

Effective Evaluation of Open Defecation Free Program in Rural Municipality of Nepal

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ABSTRACT

Open defecation practice is very common in Nepal. It causes a serious threat to the health of Nepalese people. Thus, Government of Nepal is committed to making Nepal open defecation free (ODF) by 2017 to promote health of people. This paper explore the current situation of open defecation practices in context to Nepal along with the effective evaluation of open defecation free program in regards to health promotion. It is based on review of the related literature to open defecation free and water supply, sanitation and hygiene in Nepal and effective evaluation of ODF program in rural municipality of Nepal. This study emerged mainly three themes for effective evaluation of open defecation free program that are evaluation stages of ODF program, evaluation criteria of ODF program, and evaluation methods and tools of ODF program along with various other sub themes to carry out ODF program evaluation in a effective manner. ODF is one of the effective community participation programs of Nepal. Thus, a lot of focus should be given on behavior and mind-set changes in community people in order to ensure sustainable of sanitation for all.

Keywords: Open defecation free, evaluation, rural municipality, Nepal

Introduction

Open defecation refers to the practice whereby people go out in fields, bushes, forests, open bodies of water, or other open spaces rather than using the toilet to defecate. The practice is common where sanitation infrastructure is not available. About 892 million people, or 12 percent of the global population, practices open defecation (WHO and UNICEF, 2017). The practice is rampant in Nepal. Open defecation poses a serious threat to the health of children in Nepal. In Nepal, open defecation is a well-established traditional

practice deeply ingrained from early childhood. Sanitation is not a socially acceptable topic, and as a result, people do not discuss it. Consequently, open defecation has persisted as a norm for many Nepalese. In addition to tradition and the communication taboo, the practice still exists due to poverty; many of the poorest people will not priorities toilets and besides, many are living in rented homes without toilets (McMichael, 2017).

The Sanitation and Hygiene master plan 2011 has highlighted ODF approach as a priority sanitation initiative. Government of

Nepal is committed to making Nepal open defecation free (ODF) by 2017. This initiative targets to bring down the faecal-oral transmission of diseases in Nepal (UNICEF, 2013). In order to reach the country wide ODF status, the sanitation and hygiene program should be always in priority (Budhathoki et al, 2017). The Sanitation and Hygiene Master Plan 2011 is a key document on sanitation and hygiene and it set a target of attaining universal access to sanitation by 2017. The Master Plan has institutionalized the government-led National Sanitation and Hygiene Steering Committee, National Sanitation and Hygiene Coordination Committee and regional, district, municipality and rural municipality level WASH Coordination Committees in collaboration with the different development sector actors (McMichael, 2017). These multi-sector stakeholders' institutions have promoted sanitation social movement. The Master Plan has recommended four sequential action steps for promoting hygiene and sanitation. These included: institutional building; planning and programming; ODF campaigning and behavior change, and total sanitation (GoN, 2011). For accelerating the ODF and sanitation social movement, the role of National Sanitation Week, school and community led total sanitation program approaches and triggering activities are instrumental. These days, sanitation has been recognized as the basis of health, dignity and development. Social sanitation movement included triggering through school and community led interventions, socio-cultural festivals, sector triggering, decentralized governance, multi-sector collaboration and pro-active engagement of grassroots level actors.

Open Defecation Free comes under community participation activities in tri-

lateral way from: community; governmental agencies and non-governmental agencies. So, it is one of the successful programs in a way to manage health and hygiene. After the declaration of ODF, the people in all communities have started to maintain clean environment in their surroundings. Personal hygiene has significantly increased compared to the previous stage i. e. before declaration of ODF. Community members are found to have fully internalized health and hygiene messages including hand washing practices at critical period (Dahal, Adhikari and Tamang, 2014). They have constructed washing platforms to maintain personal hygiene. Furthermore, the practice of open defecation has significantly reduced. Similarly, people are becoming more civilized compared to the previous stage of ODF. They convey the message of ODF for a new comer to their houses. Thus, any guest could be informed about the ODF and punishment for the violation of ODF. Water and sanitation related diseases such as diarrhea, skin infection and jaundice have been reduced after the ODF campaigning in many parts of the country. Similarly, school drop out of girls has reduced in the declared zone of ODF. Children are not suffering from fatal diarrhea. The ODF campaign is spreading community to community, village to village and district to district in a rapid way.

In this paper, I am exploring the current situation of open defecation practices in context to Nepal along with the effective evaluation of Open Defecation Free program in regards to health promotion. The Government of Nepal has considered the safe drinking water and sanitation services are fundamental human need and a basic human right of all the citizens. So, to incorporate that Nepal government has set a national target for providing a basic level of

water services and access to improved sanitation for all. However, my key focus will be on effective evaluation of ODF program for the health promotion purpose. Thus, I have visualized the effective evaluation of ODF program from individual, community and national prospective.

Methods

This article is based on review of related literature to Open Defecation Free and Water Supply, Sanitation and Hygiene in Nepal. This paper has been prepared for the effective evaluation of ODF program in rural municipality of Nepal. I have searched different searched engine such as HINARI, Google Scholar and Google Search and different published and unpublished articles and documents of WHO, UNICEF, Ministry of Water Supply and Sanitation, Department of Water Supply and Sewerage and Sanitation and Hygiene Master Plan 2011 to obtained required information in this article.

Results and Discussion

The study of the related literature helps to emerged three themes and various other sub themes for effective evaluation of open defecation free program that are evaluation stages of ODF program, evaluation criteria of ODF program and evaluation methods and tools of ODF program. They are analyzed below.

Evaluation Stages of Open Defecation Free Program

Evaluation is a systematic way of learning from experiences and the lesson learnt to improve current activities and promote better planning by careful selection of alternative for future action. Program evaluation is the systematic accumulation and assessment of facts and opinions for the purpose of planning and making decisions about every phase of a program (WHO,

1981). It is the process of relating the actual achievements of a program to the results predicted in the plan. It also measures the effectiveness of the program. Evaluation is not a method in itself. æEvaluation research is not really a different method of doing research, usually it is research done for a specific purpose (Baker, 1994)Æ. The evaluation is done on a continued basis covering the three phases which are known as a diagnostic evaluation, formative evaluation and the summative evaluation. It can be done at three level of an ODF program, which has different time and subject areas of evaluation. These stages of program evaluation are described below:

a. Diagnostic Evaluation- Evaluation done at the beginning of the ODF program. It is the evaluation of planning phase. This initial evaluation is important to run the ODF program appropriately effectively and successfully in the rural municipality.

b. Formative Evaluation- Evaluation done in the middle of the ODF program. It is the intermediate or mid-term evaluation concerned with the progress of ODF program activities during the implementation phase. It measures the progress in changing the knowledge, attitude and behavior of target population regarding ODF and objectives like increasing the number of latrines.

c. Summative Evaluation- Evaluation done at the end of the program. It is the terminal evaluation done at the end of the ODF program. This is also called achievement evaluation.

Evaluation Criteria of Open Defecation Free Program

Criteria are standards by which actions are measured. While evaluating the effectiveness of an ODF program it would

consider the following criteria or components of evaluation. The criteria are:

a. Adequacy: It will assume to get adequate information about methods and media used, resources utilized, objectives fulfilled, target population covered, people's response to ODF program. Attention should be given on the adequacy of implementation strategies applied.

b. Relevancy: It will emphasize to consider the relevancy of ODF activities against set objectives, relevancy of ODF content with objectives and relevancy of ODF objectives with the needs of the rural municipality people.

c. Efficiency: Evaluation should also emphasize to know how efficiently the health education workers have worked, how economically the progress is made. It would give more attention whether goals and objectives are achieved in scheduled time or not.

d. Appropriateness: It would study appropriateness of ODF program to the need of target group, to the time the ODF program is implemented.

e. Impact: After the declaration of ODF, the people in all communities would have started to maintain clean environment in their surroundings. It helps to study personal hygiene would significantly increases or not compared to the previous stage (i. e. before declaration of ODF). Community members would found to have fully internalized health and hygiene messages including hand washing practices or not. They would have constructed washing platforms to maintain personal hygiene (Shah, 2013). Furthermore, the practice of open defecation will significantly reduce. In all places of ODF declaration areas of Nepal, women and children are the

most involved group in the whole process of community mobilization. They openly take part in the meetings and related developmental works in their villages (Shah, 2013). Similarly, people are becoming more civilized compared to the previous stage of ODF. They convey the message of ODF for a new comer to their houses. Water and sanitation related diseases such as diarrhea, skin infection and jaundice have been reduced after the ODF campaigning in many parts of the country (Plan, 2012). Similarly, school drop out of girls will be reduced in the declared zone of ODF. Children are not suffering from fatal diarrhea. The ODF campaign is spreading community to community, village to village and district to district in a rapid way (Shah, 2013).

f. Sustainability: Generally, sustainability of ODF situation depends on the awareness of the community and the strategies of government. Similarly, topography like water-logged area, high ground water table, and soil types play a vital role for the sustainability of ODF. Furthermore, less priority is given to sanitation facilities compared to other infrastructures, weak institutional capacity and communities not recognizing the benefits from the sanitation facilities are the factors, which govern the sustainability of ODF (Minh, Minh, & Nguyen Viet Hung, 2011). Long term sustainability of ODF depends on the political commitment as well. But there is no political stability in Nepal for many years and it has made difficulty for ODF program. Local government must provide continuous financial support for the sustainability of ODF. This is also not available in all parts of the rural municipality of Nepal. Reliable financing mechanisms are needed to replace or upgrade basic latrines and sanitation marketing. There are many temporary toilets in the rural areas of Nepal. Such toilets

collapse easily in wet seasons. Then people go to open defecation (Plan, 2012). But the people having permanent type of toilets hardly go back to the open defecation. This indicates that the sustainability of ODF depends on the types of technology used in the toilets. Institutions also play the major roles for sustaining ODF. If there is no active water and sanitation users committee, sustainability of ODF is questionable. There must be post ODF activities in the rural village and it has to get some legal status. In the context of Nepal, in every rural municipality, there is an active users' committee and rural municipality has led it. And, in the later phase, rural municipality has supported to upgrade the toilets in most of the cases. As a result, sanitation coverage in local level is accelerated. Similarly, sanitation program can spread within the community very easily if it is interlinked with other program. Technical documents are lacking on sustainability of ODF in Nepal. Violation of ODF is mainly due to the lack of awareness among people. Existing toilets are not users' friendly. And, they need maintenance as well. Educational level is also related to utilization of toilets in many parts of the country. Similarly, income level of people is has effects on utilization of toilets in Nepal. Thus, success of sanitation program depends on many factors. Stage-wise sanitation program can be successful in the country like Nepal. Institutional arrangements, post ODF campaign and behavioral development, research and development, knowledge management, monitoring, evaluation, reporting and follow up program can play the vital role to sustain ODF situation in Nepal (SHMPIG, 2013). There are some organizations in Nepal, which support for toilet construction. However, sustainability of ODF will be more challenging if external

supports for household toilets are available (Sah, 2013). Proper planning, technical assistance, and participatory approach play the vital role for ODF sustainability. Similarly, post ODF provisions should be clearly defined, which should include the continuation of awareness programs among local people. Regular monitoring mechanism and provision of reward and punishment should be established for the sustainability of ODF. If somebody violates ODF, he/she should be excluded from the society and social service from the local administrative bodies should be avoided for such persons (SHMP, 2011; Shah, 2013). Educational institutions/Schools should be properly mobilized for awareness creation and behavior modification. Financial support to ultra-poor people should be available in conjunction with awareness program.

Evaluation Methods and Tools of Open Defecation Free Program

There are different methods or ways which can be used with the help of appropriate tools like questionnaire, observation checklist and focused group discussion. All of these methods and tools should be applied for perfect evaluation of the open defecation free program in the rural municipality of Nepal. The methods and tools of evaluation are described below:

a. Interview: Interview is a two-person communication initiated by the interviewer for the specific purpose of obtaining relevant information. The interview is normally taken with the help of written questionnaire. The interview would be cover different aspects of the open defecation free program like change in the open defecation knowledge, attitude and behavior, resources used and progress made. It can be covered

all the criteria of evaluation of ODF program in the rural municipality of Nepal.

b. Observation: The observational study is done in a natural environment with the help of checklist. Through observation we can confirm the information collected and also collect some new information. Different health behavior of the people like use and maintenance of latrine, household and courtyard cleaning and personal hygiene can be observed. All these are overt behaviors. Observation can be made participatory by involving concerned individuals.

c. Focused Group Discussion: Focus group discussion may be defined as verbal exchange of knowledge, ideas and experiences to achieve the objectives. It will be used commonly in group of people about how to identify open defecation problems and find out ways and means to solve them. We can conduct focus group discussion by keeping 6-6 community people. The study population will be represented from diverse ethnic group and sexes. During focus group discussion, participants will be discussed issues relevant to the open defecation free in rural municipality. It can explore the open defecation behavior of rural municipal people through focused group discussion.

d. Study of office records and reports: Different information on open defecation free program implementation such as the progress made, the problem encountered, comments and suggestions of supervisor will be recorded in the office records like register report papers and computer. It helps to evaluate all the office record and reports of that office to evaluate the effectiveness of the open defecation free program in rural municipality of Nepal.

e. Meeting and discussion: Organizing meeting and discussions with the health education workers and their immediate

supervisor and concerned community key people to know their feelings, reactions or comments and suggestions about the open defecation free program. It helps to collect the information on progress made, usefulness of the ODF program to the rural municipal people.

Conclusion

ODF is one of the successful community participatory programs of Nepal. Though nation has done lots of progress in WASH sector it is really challenging for us to make it sustainable. The implementation of Sanitation and Hygiene Master Plan 2011 is a key document on sanitation and hygiene and it set a target of attaining universal access to sanitation by 2017. Government, donors, stakeholder as well as community also seemed to be very enthusiastic about adopting it, which is revealed from the changed behavior of people determined by decreased in water borne diseases. Government leadership is crucial to sustainability, we have much to learn about how to carry out effective advocacy with policy-makers that further prioritizes sanitation, increases funding, builds capacity and creates long-term sanitation programs that include sufficient follow-up, evaluation of effectiveness and plans for monitoring and ongoing support for communities and the poorest to improve their sanitation situation. While a lot of focus has been on behavior and mind-set changes in communities, there is an equal need to look at the mind-sets and behaviors in institutions and how these need to be challenged and changed to allow for sanitation to involve community participation. Finding ways of addressing the many challenges in order to ensure sustainable sanitation for all is an urgent priority if we are to achieve the ambitious goal of sanitation for all by 2030.

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