



# स्वयंसेवी अभियान नेपाल Volunteers Initiative Nepal

## Toilet Construction Report, 2011

Part of our Community Health Program



### Views From the Community

*"We have had our toilet for one month and already enjoy that it is cleaner around our house yard now...no longer is there excrement lying around."*

**-Jabra Balam**

*"It was fun to build our toilet together with the volunteer...during the lunch break, my sister taught the foreign girl to prepare Nepali tea."*

**-Thilba Balami**

*"It was nice to see that there are people coming from another part of the world to help us in constructing a toilet."*

**-Kombali Balami**

*"We are happy that we finally have a toilet. Now we just need a water pipe near our house, so that we don't have to carry our water through the village."*

**-Kanchi Balami**

### About VIN and the JitpurPhedi Community

Volunteers Initiative Nepal (VIN)'s mission is to empower marginalized communities, with a focus on women and children, through enhancing educational programs and providing community training to promote equality, economic wellbeing and basic human rights. To this end, VIN is piloting its integrated and holistic approach in Jitpur Phedi VDC, a rural community 11 km outside of Kathmandu with a population of approximately 6,000 people.

VIN's development approach involves four key programs: Women's Empowerment, Youth Development, Child Development and Community Health. VIN's goal is that people from the Jitpur Phedi community will be able to run these programs autonomously by the end of 2012, enabling VIN to concentrate on other rural and marginalized communities in Nepal.

A baseline survey conducted by VIN in February 2007 indicated that 26% of the Jitpur Phedi community is illiterate, and that 78% of households are dependent on agriculture to survive, making them vulnerable to seasonal income shortages. Hygiene awareness and access to health and sanitation facilities are also very low; VIN and community estimated that around 40-50% of households do not have access to a permanent toilet and low standards of hygiene contributes to high instances of gastrointestinal and other illnesses.



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# Community Health Program Objectives

VIN aims to raise awareness and provide training on proper health and hygiene practices, to ensure that the community has access to a properly equipped Health Post, and to guarantee that every family has access to clean drinking water, waste removal systems and a toilet.

VIN has initiated a **Toilet Construction Project** in order to provide toilets for the approximately 300 households in Jitpur community that currently don't have access to them. VIN's goal is to foster stool-free communities by ensuring that every family in Jitpur Phedi has access to a toilet by the end of 2012.

## Strategies

VIN provides technical assistance and shares the costs of construction with the local community. VIN has selected target families with consideration to their income and has provided certain construction materials that are not easily available, while the community provides physical labor and construction materials that are locally available.

As of now, **VIN has constructed 83 toilets** in Jitpur and will extend this strategy to the other villages. There are still 217 toilets in Jitpur Phedi to be constructed by the end of 2012.

## First Steps

The Sanitation program was initially implemented in the Dadagaun village of Jitpur. In this community there are people from various castes and ethnic groups, mainly dominated by Newar.

Before VIN started working in Dadagaun, 77 households lacked a toilet. In 2009, **16 toilets were built** with the help of VIN in the Newar community. After this success, in 2010 VIN decided to expand the program to the surrounding marginalized Newar, Brahman and Chhetri communities of Dadagaun.

In Chogaun, another village of the Jitpur community, a different approach is being followed. Due to the fact that most people have a higher level of income, VIN has focused on raising awareness and has encouraged people to engage in better sanitary practices but has not supported them financially. In Chogaun there are 49 households, and before the program started, 45 of them had no toilets.

Finally, in Lamichhanegaun (Jitpur Phedi) 20% of people lacked a toilet; VIN has provided (so far) four toilets to some of the poorest family groups.

# Achievements

Since VIN's toilet construction project, Dadagaun community is cleaner and people are now aware of the importance of having a toilet at their home. At the end of 2010, a mid-term evaluation to measure the impact of toilet construction was conducted, with the following findings:

- All people have said that they are aware of the changes regarding cleanliness around their houses (before toilet construction their surroundings were dirty and there used to be stool everywhere).
- Some of them also said that they feel very proud to have a toilet at home and that open defecation used to bring shame to their families.
- A significant number of people said that their children have fewer diseases than before.
- According to a teacher at a primary school, health conditions in Dadagaun have improved, and while there is still work to do, VIN's help has proven an invaluable contribution, especially regarding the raising of awareness, health trainings and toilet construction.
- Similar opinions are shared in Chogaun. School teachers remembered how the village looked before toilets were built: it was dirty, there was stool everywhere (surrounding all compounds, the main road, and around houses), and there was a generally polluted environment. Now they can see the difference, as it's cleaner and there was a marked improvement in children's health conditions (fewer diseases—diarrhea, dysentery, etc.) and women's health as well. They made their own evaluation and are able to say that all villagers are happy with their improved quality of life.
- Dr. Laxmi, who is in charge of VIN's Community Health Program, also thinks the Toilet Construction project is working well and bringing about significant changes, as most common infection diseases (diarrhea, dysentery, etc.) have been decreasing since the program started.



# Challenges Faced

## We faced the following challenges while implementing the program:

- While constructing toilets, there were insufficient local materials and labor skills on occasion.
- While international volunteers have been involved in construction, most community members can't speak English fluently so they felt uncomfortable working together (thus, a local volunteer is needed, too).
- Family's socioeconomic status determines toilet construction quality (poorer families buy lower quality local materials).

## Conclusions

Overall, the Toilet Construction program has been very useful and effective, improving both the health and quality of life of our community people. Since the project started, VIN has worked in five different places: Dandagaun, Chogaun, Koiralagaun, Kisandole, and Lamichhanegaun. Several international volunteers have helped with implementing different phases. This Toilet Construction project has been successfully realized by a joint effort between VIN, international volunteers, and the local District Drinking Water and Sanitation Regional Evaluation Office in Kathmandu. Currently, **83 households have toilet and the total beneficiary's population is 437 people.**

## Recommendations / Suggestions

- VIN should provide non-local materials regularly.
- VIN should coordinate the presence of local volunteers when international volunteers are involved in construction work.
- VIN should plan to complete all remaining 217 toilets by the end of 2012.



### **The Subba Balami family of Dadagaun**

has 8 family members and their main income source is agriculture. They live in a traditional house (made of mud and brick) and have 8 ropani of land. Their toilet was constructed in 2011 with the help of VIN and International Volunteers. Before that, there used to be stool everywhere (in front of their house, on the main road, etc.), as they used to defecate in the open land and bushes but now, they can easily reach a toilet, there's a general sense of cleanliness around their home and they aren't stricken with diseases such as diarrhea and fever, as in the past. In their own words: ***"We were ashamed of our previous sanitation before the toilet was built; we wanted to have a toilet but couldn't afford it"***.



[www.healthcareopportunity.org](http://www.healthcareopportunity.org)

### **The Ratna Balami family, of Dadagaun**

has 8 family members and their main income source is agriculture (vegetable farming). They live in a traditional house type (made of mud and brick) and have 5 ropani of land. *Their toilet was built in 2010 with the help of VIN and International Volunteers.* Before then, it was very dirty around the house, the living environment was full of stool (since they didn't have any kitchen, stool was present in their outdoor cooking and eating areas) and they used to openly defecate in land. Now, however, they are able to easily reach a toilet, have a clean living environment and are afflicted by fewer diseases (diarrhea, cough, fever, dysentery), to mention some of the benefits. In their own words: ***"VIN has helped us by providing non-local materials and raising awareness on the importance of health conditions"***.



**The Krishna Tamang family, of Chogaun** has 5 family members, with their main source of income being agriculture and daily wages. They live in a traditional house type (made of mud and brick) and have 1.5 ropani of land. *Their toilet was built in 2011 with the help of VIN and International Volunteers.* Before that, they used to defecate in the open land but now, they can easily reach a toilet, there's cleanliness around their house and they are free from diseases (diarrhea, dysentery), to mention some of the benefits. In their own words: ***"Before the toilet was built, there was stool and urine everywhere. Now we have a more sanitary living environment and our hygienic conditions have improved"***.



[www.volunteersinitativenepal.org](http://www.volunteersinitativenepal.org)

**The Dev Kumari Tamang family of Chogaun** has 5 family members and their main income source is Agriculture. They live in a traditional house type (made of mud and brick) and have half a ropani of land. *Their toilet was built in 2011 with the help of VIN and International Volunteers.* Before that, they used to defecate in the open land and jungle and used a pot for urine but now, they can easily reach a toilet, there is a clean environment, don't feel threatened any more from wild animals and have fewer diseases (especially children with diarrhea), to mention some of the benefits. In their own words: ***"My elder daughter was frequently sick [of diarrhea and dysentery] but now we no longer suffer from such diseases."***



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