



SWASTHA APPROACH

What is SWASTHA Approach?

SWASTHA stands for **Sustainable Water, Air, SaniTation and Hygiene for All**. Literally, SWASTHA means healthy in Nepali. The SWASTHA approach is an approach to support WASH movement that safeguards quality of life and human productivity through the improvement of public health by preventing WASH related diseases. It ensures access to safe water, better sanitation, smoke free clean kitchen environment and sustained hygiene behavioral practices. Thus, SWASTHA the approach is an approach developed to promote **Total Sanitation**.

The approach promotes healthy home and healthy community concept which embraces the belief that health is more than merely an absence of disease; a healthy community includes those elements that enable people to maintain a high quality of life and productivity. Needless to say, **"Prevention is Better than Cure"**. Therefore, health here is defined based on the preventive activities rather than curative and protective activities.

Thus, a SWASTHA community is simply a community having access to safe water, better sanitation including solid and liquid waste management mechanism, smoke free clean kitchen environment and improved hygiene behavioral practices ensuring better quality of life and productivity of the people.

Objective of the Approach

The overall objective of the SWASTHA approach is to improve public health of the people through promotion of total sanitation supplementing to attainment of Open Defecation Free (ODF) environment.

The specific objectives are to:

- Reduce WASH related diseases and Acute Respiratory Infections (ARIs) by ensuring sustained WASH services.
- Build **SWASTHA** (healthy) homes and communities through WASH promotion beyond ODF.
- Promote sustainable WASH facilities and behavior change in the community

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Why SWASTHA Approach?

National Target

Universal Coverage on Water and Sanitation by 2017

Sustainable Development Goal

Ensuring Availability and Sustainable Management of Water and Sanitation for All by 2030

Nepal's New Constitution

Article 35(4): Every Citizen shall have the Right of Access to Safe Water and Sanitation

In Nepal, WASH sector has achieved remarkable achievement in last decade particularly in sanitation sector due to massive scaling up of Open Defecation Free (ODF) campaign throughout the country. The sanitation coverage has reached to 70.28% in 2014 compared to 43% in 2010 whereas water coverage has reached to 83.59% in 2014 compared to 80.40% in 2010. This progress has been contributing to achieve the national target of universal coverage on water and sanitation by 2017. Nepal's New Constitution promulgated on 16th September 2015, has also included access to safe water and sanitation as a human right.

Despite all these achievements, there are major challenges in accelerating WASH movement nationwide like;

- Equitable targeting
- Water security and water quality
- Achieving total sanitation status
- Urban sanitation including faecal sludge management and solid waste management
- Sustained hygiene behavior
- Engagement of private sector in WASH promotion

Addressing majority of these challenges, Sanitation and Hygiene Master Plan 2011, has envisioned attainment of total sanitation status after attaining ODF status. **Total Sanitation** is a range of facilities and hygiene behavior that lead to achieve sanitized condition of the designated areas. Total sanitation concentrates on ending open defecation as a first significant step to an entry point of changing behavior.

As the nation is getting closer to achieve open defecation free status with many districts already declared as ODF, this SWASTHA approach has been developed, in 2011, to contribute for achieving total sanitation status. In addition, Sustainable Development Goal of ensuring availability and sustainable management of water and sanitation for all by 2030, this approach will also play complementary role in achieving this target.

The SWASTHA approach particularly focus on indicators set for total sanitation. The guiding principles and strategies of this approach has been developed based on past work experiences on total sanitation. The indicators set for declaring SWASTHA community has also been aligned with suggested indicators in Sanitation and Hygiene Master Plan 2011 to ensure a total sanitation status is achieved.



Guiding Principle of SWASTHA Approach

Principles

Increase WASH Demand

Strengthen Supply Chain

Create Enabling Environment

The guiding principles adopted in the SWASTHA approach are; increasing demand, strengthening supply chain and creating enabling environment. From the past experiences of WASH movement in Nepal, it can be concluded that stand alone efforts on demand stimulation, material supply and favorable policy environment cannot catalyze the WASH promotion and all three aspects needs to be carried simultaneously for better WASH promotion. Thus, SWASTHA approach is guided by mainly these three principles. These three principles are anchored by the common mechanism of capacity building and providing technical support.

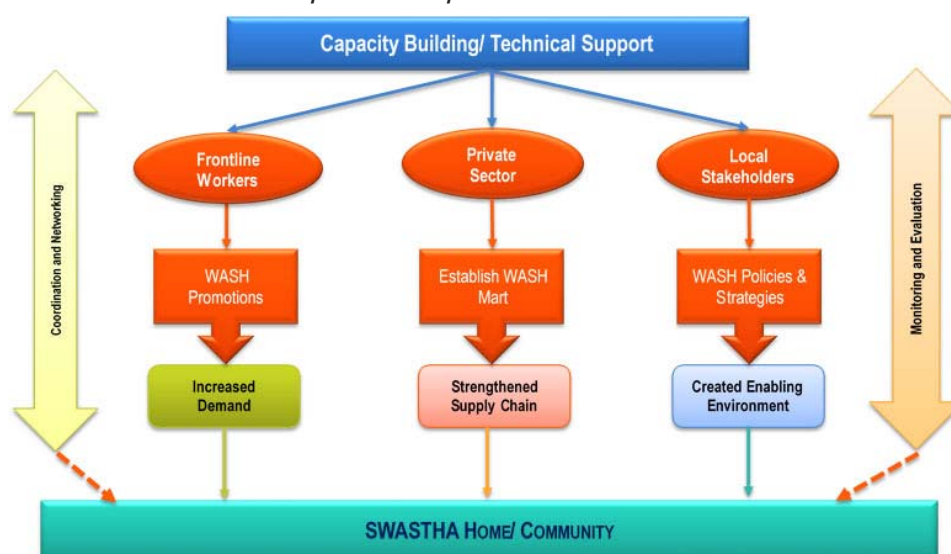
In addition, Coordination & Networking and Monitoring & Evaluation will run in parallel throughout the process of capacity building and technical support.

Increase WASH Demand - WASH promotion without sensitization on importance of WASH cannot be sustained and productive. Sensitization on WASH also increase demand for WASH services and facilities from the community itself. The sensitization on WASH will be carried out by various promotional activities through frontline workers like FCHVs, teachers,

children, mothers' group etc. Under this approach, the frontline workers will be trained to build their capacity on effective WASH sensitization and promotion.

Strengthen Supply Chain- Supply of WASH materials particularly in case of rural context is a big hindrance for WASH promotion. Thus, the approach will strengthen the supply chain of WASH materials through establishment of WASH Mart or developing WASH entrepreneurship at local level. For this, the approach will build capacity and provide technical support to private sector for establishment of WASH Mart. It will also encourage, build capacity and provide technical support to local community people for development of WASH entrepreneurship at the local level.

Create Enabling Environment - The present policy environment are conducive for development of WASH sector with access to safe water and sanitation reflected as human right in new constitution promulgated; Sanitation & Hygiene Master Plan in place and Guideline for Implementation Total Sanitation already drafted. However, these policies and plans has to be reflected in local level plans and policies. Thus, this approach will build capacity and provide technical support to local government for development of local level WASH plans, policies and strategies which will create enabling environment for WASH promotion.



Key Components of SWASTHA Approach

5 Key Components

Safe Water

Better Sanitation

Sustained Hygiene

Kitchen Management

Safe and Hygienic Food

Safe Water- One of the key components of SWASTHA approach is safe water. It covers both the aspects; quantity and quality of drinking water. Under this, different household water treatment options like boiling, CS filter, bio-sand filters, chlorination through Piyush and Piyush+ etc. will be promoted and ensure that one of the options is used by each households. The market availability of these options will be assured through establishment of WASH Mart or development of local WASH entrepreneurship.

Better Sanitation- Better sanitation here refers not only to availability of toilet and declaration of ODF status but also focus on sustainability of ODF status, user friendly toilet facilities, safe disposal of human excreta, proper management of solid waste and waste water management. For this innovative technological options like eco-san toilets, biogas attached toilet, urine storage and application in agriculture, waste water treatment plants, faecal sludge treatment plants will be piloted and demonstrated.

Solid waste management primarily focuses on segregation of waste and making compost for its productive use in rooftop farming, kitchen gardening, homestead food production and agriculture field at household etc.

Sustained Hygiene- The personal hygiene particular refers to hand washing practice with soap water at household and institutional level, menstrual hygiene

management and other personal hygiene behavior like regular nail cutting, bathing, wearing clean cloths etc. as per local context and need.



Kitchen management- Kitchen management comprises reduction of indoor air pollution, maintaining clean environment of kitchen and optimization of spaces in kitchen. It is attained through intensive promotion of smokeless stoves, cross ventilation in kitchen and optimum use of horizontal and vertical spaces. Besides hygienic condition of kitchen is maintained promoting dish washing platform (*Juthelno*), dish drying rack (*Chang / Jhauwa*), kitchen rack, raising the *silauta* etc.

Safe and Hygienic Food- The approach aims to attain healthy community through the promotion of safe and hygienic food. It comprises complete cycle of hygienic food production to consumption. SWASTHA approach promotes food hygiene primarily in key stage of food consumption like food preparation, storage, cooking, serving, eating and feeding.

Strategies

1. 5M Strategy

M - Measure

M - Mobilize

M - Market

M - Maintain

M - Move up

5M Strategy will be adopted for promotion of SWASTHA Approach. The 5M strategy particularly focus on Measure, Mobilize, Market, Maintain and Move up to improve WASH situation. This strategy is particularly related to implementation of the SWASTHA approach.

Measure- Measure particularly relates to knowing existing condition of water, indoor air, sanitation and hygiene at the local level. It also relates to finding out what are the local strengths, resources, best practices and indigenous technologies on WASH sector. This will support to build up on what is there already and contextualize the promotional activities.

Mobilize- Mobilize here refers to mobilization of local change agents like FCHVs, Teachers, Children, Youths & Community Based Organization (CBOs) etc. The SWASTHA approach will empower and develop local change agents as WASH Champions and mobilize them for improvement of WASH status of their own localities and communities. It also promotes use and mobilization of locally available resources and best practices for WASH promotion.

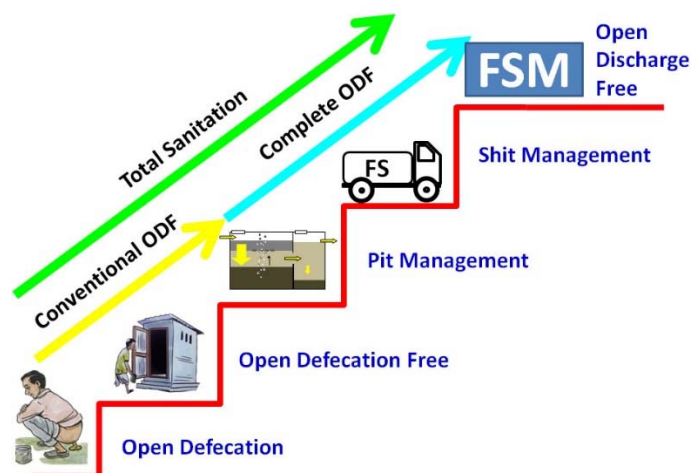
Market- WASH materials and services at present are less marketable product which is hindering the further development of the sector. Thus, the SWASTHA approach prioritize market availability of WASH materials and services for sustainable development. For this, the approach will encourage to establish and develop WASH Mart and entrepreneurship including private sector engagement at local level which will further support for sustained WASH promotion.



Maintain- Improving public health is the aim of promoting SWASTHA approach for better living and productivity of people. Thus, the SWASTHA approach strive to attain and maintain following 5 key status at the community level and household level which will be the ideal situation for declaring SWASTHA community.

ODF- Open Defecation Free
SWC- Safe Water Community
CKC- Clean Kitchen Community
SHP- Sustained Hygiene Practice
PWM- Proper Waste Management

Move up- This refers to moving up from present WASH status to better situation. The approach will focus on building better communities with better WASH services. For this, the approach promotes Complete ODF rather than Conventional ODF, Total Sanitation rather than Toilet Sanitation, Shit Management rather Pit Management. This approach support to WASH campaign as a continuation to the ODF campaign presently ongoing in the country.



Strategies

2. PULL Strategy

P - People Centric

U - Use of Local Resource

L - Localization of Technologies

L - Linkage with Other Stakeholders

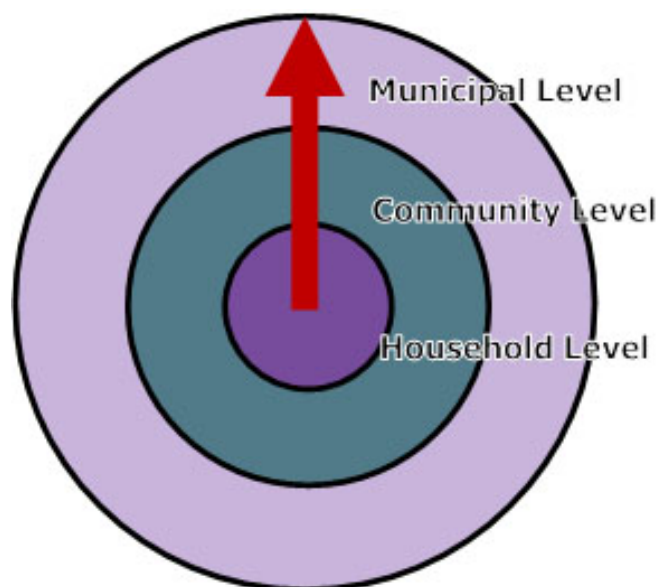
PULL Strategy will be adopted for promotion of SWASTHA Approach. The PULL strategy particularly focus on People Centric Planning & Development, Use of Local Resources, Localization of Technologies and Linkage with Other Stakeholders. The sustainability of the development interventions will be ensured through this strategy.

People Centric- The SWASTHA approach will promotes people centric planning and development. It focuses on participatory planning and decision making from all groups of people including people with disabilities and requiring otherwise support improving local communities' self-reliance, social justice and ownership. It also promotes "bottom-up" approach in development interventions. The explicit goal of people centric planning and development is sustainability.

Use of Local Resources- Use of local resources in the development intervention is key factor for any sustainable development attempts. However, in recent years, use of the goods and materials from external environment in construction works, technologies and other works has affected sustainability and also requires higher economic investments. Due to this, the operational cost of the WASH facilities are higher and maintenance works are difficult and costly. Thus, SWASTHA approach emphasizes extensive use of local resources for sustainable WASH interventions as far as possible.

6B concept is one developed to motivate people using local resource depending upon own financial status for construction of superstructure of toilet. As per the concept people are encourage and capacitated for the optimum use of locally available construction materials. 6B stands for Bag, Bush, Bamboo, Boulder, Block and Brick.

Localization of Technologies- One of the key strategies of SWASTHA approach is localization of technologies. This does not means limiting technological innovations but simply modifying them as per local context for more social acceptance, easier operation and maintenance, cost effectiveness, easier scaling up, replications and technological transfer at the local level.



People centric planning and development

Linkage with Other Stakeholders- Linkage with stakeholders with improved coordination with all stakeholders' key strategy of this approach. This includes linkage and coordination from community to district level stakeholders including clubs, youth groups, CBOs, WASH Coordination Committees, District Public Health Office, District Education Office, District Agriculture Office etc. Another key stakeholder that will be given key focus is private sector for establishment of WASH Mart.

Indicators

1. Household Level Indicators

A. Proper use of Toilet

B. Personal Hygiene

C. Access and Use of Safe Water

D. Food Safety and Food Hygiene

E. Household Hygiene

The set of indicators has been defined for SWASTHA household in this approach. The indicators has been broadly categorized into five key components: use of toilet, personal hygiene, access and use of safe water, food safety and food hygiene, clean house and house yard. The indicators under these broad categories are as follows.

Use of Toilet

- i. Use of toilet all the time by all household members
- ii. Availability of water and cleaning materials in toilet
- iii. Hand washing station with soap nearby (20 paces) toilet
- iv. No faeces seen in toilet
- v. No leakage of faeces from collection tank
- vi. User friendliness of toilet

Personal Hygiene

Hand washing with soap

- i. After use of toilet and cleaning baby's faeces
- ii. Before eating, feeding and cooking
- iii. After managing waste and pesticides
- iv. After taking care of ill household member

Menstrual Hygiene

- i. Knowledge of menstrual hygiene
- ii. Proper management of sanitary pad
- iii. Regular bathing during menstruation

Other Personal Hygiene

- i. Regularity of personal hygiene activities like bathing, nail cutting, wearing clean cloths etc.

Access and Use of Safe Water

- i. Safe storage/ water container covered
- ii. Knowledge on safe water and use of PoU options
- iii. Use of water from safe source
- iv. Accessibility to adequate quantity of water (45 lpcd for rural & 65 lpcd for urban)

Food Safety and Food Hygiene

- i. Safe storage/ food container covered
- ii. Knowledge on food safety and use of food in safe manner
- iii. Knowledge and consumption of nutritious foods
- iv. *Silauta* or *Okhal* covered or properly placed

Household hygiene

- i. Regular cleaning of house and house yard
- ii. Segregation of solid waste
- iii. Proper management of grey water
- iv. Use of smokeless stove or proper management of cross ventilation in kitchen
- v. Clean kitchen
- vi. Juthelno, Chang and kitchen rack facility
- vii. Animal shed management

Indicators of SWASTHA Community

2. Institutional Level Indicators

A. Sanitation Facility and its Use

B. Personal Hygiene

C. Access and Use of Safe Water

D. Environmental Sanitation

The set of indicators has been developed for SWASTHA institution in this approach. The indicators has been broadly categorized into four key components: sanitation facilities and its use, personal hygiene, access and use of safe water and environmental sanitation. Institutional level indicator mentioned here is not only limited to institution but also considers public place like road, *chautara*, park etc.

Sanitation Facility and its Use

- i. No open defecation practice at community/ institutional level
- ii. Availability of water and cleaning materials in toilet
- iii. No faeces seen in toilet
- iv. User friendly WASH facilities (child friendly, gender friendly, differently able friendly toilet, tap, hand washing station including soap hole) and their use
- v. Sufficient toilet compartments as per national standard or guideline (1 compartment for 20 people)
- vi. Regular cleanliness and maintenance of toilet & urinal

Personal Hygiene

- i. Hand washing with soap by all institutional members before eating and feeding, after use of toilet and managing waste
- ii. Regular bathing, brushing teeth, cutting nails and wearing clean cloths
- iii. Availability of sanitary pad and provision of incinerator/ burning unit or washing unit

- iv. Counselling/ Awareness/ Education to patients/ staffs/ students on personal hygiene

Access and Use of Safe Water

- i. Regular cleaning of water sources like tap, tube well, springs etc.
- ii. Use of clean utensils for drinking water and safe storage of water
- iii. Use of PoU water treatment options and provision of safe drinking water
- iv. Accessibility to adequate quantity of drinking water as per national standard or guideline (15 lpcd)

Environmental Sanitation

- i. Cleanliness of public places like road, temple, parks etc.
- ii. Proper management of cross ventilation and lighting in rooms
- iii. Provision of solid waste management materials like broom, dust bins, waste disposal pits etc.
- iv. Cleanliness of office rooms, premises and ground
- v. Safe disposal of solid and liquid waste
- vi. Proper management of feecal sludge / provision of safety tank
- vii. Proper management of office premises with garden, plantation in garden and maintained greenery
- viii. Provision of medical waste management and its proper use
- ix. Proper management of surface water/ drainage management
- x. Improved toilet with hand washing station in birthing centre of health institute

Note: At least 50% of total household must be surveyed and the core indicators must be skipped.

Declaring SWASTHA Community

SWASTHA Community

Attain ODF Status

Promotion of Total Sanitation

Monitoring

Attain Total Sanitation Status at Household and Institutional Level

The end target of this approach is attaining and declaring SWASTHA community. For this, open defecation free status is the entry point followed by promotion of total sanitation as outlined in this approach. The monitoring against the indicators set in this approach will determine the attainment of total sanitation status at household, community and institutional level for declaration of SWASTHA community.

Monitoring- The monitoring the status of the intervened community will be the key tool for declaring SWASTHA community. Participatory tools and techniques will be used for monitoring including participation of local government. The monitoring tools will be developed in coordination with local government or WASH coordination committee. The checklist for monitoring with indicator and its weightage has been proposed for both household level and institutional level (See Annex I & II). The weightage has been provided for each indicators based on

importance of the indicators for sustaining total sanitation status. The total summation of weightage has been set 100. There are few indicator that are defined as core indicators and are mandatory regardless of weightage for declaring of SWASTHA community.

Frequency of Monitoring- The monitoring of the intervened community will be carried out through pre-prepared checklists or tools on the quarterly basis. The minimum sample size for household level monitoring is defined as 50% of the total household of the community and cent percent institutions within the community will be monitored for institutional level monitoring.

Declaring SWASTHA Community- As attainment of cent percent WASH status is nearly impossible as it is more related to behavioral change. Thus, the landmark of 80% (at least) attainment of WASH status has been set for declaring SWASTHA community. However, SWASTHA community will not be declared at once after securing 80%. The community will be declared as SWASTHA community only after assuring sustainability of total sanitation status. Therefore, the community will be declared as SWASTHA community only if total sanitation status is found sustained at least two consecutive monitoring.



Annex I: HHs Level Monitoring Checklist

SN	Indicators	Type of Indicators	Weightage 100	Sampled HHs (Y/N)				
				1	2	3	4	5
A.	Use of Toilet		25					
i	Use of toilet all the time by all household members	Core	5					
ii	Availability of water and cleaning materials in toilet	Core	3					
iii	Hand washing station with soap nearby (20 paces) toilet	Core	5					
iv	No faeces seen in toilet	Core	5					
v	No leakage of faeces from collection tank	Core	5					
vi	User friendliness of toilet	Custom	2					
B.	Personal Hygiene		30					
	<u>Hand washing with soap</u>							
i	After use of toilet and cleaning baby's faeces	Core	5					
ii	Before eating, feeding and cooking	Core	5					
iii	After managing waste and pesticides	Core	5					
iv	After taking care of ill household member	Core	2					
	<u>Menstrual Hygiene</u>							
i	Knowledge of menstrual hygiene	Custom	2					
ii	Proper management of sanitary pad	Core	4					
iii	Regular bathing during menstruation	Custom	2					
	<u>Other Personal Hygiene</u>							
i	Regularity of personal hygiene activities like bathing, nail cutting, wearing clean cloths etc.	Custom	5					
C.	Access and Use of Safe Water		20					
i	Safe storage/ water container covered	Core	6					
ii	Knowledge on safe water and use of PoU options	Core	6					
iii	Use of water from safe source	Custom	4					
iv	Accessibility to adequate quantity of water (45 lpcd for rural & 65 lpcd for urban)	Core	4					
D.	Food Safety and Food Hygiene		10					
i	Safe storage/ food container covered	Core	3					
ii	Knowledge on food safety and use of food in safe manner	Core	2					
iii	Knowledge and consumption of nutrition foods	Custom	3					
iv	<i>Silauta</i> or <i>Okhal</i> covered or properly placed	Custom	2					
E.	Clean House and Houseyard		15					
i	Regular cleaning of house and houseyard	Custom	1					
ii	Segregation of solid waste	Custom	2					
iii	Proper management of grey water	Custom	1					
iv	Use of smokeless stove	Core	2					
v	Proper management of cross ventilation in kitchen	Core	1					
vi	Clean kitchen	Custom	5					
vii	<i>Juthelno</i> , <i>Chang</i> and kitchen rack facility	Core	2					
viii	Animal shed management	Core	1					

Annex II: Institutional Level Monitoring Checklist

SN	Indicators	Type of Indicators	Weightage 100	Sampled HHs (Y/N)				
				1	2	3	4	5
A.	Sanitation Facility and its Use		28					
i	No open defecation practice at community/ institutional level	Core	5					
ii	Availability of water and cleaning materials in toilet	Core	4					
iii	No faeces seen in toilet	Core	6					
iv	User friendly WASH facilities (child friendly, gender friendly, differently able friendly toilet, tap, hand washing station including soap hole) and their use	Core	5					
v	Sufficient toilet compartments as per national standard or guideline (1 compartment for 20 people)	Core	3					
vi	Regular cleanliness and maintenance of toilet & urinal	Core	5					
B.	Personal Hygiene		17					
i	Hand washing with soap by all institutional members before eating and feeding, after use of toilet and managing waste	Core	5					
ii	Regular bathing, brushing teeth, cutting nails and wearing clean cloths	Custom	4					
iii	Availability of sanitary pad and provision of incinerator/ burning unit or washing unit	Core	4					
iv	Counselling/ Awareness/ Education to patients/ staffs/ students on personal hygiene	Custom	4					
C.	Access and Use of Safe Water		15					
i	Regular cleaning of water sources- tap, tube well, springs etc.	Custom	3					
ii	Use of clean utensils and safe storage of drinking water	Core	4					
iii	Use of PoU water treatment options and provision of safe drinking water	Core	5					
iv	Accessibility to adequate quantity of drinking water as per national standard or guideline (15 lpcd)	Core	3					
D.	Environmental Sanitation		35					
i	Cleanliness of public places like road, temple, parks etc.	Custom	3					
ii	Proper management of cross ventilation and lighting in rooms	Custom	3					
iii	Provision of solid waste management materials like broom, dust bins, waste disposal pits etc.	Custom	3					
iv	Cleanliness of office rooms, premises and ground	Core	3					
v	Safe disposal of solid and liquid waste	Core	5					
vi	Proper management of faecal sludge / provision of safety tank	Core	6					
vii	Proper management of office premises with garden, plantation in garden and maintained greenery	Custom	3					
viii	Provision of medical waste management	Core	5					
ix	Proper management of surface water/ drainage management	Custom	4					
x	Improved toilet with hand washing station in birthing centre of health institute	Core	5					



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