance and recurring disasters⁴.

The culture of raising funds for operations and maintenance is virtually non-existent in Nepal, with only 4.5 per cent of water supply schemes having mechanisms to generate

funds on a regular basis⁵. Furthermore, while the data available for access to WASH services in schools and health facilities is strong at first glance, with 78 per cent of schools having a water supply facility and 82 per cent a toilet, while for health facilities this is 81 per cent and 82 per cent respectively. A significant proportion of these services are non-operational, although comprehensive data on functionality is not gathered. Water quality remains a priority concern given the vulnerability of existing systems to contamination and poor water treatment practices. 71 per cent of households are at risk from E. coli contamination at the source water, and 82 per cent are at risk from re-contamination by E.coli at the household level. This is a major cause of diarrhoea⁶. While contamination of water with E. coli is one of the major reasons for poor water quality, there are also localized issues of chemical contamination such as arsenic, requiring continuous trend monitoring and medium and long-term mitigation measures.



¹Government of Nepal, National Planning Commission Secretariat, Central Bureau of Statistics and UNICEF. Nepal Multiple Indicator Survey, 2014

²Government of Nepal, National Planning Commission Secretariat, Central Bureau of Statistics and UNICEF. Nepal Multiple Indicator Survey, 2014

³Government of Nepal, National Planning Commission Secretariat, Central Bureau of Statistics and UNICEF. Nepal Multiple Indicator Survey, 2014

⁴Nepal Management Information Programme, 2014

⁵Nepal Management Information Programme, 2014

⁶Government of Nepal, National Planning Commission Secretariat, Central Bureau of Statistics and UNICEF. Nepal Multiple Indicator Survey, 2014



SANITATION

Despite significant progress in improving overall sanitation, the safe disposal of fecal waste continues to pose a critical challenge in Nepal. Over the last five years, sanitation coverage has improved significantly from 62 per cent in 2011 to 89 per cent in 2016 as a result of the ODF movement. Despite this progress, disparities in coverage remain between the ecological sub-regions. For example, sanitation coverage is almost 100 per cent in the mountains and 95 per cent in the hills, while it is only 81 per cent in the Terai. The lowest sanitation coverage is in the eight Terai districts (Province 2) which is 62 per cent⁷. About two-thirds of the population both in urban and rural areas have access to

improved sanitation, while slightly over one-third have unimproved sanitation. The disparities are compounded with disaggregated by ethnicity: 2 per cent of Newars practice open defecation (OD) compared to 79 per cent of Terai Dalits communities⁸. Similarly, there are disparities by wealth quintiles, with those in the middle wealth quintile having the lowest access to improved sanitation facilities (41 per cent) as compared to 74 per cent for the richest quintile and 73 per cent for the poorest quintile⁹, indicating that income is not always a determinant for improved sanitation and there are other equally important determinants such as existing social norms and socio-cultural practices.

⁷Department of Water Supply and Sewerage Newsletter, 2016
⁸Government of Nepal, National Planning Commission Secretariat, Central Bureau of Statistics and UNICEF. Nepal Multiple Indicator Survey, 2014

⁹Government of Nepal, National Planning Commission Secretariat, Central Bureau of Statistics and UNICEF. Nepal Multiple Indicator Survey, 2014



Government data found **18** million people are currently living in an ODF environment where every household and school has a toilet.

Government data found 18 million (about 64% of the total population)¹⁰ people are currently living in an ODF environment where every household and school has a toilet. This figure does not tell the full story. There continues to be challenges related to the operation, maintenance and use of toilets in schools. Moreover, when there are toilets, social norms still impact people’s ability to access them. Daughters-in-law, for example, are not allowed to use the same toilets as fathers-in-law, a practice which is prevalent in many central Terai communities adding to the burden of building additional toilets. In addition, the practice of chhaupadi (keeping women separate from the wider family during menstruation by using animal sheds and preventing access to existing toilets) is as high as 62 per cent¹¹ in some districts of the mid and far-western hills and mountains. Such practices pose a challenge in terms of improving overall sanitation and hygiene (as well as putting girls and women at increased health and protection risks). Efforts must be strengthened to change these harmful social norms and practices.

Although water and sanitation coverage has been improving in schools, critical bottlenecks remain, particularly as they relate to girls and children with disabilities. While 80 per cent of government schools have water and sanitation

¹⁰ESS/DWSS Newsletter 2016
¹¹Bottleneck Analysis Report, 2013



80 per cent of government schools have water and sanitation facilities, **15** per cent of them lack separate toilets and MHM facilities for girls.

facilities, 15 per cent of them lack separate toilets and MHM facilities for girls¹².

In health care facilities, 82 per cent have water supply and toilet facilities. However, even as work continues to plug the remaining gaps (access to toilets is 78 per cent in the hills and 84 per cent in the mountains¹³), a significant challenge remains because in existing toilets poor hygiene is widespread, exacerbating the prevalence of water borne diseases and infections. While there is data available on access to services in schools and health facilities, data on the functionality of WASH services is unavailable. Critical to improving services would be the generation of evidence on existing functionality as well as identifying gaps in the provision of WASH services, in institutions such as schools and health care facilities.

INCOME IS NOT ALWAYS A DETERMINANT FOR IMPROVED SANITATION AND THERE ARE OTHER EQUALLY IMPORTANT DETERMINANTS SUCH AS EXISTING SOCIAL NORMS AND SOCIO-CULTURAL PRACTICES.

¹²Education Management Information System, DOE, 2014/15
¹³Nepal Health facility Survey, 2015



WASH IN EMERGENCIES

WASH services are among the biggest immediate priorities after disasters as they are critical to survival in the initial stages. Disasters affect everyone but they have the biggest impact on poor and marginalized people, women and girls. Nepal is also amongst the top five countries at high risk from climate change (such as changes in rainfall pattern leading to flash floods, the drying of spring sources and retreat of glaciers), urgent action is needed to address these emerging issues. In addition, water borne diseases such as acute gastroenteritis (AGE) and cholera continue to be a public health concern.

Nepal is also amongst

the top **5** countries at high risk from climate change (such as changes in rainfall pattern leading to flash floods, the drying of spring sources and retreat of glaciers), urgent action is needed to address these emerging issues.



WASH SECTOR MONITORING

Monitoring the performance of the WASH sector remains a challenge. The national monitoring system - National Management Information Programme (NMIP) - is inadequate in terms of the extent and frequency of reporting on the WASH sector. WASH interventions are critical to achieving improved outcomes in other sectors such as health, nutrition, education and child protection. Inadequate and poor WASH services lead to recurring diseases such as diarrhoea and cholera, while improved services help create a cleaner environment leading to prevention of undernutrition and stunting.

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CHAPTER 2

PROGRAMME MANAGEMENT

PROGRAMME MANAGEMENT

THE WASH PROGRAMME CONTRIBUTES
TO THE GOVERNMENT OF NEPAL'S TARGET
OF UNIVERSAL COVERAGE OF WATER AND
SANITATION BY 2017

WASH IN COUNTRY PROGRAMME ACTION PLAN 2013-2017

The current CPAP has three Programme Component Results (PCR)/outcomes related to policy and legislation, social services, and social norms and behaviours. WASH is a thematic programme in the CPAP. WASH activities are implemented in coordination with UNICEF's wider work in education, nutrition, health, disaster risk reduction, emergency response, child protection, social policy and adolescent development and protection, and communication for development sectors.

Following the earthquake of 25 April, 2015; a new PCR on emergency earthquake response and recovery was added. WASH Programme is contributing to the achievement of all the four PCRs. Under the four PCRs there are 11 IRs (outputs) relevant to WASH Programme. These are related to national policies, disaster risk reduction and climate change, WASH services,

hand washing, capacity and system building and WASH emergency response and recovery amongst others.

The WASH programme contributes to the Government of Nepal's target of universal coverage of water and sanitation by 2017 and to the United Nations Development Assistance Framework (UNDAF) Outcome 1 – vulnerable and disadvantaged groups get improved access to essential social services and programmes in an equitable manner.

UNICEF works together with the Ministry of Water Supply and Sanitation (MoWSS) and all WASH sector partners to reach the national target of universal coverage by 2017 in line with JSR recommendations for consolidating and further accelerating what has been achieved to date.





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PARTNER COORDINATION FOR WASH

UNICEF Nepal supports in various coordination mechanisms of WASH at national and international levels; for example, UNICEF continues to play a critical role within the National Sanitation and Hygiene Coordination Committee (NSHCC) in supporting the country's sanitation social movement. In 2016, the committee was central in developing joint strategic actions for low sanitation coverage districts, especially in the Terai.

UNICEF continued to co-lead the WASH Cluster, supporting DWSS to build its capacity for preparedness and response, as part of its global mandate on humanitarian response and WASH cluster coordination. UNICEF provided technical assistance to the Government in hosting the 22nd Global WASH cluster meeting and Emergency Environmental Health Forum (EEHF) for five days in November 2016. Over 130 global participants attended the meeting. These included country WASH cluster members, government representatives, global WASH cluster team, humanitarian WASH team and experts.

Nepal made four presentations in the meeting where UNICEF as the co-lead made presentations on preparedness for response and cluster transition. It further supported DWSS

in making the country presentation on Cholera response of 2016.

UNICEF also provided technical input to the Department of Education (DoE) to run the Thematic Working Group for WASH in Schools (TWG WiS). These efforts include the finalization, dissemination and capacity building of the WASH in School guidelines on network coordination, including strengthening of monitoring tools, supporting the learning exchange platform, and the publication of IEC materials about WASH in schools in Nepal.

Over **130** global participants attended the meeting. These included country WASH cluster members, government representatives, global WASH cluster team, humanitarian WASH team and experts.



Additionally, the Department of Education, Thematic Working Group (TWG) facilitates coordinated action among network members to improve policy influence and programme efforts.

Collaboration with the donors remained productive in 2016. The Embassy of Finland, DFID, and USAID have been active throughout the year. In 2016, several joint field missions were arranged with the Embassy of Finland to observe progress on the ongoing earthquake recovery programme being implemented through UNICEF in affected districts with co-financing from the Government of Finland. This included the Finnish Ambassador's visit

to Kavrepalanchowk District, the Finnish global team visit to Kavrepalanchowk and Gorkha Districts; and missions to Dolkha, Nuwakot and Rasuwa Districts by Finnish officials. The Embassy of Finland is also leading Development Partners group, where coordinated efforts are made for sector development work to support the Government of Nepal. The review of DFID's Accelerating Sanitation and Water for All (ASWA) programme results was held in 2016 in Senegal. UNICEF Nepal participated in this review meeting and shared Nepal's experiences related to Value for Money and Sustainability. The draft proposal for ASWA II was also reviewed in the meeting.



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UNICEF's
WASH Programme is present in

48 out of **75** districts

UNICEF WASH
PROGRAMME
DISTRICTS AND
FIELD PRESENCE

UNICEF's WASH Programme is present in 48 out of 75 districts (please see Map 1 in page 9). UNICEF's WASH Development Programme was implemented in 34 districts while earthquake recovery and reconstruction programme was operational in all 14 earthquake affected districts. UNICEF has its country office in Kathmandu, three zonal offices to manage the development programme and five emergency sites offices for the earthquake recovery and reconstruction programme. Five WASH officers are based in the zonal offices and the five in the emergency sites offices. The field teams are supported by a 13 members WASH team at country office. The team is also responsible for providing guidance and technical assistance at national level.

THE WASH SECTION HAS DESIGNED AND OPERATIONALIZED A RESULT-BASED ALLOCATION FRAMEWORK (RBAF) FOR BETTER MANAGEMENT OF RESULTS.



The
RBAF application
was stipulated as having potential to be UNICEF global innovation in the recommendation for Value for Money (VfM) Study conducted in 2015.

RESULT-BASED
ALLOCATION
FRAMEWORK AND
MONITORING AND
EVALUATION

The WASH Section has designed and operationalized a Result-Based Allocation Framework (RBAF) for better management of results. It is an innovative approach of Result Based Management (RBM), which allows the WASH Section to do result-based budgeting upfront and to work with implementation partners towards those agreed targets. The RBAF application was stipulated as having potential to be UNICEF global innovation in the recommendation for Value for Money (VfM) Study conducted in 2015.

The Integrated Monitoring and Evaluation Plan (IMEP) has been institutionalized in the Nepal Country Office to ensure coordination of evaluations, studies, surveys and research, aligned with the CPAP 2013-2017. Performance against planned activities has been a challenge, with concerted efforts being pursued by the Nepal Country Office to ensure greater prioritization and strategic focus for evaluation planning and implementation in 2016.



WASH Section
agreed to monitor the
13 standard indicators covering water supply, sanitation, school WASH and emergency components.

The M & E system was built from the angle that it needs to satisfy the information needs of the Government, United Nations (United Nations Development Assistance Framework (UNDAF) and UNICEF), Ministry for Foreign Affairs (MFA), Finland and DFID. Through the screening of information needs and a series of meeting with government, donor partners, implementation partners, and UNICEF Regional Office for South Asia, WASH Section agreed to monitor the 13 standard indicators covering water supply, sanitation, school WASH and emergency components (please refer to One WASH Programme Annual Report 2015 for detail of indicators).

PROGRAMME
IMPLEMENTATION
MODALITIES AND
PARTNERS

UNICEF is aligning its WASH Programme with the government through two main implementation modalities: (i) Government partners, and (ii) I/NGO partners. Based on



The key government
partners for UNICEF in
2016 were DWSS and its regional and district based-offices; DoLIDAR and its district-based offices; Department of Education (DoE) and its district based offices.

total available financial envelope and related targets, UNICEF conducts a series of planning meeting with its partners and donors. Then a Result-Based Allocation Framework for each partner is prepared so that expected results could be managed better and funding is allocated in the most effective manner to reach the expected results, as well as to capacitate both Government and CSO /NGO partners throughout the process.

For government implementation, support is provided via on-treasury funding¹⁴ and off-treasury modality. The key government partners for UNICEF in 2016 were DWSS and its regional and district based-offices; DoLIDAR and its district-based offices; Department of Education (DoE) and its district based offices. Partnership with civil society organizations is another UNICEF's primary implementation modalites. The partnerships are developed according to UNICEF global procedures. In 2016, the key partners for WASH development prorgamme were: (i) iDE for Promotion of Sanitation and Hygiene through sanitation marketing in two districts; (ii)NRCS for Support to ODF and total sanitation, WASH in Schools, and hand washing with soap and water in seven districts; (iii) FEDWASUN for– improvement of water supply functionality in eight districts.

¹⁴Direct funding is disbursement of the fund to the respective department/section of the government and on-treasury funding is disbursement of the fund to FCGO (Financial Comptroller general

Office) and FCGO then disbursement the find through their channel to respective department/section/ district based on approved plan.

In total,

11 micro-assessments,
8 spot checks, **60** programmatic
 visits, and **6** scheduled audits were
 undertaken during 2016 for
 WASH Programme.



ASSURANCE MECHANISMS

Harmonised Approach to Cash Transfer (HACT) is a common and operational framework for transferring cash to government and civil society implementing partners for UNICEF, UNDP, UNFPA and WFP. The approach was adopted by the United Nations General Assembly in 2005 with the objective of developing harmonization, mutual accountability, alignment and ownership for achieving results. HACT is implemented through four tools: macro assessment, micro assessment, spot check and audit (when applicable). The HACT framework represents a shift from assurance for cash transfers derived from project-level controls and audits towards a method of assurance derived from risk/system-based assessments and audits. In total, 11 micro-assessments, 8 spot checks, 60 programmatic visits, and 6 scheduled audits were undertaken during 2016 for WASH Programme.

As part of the recovery
work, UNICEF distributed around

80,000 hygiene kits to
 pregnant and lactating mothers to
 earthquake affected population, under
 the Golden 1000 Days programme of
 the Ministry of Federal Affairs and Local
 Development, and the World Bank.



GENDER EQUITY AND SOCIAL INCLUSION

Gender component has been well interlinked in all WASH activities in both the WASH development programme and WASH in Emergency programmes. In 2016, Gender Equity and Social Inclusion (GESI) aspects were considered while providing/reconstructing child, gender and disabled friendly water supply facilities and toilet repair and/or reconstruction to 500 health posts and Outpatients Therapeutic Centres. Similarly, the programme provided water supply facilities to 121 schools and temporary learning centres. Approximately 16,061 school children benefited from these; 50 per cent of them girls. As part of the recovery work, UNICEF distributed around 80,000 hygiene kits to pregnant and lactating mothers to earthquake affected population, under the



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Golden 1000 Days programme of the Ministry of Federal Affairs and Local Development, and the World Bank. These kits contain daily hygiene items for women, adolescent girls and families. The WASH development programme has its gender and social inclusion strategy mainstreamed across all operational and implementation parameters. All partnership documents have a clearly defined gender strategy and associated activities with budget allocation in the programmes, and partners are held accountable for this, with performance measured through periodic reporting.

Child, gender and disabled (CGD) friendly toilets for girls and boys were provided and the 'Three Star Approach' was initiated in schools by WASH in School (WiS) activities. One indicator for the Three Star Approach is to have facilities for menstruation hygiene management

(installation of incinerator and provision of dustbin with lid) including CGD friendly separate toilets. Child club members, teachers, parent teacher associations and school management committees are main players in making WiS successful. At least 33 per cent female participation is ensured in all meetings and trainings conducted for those committees/clubs. A MHM study was conducted in three districts – Achham, Parsa, and Bajura - to record and analyse the impact of menstruation on attendance of girls in schools. MHM trainings were organized in different districts under the WASH in Schools programme, encouraging participation of female teachers from community schools.

UNICEF Nepal Country Office has developed a new country programme for 2018-2022 where GESI is in-built in the WASH Programme.

CHAPTER 3

MAJOR RESULTS

51 PER CENT OF NEPAL'S DISTRICTS (38 OUT OF 75) HAVE ATTAINED ODF STATUS. FIVE (UDAYPUR, KHOTANG, SALYAN, JUMLA, AND BAITADI) WERE SUPPORTED BY UNICEF IN 2016, ENABLING 991,858 PEOPLE, INCLUDING THE MOST DEPRIVED AND DISADVANTAGED COMMUNITIES, TO LIVE IN AN ODF ENVIRONMENT.

Detail of progress achieved in 2016 under different Intermediate Results (IRs) are presented below:

NATIONAL WASH PLAN AND FINANCE STRATEGY (IR 1.3)

INDICATOR 1: Annual Joint WASH sector planning and review mechanisms institutionalized and are gender sensitive.

- UNICEF supported the government to produce the final draft of the WASH Sector Development Plan (SDP) for 2016 - 2030 through a wide consultative process. This plan is to be presented to the cabinet for approval in 2017. The plan is aligned with the SDGs and estimates a total funding requirement of about US\$10 billion over 15 years with an estimated financial gap of US\$4 billion. UNICEF supported the finalization of the plan, including review by a mission from UNICEF Headquarters concluding that the SDP and its investment plan were focused towards attainment of the SDGs.
- In order to meet the target of universal access to water and sanitation for all by 2017, the government has increased allocation for water and sanitation by 65 per cent for fiscal year 2016-2017.
- UNICEF supported the government-led Annual Sector Stakeholder Group Meeting to assess sector performance.
- With UNICEF support, Nepal made a high-level representation in SWA Ministerial Meeting in Ethiopia in March 2016. This provided a platform for sharing Nepal's achievements and encourage country specific commitments.
- In January 2016, Nepal participated in the SACOSAN with over 50 high-level delegates. During the conference, Nepal showcased its achievement in sanitation and further committed developing new vision, strategies, stronger systems and more diverse participation to accelerate sanitation coverage and hygiene behaviour change to achieve SDG target 6.2.

INDICATOR 2: Per cent coverage (improved sanitation) for the lowest quintile.

- 51 per cent of Nepal's districts (38 out of 75) have attained ODF status. Five (Udaypur, Khotang, Salyan, Jumla, and Baitadi) were supported by UNICEF in 2016, enabling 991,858 people, including the most deprived and disadvantaged communities, to live in an ODF environment. As per the Human Development Report 2014, Jumla, Baitadi and Salyan fall under second poorest category of Human Development Index (HDI) while Udayapur and Khotang fall under middle HDI districts.

INDICATOR 3: Annual gender budget analysis commissioned.

- A gender budget analysis of the WASH sector has been initiated by the Department of Water Supply and Sewerage through third party engagement and with UNICEF's support.
- For the SDP to be endorsed and effectively implemented, it is critical to have continued government leadership and buy-in of concerned sectoral ministries, particularly the Ministry of Finance and National Planning Commission. Limited sector information on off-budget utilization is a challenge in forecasting sector budget allocation and utilization trends for SDP implementation.



In order to meet the target of universal access to water and sanitation for all by 2017, the government has increased allocation for water and sanitation by **65** per cent for fiscal year 2016-2017.

WATER SUPPLY AND SANITATION SERVICE DELIVERY (IR 2.3)



Sanitation

- Sanitation coverage in Nepal has more than doubled in the last six years from 43 per cent in 2010 to 89 per cent in December 2016 (DWSS, 2017). This can be directly accredited to the constant and joint effort of all sector stakeholders including UNICEF. As of December 2016, 38 of Nepal's 75 districts (51 per cent) have achieved ODF status. Of which, seven districts (18 per cent of total ODF) were declared ODF in 2016. Furthermore, Manang, Doti and Dolpa Districts have been monitored and approved for ODF and are finalizing the declaration process.
- Out of seven districts achieving ODF status in 2016, five are the districts where UNICEF provided extensive support. As a result, an additional 991,858 people are living in an ODF environment. A total of 111 Village Development Committies (VDCs) and 10

municipalities in 16 districts achieved ODF status during 2016, meaning 487,250 people directly benefited from improved toilets as a result of UNICEF support.

- UNICEF supported the review of ODF/ sanitation strategies in 11 districts in 2016, and initiated total sanitation programmes in 154 VDCs in 19 districts that have declared ODF.

Indicators for Intermediate Result 2.3, as in CPAP 2013-2017 are:

INDICATOR 1: Number of low sanitation coverage VDCs and municipalities declared and certified Open Defecation Free (ODF) in UNICEF supported districts.

- 111 low sanitation coverage VDCs and 10 municipalities have been declared and certified ODF in 16 UNICEF supported districts.
- A total of 8,543 people (4,494 women) were trained on WASH components that supported the promotion of sanitation, including total sanitation and achievement of ODF status in VDCs and districts. As a result, a total of 991,858 people are now living in an ODF environment.

Figure 1 shows the annual achievement for the number of VDCs declared ODF against the



planned targets for 2013, 2014, 2015, and 2016 respectively. The cumulative progress by end of 2016 against the cumulative target is 91 per cent (i.e., 700 against the planned target of 770) while it is 72 per cent against the cumulative target to be achieved by end of 2017. The overall progress on this key indicator will increase with additional results to be achieved during the implemetnation period 2017.

INDICATOR 2: Number of community based water supply schemes where the User

Committee has prepared and implemented a Water Safety Plan.

- Water safety plans were developed and implemented in 319 water supply schemes.
- Quality check of 150 water sources were carried out. 47 per cent water supply scheme were found to contain coliforms using the Presence Absence (PA) vial test
- A 'master training of trainers' was provided to 130 staff of the Government, FEDWASUN, and UNICEF.

FIGURE 1: Number of VDCs declared ODF

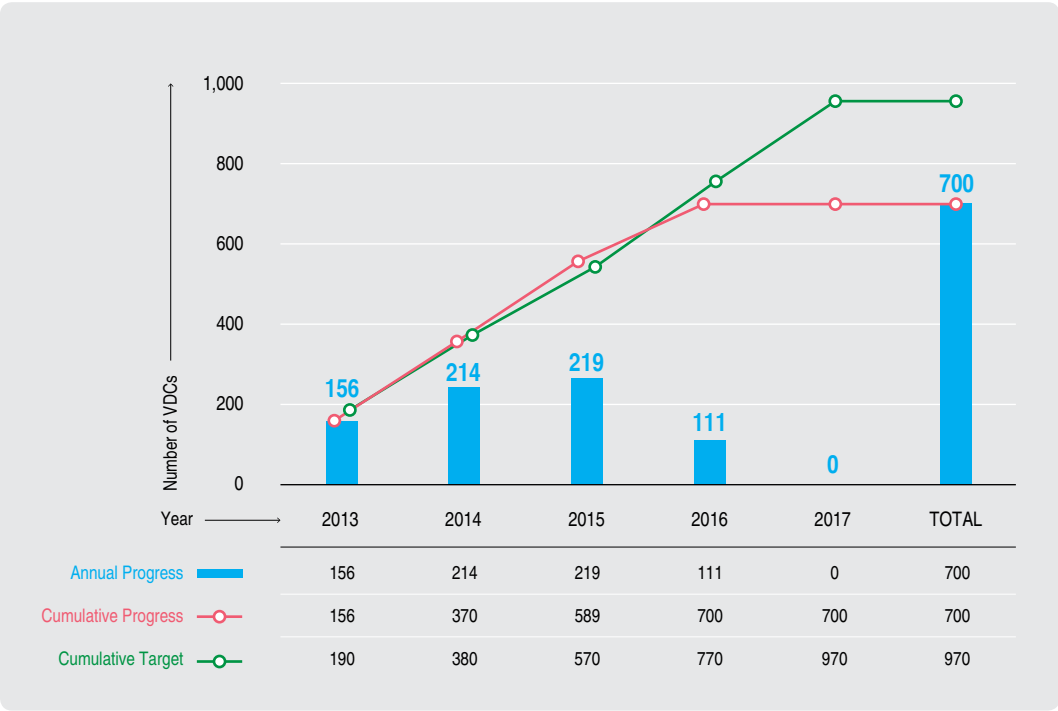


FIGURE 2: Number of people benefiting from improved toilets as a result of UNICEF support

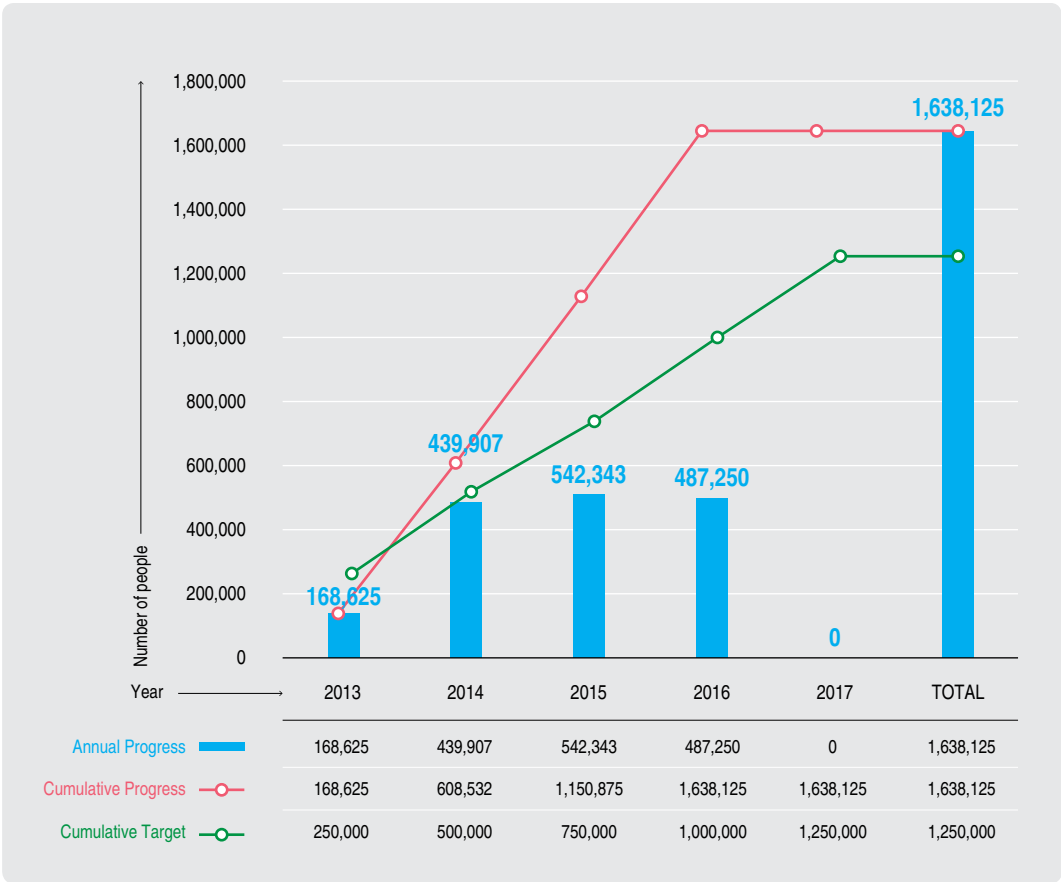
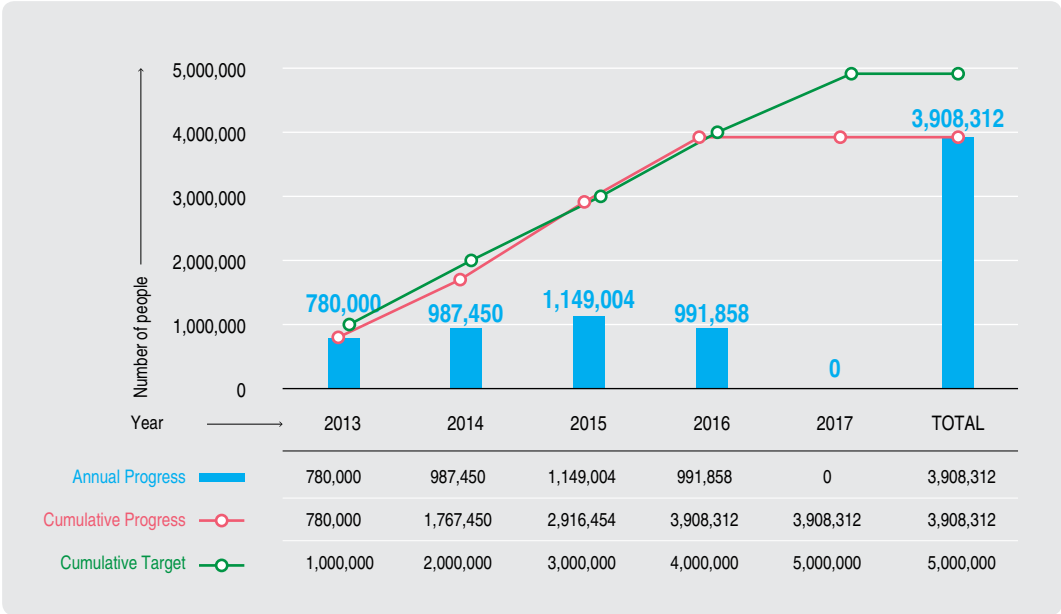


FIGURE 3: Number of people living in ODF environments



THE TERAI SANITATION SOCIAL MOVEMENT

The low sanitation coverage districts are in the eight Terai districts. These lag behind the national average. Special attention is now being provided by the Government and sector stakeholders to support the district WASH

Coordination Committees including motivating them to organize different sharing and learning events in and across districts to scale-up the sanitation coverage.

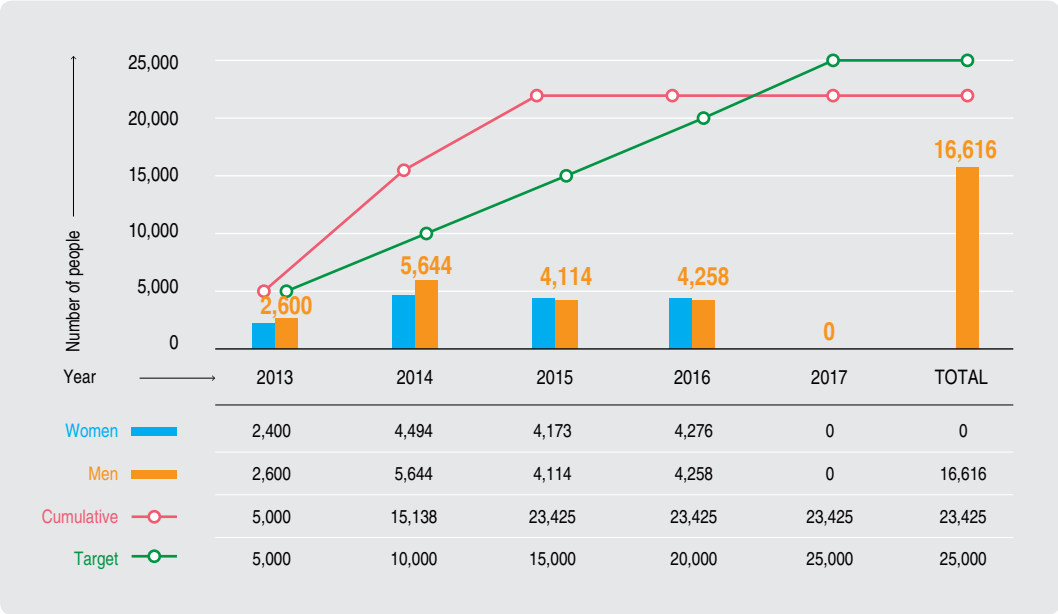
TABLE 1: Sanitation Status of Terai Districts

District	Population of district (2014) (source, NMIP 2014)	2014 population with toilet (% coverage)	2015 population with toilet (% Coverage)	2016 Population with toilet (% Coverage)
Dhanusha	807,500	314,925 (39)	395,675 (49)	468,350 (58)
Mahottari	627,580	188,274 (30)	269,859 (43)	363,996 (58)
Sarlahi	769,729	215,524 (28)	277,102 (36)	454,140 (59)
Rautahat	687,818	199,467 (29)	357,665 (52)	453,425 (66)
Bara	731,300	190,138 (26)	234,016 (32)	409,595 (53)
Parsa	601,017	252,427 (42)	312,528 (52)	420,712 (70)
Saptari	639,284	159,821 (25)	242,927 (38)	415,875 (65)
Siraha	633,328	170,998 (27)	329,330 (52)	453,357 (66)
Total	5,497,556	1,691,575 (30.8%)	2,419,105 (44.0%)	3,439,450 (61.6%)

Of the total 3.5 million people defecating in open places in Nepal, 2.1 million (60 per cent of

total open defecators) are from the eight Terai districts from Saptari to Parsa.

FIGURE 4: Number of people trained on WASH



Water Supply

UNICEF continues to harmonize and align its support - through DWSS and DoLIDAR - for water supply projects targeting the most marginalized people from the most disadvantaged communities. In 2016, 21 water supply schemes were completed through which roughly 13,395 people gained access to improved drinking water.

WATER QUALITY

One major concern for the WASH sector in Nepal is the quality of drinking water at both scheme and household level. The findings of MICS 2014 show an alarming rate of E. coli contamination (82 per cent in household water, 71 per cent of drinking water sources were found to be contaminated. Water quality tests carried out by FEDWASUN in 150 water supply schemes have found that almost 50 per cent of the water had presence of coliform at source. In order to improve the drinking water quality standards particularly at the scheme level, UNICEF co-financed the DWSS for implementation of Water Safety Plans in 319 water supply schemes in 2016. Simultaneously, UNICEF provided technical and financial support

to FEDWASUN for the implementation of Water Safety Plans for an additional 150 schemes over eight districts. There was an improved functionality of water supply schemes where a water safety plan had been implemented. Among the 150 water supply schemes, Water User and Sanitation Committee registration has increased from a baseline value of 56 per cent to 72 per cent in 2016 while availability of Village Maintenance Workers in the water schemes has increased from 68 per cent to 81 per cent in 2016.

In 2016,

21 water supply schemes were completed through which

roughly **13,395** people gained access to improved drinking water.


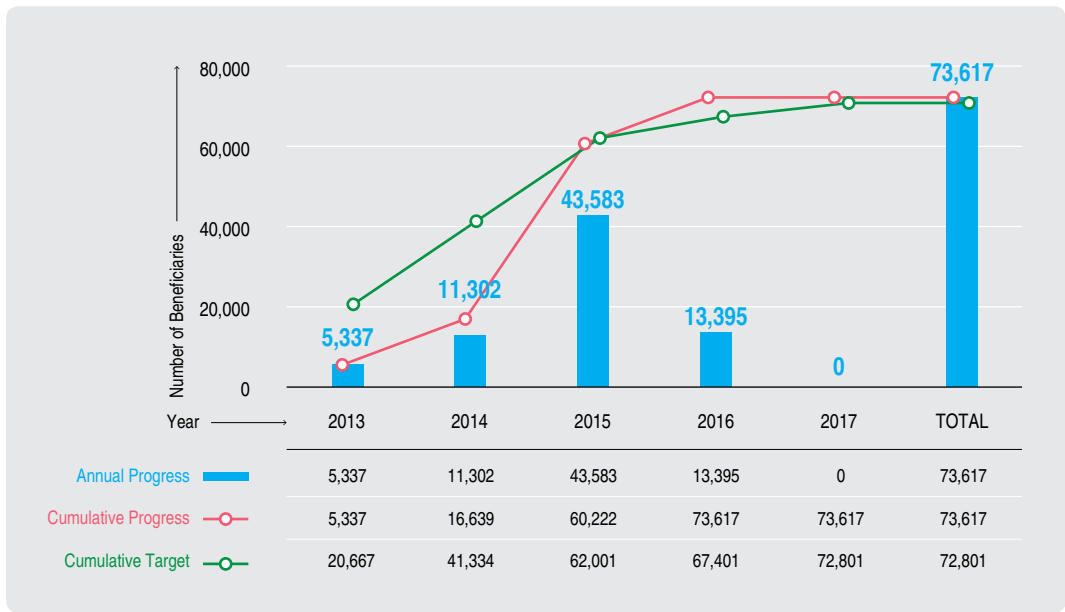


FIGURE 5: No of Beneficiaries from Completed Water Supply Schemes




EMERGENCY PREPAREDNESS, RESPONSE AND RECOVERY (IRS 1.9, 2.10, AND 5.2)

Emergency Preparedness

In 2016, UNICEF continued to prepare itself to respond to emergencies with (i) preposition of stockpiles to cater for 45,000 households in four strategic locations of the country (Kathmandu, Biratnagar, Bharatpur and Nepalgunj), (ii) putting in place long term arrangements (LTAs) of WASH supplies, and (iii) development of contingency Programme Cooperation Agreements (PCAs) with four national organizations to respond to lifesaving WASH needs in the country. The caseload was mostly focused on possible monsoon floods and landslides in 22 Terai districts and 14 earthquake affected districts.

As part of the Humanitarian Country Team (HCT), UNICEF supported the development of an Emergency Response Plan (ERP) for flood, landslides and earthquakes. Based on learning from the cholera response in 2015, UNICEF also developed a comprehensive

The caseload was mostly focused on possible monsoon floods and landslides in **22** Terai districts and **14** earthquake affected districts.



cholera preparedness and response plan and supported the National Cholera Preparedness and Response Plan (led by Epidemiology and Disease Control Division (EDCD) of the Department of Health Services). Under the cluster mechanism, UNICEF facilitated the review of the WASH Cluster Contingency Plan for 2016 and provided assistance to Department of Water Supply and Sewerage (DWSS) to draft its Business Continuity Plan.

Emergency Response

While the country was moving towards recovery after the 2015 earthquake, it faced various emergencies in the second and third quarters of 2016 arising from floods, landslides, fires and outbreaks of diseases. At the request of the District Disaster Relief Committees (DDRCs) and district WASH Clusters, UNICEF provided direct support to 28,115 people (5,623 families) in over 10 districts who were affected by flood and landslides (Morang, Jhapa, Saptari, Dolakha, Sindhupalchowk, Kavre, Chitwan, Kapilvastu Banke and Pyuthan). These responses included provision of lifesaving WASH items such as hygiene kits, water purifiers, water storage vessels and related hygiene promotion for behaviour building.

UNICEF provided technical and financial assistance to respond to a cholera and acute gastroenteritis outbreak that spread across Kathmandu valley. Of the total cases, 150 had been detected within Kathmandu Valley, which is one of the fastest growing urban centres of Nepal. Following the first reported case, the Government of Nepal in collaboration with national, international and NGO/CBO partners took measures to contain the outbreak.

UNICEF played a key role in engaging with national and district government to intensify its response in timely manner and to further address the situation. UNICEF WASH and health teams together focused on seven priority areas; i) enhanced disease surveillance, ii) laboratory-based diagnosis, iii) field investigation, iv) ensuring safe water supply, sanitation and hygiene v) behavior change communication, vi) vaccination using oral cholera vaccine, and vii) inter-cluster coordination .

Altogether

78,845

people were directly reached through hygiene promotion in Kathmandu Valley.



Altogether 78,845 people were directly reached through hygiene promotion in Kathmandu Valley. Furthermore, UNICEF and partners protected traditional sources of water through cleaning and chlorination. For example, 304 dug wells were treated. A total of 114,745 students in 268 schools were provided orientation on hygiene promotion to prevent cholera. Similarly, around 1,000 people benefited directly from UNICEF intervention in Saptari Districts where cholera cases were also identified. After the response several key lessons were drawn, including:

- The need for a comprehensive and multisectoral District- and municipality-level risk reduction and preparedness plan, and its implementation to prevent potential public health emergencies such as cholera outbreaks.
- Public health risk reduction through safe WASH behaviour should be mainstreamed into the WASH, health and education teams' regular programmes
- There is an immediate need for a long term solution to address the issues of WASH in urban contexts.
- There is a need for dedicated budget and line activities allocated for risk reduction, preparedness and response in case of outbreak, because cholera cases are detected every year. This was highlighted by the fact that the overall response was partner dependent with no budget allocation from the government side, although their leadership is a key driver of the response.
- The need for a mechanism to ensure water quality at service and household level, source protection, basic personal and food hygiene, and environmental sanitation at all levels.

A total of

114,745

students in 268 schools were provided orientation on hygiene promotion to prevent cholera.



- Keeping local networks abreast with proper training and education is key to reduce risk in normal situations and to ensure a timely response, when required.
- There should be a regular flow of information to the district, and the municipalities.
- Greater coordination and networking between stakeholders can ensure a more efficient and timely response to outbreaks by playing to the strengths of each stakeholder.

Based on the lessons of the cholera response in 2016, UNICEF supported government in developing a national preparedness and response plan for acute gastroenteritis/cholera outbreak in Nepal where WASH is one of the crucial parts of the plan.

Earthquake Recovery and Reconstruction works

Continuing its role to support government through cluster coordination, UNICEF provided assistance in development of the Post Disaster Recovery Framework (PDRF) of the WASH sector for 2016-2020. The PDRF defined four core areas of work that included 21 priority programmes, with an estimated cost of US\$212 million over five years. While the regular programme still does not have dedicated fund for any preparedness or response, the PDRF for WASH allocated 1 per cent of its total budget for preparedness which opened the way for the government to advocate for the allocation of regular budget under preparedness

UNICEF reached

53,254

people with improved water supply interventions in repair and rehabilitation of water systems.



and response. Furthermore, it supported implementation of the transition plan from the cluster to link with the development programme that was defined in late 2015 by WASH Cluster.

The work plan commitment is made from June 2016 to December 2017 (the end of the current CPAP). UNICEF made an estimated commitment of US\$10 million, based on six indicators that it identified as crucial support to the Government of Nepal.

In 2016, UNICEF targeted 148,800 people, including children and women, in the 14 most severely affected districts including some in remaining Internally Displaced Persons camps, with critical WASH interventions and information to prevent child illness, especially diarrhoea. This included supplying affected people with safe water of appropriate quality for drinking, cooking and personal hygiene through reconstruction and rehabilitation of water supply systems, providing access and use of adequate sanitation, and hygiene facilities including hand washing facilities and bathing spaces. Further provision of hygiene kits and related materials supported by hygiene education through interpersonal communication was an integral part of the UNICEF WASH works. Contributing the basic service delivery for education and health, UNICEF committed to provide WASH services to 200 schools and 500 health facilities. As part of the recovery work, it also received a special request from the government to provide support to the 31 high and medium affected districts with a capacity building package that would support districts during recovery and reconstruction to move towards resilient WASH facilities.



UNICEF reached

33,519

people with household sanitation facilities.

Through its partnership with both government and non-government, national and local partners, UNICEF reached :

- 53,254 people with improved water supply interventions in repair and rehabilitation of water systems
- 33,519 people with household sanitation facilities
- 80,000 families of children under 5 years were provided with hygiene kits and hygiene education
- 177 schools and 443 health post and outpatient therapeutic centres were provided with basic WASH facilities
- Capacity assessment of water users committees in 21 earthquake affected districts
- 420 individuals (national, district and village stakeholders and service providers) were trained in various areas of disaster risk management and life skill certified plumber trainings

Because of the demand, and lack of assistance from other agencies including government, UNICEF's WASH recovery and reconstruction programme targeted the most hard-to-reach areas where the population was sparsely distributed and in the most challenging geographic conditions. To achieve these targets and specific demands of districts, UNICEF collaborated with 20 implementing partners in 2016. Aside from a few I/NGOs, all of the partnerships were based at district or village levels. This was based on the fact that the local organizations are more knowledgeable about the area and have good networks with the communities.

DRR and Climate Change Policies (IR 1.9)

In order to address the Disaster Risk Reduction (DRR) and Climate Change (CC) related issues and to advocate the impact of CC on WASH services, UNICEF in collaboration with WHO and Oxfam initiated a study on Climate Change Impact Assessment on WASH services in Nepal in 2016. This study was also a key recommendation of the joint sector review. In addition, the Climate Change and Disaster Risk Reduction thematic group under the joint sector review has actively engaged various multi-sector agencies to support learning, policy dialogues and reviews.

Similarly, to reinforce the linkage between the WASH and Disaster Risk Management (DRM), the WASH DRM guideline is being finalized. This guideline is expected to provide valuable support for reconstruction work in earthquake affected areas and other vulnerable areas of the country. This guideline will explore DRR measures that can be integrated into the development programme. UNICEF is also supporting DWSS in the finalization of the contingency plan.

Child-Friendly WASH in School Framework (IR 2.5)

The WASH in Schools (WiS) programme is a global priority area for UNICEF and its partners. This programme is based on child rights approach that recognizes all children's right to safe drinking water, basic sanitation facilities and hand washing with soap & water. Knowledge and skills like these promote lifelong health and safe hygiene practices. The programme is based on evidence demonstrating the health and educational benefits of hygiene promotion, adequate sanitation including menstrual hygiene management, and safe water in schools on children. In 2016, UNICEF Nepal supported to 977 schools for improving WASH facilities along with WASH software. This benefited a total of 238,534 school children with software interventions and 151,819 children with hardware interventions, such as, separate toilets for girls, handwashing station and safe drinking water.

A basic hardware reference materials package and a training curriculum on WASH in Schools (WiS) were developed jointly by government and

non-government partners to promote WiS, followed by training at regional and district levels. The 'Three Star Approach' was mainstreamed in the UNICEF supported WiS programme. As a result 20 schools cumulatively had achieved three-star status, 158 schools two-star and 362 schools achieved one-star status by end of 2016. The criteria for one star includes daily supervised handwashing, daily supervised cleaning of toilets, provision of soap, water availability in school, and school catchment area declared ODF. For two stars, the one star criteria must be fulfilled as well as point-of-use water treatment, separate toilets for girls and boys, incinerator or dustbin in place for menstrual hygiene products, handwashing facilities, and a drinking water supply system. To achieve three stars requires fulfillment of the two star plus availability of ramp up to toilet, hand railing inside the toilet, one toilet unit per 50 children, and WASH plan being reflected in School Improvement Plan (SIP).

UNICEF Nepal is working closely with Department of Education (DoE) under the Ministry of Education (MoE) to create an enabling environment for WIS promotion with the overall aim to improve the quality of education for children in Nepal. For 2016-2017, the Department of Education (DoE) has planned to construct 600 toilets with WASH facility and 12 separate girls' toilets with water supply facility.

WASH in Health Care Facilities

WASH in health care facilities (WiH) is a global initiative of UNICEF. Health has been a primary concern of human beings throughout history, and the Government of Nepal has committed to provide basic health care facilities accessible to all. WASH in Health Care Facilities is a prerequisite for quality service and people centred care, helping reduce health care-related infections, increase trust and uptake of services, increase efficiency, decrease cost of service delivery and improve staff morale. All major initiatives to improve global health depend on basic WASH services in health care facilities. Unless the health facilities become a demonstration place for acquiring knowledge and behaviour change, we cannot expect a healthy community.

The Ministry of Health (MoH) has given the responsibility to lead WASH in health care facilities to the Management Division of Department of Health Services. A technical working group has been formed including UNICEF Nepal and other development partners to draft standards for WASH in health care facilities.



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CHAPTER 4

4

KNOWLEDGE
MANAGEMENT

- VALUE FOR MONEY STUDY 2016, COMPLETED;
- STUDY ON OPEN-DEFECATION-FREE (ODF) SUSTAINABILITY, ONGOING;
- RESEARCH ON MENSTRUAL HYGIENE MANAGEMENT PRACTICES IN NEPAL: THE ROLE OF THE WASH IN SCHOOLS PROGRAMME FOR GIRLS EDUCATION, ONGOING;
- STUDY ON THE IMPACT OF CLIMATE CHANGE ON WASH, ONGOING;

STUDIES, SURVEYS
AND RESEARCH

In 2016, several studies were carried out. Some of them are now completed and some are awaiting finalization. The following studies, surveys and researches have been in progress or finalized during 2016 and hence are referred to in this report:

- Value for Money Study 2016, completed;
- Study on Open-Defecation-Free (ODF) Sustainability, ongoing;
- Research on Menstrual Hygiene Management Practices in Nepal: The Role of the WASH in Schools Programme for Girls Education, ongoing;
- Study on the Impact of Climate Change on WASH, ongoing;

Value for Money Study 2016

A value for money (VFM) case study of the UNICEF Nepal ONE WASH programme that was carried out in 2014 was published in 2015 with a process note. Continuation of the same was done in 2016 as well. The overarching finding of this case study is the positive improvements made by UNICEF Nepal ONE WASH programme in redesigning the MandE system to better track and manage performance, and the introduction of an innovative results-based allocation framework that allows the WASH Section to carry out upfront, result-based budgeting and then work with implementation partners towards agreed targets. From a value for money perspective, the study acknowledges that future budget allocations based on expected performance using results-based allocation framework is a very good planning tool, and recommends wide replication. A similar study is planned for 2017 as well.

Open Defecation Free
Sustainability Study

ODF Sustainability Study is a follow-up action to Global Community Approaches to Total Sanitation (CATS) Evaluation. The Nepal Country Office has restrained itself from conducting that report as a stand-alone UNICEF study, but anchored it to WASH sector dialogue that was conducted together with partners under the leadership and ownership of the government. The broader objective of the study is to examine the sustainability of ODF results in the representative sample districts within the five development regions of Nepal to represent the hygiene and sanitation status of the five ODF declared districts of Nepal by 2013. In addition, two additional districts one each from earthquake affected land other from Terai were included in the sample.

Research on Menstrual
Hygiene Management (MHM)
Practices in Nepal

A study on MHM was carried out in selected schools in Parsa, Achham and Bajura Districts with an equal number of schools with WASH in School (WiS) interventions and without WiS interventions. Both qualitative and quantitative

The study found that

63 per cent to **71** per cent
of girls did not miss school during
menstruation in the three study districts.



data were collected from teachers, girls and boys along with observation of WASH facilities in schools. The research was focused on three research questions;

- How does menstruation affect girls' ability to fully participate in school and community life?
- What are the WASH facilities in schools and how do they meet girls' needs?
- How does menstruation affect the attendance of girls and what is the role of WASH facilities in affecting attendance?

The study found that 63 per cent to 71 per cent of girls did not miss school during menstruation in the three study districts. When girls were absent from school, the main reason was pain, discomfort and tiredness. Only a small number of girls identifying leakage as the reason for missing school. The study emphasized the need for WASH facilities for menstruating girls to be comprehensive, private and safe, with water, soap, and waste disposal. No school met all of these criteria. Girls appreciated having pads available in schools, and they felt much more comfortable asking for help with female teachers or staff. Most girls used reusable dry cloths to manage their menstruation, except in Bajura where 53 per cent of girls in targeted schools used reusable sanitary pads.

In Bajura and Achham, menstrual seclusion was still practiced, and 60 per cent of girls in Achham and 17 per cent of girls in Bajura were not able to sleep in the same house as the rest of the family. Although girls felt that practices were changing, they were still restricted in their movements and

THE STUDY EMPHASIZED THE NEED FOR WASH FACILITIES FOR MENSTRUATING GIRLS TO BE COMPREHENSIVE, PRIVATE AND SAFE, WITH WATER, SOAP, AND WASTE DISPOSAL.



In Bajura, menstrual seclusion was

still practiced, **17** per cent of girls in Bajura were not able to sleep in the same house as the rest of the family.

activities due to the fear of polluting someone or something which would then bring misfortune. Seclusion at first menstruation was common and may cause girls to be absent from school. In all three districts, girls were restricted from entering the kitchen, cooking and worshipping. In general, schools were found to be an important source of information about menstruation for girls and boys. More support to teachers and schools would enable them to provide accurate information about materials, symptoms and causes of menstruation in an understandable manner.

Assessment of Climate Change Impacts on WASH

The objective of the study was to assess the impact of climatic variabilities on water source, water supply system, sanitation and hygiene in Nepal and to recommend appropriate climate resilient policies and plans. The study is being carried out in nine districts Mustang, Dolakha, Achham, Bhaktapur, Dadeldhura, Jajarkot, Saptari, Dhanusha and Nawalparasi. It is being undertaken following the request of WASH Sector under the leadership of by Department of Water Supply and Sewerage, with financial and technical support from UNICEF, WHO and Oxfam. It is due to be completed in 2017.

LEARNING AND EXCHANGE

WASH in Schools (WiS) Conference in Indonesia

The Ministry of Education, Indonesia hosted the 5th Water, Sanitation and Hygiene in Schools, International Learning Exchange (WiS ILE) from 14-18 November 2016. The event was attended by participants of 17 member countries of South and East Asia. It was an important event for promotion of WASH in schools through south-south learning. Many active discussions took place from toilets and taps to knowledge generation and behaviour change for healthy, safe and clean sanitation and hygiene linking with quality education, dignity and health in school environments. The goal of the learning programme was to improve knowledge and share good practices and sustainability related to WASH in all schools in the respective countries in the region.

The major focus areas of discussions were monitoring and evaluation systems, group hand washing, menstrual hygiene management, operation and maintenance and knowledge management, putting the children in the centre of WiS. UNICEF staff together with officials from Ministry of Education, Department of Education, and Department of Water Supply and Sewerage participated in the programme under the leadership of the Ministry of Education. The team shared the country updates through a video. At the end of the programme, the Nepal team made a four-point commitment and an action plan for 2017:

1. Finalize and endorse WASH in School guidelines [DoE/UNICEF/and partners]
2. Add additional indicators in Education Information Management System (EMIS); Menstrual waste disposal facility, hand washing facility in school and functional WASH facility- [DoE]
3. Set up a reward system for acknowledging WinS performance, and 32 schools targeted to attain three stars in 2017 [DoE/UNICEF]
4. WiS content will be incorporated in education management training [DoE]

Nepal will report on the progress of the WASH in Schools commitments made in both Indonesia and Sri Lanka during the upcoming WiS ILE session in Myanmar in 2017.



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South Asian Conference on Sanitation (SACOSAN)

The sixth SACOSAN conference was hosted by Bangladesh from 11-13 January 2016 in Dhaka with the motto: “Better Sanitation, Better Life”. The main objectives were:

- a. Achieve an Open Defecation Free South Asia by 2023 through improvement of policy frameworks, increased financing, strengthening implementation and monitoring strategies for sanitation and hygiene, with special focus on marginalized groups;
- b. Contribute to increased knowledge, learning and practical solutions to address the common challenges in South Asia, especially on universal access to sanitation and hygiene and with an emphasis on behavior change across communities as a whole, especially unreached in the home, institutions and public places.
- c. Develop the strategic direction for future SACOSAN, through review of achievement and learning of past SACOSAN

There were about 400 participants from diverse backgrounds. Participants were selected by the South Asian countries particularly focusing on WASH sector professionals, policy makers, students, teachers, sanitation professionals and researchers, actively involved in WASH management or implementation in different countries. Over 50 participants from Nepal led by the Joint Secretary of Ministry of Water Supply and Sanitation including children and civil society organizations participated the conference.

All countries presented their country papers on sanitation. Nepal's presentation was done by the Joint Secretary where a video was shown reflecting how Nepal has gained tremendous progress on sanitation. In the session called “Raising voices of children/youth for sanitation improvement in communities and school”, Rakshya Pariyar presented achievements, lessons and issues of WASH in School / School Led Total Sanitation in Nepal.

The SACOSAN VI was concluded by signing a 10-point commitment with Dhaka Declaration announced from governments of the participating countries and agreed to act upon the identified issues in the conference.



BUDGET UTILIZATION

- (I) GOVERNMENT IMPLEMENTATION; ON-BUDGET AND ON-TREASURY (VIA GOVERNMENT FINANCIAL CHANNEL) AND ON-BUDGET AND OFF-TREASURY (VIA DIRECT CASH TRANSFERS TO GOVERNMENT LINE OFFICES IN DIFFERENT LEVELS);
- (II) I/NGOS/COMMUNITY BASED ORGANIZATIONS IMPLEMENTATION



The Results Based Allocation Framework functioning as a management tool is being used for **Results Based Management (RBM)** as recommended by the Value for Money Study team for UNICEF global best practice.



The total WASH expenditure in 2016 was

US\$ 9,073,225 which includes expenditure for the WASH regular development programme and the WASH Emergency and Recovery Programme.

FUNDING MODALITIES



The UNICEF Nepal Country Office has in principle two key modalities to channel funding for implementation:

- (i) Government Implementation; On-Budget and On-Treasury (via government financial channel) and On-Budget and Off-Treasury (via Direct Cash Transfers to government line offices in different levels);
- (ii) I/NGOs/Community Based Organizations Implementation

In order to track from budgeting to results, in early 2014, the WASH Section developed a Results Based Allocation Framework. This has been used for all implementation mechanisms (cost drivers) for three years. The committed funds to partners can be drawn into one donor specific framework during reporting. More importantly, the Results Based Allocation Framework functioning as a management tool is being used for Results Based Management (RBM) as recommended by the Value for Money Study team for UNICEF global best practice.

WASH PROGRAMME EXPENDITURE



The total WASH expenditure in 2016 was US\$9,073,225 which includes US\$4,192,137 for the WASH regular development programme and US\$4,881,088 for the WASH Emergency and Recovery Programme. The detailed budget expenditure for different headings are given in Table 2. The annual expenditures for WASH Programme for years 2013, 2014, and 2015 were US\$2,705,396, US\$5,294,806 and US\$13,074,975 respectively. The sharp increase for 2015 is due to the increased budget for 2015 earthquake response and recovery. In 2016, the budget for earthquake recovery was higher than the development programme budget i.e., 54 per cent of the total budget utilized. The donor wise budget utilization is presented in Table 3.

TABLE 2: Budget Utilization of WASH Programme

	Budget Heading	Utilized (US\$)
1.	Water supply	849,369
1.1.	Rural water supply	63,914
1.2.	Peri-urban water supply	102,426
1.3.	Water safety	117,152
1.4.	Water Supply Sustainability	565,877
2.	Sanitation	1,820,649
2.1.	Open defecation elimination and improved sanitation: rural	1,164,561
2.2.	Open defecation elimination and improved sanitation: peri-urban and urban	444,496
2.3.	Sanitation marketing	211,592
3.	Hygiene	-40,482
3.1.	Other hygiene promotion	-40,482
4.	WASH in Schools and ECD centres	182,828
4.1.	WASH in Schools (general)	146,733
4.2.	WASH in Schools hygiene promotion	13,987
4.3.	Menstrual hygiene management in schools	22,108
5.	WASH and emergencies	4,881,088
5.1	WASH coordination humanitarian	437,358
5.2	WASH emergency preparedness	710,589
5.3	WASH emergency response Sanitation	3,390,501
5.4	WASH emergency response - Hygiene	342,640
6.	WASH General	1,379,774
6.1	WASH sector coordination (non-humanitarian)	306,093
6.2	WASH General (incl. enabling environment)	1,073,681
	Total WASH PROGRAMME	9,073,226

TABLE 3: Donor wise fund Utilization in 2016

Co-Financier	Utilized (US\$)
NON GRANT/UNICEF Regular Resources	686,155
FINLAND	826,238
DFID	1,790,248
GLOBAL THEMATIC	2,133,390
SWEDEN	12,031
NORWAY	99,937
FINNISH RECOVERY	771,859
UK Fund for JPO	67,324
ASWA	660,707
CANADA	32,654
JAPAN	1,106,507
WORLD BANK	951,483
TOTAL (US\$)	9,073,225



CHAPTER 6

WAY
FORWARD

THE WASH PROGRAMME WILL BE CONTRIBUTING TO THE GLOBAL STRATEGY OF UNICEF, SDG AND THE GON'S WASH SECTOR DEVELOPMENT PLAN.

UNICEF Nepal Country Office has developed the new Country Programme (2018-2022), and future works will be guided by this document. The WASH programme will be contributing to the global strategy of UNICEF, SDG and the GoN's WASH sector development plan.

The primary areas of work that UNICEF will be engaged for the next couple of years will be as follows:

WATER SUPPLY

UNICEF will support efforts to strengthen the enabling environment through advocacy with stakeholders to develop and implement plans to improve functionality and sustainability (with emphasis on resilience) in selected gaunpalikas and nagarpalikas. UNICEF will also continue to focus its efforts on improving access and functionality of drinking water supply in schools, early childhood development (ECD) centres, and health care facilities. To this end, UNICEF

will advocate for the implementation of the WASH in School component of the School Sector Development Plan (2016-2023). Similarly, in collaboration with the health and nutrition sector stakeholders, UNICEF will advocate and leverage resources with partners to improve access to drinking water supply in health care facilities.

In order to address water quality issues, UNICEF will advocate for the strengthening of the water regulatory body for proper implementation of the water quality standards introduced in 2005 and for public financing to improve water quality. UNICEF will also advocate for and support the implementation of water safety plans through capacity building of sector stakeholders as well as the communities themselves. With an emphasis on inter-sectoral convergence, UNICEF will work in collaboration with the health sector to improve water quality surveillance.

Promoting resilience will be an integral part of all WASH interventions, and to this end, UNICEF will advocate for and support government and partner efforts to integrate disaster risk management and climate change adaptation into existing sector policies, strategies and plans.



SANITATION AND HYGIENE

During the next country programme, UNICEF will support efforts to strengthen the enabling environment for the ODF sanitation social movement through capacity development of the WASH coordination committees (CCs) to plan, implement and monitor ODF status. Similarly, UNICEF will support the dissemination and roll out of the total sanitation guidelines, with an emphasis on gender mainstreaming (including representation of women in leadership positions in community based water and sanitation structures). To address supply side bottlenecks, UNICEF will continue to support and strengthen the supply chain for safe sanitation. Efforts will focus on promoting alternative technology and innovation for affordable, low cost and resilient sanitation facilities. Improving access to child, gender and disabled- friendly sanitation facilities in schools including ECD centers and health care facilities will be a priority for the WASH programme. It is an important priority for the education sector's Child Friendly School Initiative. To this end, UNICEF will advocate for the implementation of the WiS component under the School Sector Development Plan (SSDP) (2016-2023) and for the implementation of standards and guidelines on WASH in Health Care Facilities, also providing technical support for effective monitoring of the same. UNICEF will conduct assessment of the WASH situation in urban areas and initiate implementation at small scale, scaling-up and further according to what is learned.

WASH SYSTEMS STRENGTHENING

During the next country programme, UNICEF will continue to support efforts to strengthen the enabling environment through capacity development, partnerships as well as promotion of inter-sectoral linkages. One of the key areas of work will involve the operationalization of the WASH Sector Development Plan (SDP). To this end, UNICEF will support efforts to develop the SDP implementation guidelines, capacity building plans, financing strategies, and monitoring mechanisms. UNICEF will also assist with the roll-out of the WASH in Schools guidelines. Technical support will also be provided to integrate additional WASH- related indicators into the Education Management Information System (EMIS). Similarly, UNICEF will advocate for the development and roll out of a WASH in Health Care Facilities guidelines in partnership with the Department of Health Services.

Furthermore, UNICEF will seek to address the gaps in evidence in the WASH sector by supporting efforts on evidence generation on aspects such as arsenic contamination in water, WASH and the emerging issues of urbanization, resilience in WASH, and WASH and children. In partnership with the health sector, UNICEF will support efforts to reduce public health risks related to inadequate WASH services through government capacity development. As the WASH cluster co-lead, UNICEF will also support government and other partners in emergency preparedness and response, in line with its Core Commitments for Children (CCCs)



ANNEX 1

DONOR
SPECIFIC
RESULTS

DONOR
SPECIFIC RESULTS

This report is by nature a Joint ONE WASH Annual Report 2016, capturing all sources of funding and all results achieved with the total financing envelope available. As such the presented overall results can be considered by each donor by “contribution”.

However, as per request of donors, “attribution” based results are presented in this chapter (donor specific results). The information presented is based on MandE system and these results can be “attributed” to specific donor, due to geography and/or PCA agreements in place.

DFID ASWA 1 - Detailed Output Performance

Indicator	Country Programme Target to March 2016 (as at Dec 2014)	Achieved to Date (Cumulative)	Comments on achievements/ key activities for the period
Output 1 Sanitation			
1.1 People living in Open Defecation Free (ODF) communities	1,200,000	1,180,127	A total of 1,180,127 (98% of target) people are now living in ODF environment with 176 Village Development Committees (VDCs) and 6 municipalities declared ODF in 7 low sanitation coverage programme districts. Among the total beneficiaries, 601,865 (51%) are female.
1.2 Number of people gaining access to sanitation as a direct result of the project	20,000	327,043	A total of 327,043 people (16.35 times planned target) have gained access to improved sanitation as a direct result of the programme.
Output 2 Water Supply			
2.1 People gaining access to improved water supplies as a direct result of the project	20,000	24,294	A total of 24,294 (121% of target) people, including 12,870 women (53%), have benefited from access to improved water supply services through 16 completed water supply schemes
2.2 Water resource and climate change assessments undertaken at watershed level prior to construction of water supplies	3	3	Three assessment on water resource and climate change has been completed at watershed level prior to water supply construction in Doti, Salyan and Baitadi Districts. In line with UNICEF guidance at global level, UNICEF Nepal developed a guidance note for climate change risk assessment at water source level.
Output 3 Hygiene			
3.1 People reached with hygiene education programmes	189,000	137,226	A total of 137,226 (73% of target) people including mothers/caretakers of children under five years have been reached with hygiene education programme on hand washing with soap. The number of school children reached with hygiene education programme are excluded from the total beneficiaries and hence low level of achievement.

Indicator	Country Programme Target to March 2016 (as at Dec 2014)	Achieved to Date (Cumulative)	Comments on achievements/ key activities for the period
3.2 People with water and soap/ash available near their toilet (as per MICS/ DHS proxy indicator for hygiene)	151,000	124,935	A total of 124,935 (83% of target) people have water and soap available near their toilet and close to eating locations. The 2014 Nepal MICS indicates that 72.5% of households have water and soap available at the designated place for handwashing.
Output 4 School WASH			
4.1 Schools with access to WASH (as defined by national standards)	158	210	A total of 210 (133% of target) programme supported schools now have access to WASH facilities (defined by access to: water supply, separate toilet for boys and girls, and a hand washing facility) benefitting a total of 62,922 students (49% girls).
4.2 Number of children that have access to soap and water at school to practice Hand Washing With Soap (HWWS) Washing With Soap (HWWS)	189,000	127,942	A total of 127,942 (68% of target) children have access to soap and water and practice HWWS in schools. Among the beneficiaries, 62,692 are girls (49%).

FINNISH - Detailed Output Performance

Outcomes	Indicators / key milestones	Targets (2011-2016)	Cumulative Achievements as of September 2016	Achievement (%)
Outcome 1: One harmonized national WASH sector programme is fully operational and sector financing strategy is operationalized to target	1. WASH sector financing strategy endorsed	Strategy endorsed by 2011	<ul style="list-style-type: none">One WASH Sector Development Plan finalized and awaiting approval. The Sector Development Plan also includes a detailed chapter on sector finance to meet the SDP.The process of formulating a separate financing strategy was ruled out by the ministry considering the investment plan detailed out in SDP.	Not applicable
	2. Sector monitoring and evaluation data (incorporating	By end of 2011	<ul style="list-style-type: none">Second National Management Information Project update on nationwide coverage and functionality of water supply and sanitation has been published and launched in 2014	Not applicable

Outcomes	Indicators / key milestones	Targets (2011-2016)	Cumulative Achievements as of September 2016	Achievement (%)
marginalised and unserved people	2. Sector monitoring and evaluation data (incorporating Gender and Social Inclusion issues) used for Joint Sector Review and sector planning		<p>for sector planning and review. This will be instrumental in identifying the unreached population, particularly for improved water supply services.</p> <ul style="list-style-type: none">Regional level Joint Sector Review meetings held in three development regions in 2015 to seek feedback to the Umbrella WASH Act as well as inputs to SDP. Sector Stakeholder Group Annual review and planning meetings completed and institutionalized in the sector.UNICEF's internal MandE system institutionalized and all implementing partners including NGOs and the government report in line with the MandE system.	
	3. % of Joint Sector Review policy recommendations and priority undertakings implemented in a timely manner	80%	<ul style="list-style-type: none">UNICEF contributed to the successful completion of two WASH Joint Sector Reviews in 2011 and 2014, providing technical assistance support to the sector ministry and by participating in key thematic working groups, and providing overall technical support. Based on the sector reviews recommendations, UNICEF is working on the implementation of functionality improvement, water safety, water quality, and sanitation including a sustainability study of Open Defecation Free status, and Climate Change Adaptation/ Disaster Risk Management.	80%
	4. WASH Programme document endorsed by 2012, incorporating Gender andand Social Inclusion issues	By end of 2012	<ul style="list-style-type: none">UNICEF provided technical assistance for the formulation of the One WASH Sector Development Plan, and a series of consultative meetings were held at national and regional level for inputs on the SDP. The draft was also presented at the Strategic Consultation meeting with key government stakeholders, at which it was decided a task force be established to finalize the WASH SDP	SDP finalized and awaiting approval by end of December 2016
	5. National Urban and Slum Sanitation Strategy endorsed	By end of 2013	<ul style="list-style-type: none">As part of the SDP process, the Urban Thematic Working Group has been formed to understand the challenges and gaps in WASH service delivery following the decision of the Government of Nepal to increase the number of municipalities nationwide. However, work on the Urban	Ongoing

Outcomes	Indicators / key milestones	Targets (2011-2016)	Cumulative Achievements as of September 2016	Achievement (%)
			and Slum Sanitation Strategy has been constrained and UNICEF will engage in strategic partnership to move forward in this output area.	
	6. Sector Climate Change Adaptation Strategy endorsed	By end of 2013	■ UNICEF is working together with the Department of Water Supply and Sewerage to formulate a Climate Change Adaptation/ Disaster Risk Management strategy in line with the environment policy.	Initiated and to be finalized by end of September 2016
Outcome 2: Households in the most disadvantaged and least served VDCs have increased access to improved sanitation and water supply services through coordinated district level WASH programmes	1. Number of districts with joint WASH strategies and operation plans including joint budgets	By 2012 - 10 districts By 2015 - 25 districts	■ 25 UNICEF supported districts ¹⁵ have formulated joint WASH strategies and operation plans in line with sector policy frameworks towards the attainment of ODF status within their districts.	100%
	2. % increase of people from the most disadvantaged groups served with improved sanitation facilities in Decentralised Action for Children and Women (DACA)W districts	By 2012 - At least 20% By 2015 - At least 35%	■ Sanitation coverage in UNICEF supported programme districts has increased by 58 percentage points (from 35% in 2010 to 87% in 2016), and more than 4 million people are now living in an Open Defecation Free environment.	58%
	3. Number of VDCs declared Open Defecation Free in UNICEF supported districts	By 2012 - at least 200 VDCs By 2015 - at least 600 VDCs	■ 734 VDCS have been declared Open Defecation Free and more than 2.95 million people are living in an Open Defecation Free environment.	136%
	4. Number of districts declared Open Defecation Free	By 2012 - 3 districts By 2015 - 8 districts	■ 21 districts ¹⁶ have declared themselves Open Defecation Free with intensive UNICEF support. Additionally, two districts of Dhakuta and Ilam have also attained ODF status with UNICEF support.	200%

¹⁵Humla, Bajhang, Bajura, Dadeldhura, Accham, Jumla, Mugu, Kalikot, Jajarkot, Rukum, Dang, Kapilvastu, Nawalparasi, Chitwan, Parsa, Kaski, Tanahu, Panchthar, Saptari, Udaypur, Kavre, Siraha, Salyan, Doti and Baitadi

¹⁶Kaski, Tanahu, Chitwan, Nawalparasi, Kalikot, Accham, Panchthar, Dadeldhura, Dang, Jajarkot, Bajhang, Bajura, Udaypur, Rukum, Jumla and Khotang.

Outcomes	Indicators / key milestones	Targets (2011-2016)	Cumulative Achievements as of September 2016	Achievement (%)
	5. % reduction of incidence of diarrhoea in children under 5 living in Open Defecation Free VDCs	By 2012 - at least 20% reduction By 2015 - at least 40% reduction	■ NMICS shows a 2% decline from 14% in 2012 to 12% in 2014 among children below 5 years with diarrhoeal incidence two weeks before the survey.	NA
	6. # of projects with water safety plans in place	By 2012 - 500 projects By 2015 – 2,000 projects	■ 598 water supply projects implemented water safety plans.	30%
	7. Number of marginalized people served by improved/safe water facilities in the most disadvantaged VDCs in DACA)W districts	By 2012 - 30,000 marginalized people (in category 4 VDCs) – By 2015 - 70,000 people	■ 105,330 marginalized people have been served with improved water supply facilities in UNICEF supported districts/ communities.	150%
	8. Safe water options (temporary) available to arsenic affected households	By 2012 – all arsenic affected households reached	■ This indicator was dropped after the MTR in 2013	
Outcome 3: Improved interagency collaboration, government leadership and capacity building for disaster risk reduction, and emergency preparedness and response	1. Cluster meetings regularly held and contingency plans revised	4 meetings held annually and contingency plans revised	■ UNICEF provided co-lead support to the WASH Cluster to respond to the mega earthquake of 2015 and ensured an effective interagency coordination mechanism at national and sub-national level. UNICEF also provided strong back up support to the government in leading the cluster coordination and ensuring efficient information management system for effective and coherent response. UNICEF also co-led the PDNA task and is providing strategic support to the post-disaster recovery framework for an integrated WASH recovery and reconstruction in the 14 earthquake affected districts.	100%

Outcomes	Indicators / key milestones	Targets (2011-2016)	Cumulative Achievements as of September 2016	Achievement (%)
	2. Number of disaster prone districts with district contingency plan including WASH component	75 districts (baseline, 46 districts)	<ul style="list-style-type: none">75 districts have District Disaster Preparedness and Response Plan with a separate chapter for WASH contingency plan.WASH sector Disaster Risk Management and Climate Change Adaptation Guideline is in the final stage of consultation and approval led by the Department of Water Supply and Sewerage (DWSS); Disaster Risk Management Section created within DWSS with dedicated human resource and budget.	100%
	3. Contingency supplies for 20,000 households constantly available including appropriate hygiene supplies for gender specific needs	Stock constantly available for 20,000 households (120,000 people)	<ul style="list-style-type: none">UNICEF, throughout the last 5 years, continued to ensure the prepositioning of life saving WASH items in 4 strategic locations of the country, targeting 15,000 households in earlier phase and 45,000 households in 2016.	100%
	4. Key government and NGO counterparts at national and district level trained on WASH in emergencies	By 2012 - At least 500 counterparts trained By 2015 - at least 1,000 key counterparts trained	<ul style="list-style-type: none">1,542 Government and NGO counterparts have been trained on WASH in emergencies and Disaster Risk Reduction.	154%
	5. Joint WASH Disaster Risk Reduction strategy formulated	By 2013	<ul style="list-style-type: none">Joint WASH Disaster Risk Reduction strategy is being formulated together with the thematic working group and the Department of Water Supply and Sewerage.	NA
	6. Existing water supply system in Kathmandu valley retrofitted to work as a back-up system in earthquake scenarios	By 2015	<ul style="list-style-type: none">Activity dropped as this is beyond the mandate of UNICEF.	

Outcomes	Indicators / key milestones	Targets (2011-2016)	Cumulative Achievements as of September 2016	Achievement (%)
Outcome 4: All children in Nepal have access to Child Friendly Schools (including School WASH facilities)	1. National minimum standards for Child, Gender and Disabled Friendly School WASH endorsed	By 2011	<ul style="list-style-type: none">Alternative technical options for Child Gender and Disabled (CGD) Friendly School WASH endorsed by DoE, and engineers and sub-engineers from 75 districts trained on CGD friendly WASH options.	NA
	2. Number of schools with Child, Gender and Disabled friendly WASH facilities (water, toilet and hand washing station)	By 2012 - 1,000 new schools By 2015 - 3,000 schools with direct UNICEF support (+around 20,000 schools with DoE)	<ul style="list-style-type: none">1,496 schools have separate toilets for boys and girls, handwashing stations, and water available in Finnish supported districts.17,294 girls' toilets were built by the Department of Education through their regular quota.	50%
	3. Number of schools with functioning Child Clubs with proportional representation of girls and boys promoting basic hygiene and sanitation behaviours	By 2012 - 1,000 new schools By 2015 - 3,000 new schools	<ul style="list-style-type: none">4,070 schools are supported with WASH software interventions in Finnish supported districts. In these schools, child clubs as the entry point for promoting basic hygiene and sanitation behaviours were formed with proportional representation of boys and girls.	136%
	4. Education curriculum and textbooks to include basic and practical hygiene components including menstrual hygiene management	By 2012 - Grades 6-8 By 2015 - Grades 1-12	<ul style="list-style-type: none">UNICEF is supporting the DoE to develop the WASH in Schools guideline. The inclusion of WASH in curriculum is in process. Menstrual hygiene has been taken into account as key topic to include in the hygiene behaviours for educating adolescent girls in schools.	NA
Outcome 5: Families, especially from disadvantaged groups adopt basic care practices and health and hygiene behaviours	1. % increase of households with soap and water inside or within 10 paces of latrine New proposed indicator: % of mothers caregivers of	By 2012 - at least 65% By 2015 - 85% of those having toilet at household will have handwashing stations with soap and water.	<ul style="list-style-type: none">Findings of the 2014 MICS report that 73% of households have a designated place for hand washing, and water and soap or another cleansing agent are present.As per the mid line survey on PPP Hand Washing with Soap (HWWs), 23% of mothers were observed to have washed their hands with soap before feeding their child.	23%

Outcomes	Indicators / key milestones	Targets (2011-2016)	Cumulative Achievements as of September 2016	Achievement (%)
	children under 5 wash their hands before feeding their child			
	2. % increase of households adopting safe handling of water at the household level	By 2012 - at least 10% increase By 2015 - at least 25% increase	■ As per MICS 2014, only 14% of the household's members in households using unimproved drinking water sources are using an appropriate water treatment method.	14%
	3. National Hand Washing programme and promotion strategy formulated and endorsed	By 2011	■ National Hand Washing with Soap programme has been endorsed and is being implemented by the Ministry of Health and Population / National Health Education, Information and Communication Centre (NHEICC) in collaboration with the private sector.	NA

ANNEX 2

HUMAN
INTEREST
STORY

HUMAN
INTEREST STORY

EARTHQUAKE PROVIDES OPPORTUNITY FOR SANITATION MOVEMENT

BY SHARMINA MANANDHAR

When a 7.8 magnitude earthquake struck Nepal on 25 April 2015, it spelled disaster all over the nation – taking lives, injuring people and damaging infrastructures. Out of the 75 districts in the country, 14 were identified as severely affected including Kavrepalanchowk District.

However, in an unexpected turn of events, the disastrous earthquake became an opportunity for the residents of Kushadevi Village Development Committee* to finally declare their village free of open defecation practice after many years of trying to do so. Today, all of the 1631 households in this village have toilets and the residents practice good sanitation and hygiene behaviours.

Indra Bahadur Tamang remembers a time before the earthquake when this was not the case. “It was really embarrassing for us to not have a toilet in our house, especially when we had visitors,” said Tamang, a senior citizen from a traditionally disadvantaged and impoverished community in the village.

However, with construction of 52 toilets in his community after the earthquake, things have improved a lot.

“Now there is no stink when one walks on the road,” he said.

Tamang was able to build a toilet at his household thanks to the construction materials provided as part of UNICEF’s earthquake response and recovery support through partner Nepal Red Cross Society.

After the earthquake, 839 households in Kushadevi were without a functioning toilet. This included households where the toilets were damaged beyond use by the earthquake as well as households that never had a toilet. The construction materials, along with support and encouragement to build the toilets, proved to be a boon for this community which was trying very hard to achieve the open defecation free status even before the earthquake.

Students at shree laligurans primary School in Kushadevi wash their hands with soap and water at “tippy-tap”

In addition to providing support for the construction and reviving of these toilets, UNICEF also supported the earthquake-affected families with sanitation and hygiene materials including soaps, buckets, water purifiers, toothbrushes, and many more. Door-to-door awareness activities were also conducted to improve hygiene and sanitation situation in the community.

Kopila Lama happily shared about the improvements she has seen in the habits of her two young children, especially after an awareness raising visit by Nepal Red Cross Society.

“My children have begun washing their hands with soap and water,” the 30-year-old said. “They have also stopped littering and throw trash in proper place.”

She also said that her children learned about other good hygiene behaviours at their school. Shree Lailgurans Primary School is one of the 390 schools in 14 districts where a UNICEF-

Today, all of the

1631 households in this village have toilets and the residents practice good sanitation and hygiene behaviours.



supported WASH in Schools programme is being run by Nepal Red Cross Society. The programme includes support for safe drinking water and improved sanitation facilities as well as promotes good hygiene practices in the school. At Laligurans, there are now clean toilets with running water; “tippy tap,” a group hand-washing station; dustbins to properly manage waste; and hand-washing messages on the walls of the school.

Thanks to these supports and joint efforts by community members, VDC officials, Village WASH Coordination Committee members, political party representatives, school and

child clubs as well as development partners, Kushadevi became successful in declaring itself open defecation free less than a year after the earthquake. In doing so, it has become the first VDC to achieve the status after the earthquake.

* Following the new decentralized structure in the country post-Federalism, the VDC is now Ward No. 2 of Panauti Nagarpalika (municipality).



Shree Lailgurans Primary School is one of the

390 schools in **14** districts where a UNICEF-supported WASH in Schools programme is being run by Nepal Red Cross Society.



IMPROVED WASH FACILITY IN JALKANYA HEALTH POST, SINDHULI.

Health is wealth. So it has been a primary concern of human beings throughout the history worldwide. Government of Nepal has committed to provide basic health care facility for all citizen of Nepal. Water supply, sanitation and hygiene (WASH) plays a critical role in preventive healthcare and socio-economic development of the people. WASH in health care facilities are the prerequisite for quality service and people-centered care.

UNICEF has supported in 489 health care facilities for improved WASH facilities in 14 earthquake-affected districts in 2016. UNICEF has supported improvement of WASH facilities as per the need and demand of the health care facilities. Among the UNICEF-supported health care facilities, Jalkanya Health post has been developing as model health post for WASH.

UNICEF support has become milestone for the WASH promotion. Health post has constructed intake, rehabilitated the pipeline, installed hill take water reservoir tank, constructed new tap stands, installed hand washing basin in out-patient department, labor room, dressing room and toilet, set up water filter for drinking water purification. There were two toilet room but not properly functional. UNICEF supported for maintenance of toilet with providing running water and hand railing with ramp so that person with disability can use toilet easily. Health post allocated one toilet for women and one for men. New incinerator constructed in women toilet to dispose the used sanitary pad and placenta pit. From the provision of these WASH infrastructure, health post was able to fulfil improved level of WASH needs. Health post is keeping its compound and premises neat and clean.

WATER SUPPLY, SANITATION AND HYGIENE (WASH) PLAYS A CRITICAL ROLE IN PREVENTIVE HEALTHCARE AND SOCIO-ECONOMIC DEVELOPMENT OF THE PEOPLE.



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Health post management committee and staff are committed and are working towards the WASH and environmental sanitation for the health post. Health post has supported for VDC's open defecation free (ODF) campaigning. VDC has supported for the installation of solar water heater as per the health post request. Health post in charge Mr. Mahananda Yadhav has set three goals for the betterment of Health post. First goal is to manage WASH facilities maintaining the cleanliness of health post.

Second goal is to plant lemon plants and third goal is to plant Alaichi (cardamom) so that spare land will be utilized and it becomes a permanent source of income for the health post. He has almost achieved first and second goal and working for third goal. He is proud of being the first total Immunized VDC in the leadership of health post and first health post in the district with baby warmer. He has managed a wheel chair from Plan Nepal's (an international NGO) support. He is also committed to develop health

post as model in the Central Development Region. In our observation, health post has almost basic WASH facilities with 24 hours water supply facility including solar water heater. Two toilet cubicals separate for men and women, incinerator in female's toilet, etc. All rooms are equipped with hand washing with soap basin/sink. There is no attached toilet in birthing room but the staff have managed emergency toilet. Health post management committee and staff seems active and committed.

Before the UNICEF intervention, water and sanitation of this health post was poor. Now, improved level of WASH facility (water, toilet and hand washing with soap sink/basin) has been managed. Health post management committee have express their happiness on having the quality WASH infrastructure. Patients are also happy of having WASH facility in the health post. Health post family is committed to sustainable use of these facility and develop health post as model in the country.



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ANNEX 3

NAMES OF CONTRIBUTORS

Following staff members contributed to this report.

- | | |
|----------------------------|--------------------------|
| 1. Arinita Maskey Shrestha | 11. Naresh Oli |
| 2. Ben Caulfield | 12. Rakesh Mallick |
| 3. Bishow Raj Bhatt | 13. Ramesh Neupane |
| 4. Bodh Narayan Shrestha | 14. Sharmina Manandhar |
| 5. Dandi Ram Bishwakarma | 15. Siddhi Shrestha |
| 6. Dr. Rownak Khan | 16. Sunita Sulpe |
| 7. Dr. Tameez Ahmad | 17. Surendra Babu Dhakal |
| 8. Hom Nath Acharya | 18. Tai Ring Teh |
| 9. Katak Bahadur Rokaya | 19. Tanuj Ghimire |
| 10. Manjula Rajkarnikar | 20. William J. S. Elias |





