

Nepal

DEMOGRAPHIC AND ECONOMIC ESTIMATES

Population (2012)^a	27.47 M
Urban population (2012)^a	4.76 M
Rural population (2012)^a	22.72 M
Population growth rate (2012)^a	1.17%
Gross domestic product USD (2012)^b	18.96 billion

^a World Population Prospects: The 2012 Revision, UNDESA 2013.

^b World Development Indicators, World Bank 2013.

HEALTH ESTIMATES

Infant mortality / 1,000 live births (2012)^c	33.6
Under 5 mortality / 1,000 live births (2012)^c	41.6
Life expectancy at birth (2012)^d	68 yrs
Diarrhoea deaths attributable to WASH (2012)^e	3522

^c Levels & Trends in Child Mortality. Report 2013, UNICEF 2013.

^d World Health Statistics, WHO 2014.

^e Preventing diarrhoea through better water, sanitation and hygiene, WHO 2014.

SANITATION AND DRINKING- WATER ESTIMATES

Use of improved sanitation facilities (2012)^f	37%
Use of drinking-water from improved sources (2012)^f	88%

^f Progress on Drinking-Water and Sanitation – 2014 Update, WHO/UNICEF 2014.

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Sanitation, drinking-water and hygiene status overview*

The Government of Nepal has set a national target for providing a basic level of water services and access to improved sanitation for all by the end of 2017 (100% of the total population, which is 22.6 million according to 2011 census). As per government estimates, as of now, 85% of the total population has access to basic water supply services and 62% has access to basic sanitation facilities (access to toilets). Nepal has already achieved the Millennium Development Goal (MDG) targets for water supply (73%) and is making progress to the MDG target for sanitation. However, there are a lot of challenges for sustaining these achievements and making water services and sanitation facilities available to the remaining portion of the population or currently unreached people. Some major challenges are attributed to the lack of adequate resources (financial and human resources), lack of appropriate and affordable technologies, and lack of energy (although there is huge potential for hydropower and only a very negligible part has been utilized).

There are an estimated 40,000 water supply schemes of various types: rural, semi-urban and urban; gravity flow, pumping and combination of both; and large, medium and small scale. Most of the rural and semi-urban water schemes are operated and managed by Water Users and Sanitation Committee (WUSC) – a kind of community based organization formed by the consumers themselves, whereas the urban schemes are operated by a water utility such as Nepal Water Supply Corporation (NWSC), a semi-government agency. Water supply in the capital city of Kathmandu is led by Upatyaka Khanepani Limited – an example of a public private partnership.

The Melamchi Water Supply Project is the national priority project in the water and sanitation sector that transfers water from the Indra wati river basin to the Bagmati river basin to quench the thirst of Kathmanduits. The Bagmati Area Physical Infrastructure Project is another large project that aims to clean and save the Bagmati River and its tributaries in the Kathmandu Valley. Rural water supply projects are implemented with community contributions – 20% of the total cost and tariffs are calculated on the basis of the scheme's operating and maintenance costs, whereas for urban and semi-urban water supply projects, tariffs are based on the cost recovery principle too. From this fiscal year, new construction or rehabilitation of existing water supply schemes are being implemented with the principle of co-financing – 30% by water users and 70% by the government.

The second Joint Sector Review that took place last April, envisioned that all Nepalese people would enjoy adequate and safe drinking-water and sanitation facilities, helping promote improved hygiene behaviors, healthy life and clean houses, villages and cities in Nepal with the nationwide campaign of 'No WASH-No House', 'No WASH-No school' and 'No WASH-No office'.

* Sanitation, drinking-water and hygiene status overview provided and interpreted by national focal point based on GLAAS results.

Highlights based on country reported GLAAS 2013/2014 data¹

I. Governance

One ministry shares the lead for sanitation and drinking-water services. The Ministry of Health leads hygiene promotion initiatives and has a number of responsibilities in sanitation and water.

LEAD INSTITUTIONS	SANITATION	DRINKING-WATER	HYGIENE PROMOTION
Ministry of Urban Development	✓	✓	
Ministry of Health and Population			✓

Number of ministries and national institutions with responsibilities in WASH: **4**

Coordination between WASH actors includes: ✓ All ministries and government agencies
 ✓ Nongovernmental agencies
 ✓ Evidence supported decisions based on national plan and documentation of process

PLAN AND TARGETS FOR IMPROVED SERVICES	INCLUDED IN PLAN	COVERAGE TARGET (%)	YEAR
Urban sanitation	✓	100	2017
Rural sanitation	✓	100	2017
Sanitation in schools	✓	100	2017
Sanitation in health facilities	✓	100	2017
Urban drinking-water supply	✓	100	2017
Rural drinking-water supply	✓	100	2017
Drinking-water in schools	✓	100	2017
Drinking-water in health facilities	✓	100	2017
Hygiene promotion	✓	100	2017
Hygiene promotion in schools	✓	100	2017
Hygiene promotion in health facilities	✓	100	2017

While there are specific plans for sustainable services for both water and sanitation, they are currently not being fully implemented.

SPECIFIC PLANS FOR IMPROVING AND SUSTAINING SERVICES^a

	EXISTENCE AND LEVEL OF IMPLEMENTATION OF MEASURES
Keep rural water supply functioning over long-term	Low → High
Improve reliability/continuity of urban water supply	Low → High
To rehabilitate broken public latrines	Low → High
Safely empty or replace latrines when full	Low → High
Reuse of wastewater or septage	Low → High
Ensure DWQ meets national standards	Low → High
Address resilience to climate change	Low → High

^a Including implementation.

¹ All data represented in this country highlight document is based on country responses to GLAAS 2013/2014 questionnaire unless otherwise stated.

II. Monitoring

There is a high level of data availability reported for policy-making. Although water quality is currently not tested against national standards, there are plans to do so in the future.

MONITORING	SANITATION		DRINKING-WATER		HYGIENE
Latest national assessment	May 2011		May 2011		May 2011
Use of performance indicators^a	●		●		✓
Data availability for decision-making^a					Health sector
Policy and strategy making	✓		✓		✓
Resource allocation	✓		✓		NA
National standards	NA		✓		NA
Response to WASH related disease outbreak	NA		NA		✓
Surveillance^b	Urban	Rural	Urban	Rural	
Independent testing WQ against national standards	NA	NA	✗	✗	
Independent auditing management procedures with verification	NA	NA			
Internal monitoring of formal service providers	✗	✗	✓	✗	
Communication^a					
Performance reviews made public	✗	✗	●	●	
Customer satisfaction reviews made public	✗	✗	✗	✗	

^a ✗ Few. ● Some. ✓ Most.

^b ✗ Not reported. ● Not used. ✓ Used and informs corrective action.

NA: Not applicable.

III. Human resources

Human resource strategies have not been developed for sanitation and drinking-water. The most important constraints for human resources identified are the preference of skilled graduates to work in other sectors and that skilled workers do not want to live and work in rural areas.

HUMAN RESOURCES	SANITATION		DRINKING-WATER		HYGIENE
Human resource strategy developed^a	✗		✗		✗
Strategy defines gaps and actions needed to improve^a					
Human resource constraints for WASH^b					
Availability of financial resources for staff costs	●		●		●
Availability of education/training organisations	●		●		✗
Skilled graduates	●		●		✗
Preference by skilled graduates to work in other sectors	✗		✗		✗
Emigration of skilled workers abroad	●		✗		●
Skilled workers do not want to live and work in rural areas	●		✗		✗
Recruitment practices	●		●		●
Other					

^a ✗ No. ● In development. ✓ Yes.

^b ✗ Severe constraint. ● Moderate constraint. ✓ Low or no constraint.

IV. Financing

A financing plan is in place and used for most WASH areas. While domestic funds are effectively absorbed, there are reported difficulties in absorption of donor commitments, partly due to administrative processes for funds to be released.

FINANCING

Financing plan for WASH	SANITATION		DRINKING-WATER	
Assessment of financing sources and strategies ^a	Urban	Rural	Urban	Rural
	●	✓	✓	✓
Use of available funding (absorption)				
Estimated % of domestic commitments used ^b	✓	✓	✓	✓
Estimated % of donor commitments used ^b	✗	✓	●	✓
Sufficiency of finance				
WASH finance sufficient to meet MDG targets ^b	✗	●	✗	●

^a ✗ No agreed financing plan. ● Plan in development or only used for some decisions. ✓ Plan/budget is agreed and consistently followed.

^b ✗ Less than 50%. ● 50–75%. ✓ Over 75%.

WASH VS. OTHER EXPENDITURE DATA

Total WASH expenditure ¹	
2012	134 M.USD
Expenditure as a % GDP	
Education ²	4.7
Health ²	5.8
WASH ³	0.6

¹ Reported WASH expenditure in GLAAS 2013/2014 converted using UN exchange rate 31/12/12.

² Expenditure as a % GDP – Average 2010–2012, sources UNESCO 2014, WHO 2014.

³ WASH expenditure from country GLAAS 2013 response, GDP Average 2010–2012, World Development Indicators, World Bank 2013.

NA: Not available.

V. Equity

As a step towards addressing equity in access to WASH services, four disadvantaged groups are identified in WASH plans. Funds are reported to be directed slightly more to urban areas and the majority of funds are reported to go to drinking-water. There is currently a greater proportion of the population unserved in sanitation services and rural areas.

EQUITY IN GOVERNANCE

Laws	SANITATION		DRINKING-WATER	
Recognize human right in legislation		✓		✓
Participation and reporting ^a	Urban	Rural	Urban	Rural
Clearly defined procedures for participation	✓	✓	✓	✓
Extent to which users participate in planning	●	●	●	●
Effective complaint mechanisms	✗	✗	✓	✗

^a ✗ Low/few. ● Moderate/some. ✓ High/most.

DISADVANTAGED GROUPS IN WASH PLAN

1. Poor populations
2. Indigenous populations
3. Ethnic minorities
4. People living with disabilities

EQUITY IN FINANCE

Figure 1. Urban vs. rural WASH funding

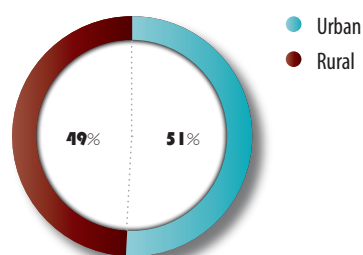
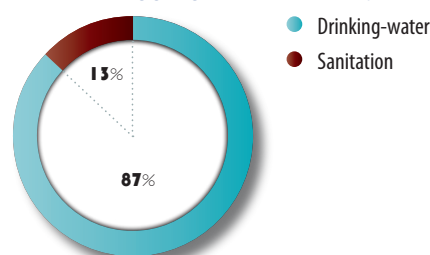


Figure 2. Disaggregated WASH expenditure



EQUITY IN ACCESS¹

Figure 3. Population with access to improved sanitation facilities

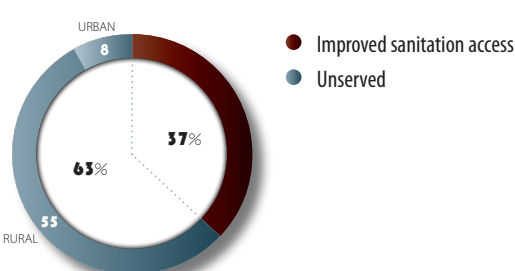
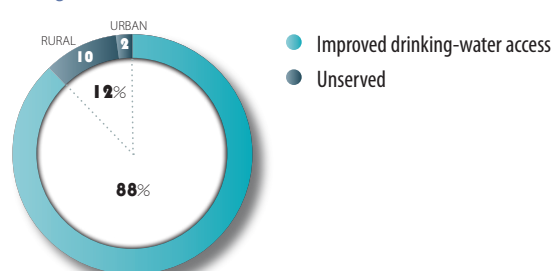


Figure 4. Population with access to improved drinking-water sources



¹ Progress on Drinking-Water and Sanitation – 2014 Update, WHO/UNICEF 2014.