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**SUOMI
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SANITATION & HYGIENE IMPLEMENTATION PLAN (SHIP)

**Sustainable Water, Sanitation & Hygiene for All (SUSWA)
Programme Support Unit,
Birendrangar,
Surkhet**

Project: Sustainable Sanitation and Hygiene for All (SUSWA)

This plan has been drafted and disseminated to the project staff including the local governments where SUSWA has targeted its interventions. The prime objective of this plan is to aid the project staff including the implementing local governments to ensure effective implementation of sustainable sanitation and hygiene activities in an effective and uniform manner.

This plan has been considered and maintained as a dynamic document to update based on the issues and needful requirements from the field.

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1. Introduction

Sustainable WASH for all (SUSWA), a project funded by the Ministry of Foreign Affairs, Finland Government of Nepal and the European Union, is implemented in Karnali Province. The project has targeted to cover 42 selected palikas and has started its interventions from 8 palikas from the fiscal year 2078/79 (2021/22). The project has three overarching objectives which include

- Strengthened enabling environment and governance,
- Climate resilient, safe and functional water supply and
- Sustainable sanitation and hygiene and Dignified Menstrual Management.

Further, the project has cross-cutting objectives of climate change adaptation and gender equality and non-discrimination, with a specific focus on disability inclusion.

1.1. SUSWA Impact and Outcome Statements for Sanitation

As Karnali province has been lagging behind all the provinces in Nepal in terms of socio-economic perspectives, it is envisioned that the SUSWA project will contribute to the improvement of the lives of people through improved health with the provisioning of safely managed water and sanitation services.

Impact Statement:

Improved well-being and inclusive communities with sustainable **WASH services** and behaviors through local governments' improved capacity to achieve equal rights to WASH for all.

Outcome Statement:

People supported by the project municipalities have improved and equitable access to safe and sustainable drinking water and **adequate sanitation services**, dignified menstruation and improved hygiene practices paying special attention to the needs of women and girls and those in vulnerable situations

1.2. Legal and policy provisions

Sustainable Development Goal no. 6 in the wider spectrum deals with the increased and improved access to water supply and sanitation services. The goal number 6.1 deals to achieve universal and equitable access to safe and affordable drinking water for all whereas the goal 6.2 is about achieving access to adequate and equitable sanitation and hygiene for all and ending open defecation with special consideration for the women and girls and to those in vulnerable conditions.

Like the provision of other civil rights, the constitution of Nepal has clearly provisioned the rights to sanitation as the Article 35 has provisioned as "Every citizen shall have the right to live in a healthy environment" and article 35-4 has provisioned WASH as fundamental rights for every citizen.

Newly enacted federal WASH act (in clause 3-Ga) has provisioned the right to access to improved sanitation. The clause 7-8 of the act has provisioned for the management of the WASH services in coordination and collaboration of three tiers of governments.

The local Government Mobilization Act 2074 has clearly stated the role and responsibilities of the local governments for water, sanitation and hygiene. In the section 3 under Roles and responsibilities of the Palikas, the roles of local government have been explicitly spelled as.

Clause 11 :

Jha-1 Support for the basic health, sanitation and nutrition.

Jha-5 Provision of safe water

Jha-6 Awareness raising for sanitation

Jha 10 Waste management

In the last decade, 2010-2019, the focus in Nepal was incredibly strong on sanitation as all WASH sector agencies were very much focused on sanitation and hygiene. Due to the concerted efforts from the sector agencies, the local bodies and the agencies from different sectors, Nepal was declared as ODF in September, 2019.

Although Nepal has been declared as ODF, the ground reality is not encouraging. The slippage ranges from 3.5% to 8.3%¹. The recent baseline conducted by SUSWA reveals that 11% of households in the SUSWA working area don't have the toilets, 3% are using shared toilets and 17% are using temporary toilets (pits with slabs). This means that 31% of HHs either don't have toilets or need for the improvement.

Sanitation and Hygiene related indicators:

- Number of people having permanent access to improved sanitation facilities and using them
- Number of additional people with access to **basic** toilets
- Number of Municipalities with action plan developed and implemented for achieving safely managed sanitation and total sanitation
- Number of households with handwashing facilities on premises with availability of soap and water
- Number of households fulfilling total sanitation criteria
- Number of improved institutional toilets with water supply (disaggregated by type of institution, CDG friendliness of facilities, and for schools the 3-star approach categories)
- Number of institutions having a functional handwashing facility with water and soap
- On-site faecal sludge management options reviewed, assessed, piloted and introduced to Project Municipalities
- Faecal sludge issues incorporated into toilet design and O&M manuals

¹ Global Sanitation Fund in Nepal, Annual Report 2019.

1.3. Targets against baseline for sanitation

As detailed in the table below, SUSWA has planned to reach a total of 609,493 people with permanent access to improved sanitation facilities, with the current baseline being 513,270 people. This means the number of households targeted for improved sanitation facilities and using them is 19,382. Similarly the target to ensure access to basic toilets is 4,579 households and the construction of 300 institutional toilets.

#	indicator	baseline	target	Additional beneficiaries.	Target HH (facilities)	Remarks
Output 3.1: Personal and household sanitation and hygienic behaviors improved						
21	Number of people having permanent access to improved sanitation facilities and using them	513,270	609,493	90,321	19,382 toilets	
22	Number of additional people with access to basic toilets	-	21,336		4,579 toilets	
23	Number of Municipalities with action plan developed and implemented for achieving safely managed sanitation and total sanitation	7	42			At each of SUSWA palika. The framework and guideline would be required for uniformity.
24	Number of households with handwashing facilities on premises with availability of soap and water	70,304	100,870		30,567	
25	Number of households fulfilling total sanitation criteria	17,117	32,934		15,817	
Outcome 3.2: Institutional (school, health station, public) sanitation facilities and their maintenance improved in the Project Municipalities						
26	Number of improved institutional toilets with water supply (disaggregated by type of institution, CDG friendliness of facilities, and for schools the 3-star approach categories)	70% surveyed schools; 94% surveyed HCF	300			The assessment of the schools in terms of the status against STAR will be done followed by the School Action Plan for the improvement. Continuous follow up and monitoring would be essential.
27	Number of institutions having a functional handwashing facility with water and soap	42% surveyed schools; 74% surveyed HCF				
31	On-site fecal sludge management options reviewed, assessed, piloted and introduced to Project Municipalities				2-5 feasible options introduced to all Project Municipalities	
32	Faecal sludge issues incorporated into toilet design and O&M manuals				All relevant manuals (or HHs & institutions)	

1.4. JMP Definition of the toilets:

The Joint Monitoring Programme of UNICEF and the World Health Organization which is widely accepted worldwide is the most relevant monitoring mechanism for water, sanitation and hygiene. As JMP definition correlates with the Sustainable Development Goals, the government of Nepal has been complying with the SDG and JMP definition of the toilets and has included for its purposes, SUSWA will also follow the JMP definition of toilets. The following table presents the toilet definition as defined by JMP and the features for each of the categories has been included for common understanding as well.

Category	JMP Definition	Detail Features
Safely Managed	<ul style="list-style-type: none"> Use of improved facilities that are not shared with other households and where excreta are safely disposed of in situ or removed and treated offsite 	<ul style="list-style-type: none"> The toilets with impermeable slab, Not shared with other households, The use of water seal pan, commode Excreta safely disposed in situ or removed and treated offsite
Basic	<ul style="list-style-type: none"> Use of improved facilities that are not shared with other households 	<ul style="list-style-type: none"> The toilets with impermeable slab, Not shared with other households, The use of water seal pan, commode Excreta management not properly indicated
Limited	Use of improved facilities that are shared with other households	The toilets with impermeable slab, and shared with other households
Unimproved	Use of pit latrines without a slab or platform, hanging latrines or bucket latrines	
Open Defecation	Disposal of human feces in fields, forests, bushes, open bodies of water, beaches or other open places, or with solid waste	

2. Targeting Sanitation Facilities :

As per the results indicators, SUSWA has four sets of indicators to track at the household level such as:
 # of people having permanent access to improved sanitation facilities and using them (Indicator-21)
 # of additional people with access to basic toilets (Indicator -22)
 # of households with handwashing facilities on premises with availability of soap and water (Indicator-24)
 # of households fulfilling total sanitation criteria (Indicator -25)

The project document of SUSWA mandates to work in the selected 42 local governments across the Karnali province over its project period. SUSWA will cluster the local governments unit as per following over the years.

	Years					Remarks
	Year I	Year II	Year III	Year IV	Year V	
New LGs to intervene	8	13	4	17	0	
Total LGs for sanitation results	8	21	25	42	34	

The targets of sanitation results in specific years will be based on the number of existing LGs and the new LGs adding up. The sanitation result targets for different phases of the LGs will stand as per following.

2.1. Sanitation result targets for the first year fast track 8 LGs

The sanitation results targets for the first year 8 fast track LGs will stand as per following.

Palikas (8 fast track)	Years					Total
	I	II	III	IV	V	
	2079/80	2080/81	2081/82	2082/83	2083/84	
	2022/2023	2023/24	2024/25	2025/26	2026/27	
Percentage of SAN results targeted for the year	7%	50%	35%	8%		
# of Improved toilets	194	1384	969	221	Phaseout in year V	2768
# of Basic toilets	46	327	229	52		654
# of Hand washing station with soap and water	306	2182	1528	349		4365
# of HHs fulfilling Total SAN indicators	0	1287	790	181		2258

As reflected in the table above, total targets for improved toilets, basic toilets, hand washing station with soap and water and household fulfilling total sanitation indicators stand 2768, 654, 4365 and 2258 respectively for the 8 fast track LGs. Out of these results, the sanitation results will be realized by 7%,

50%, 35% and 8% in year I, year II, year III and year IV respectively. For the fast track 8 LGs, the sanitation results have not been planned as these LGs will be phased out in year IV.

2.2. Sanitation result targets for the second year 13 LGs

The sanitation results targets for the second year 13 LGs will stand as per following.

Palikas (13)	Years					
	I	II	III	IV	V	
	2079/80	2080/81	2081/82	2082/83	2083/84	
	2022/2023	2023/24	2024/25	2025/26	2026/27	
Percentage of SAN results targeted over the years		30%	40%	20%	10%	Total
# of Improved toilets	Not started in year I	2221	2962	1481	740	7404
# of Basic toilets		525	700	350	175	1749
# of Hand washing station with soap and water		3503	4671	2335	1168	11677
# of HHs fulfilling Total SAN indicators		1812	2417	1208	604	6041

As reflected in the table above, total targets for improved toilets, basic toilets, hand washing station with soap and water and household fulfilling total sanitation indicators stand 7404,1749,11677 and 6041 respectively for the second year 13 LGs. Out of these results the sanitation results will be realized by 30%, 40% 20% and 10% in year II, year III and year IV and year V respectively. For the second year 13 LGs, the sanitation results have not been planned in year I as these LGs will be intervened from year II.

2.3. Sanitation result targets for the third year 4 LGs

The sanitation results targets for the third year 4 LGs will stand as per following.

Palikas (4)	Years					
	I	II	III	IV	V	
	2079/80	2080/81	2081/82	2082/83	2083/84	
	2022/2023	2023/24	2024/25	2025/26	2026/27	
Percentage of SAN results targeted over the years			30%	50%	20%	Total
# of Improved toilets	Not started in year I & II		1150	1917	767	3834
# of Basic toilets			272	453	181	906
# of Hand washing station with soap and water			1814	3023	1209	6047
# of HHs fulfilling Total SAN indicators			939	1564	626	3129

As reflected in the table above, total targets for improved toilets, basic toilets, hand washing station with soap and water and household fulfilling total sanitation indicators stand 3834, 906, 6047 and 3129 respectively for the second year 13 LGs. Out of these results the sanitation results will be realized by 30%, 50% and 20% in year III, year IV and year V and year V respectively. For the third year 4 LGs, the sanitation results have not been planned in year I and II as these LGs will be intervened from year III.

2.4. Sanitation result targets for fourth year 17 LGs

The sanitation results targets for the fourth year 17 LGs will stand as per following.

Palikas (17)	Years					
	I	II	III	IV	V	
	2079/80	2080/81	2081/82	2082/83	2083/84	
	2022/2023	2023/24	2024/25	2025/26	2026/27	
Percentage of SAN results targeted over the years				50%	50%	Total
# of Improved toilets	No implementation			2689	2689	5379
# of Basic toilets				635	635	1271
# of Hand washing station with soap and water				4241	4241	8482
# of HHs fulfilling Total SAN indicators				2194	2194	4389

As reflected in the table above, total targets for improved toilets, basic toilets, hand washing station with soap and water and household fulfilling total sanitation indicators stand 5379, 1271, 8482 and 4389 respectively for the fourth year 17 LGs. Out of these results the sanitation results will be realized by 50% in year IV and year V. For the fourth year 17 LGs, the sanitation results have not been planned till year III as these LGs will be intervened from year IV only.

2.5. Overall sanitation results planning over the years (# of facilities)

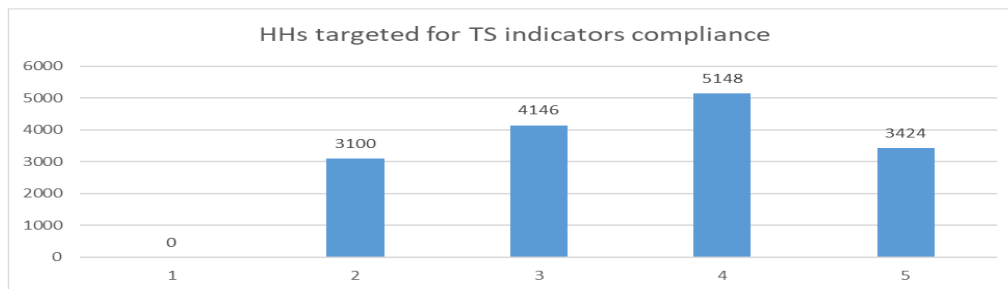
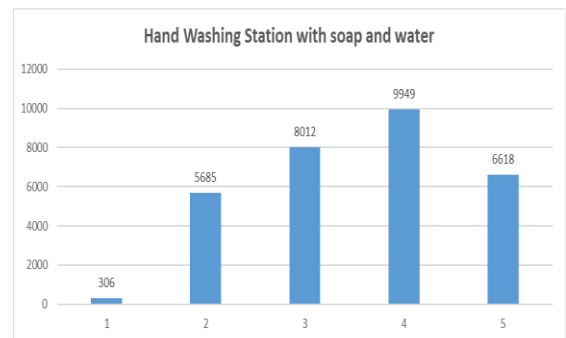
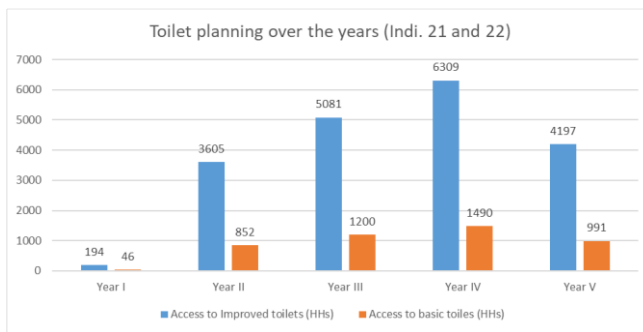
The overall sanitation results targets over the years stand as per following. As included in the table, the total 240 toilets have been planned for year I and 4457 for the year II including both permanent improved and basic toilets. In the same way, the total targets for toilets for year III, IV and V stands as 6281, 7799 and 5188 respectively. The plan for hand washing station with the availability of soap and water and total sanitation are also planned against the year as well.

Key Indicators	Year I	Year II	Year III	Year IV	Year V	Total
	2079/80	2080/81	2081/82	2082/83	2083/84	
	2022/2023	2023/24	2024/25	2025/26	2026/27	
Access to Improved toilets (HHs)	194	3605	5081	6309	4197	19385
Access to basic toilets (HHs)	46	852	1200	1490	991	4580
Total	240	4457	6281	7799	5188	23965
						Total
HWS	306	5685	8012	9949	6618	30570
						Total
HH complying with TS Indicators	0	3100	4146	5148	3424	15817

Based on the sanitation results planning over the years, the number of beneficiaries (population) will stand as per following. This figure is based on the planning for the sanitation facilities which has been calculated by 4.66 which is the average size of the households from the SUSWA working LGs.

Indicators	Year I	Year II	Year III	Year IV	Year V	Total
	2079/80	2080/81	2081/82	2082/83	2083/84	
	2022/2023	2023/24	2024/25	2025/26	2026/27	
Access to Improved toilets (HHs)	903	16800	23676	29400	19557	90336
Access to basic toilets (HHs)	213	3969	5593	6946	4620	21342
HWS	306	5685	8012	9949	6618	30570
HH complying with TS Indicators	0	3100	4146	5148	3424	15817

The following bar graphs reflect the targets for sanitation facilities over the years.



2.6. Number of improved institutional toilets with water supply related to indicator # 26

Status and target for toilets at the schools:

SUSWA baseline has revealed that 70% of schools have improved toilets and 30% toilets will be in need of support for the construction or the improvement of the toilet whereas SUSWA will support 20% of the total schools for the construction or the improvement of the toilets.

S. N.	District	Municipalities/RMs	# of schools	70% schools have improved toilets	Toilets to be intervened	Schools to support by SUSWA(20% of total)
1	Dolpa	Dolpo Buddha Rural Municipality	4	3	1	1
2	Dolpa	Se Phoksundo Rural Municipality	12	8	4	2
3	Dolpa	Mudkechula Rural Municipality	14	10	4	3
4	Dolpa	Tripurasundari Municipality	32	22	10	6
5	Dolpa	Thuli Bheri Municipality	24	17	7	5
6	Dolpa	Kaika Rural Municipality	14	10	4	3
7	Dolpa	Charka Tangsong Rural Municipality	8	6	2	2
8	Dolpa	Jagadulla Rural Municipality	8	6	2	2
9	Mugu	Mugumakarmarong Rural Municipality	17	12	5	3
10	Humla	Chankheli Rural Municipality	15	11	5	3
11	Humla	Kharpunath Rural Municipality	16	11	5	3
12	Humla	Namkha Rural Municipality	15	11	5	3
13	Humla	Simkot Rural Municipality	17	12	5	3
14	Humla	Sarkegadh Rural Municipality	32	22	10	6
15	Humla	Aadanchuli Rural Municipality	17	12	5	3
16	Humla	Tanjakot Rural Municipality	19	13	6	4
17	Jumla	Patarasi Rural Municipality	15	11	5	3
18	Jumla	Kanakasundari Municipality	28	20	8	6
19	Jumla	Sinja Rural Municipality	23	16	7	5
20	Jumla	Hima Rural Municipality	19	13	6	4

21	Kalikot	Palata Rural Municipality	36	25	11	7
22	Kalikot	Pachaljharana Rural Municipality	26	18	8	5
23	Dailekh	Gurans Rural Municipality	48	34	14	10
24	Dailekh	Naumule Rural Municipality	46	32	14	9
25	Dailekh	Bhagwatimai Rural Municipality	30	21	9	6
26	Jajarkot	Junichande Rural Municipality	61	43	18	12
27	Jajarkot	Bherimalika Municipality	56	39	17	11
28	Jajarkot	Triveni Nalagadh Municipality	73	51	22	15
29	Rukum West	Athabiskot Municipality	54	38	16	11
30	Rukum West	Sani Bheri Rural Municipality	45	32	14	9
31	Rukum West	Triveni Rural Municipality	42	29	13	8
32	Rukum West	Chaurjahari Municipality	42	29	13	8
33	Salyan	Darma Rural Municipality	35	25	11	7
34	Salyan	Kumakhmalika Rural Municipality	49	34	15	10
35	Salyan	Bangad Kupinde Municipality	65	46	20	13
36	Salyan	Dhorchaur Rural Municipality	25	18	8	5
37	Salyan	Chatreshwori Rural Municipality	41	29	12	8
38	Salyan	Baghachaur Municipality	71	50	21	14
39	Salyan	Kalimati Rural Municipality	51	36	15	10
40	Salyan	Triveni Rural Municipality	31	22	9	6
41	Salyan	Kapurkot Rural Municipality	24	17	7	5
42	Surkhet	Bheriganga	54	38	16	11
			1354	948	406	271

of toilets to construct at the schools.

	Y1	Y2	Y3	Y4	Y5	Total
# of toilets targeted for the schools over the years	21	70	70	65	45	271

2.7. Status and target for toilets at the health care facilities (HCF):

SUSWA's baseline has informed that the access to toilets at the health care facilities is 89%. In addition to this, the baseline informs that 60% of toilets are for men whereas the percentage of separate toilets for women stands at 54%. Only 18% of toilets have the provision of safe disposal of sanitary materials. An interesting, and worrying aspect is that only 16% of toilets are considered accessible or friendly for persons with disabilities.

Other agencies engaged in the health sector such as SWACHHATA have supported a large number of toilets at the HCF in Karnali province. UNICEF and Palika themselves also have been supporting the construction of the improvement of toilets. Based on the data and information available, SUSWA assumes that more support and interventions would be required for the school toilets compared to the toilets at the HCF. SUSWA has roughly planned 29 toilets to be constructed or improved at the HCF throughout the palikas. The target for the construction or the improvement of the toilets will run as per following.

	Y1	Y2	Y3	Y4	Y5	Total
# of toilets targeted for HCF	1	8	8	8	4	29

The target for 271 toilets for the schools and 29 for the HCF will roughly stand for our planning. However, the deviation from the number for both the categories is anticipated. The plan and target will be updated based on the local dynamics and needs from the field.

The schools and health care facilities are the prime targets for the construction and improvement of the institutional toilets. If there are genuine needs for the public places assessed and verified by the WASH units and PSU, the business plan will be mandatory for those facilities. The business plan should specify the operation and maintenance of the sanitation facilities in a sustainable manner. However the public toilets will be give less priority.

2.8. Number of institutions having a functional handwashing facility with water and soap. Related to target # 27.

The provision of handwashing facilities will be mandatorily embedded with the design of the institutional toilets. There won't be a separate activity for this. The consideration will be duly laid for the CGD friendliness aspects for the design and implementation. The schools will be mobilized for the provision and management of the soap to ensure improved hygiene.

Revision of the targets per LGs and for overall project:

SUSWA has the over-arching objectives and results targets under 3 broader themes and mostly the activities are built up based on the water supply schemes, institutional toilets and later the functionality interventions. As primary geographies for sanitation and hygiene are the areas where the implementation is done for water supply schemes, institutional toilets, Water safely plan and further the functionality interventions. Based on the results attained in the year I and II, the revision of the targets against LGs will be done in a scientific and objective manner to ensure the realistic targets and interventions.

3. The geographies where SUSWA intends to work for sanitation and hygiene

The communities where SUSWA implements the water supply schemes are the prime geographies where sanitation and hygiene interventions will be implemented with priority. Secondly the SUSWA will also facilitate and mobilize the communities where institutional toilets will be constructed. Based on the calculation of the households and the population as per baseline and surveys , it is likely that SUSWA will be able to ensure its targets of sanitation and hygiene related facilities from these two categories of the communities. Thirdly, if there is any need to have the interventions in the areas out of the areas from where both water supply and institutional toilets are not constructed, the sanitation and hygiene related interventions will be implemented in the case of disasters and any urgent needs and priority arising thereafter.

Based on the learnings from the implementation, it is likely that the revision of the targets will be made over the time which will inform about the strategies for the geographies and focus as well.

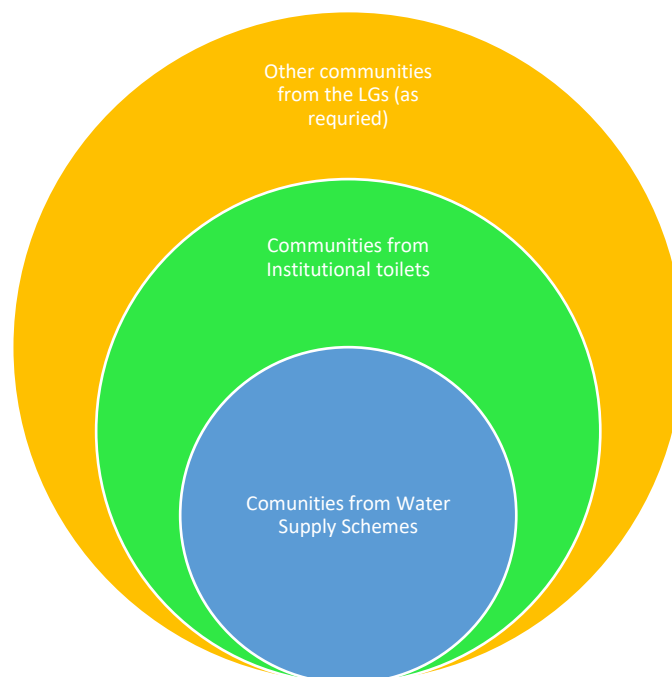


Figure 1: The geographies for sanitation and hygiene interventions in SUSWA

4. The building blocks for sanitation and hygiene in SUSWA

The main building blocks for the interventions on sanitation and hygiene are:

Motivation
Mandates
Market
Messaging

There are a set of activities that were employed during the implementation of sanitation and hygiene interventions in the past. Based on the experience from the past, key building blocks to realize the targets have been identified as Triggering Motivation, Strengthening mandates, Promoting Markets and Magnifying messages. In fact these are the set of activities which are intertwined and act as complimenting to others. These building blocks are elaborated briefly hereunder.

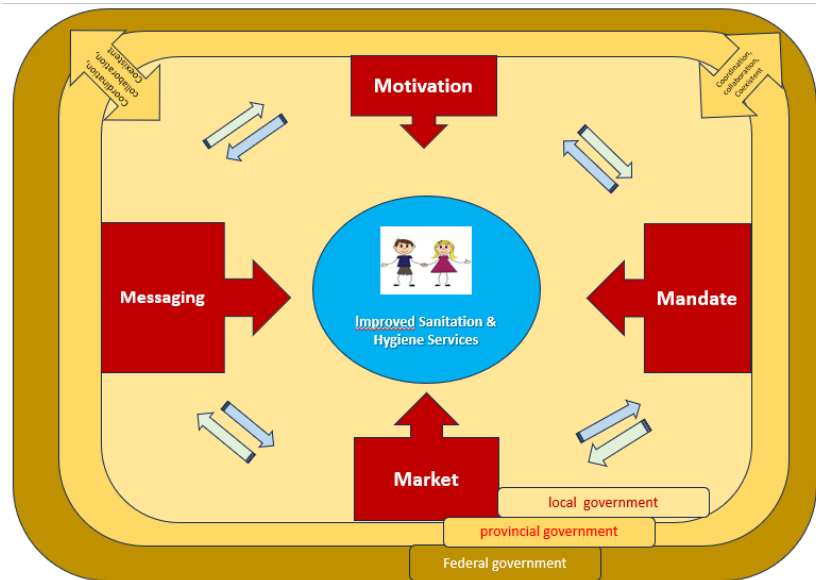


Figure 2 : SUSWA's approach for the promotion of sanitation and hygiene

4.1. Triggering Motivation (Motivation)

Motivation is essentially important to ensure the shift or progressive jump from the status of not having toilets, or having unimproved toilets or shared toilets to basic or an improved toilets. There are lessons and learnings from Nepal's ODF campaign that the motivation on the part of the communities plays the significant role to ensure the construction and the improvement of the sanitation facilities. The needs for today obviously is to trigger the motivation for the communities to feel or realize to ensure the construction or the improvement of the basic or an improved toilets using all the available resources, skills and motivational aspects.

As there are significant percentage of households either not having toilets or sharing or using temporary toilets, there is a need to revisit the status in the communities to take up pragmatic actions to address the needs. As the key focus was hiding the shits during ODF to create and expedite the whim to realize to stop ODF throughout the communities and for the laggards the prime focus was "to hide the shits with any affordable and easy methods". During the ODF campaign, the whole WASH sector was pioneer and all other sectors were very instrumental to mobilize the institutional mechanisms. However, after the declaration of ODF in Nepal in September, 2019, the presence of WASH sector agencies has not been as intensive as during the ODF campaign. Further to this, the priority of the WASH sector agencies has been shifted to other themes and components. Currently, as evidenced by the data and information from WASH sector agencies, the slippage prevails throughout the country but with different status from one area to another. To realize the results in relation to the construction or the improvement of the toilets, SUSWA will employ the strategic interventions for improved awareness and sensitization in the communities.

To ensure the effectiveness for post triggering activities targeting to the total sanitation, SUSWA will improvise the tools and procedures in coordination and collaboration of other sector agencies. The respective WASH units will be trained on sanitation and hygiene including the triggering and motivational tools that will be applied in the communities. In essence the focus here will be to intensify the triggering activities to make a jump to improved sanitation. During the implementation at the communities, the efforts will also be made to rollout the innovative approaches such as baby WASH as well.

4.2. Strengthening Mandate of the local governments (Mandates)

The mechanisms that promote coordination, cooperation and policies are essential to ensure the implementation as expected. One of the success factors for the promotion of Nepal as the ODF country was due to having proper policies and reinforcement packages in the past as well. The government of Nepal enacted and endorsed the National Sanitation and Hygiene Master plan with the commitment from almost all the ministries related to development and National Planning Commission. The mobilization of different sectors and sectoral mechanisms was effective due to the national policies for the mobilization of the multiple sectors for the campaign "Sanitation for all, and all for sanitation". The policies and strategies were also localized at the sub national and local level so that more pragmatic issues and subjects are addressed at the local level.

Based on the learning and experience of the success of the ODF campaign in Nepal, the mobilization of multiple agencies and sectors is essential to have concerted efforts for the promotion of sanitation and hygiene. Further to this, the role of local governments as mandated by the constitution of Nepal has overly spelled and intense for water, sanitation and hygiene. The constitution has provisioned the right to water supply and sanitation services in the fundamental rights and clearly spoken the heightened role of the local governments to lead the WASH sector as a whole. Considering the constitutional mandates, SUSWA will facilitate the local governments to ensure the proper policies and legal instruments are in place to have improved service delivery mechanisms. In coordination and collaboration of the local governments and other sector agencies, SUSWA will facilitate the local governments through capacity building and learning sharing events to ensure the needs and aspiration of the people from diverse spectrum are addressed to ensure increased and improved access to sanitation and hygiene facilities.

4.3. Promoting Market (Market)

As evident from the field study by SUSWA and other agencies, it has been observed that the toilets have been ages old as a significant number of the toilets were constructed between 2010-2019. The district that was declared as ODF at last in Karnali was nearly 1.5 years prior to the declaration date of Nepal as ODF. From this point, the toilets in Karnali are more than 5 years of age, mostly around 10 years or so. During the ODF era (between 2010-2019), the variety of options were employed including ceramic pans, plastic pans, commode and the cemented base connected to a pit by pipes. As the studies and researches have revealed that there are still some segments that are lagging behind in terms of the access to the toilets. These segments largely include the communities away from the market enters where there are difficulties for the transport of the sanitation materials due to having no or uneven and unreliable road conditions. There have still some households without access to toilets due to poverty who can not repair or maintain their toilet facilities.

To ensure the application of the improved technological options with a good interface of the market, more coordination and collaboration with the market actors and availing the technological options will be laid with due focus. SUSWA will pay utmost efforts to test and improvise some of the water efficient and user friendly technology options in coordination and collaboration of iDE and other market players. The interventions for technological options for SUSWA's program will include but not limited to the following options.

- Identification of the water efficient and user friendly technologies
- Field testing of the options
- Wider demonstration and dissemination of the technological options
- Masons' training to ensure proper installation and standards of the toilets including the improved options
- Facilitation during the construction or the improvement of the toilets with technical monitoring
- Supervision and monitoring of the progress

4.4. Magnifying Messaging (Messages)

Behavior Change Communication (BCC) is an approach intended to bring the positive change or improvement in the behavior or habit of an individual, institution or the group of people. In sanitation and hygiene, the BCC approach is adopted to develop the intended habits through the set of steps including but not limited to the identification of the bottlenecks, finding the causes of bottlenecks, framing the messages, identification of the target audience and behavior, identification of the proper channels for the delivery of the messages and the implementation of the BCC plan. The BCC approach is implemented in coordination and collaboration of different sector agencies so that the uniformity in implementation is ensured.

As there are many social taboos and some practices that do not allow certain groups of people to use the toilets, there needs to have rigorous and intensive implementation of BCC related activities. SUSWA will carry out the BCC survey adopting different frameworks including but not limited to FOAM, SANI-FOAM, RANAS and other tools based on the learning from other related projects. In WASH sector, there are many IECs designed and developed by many agencies. SUSWA together with other sector agencies and government agencies will make the efforts to assess the effectiveness of the prevailing IECs and will adapt or improvise to adapt with the current needs and requirements. Basically in the initial years, SUSWA will take the time to design and implement sanitation and hygiene related activities and it is anticipated that the SUSWA team will have the opportunity to see and observe the positive behaviors and the intended behavior for improved hygiene practices. Based on the quick learnings, the BCC survey will be rolled out.

COMPLIANCE WITH NO SUBSIDY APPROACH FOR SANITATION AND HYGIENE

As per the mandate of National Sanitation and Hygiene Master Plan and the policies of government of Nepal, SUSWA will abide by the NO SUBSIDY approach. SUSWA will intensively use the motivational tools, promote the leadership and ownership of the priority on the part of the local governments, establish and strengthen sanitation markets with informed choices and the context specific and tailored BCC tools and IEC materials to ensure increased and improved access to sanitation and hygiene services.

5. Step by Step for the promotion of sanitation and hygiene

There will be broader 3 phases for the effective planning and implementation of the sanitation and hygiene related interventions which are categorized as:

- Planning
- Implementation
- Post Implementation

The diagram hereunder details the key milestones and key activities under each of the phases for the implementation of sanitation and hygiene.

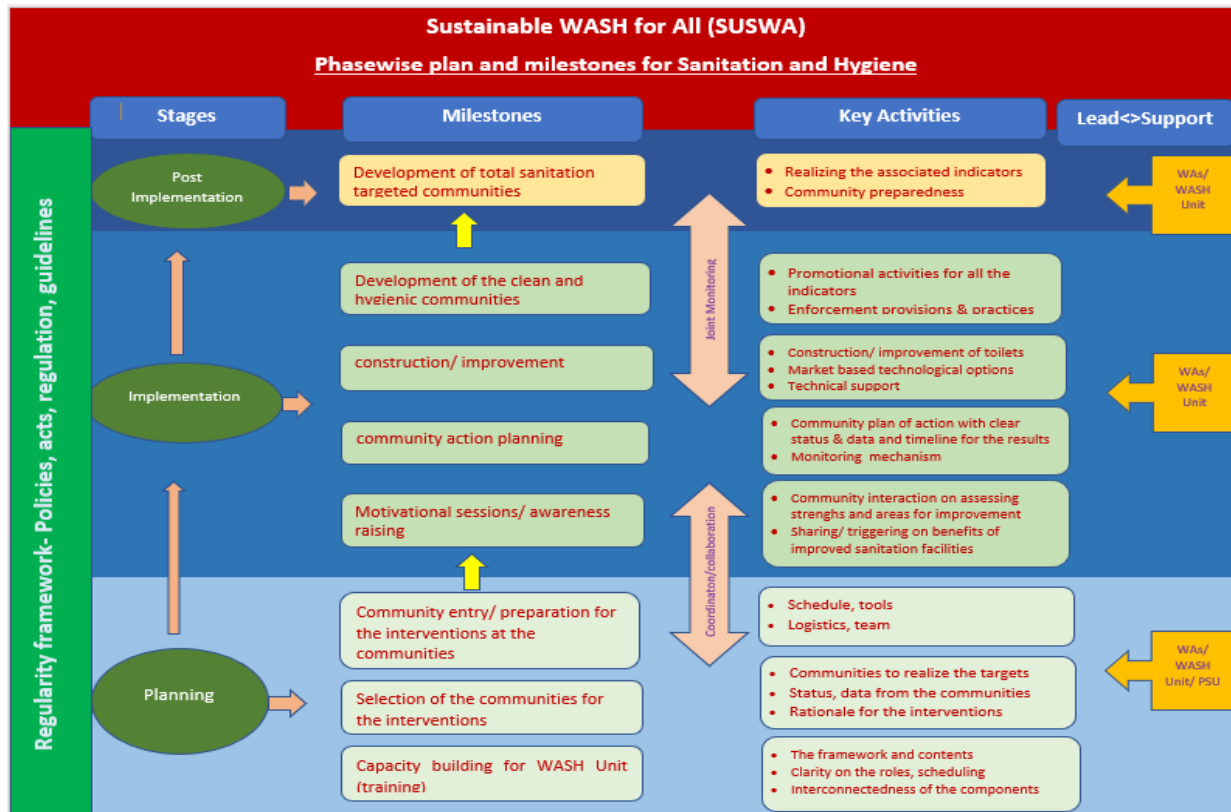


Figure 3 : Step by Step process for the promotion of sanitation and hygiene

In the planning phase, the capacity building of the WASH units will be done. In order to have a common understanding, knowledge and skills on the process and procedures for the promotion of sanitation and hygiene, the sharing with the SUSWA team will be done on the targets, key strategies and methodologies. After having common understanding on the methodological process, the orientation/training event will be organized for PSU based staff and the WASH advisors. PSU based specialists and WASH advisors will plan for the training to the WASH Unit staff. The contents of the WASH unit training will be designed in a participatory and consultative manner. The key contents of the WASH unit training will be but not limited to the following.

- SUSWA, its working approaches and modality for sanitation, hygiene and total sanitation
- Constitutional and legal ground for WASH

- Sanitation and Hygiene, total sanitation and indicators, tools for the promotion of indicators
- Step by Step approach and integration of hardware and software activities
- Role of different stakeholders for sanitation and hygiene
- Household data management, Monitoring and evaluation
- Technological options, Supply chain and market based approach
- School WASH including 3-STAR approach
- GEDSI, Behavior Change Communication and new & innovative BCC tools
- Dignified Menstrual Hygiene Management (DMM)
- Fecal Sludge management
- Communication and documentation
- Different sanitation and technological options

During implementation phase, the key focus will be laid on acquisition of the realistic data and information from the household and other levels. The WASH units will carryout motivational sessions to ignite the needs and awareness to take up the initiatives for the improvement of the sanitation and hygiene status in the communities. If the prime activities contributing a good level of understanding and awareness on the importance of having toilets at home are considered, the triggering activities at the community can be rated the foremost effective and efficient way to create motivation for the people on the ground.

As evident by many researches and surveys, the slippages is prevalent everywhere but with different rates. As there are still 11% households not having toilets at SUSWA's palikas, significant level of motivational sessions/post triggering would be required further to create motivation, awareness and the leadership of the communities. The community sensitization is important to create the awareness and commitment to have improved toilets or shifting the ladder of sanitation to take maximal benefits from the sanitation. After post triggering, the community action plan will be prepared to realize the target of new construction or the improvement. The set of activities for the post triggering would differ and vary from one community and the others and mostly dependent on the local needs and dynamics, however the following will be but not limited to the set of activities for post triggering at the communities.

After the set of post triggering activities, the community action plan (Format for community action plan annexed) will be prepared. Based on the community action plan, the implementation will be initiated and will take momentum. The implementation will be focused for the construction of new toilets, improvement and obviously the hygiene promotional activities. The set of activities that are implemented in the implementation phase would lead to develop as clean and hygienic communities.

The post implementation phase is to maintain the results that have been gained and make efforts further to strengthen the sector. In the post implementation phase the consideration and focus will be laid on scoping and intervening the further areas and indicators for to attain the results on total sanitation.



Figure 4 : Broader milestones for sanitation and hygiene over the slabs of the years

As the components of the SUSWA have been interconnected, the implementation for different components will be rolled out strategically and in a step wise manner and this will help to ensure the realization of the required milestones in the specific stage.

The first stage has been considered as the time frame for a year's time for which the policies, plans and institutional setups have been envisioned. In this stage, mostly the enabling environment will be created and activity implementation will start. In the second stage, it has been envisioned to roll out the construction and improvement of the sanitation facilities and hygiene promotional activities at mass and at scale. Here the results at scale is attained through improved coordination and collaboration with the sector agencies. The consideration and priority are laid to ensure the improved coordination and collaboration between and among the market players including but not limited to producers, wholesalers, retailers and end users. The second stage will cover the approximate period of 2-3 years, however will be dependent on the local situation and requirement. The third stage which has been considered as the Intensifying phase focuses on to have proper regulatory and enforcement practices which deals to incentivize the laggards and also puts the enforcement practices as well.

6. School WASH

6.1. The indicators:

Water, Sanitation and Hygiene plays a pivotal role for improved teaching and learning practices at the schools. Without having proper and required facilities and practices on water, sanitation and hygiene, the learning outcomes are severely affected.

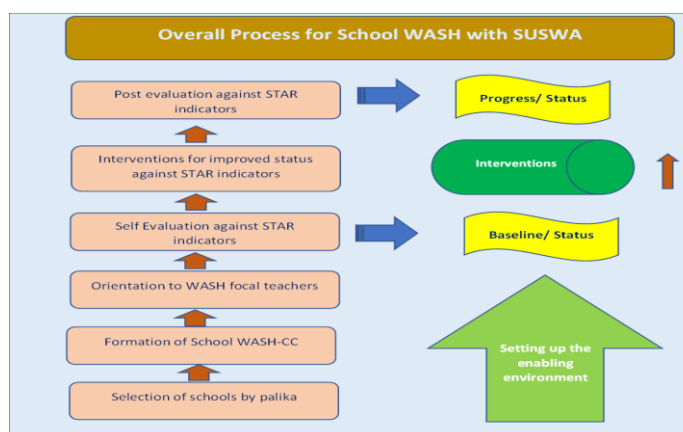
As the constitution of Nepal has ensured the rights to education and the water, sanitation and hygiene plays the central role for improved learning. To ensure the quality of education for all as envisioned by the goal no. 4 of the sustainable development goals, the department of education has enacted the School WASH Guideline 2074 with the vision of creating a good learning environment for improved learning outcomes through improved school environment. There are set of 10 indicators including water supply, toilets, hygiene, environment, Disaster Risk Reduction, Menstrual Hygiene Management, Institutional arrangement for sustainability and monitoring and accountability. These indicators are so essential to ensure the improved teaching and learning environment and the WASH guidelines envisions to have different scenarios progress with the set of outcomes.

SUSWA will work in the selected schools primarily focusing for the construction and improvement of the sanitation facilities. Based on the data from the WASH plan which are further verified from the field with the lead of WASH unit staff, the schools will be selected for the construction or improvement of the toilets which will be embedded with other sanitation and hygiene related activities. For the selection of the schools for the construction or the improvement of the toilets, the following aspects will be considered.

- Schools not having any toilets
- Schools not meeting the standards of the toilet and student ratio
- Having toilets but not in fully function- with the need to have repair and maintenance to ensure fully functioning/operation.

6.2. Overall process for school WASH for SUSWA and STAR evaluation process

The rating of the targeted schools against STAR indicators follows the series of activities to be implemented for realizing the improved environment at the schools. However, there are other sets of activities that are intertwined and have good relations and implementation of one activity has effect for others. The following figure presents the overall process that should be compiled for the implementation of school WASH.



As outline in the above figure the, detail process for the implementation of school WASH has been elaborated in the following

table as well. (School WASH assessment and plan of action formats included at the annex)

Figure 5 : SUSWA's approach on School WASH

Steps	Methodology	Lead	Timeline
Selection of schools by palika	The palika will select the schools based on the data and information reflected in the WASH plan and verification in the field by WASH unit. For the selection, the school/s should have genuine needs for the construction or the improvement of the toilets or the water supply schemes.	Palika with the support from WASH Unit	Based and as communication with PSU
Formation of school WASH-CC	The school will have to form the School WASH-CC in reference to the School WASH guideline or with the amendments endorsed.	SMC with the support from WASH unit	As communication by palika
Orientation to School WASH-CC	The orientation to the School WASH-CC will be organized so that they have the common understanding on the need of school WASH and the process and procedures of the self evaluation and STAR certification process.	WASH Unit with the support from WA and S&HS	After the school WASH-CCs are formed.
Self Evaluation against STAR indicators	The school WASH-CC takes the lead for the self evaluation and scores against the STAR indicators.	School WASH-CC	Within the two months of the start up of the academic session
Interventions against STAR indicators	Once the status or the baseline is prepared, SUSWA will support for the construction of the school toilets. In addition, the school will be backed up to intervene to realize the improved status for other indicators as well.	School WASH-CC, SMC	After the self evaluation
Post evaluation against STAR indicators	At the end of the intervention period or within the two months of the start up of the next academic session, the self evaluation will be done again as well.	School WASH-CC/ WASH Unit	After the interventions/ within 2 months of the start up of the next academic session.

7. Understanding ODF and POST ODF interventions:

Shift of the paradigm on understanding and practices

In Nepal, the time between 2010 and 2019 was very much focused for the "ODF Campaign". The ODF campaign embedded a set of components which can be grouped as 5Cs including CLTS, Coordination, Campaign, Construction and Celebration. The 5 Cs as carried during the promotion of sanitation and hygiene has been detailed as below.

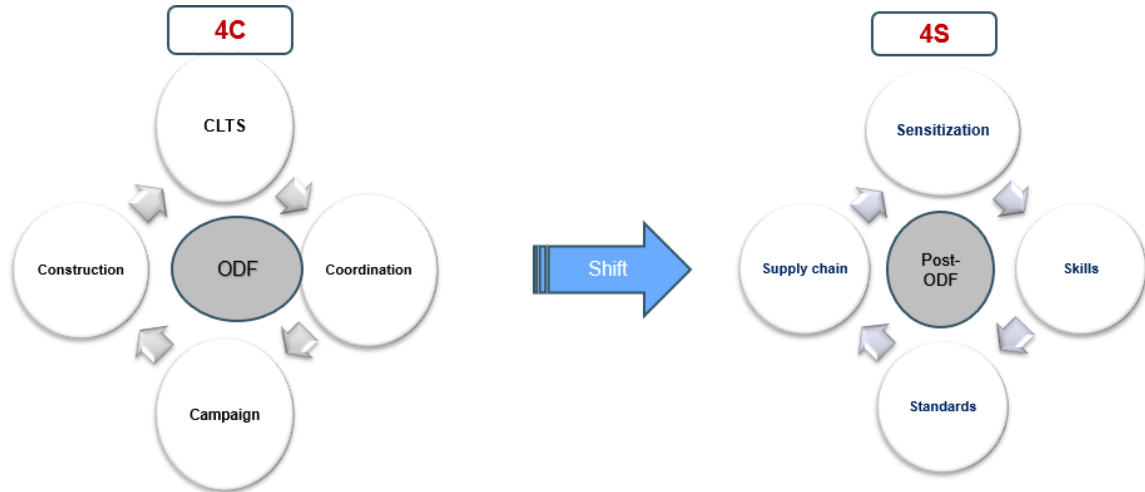


Figure 6 : 4Cs vs 4s for shift of understanding and practices towards total sanitation

CLTS:

Community Lead Total Sanitation (CLTS) is the approach which promotes the community leadership and ownership to initiate and intensify sanitation and hygiene promotional activities. During the ODF movement in Nepal, the WASH practitioners were trained on the CLTS approaches to carry out the field activities intensively. CLTS was taken as the main vehicle to realize the target of sanitation and this was given prime focus in National Sanitation and Hygiene Master Plan as well.

Coordination

The ODF campaign was coordinated with the involvement and engagement of all the relevant sector stakeholders at all levels. The ODF was possible with the coordination and collaboration of all the stakeholders at all levels.

Campaign

The promotion of sanitation was taken and considered as the campaign for all the WASH stakeholders and throughout the country. The session and contents for sanitation and hygiene was mandated during all types of trainings and orientation events.

Construction

During the ODF campaign, the focus was laid for the construction of the toilets. The efforts were also made to have the sharing and capacity building on different technological aspects. However, the communities were free to choose the options based on their choices and affordability.

POST ODF interventions:

As Nepal has gone through a rapid process of realizing the improvement in the status of sanitation through a rigorous process of ODF, the need to have pragmatic and procedural understanding has been arisen for the improved POST ODF interventions. The studies and researches conducted by different agencies for the sustainability of the ODF have revealed that the slippage prevails throughout the country but at different scales from one area to another. There is a significant number of households which require the improvement of the toilets. The baseline conducted by SUSWA has also revealed that there is need for the construction or the improvement of toilets at 31% of the households with 11% not having toilets, 17% with temporary toilets and 3% with shared toilets. It is evident that there is a significant percentage of households with the need either for the new construction or the improvement of the toilets.

In line with the sustainable development goals and its own plan, the government of Nepal also targeted to make the interventions towards the paths of attaining increased and improved access to the improved toilets. However the implementation of the interventions related to POST ODF has not been effective as expected due to the shifting of the priority from the part of the local governments including a rigorous process of state restructuring, adjustment of the government staff, development and adoption of the legal instruments.

As there have already been the elected representatives for the second term at the local level, it is also envisioned to have the elected representatives for the second term as per the provision of the new constitution. It is likely that there will be heightened priority from the part of all 3 tiers of the government and POST ODF interventions will have to be prioritized. For a common and concerted effort for effective POST ODF interventions, there is need to have different thoughts than what was dealt for the ODF. This can be termed as the new thoughts for POST ODF interventions. For SUSWA's interventions for POST ODF, the following "5 S" will be duly considered.

Sensitization:

There is need to have sensitization on the part of the communities, WASH agencies and the palika on the benefits of having improved sanitation. During the ODF campaign the triggering activities were conducted with the prime focus for the construction of the toilets to hide the shits. The construction of the toilets was done by the communities based on their financial capabilities. After the declaration of ODF, as communities have experienced the uses and relevance of the toilet facilities, there is a need to shift the unimproved toilets towards the improved one. The shift on the part of the communities from the status of not having toilets to the basic one and the basic to the improved one does not happen overnight and at the wish, this will require massive sensitization for the communities. As the sanitation context of Nepal has gone through a lot of upheavals in regards to gaining the ODF status and reflection of the slippage, the post ODF interventions should be built up with due focus on the activities related to sensitization which will deal with the importance of having the toilet facilities and rationale for further improvement.

Skills:

In most of the context, the toilets were constructed during the ODF campaign by the households themselves and in some cases with the engagement of the local masons who are not well trained on proper installation procedures. The construction of the standard toilets requires the basic knowledge and skills which was lacking or was less for all the households in the past. It was not possible to mobilize the masons for the construction of the households toilets in all contexts. With the improved knowledge

and experience for the use of toilets, now it has been realized that there is an intensive need and requirement to ensure the improved skills and knowledge for the construction or for the improvement of the toilet as scale.

Standards:

It has been widely observed and shared that the majority of the toilets have not maintained even the basic standards. The concerns in regard to the height, light, ventilation, width and the accessibility are very common. The standards of the toilets have a direct relation with the use of the toilets. The more standards are maintained for the structure and accessibility of the toilets, the more use of the toilets is ensured. For the POST ODF interventions, the intensive focus will be required to sensitize the communities and the related stakeholders on the designs and standards of the toilets.

Supply Chain:

The supply of the WASH materials is essentially important to ensure the construction or the improvement of the toilets. In the past, the toilets were constructed with mostly the pans distributed from the government and development agencies. In the past, less focus was laid for the establishment or for the promotion of the markets that deliver the sanitation materials readily. The sanitation market is so important which eventually takes the role to ensure the products are suited with the demands of the communities on a regular basis. Together with the local governments, SUSWA will make all the efforts to develop the interface of the markets. Through an intensive study together with iDE, SUSWA will come up with some innovative and viable technological options to cater the needs and aspirations of the communities. Further to this, the group of masons will be trained on the technological options who will further deliver the services for the construction or the improvement of the toilets at scale.

8. Fecal Sludge Management (FSM)

As there has been rapid shift of the people at the urban setting and more exacerbated by the new set up of municipalities in the recent times, the need for fecal sludge management has been increasing. In alignment with the target of sustainable development goals 6.2 for safely managed sanitation, there is wider need and requirements for different options. As the toilets across the communities and geographies range with different ages, sooner or later there will be increased need for diverse options for safely management of the fecal sludge without affecting the environment. Currently there are some options being used throughout the communities such as but not limited to the use of twin pits, connecting to the bio-gas, and emptying options whether with the manual provision and through machine pumping up and management. It is clear that one option does not fit everywhere and there will be need to tailor the options as per different contexts and geographies.

SUSWA has planned a systematic approach for safely managed sanitation to contribute for the achievement of the SDG targets. The results targets related to increasing access to permanent improved toilets, access to basic toilets are all to ensure the increased and improved access to safely managed sanitation facilities which are well aligned with the SDG targets. In addition to this, there are contexts and geographies where there is need to have the designated Fecal Sludge Treatment Plant (FSTP) to ensure the fecal sludge is not thrown to the open environments posing the risk to the environmental contamination.

Considering to have wide range of options for Fecal Sludge Management (FSM) to be introduced and adopted, SUSWA will take initiation to start up some simple, feasible and affordable FSTP options together with the implementing local governments, the DWSSM and other agencies in the selected LGs. SUSWA will follow the following steps to initiate the FSTP options at the selected LGs.

- Develop the scope of work
- Selection and engagement of the consultant having proven experience in different options of the FSM options.
- Feasibility assessment at the selected to assess the needs, demands and willingness of the LGs to start up feasible and context specific FSM interventions.
- Sharing and learning events at the FSTP sites to trigger demands for for the start up of the FSTPs with the participation of selected LGs, DWSSM.
- Agreement between DWSSM, PCO and selected LGs to start up the feasible FSM options.
- Preparation of work plan
- Implementation as per work plan

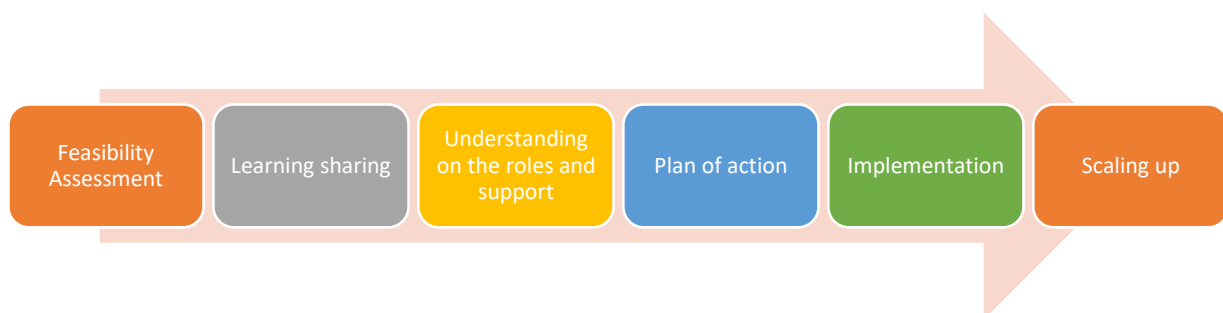


Figure 7: Milestones for Fecal Sludge Management

9. Sanitation Marketing:

Sanitation marketing is a market based approach that ensures the sustainable supply of the sanitation products and services through strengthened market system. In the strengthened market system, the market system chains are well identified, connected and ensures the delivery of the products that are preferred by the users with the variety of options including but not limited to user-friendliness, affordability, sustainable and availability.

As weak or thin sanitation market has been identified through a study together with iDE, SUSWA has been focusing on the market based solutions which caters and propels the demands and supply to stands with the "NO SUBSIDY" approach of the government of Nepal.

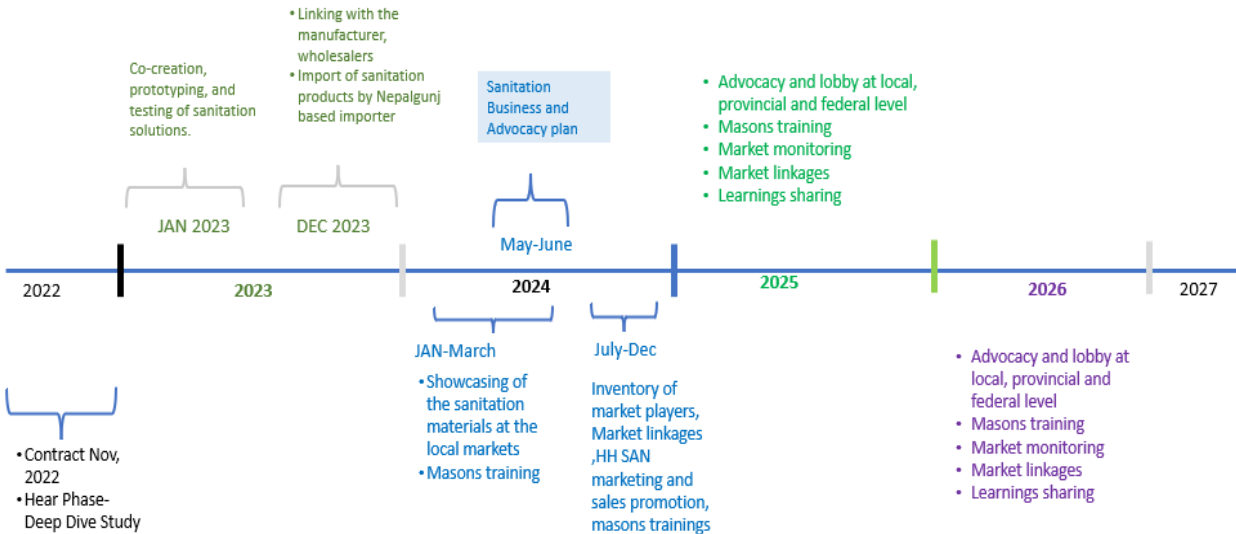


Figure 8 : Broader milestones for Sanitation Marketing

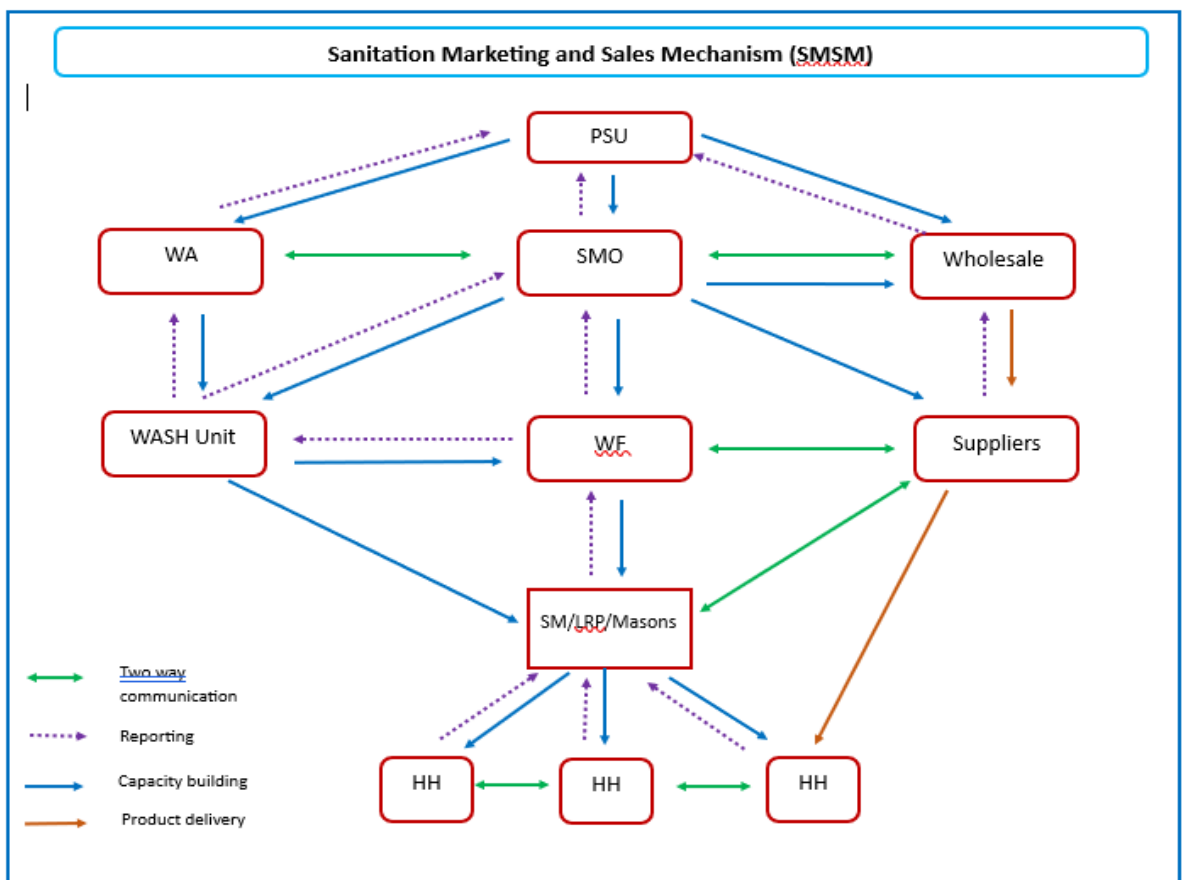
As the figure depicts the timeline and associated interventions for the sanitation marketing, the set of broader activities covering whole project period for sanitation has been covered. iDE as the pioneer for sanitation marketing has been engaged from the last part of 2022 followed by sanitation deep dive study. Then the co-creation prototyping and testing of some sanitation solutions was done in the first quarter of 2023 followed by linking up with the manufacturer, wholesalers and importers in the last part of 2023. The showcasing of sanitation products at key market centers were intensified till the first quarter of 2024. In the second half of 2024, the inventory of market players will be prepared followed by intensive mobilization of sanitation marketing LRP, masons mobilization to ensure improved interface between and supply and demand. From the late part of 2024, the efforts will be made for advocacy and lobby for improved sanitation marketing.

As the prime objective of sanitation marketing is to avail the sanitation products and services to contribute for increased and improved access to toilet facilities and other sanitation services, SUSWA will play efforts for improved sanitation marketing and improved interface between the wide range of

stakeholders and actors from sanitation value chain. To have a vibrant sanitation marketing and the services for the installation of the toilet products in a user friendly manner and in compliance of the standards to have improved accessibility, the efforts will be laid to impart the knowledge and skills for the masons on the ground.

SUSWA will frame its activities related to sanitation marketing in the following way.

- Market assessment
- Masons training
- Training and mobilization of Sanitation Marketing Local Resource Persons (SMLRP)
- SAN Mark workshop at the community level and start up the establishment of the SAN Mart the community market centers.
- Linkage and interface between and among the market players
- Assessment on the households/ community level to understand the impact created by the market and monitoring at the markets to understand the functioning of the market.
- Advocacy and lobby at all levels (Federal, provincial and local) to have the space and priority for sanitation marketing.



10. Total Sanitation

The Sanitation and Hygiene Master Plan of Nepal has defined the term Total Sanitation as "Unless otherwise stated, Total Sanitation for the purpose in this Master Plan is a range of facilities and hygiene behaviors that lead to achieve sanitized condition of the designated areas (VDC and municipality including settlements, Toles, school's catchments, etc). Total Sanitation concentrates on ending Open Defecation as a first significant step to an entry point of changing behavior. The second step includes all arrangements leading to sustainable hygiene and sanitation behaviors. Therefore, Total Sanitation is expected to achieve a sanitized condition in two phases in a sustainable manner..."

Total sanitation is the concept of developing the specific area with the provision of improved toilets, safe drinking water, hand washing with soap at the critical times, proper provisions for the waste management, household sanitation and food hygiene and ending of the open defecation. Development of the specific area with the provision of all these aspects takes longer time and the Guideline on Total Sanitation (2073) by the government of Nepal has envisioned to separate the total sanitation phases into two parts which are:

Clean and hygienic area

After meeting the minimum targets of sanitation and hygiene related indicators, any specific area will be developed as the clean and hygienic area.

Total Sanitation targeted area

Any specific area will be developed and declared as the total sanitized area with the fulfillment of the following key indicators.

- CGD friendly improved toilet
- Safe drinking water
- Hand washing with soap at critical times
- Waste management (solid and liquor)
- Environment sanitation (greenery and parks)
- Household sanitation and food hygiene

SUSWA has targeted to meet the total sanitation criteria more than 15,000 households and will follow the government guidelines and procedures. The total sanitation will be taken up in a step by step manner. SUSWA has harmonized the total sanitation related indicators ensuring these indicators can be objectively measured. Within the sex key indicators at the household level, the further sub-indicators are harmonized and framed as per following.

- Use of Improved /Basic toilet
 - Access to Improved/Basic toilet
 - Cleaning of toilet
 - Use of toilet by all family members.
- Personal hygiene and hand washing
 - Hand washing station with soap and water
 - Dispose of hygiene materials in garbage/waste pit.
 - Cleaning and sun drying of reusable sanitary materials
- Safe drinking water
 - Chlorinated, boiled drinking water with national standards
 - Safe storage of drinking water
 - Use of drinking water from improved sources and well managed drinking water schemes.
- Food hygiene
 - Dish cleaning spaces

- Neat and clean Kitchen
- Eating fruits and raw food only after cleaning it
- Household and institutional sanitation
 - Clean inside and outside the house
 - Classification of perishable and non-perishable items
 - Proper cleaning and management of cattle sheds and cages
- Environmental sanitation
 - Use of waste water in kitchen gardening, infiltration pit or channeling to the public recharge ponds
 - Proper management of solid and liquid waste
 - Kitchen gardening and greenery

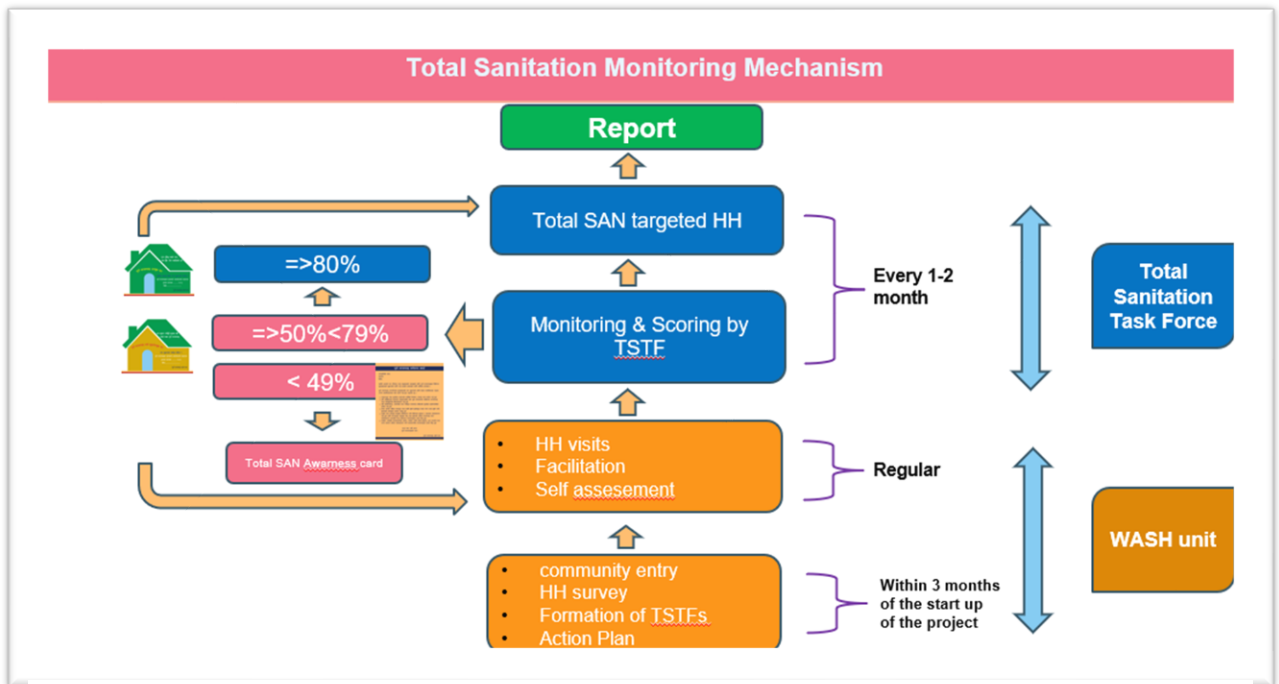


Figure 10 : Total Sanitation Monitoring Mechanism

The above figure represent the overall process and compliances SUSWA follows to ensure the facilitation and support at the communities and verify the results for total sanitation. First of all, the WASH unit staff start the interventions at the communities with triggering, awareness raising and facilitation for the construction and improvement of the toilets along with self assessment against the total sanitation indicators on regular basis. Then total sanitation task forces are also mobilized for joint monitoring where the total sanitation indicators are assessed at each and every households and scoring is done in a consultative and participatory manner. The households that gain 80% or more than 80% score out of 54 score, they are rated as Total Sanitation Targeted HHs and get the Green Stickers (annexed at annex no. 12.6) whereas the households gaining the score between 50%-79% are rated as the households with the condition of "Improving" and get green- yellow sticker (annex no 12.6). The households gaining the score less than 49% of 54 score get the Total Sanitation Awareness Card with the advice and suggestions to comply with. The WASH unit staff along with the total sanitation task forces facilitate the process targeting the households to attain the status of total sanitation targeted households with the maximum score at the possible extent.

11. Financial strategy and budget planning

SUSWA will have concerted interventions for bringing the anticipated results especially for the new construction and for the improvement of the toilet status. As evident and experienced from different geographies and ecological settings, the rigorous process of community motivation and mobilization will be required from the part of the projects that are short term and more roles will rely on the leadership and ownership of the local institutional set up and the local governments as well.

As per the Local Government Operation Act 2074 BS, the local governments have the prime role and responsibilities for the management of the community water supply, sanitation and hygiene. As part of the agreement, the local governments that have been selected for the implementation of SUSWA project, the financial commitment from the local government will be channelized to the Municipal WASH Fund for which the implementation will be done for the schemes or the sanitation and associated interventions. The team from SUSWA will pay utmost focus for the effective and efficient implementation of the schemes or the activities planned for SUSWA.

Palikas as local governments have the roles and responsibilities to look after the priorities for all the geographies that need the support to have WASH services. To ensure the access to basic and improved sanitation (toilets in specific) for all and for all time, the palikas would require the focused and concerned efforts and reinforcement practices.

So far the budget within SUSWA for its outcome 3 is concerned, 51% budget has been proposed for the construction or the improvement of the CGD friendly institutional toilets at the selected schools and health care facilities. The activities related to schools WASH has been allocated as 7%. In total the construction and improvement of the school toilets and school WASH will stand at around 58%. The rest of the budget has been planned for the activities that support or facilitate for the construction or the improvement of the toilets, hygiene promotion, total sanitation, FSM and GEDSI. This is the rough allocation of the available budget and seems there will be pressure to realize the activities.

Key Targets	Units	Number	Population	Rate			Total			% of total OA3 budget	Remarks	
				NPR (per unit)	EURO Per unit	Per Capita cost (NPR)	NPR	EURO	Per Capita Cost (NPR)			
Institutional toilets	Nos.	300	63,685	800,000	5,714	3,769	240,000,000	1,777,778		51%		
School WASH	Nos.	271		120,000		857	32,520,000	240,889		7%		
School WASH				920,000			272,520,000			58%		
Toilets (Basic & for improved)	HHS	23,961	111,419	3,500	25	753	83,863,500	621,211		18%	SUSWA will have pressure to ensure the toilet at all the HHS in the areas where it will intervene.	
Hygiene (including hand washing facilities/ station, IEC as well)	HHS	30,567	142,442	2,000	14	429	61,134,000	452,844		13%		
Total sanitation (including environmental sanitation)	HHS	15,817	73,707	2,000	14	429	31,634,000	234,326		7%		
FSM	LGs	42		250,000		1,786	10,500,000			2%	Includes some demonstration, awarness etc.	
For Sanitation, Hygiene and Total Sanitation			327,568			571	187,131,500	1,386,159		40%		
GEDSI, DMM		42		250000			10,500,000.00			2%		
Total for all components							470,151,500					
Deficit							(1,409,500.00)				-0.30	

12. Annexes:

12.1. Annex 1: Data on access to improved toilets reflected at the baseline survey

District	RMC	Total HHs	% of HHs using temporary toilets.	# of total toilets to improve
Dailekh	bhagwati maai	3627	2%	63
Dailekh	gunras	4562	3%	151
Dailekh	naaumule	4517	14%	642
Dolpa	charka	320	71%	226
Dolpa	Dolpo buddha	543	10%	54
Dolpa	jagadulla	600	31%	185
Dolpa	kai kai	926	14%	125
Dolpa	mudkechula	1206	24%	285
Dolpa	she fokundo	818	28%	230
Dolpa	thuli bheri	2380	13%	305
Dolpa	tripura sundari	2636	2%	42
Humla	aadamchuli	1481	45%	673
Humla	chankheli	1196	3%	36
Humla	kharpu nath	1545	14%	219
Humla	namkha	868	17%	149
Humla	sarkegadh	2211	0%	0
Humla	simkot	3007	20%	616
Humla	tanjakot	1176	31%	368
Jajarkot	bheri malika	8962	49%	4367
Jajarkot	juni chade	4356	33%	1443
Jajarkot	triveni nalgadh	6064	19%	1175
Jumla	hima	2104	24%	501
Jumla	kanaksundari	2786	17%	473
Jumla	patarashi	3374	1%	46
Jumla	sinja	2427	11%	257
Kalikot	pal jharna	2509	0%	0
Kalikot	palata	2895	18%	514
Mugu	mukumkarma	1399	87%	1223
RukumPaschim	atha biskot	7603	41%	3132
RukumPaschim	chaur jahari	6791	46%	3100
RukumPaschim	sani bheri	5313	0%	0
RukumPaschim	triveni	4375	0%	0
Salyan	baghchaur	7539	9%	694
Salyan	bangad kubinde	7893	44%	3508
Salyan	chhatreswari	5135	8%	407
Salyan	darma	4270	0%	0
Salyan	dhorchaur	2892	1%	38
Salyan	kalimati	4994	14%	691
Salyan	kapurkot	3978	3%	123
Salyan	kumakshya	5582	4%	235
Salyan	tribeni	4375	19%	813
Surkhet	Bheriganga	11599	5%	580
	TOTAL:	152834		27686

12.2. Annex 2: Data on access to toilets reflected at the baseline survey 2022

District	Palika	Total HHS	% people (HHS) not having toilets	# of new toilets to construct
Dailekh	Bhagwati maai	3627	3%	109
Dailekh	Gunras	4562	2%	91
Dailekh	Naumule	4517	2%	90
Dolpa	Charka	320	30%	96
Dolpa	Dolpo buddha	543	22%	119
Dolpa	Jagadulla	600	29%	174
Dolpa	Kaike	926	17%	157
Dolpa	Mudkechula	1206	9%	109
Dolpa	She fokundo	818	27%	221
Dolpa	Thuli bheri	2380	15%	357
Dolpa	Tripura sundari	2636	0%	0
Humla	Aadamchuli	1481	33%	489
Humla	Chankheli	1196	15%	179
Humla	kharpu nath	1545	13%	201
Humla	namkha	868	11%	95
Humla	sarkegadh	2211	0%	0
Humla	simkot	3007	4%	120
Humla	tanjakot	1176	25%	294
Jajarkot	bheri malika	8962	0%	0
Jajarkot	juni chade	4356	0%	0
Jajarkot	triveni nalgadh	6064	2%	121
Jumla	hima	2104	6%	126
Jumla	kanaksundari	2786	22%	613
Jumla	patarashi	3374	14%	472
Jumla	sinja	2427	15%	364
Kalikot	pal jharna	2509	0%	0
Kalikot	palata	2895	6%	174
Mugu	mukumkarma	1399	17%	238
RukumPaschim	atha biskot	7603	3%	228
RukumPaschim	chaur jahari	6791	3%	204
RukumPaschim	sani bheri	5313	0%	0
RukumPaschim	triveni	4375	5%	219
Salyan	baghchaur	7539	6%	452
Salyan	bangad kubinde	7893	5%	395
Salyan	chhatreswari	5135	0%	0
Salyan	darma	4270	5%	214
Salyan	dhorchaur	2892	4%	116
Salyan	kalimati	4994	5%	250
Salyan	kapurkot	3978	3%	119
Salyan	kumakshya	5582	5%	279
Salyan	tribeni	4375	1%	44
Surkhet	Bheriganga	11599	5%	580
	TOTAL:	152834		

12.3. Annex 3 Template for Community Action Plan for the construction and improvement of toilets.

1 HHs not having toilets						
S.N.	Ward	Community/ settlement	Name of the HH head	Timeline for the construction of toilet	Lead responsible WASH Unit staff (for the community)	Remarks
2 HHs having temporary/ pit latrines (unimproved toilets)						
S.N.	Ward	Community/ settlement	Name of the HH head	Timeline for the improvement of toilet	Lead responsible WASH Unit staff	Remarks
3 HHs having shared (for the individual toilets from shared ones)						
S.N.	Ward	Community/ settlement	Name of the HH head	Timeline for the construction of the toilet	Lead responsible WASH Unit staff	Remarks
4 HHs not having hand washing stations.						
S.N.	Ward	Community/ settlement	Name of the HH head	Timeline for the construction of the hand washing station	Lead responsible WASH Unit staff	Remarks
5 HHs to comply with the total sanitation indicators						
S.N.	Ward	Community/ settlement	Name of the HH head	Timeline for the compliance of all total sanitation indicators	Lead responsible WASH Unit staff	Remarks

12.4 Annex 4 Template for Community Action Plan for the construction and improvement of toilets.

.....नगरपालिका/ गाउँपालिका,जिल्ला
 विद्यालय खानेपानी, सरसफाइ तथा स्वच्छता सम्बन्धि कार्यविधि २०७६ (दोश्रो संशोधन) अनुसार तारा पद्धतिको विवरण
 विद्यालयको नाम :विद्यालयको कोडठेगाना:.....
 स्वमूल्यांकन गरिएको मिति (पटक) :
 पहिलो पटक मिति/ दोश्रो पटक मिति/ तेश्रो पटक मिति

क्र. स.	आधार	विद्यालयले तारा प्राप्त गर्ने मापदण्डहरू				
		निम्न लिखित एक तारा, दुई तारा, तीन ताराको अवस्था मापण गर्दा प्रत्येक ताराको अवस्था नभएको भए (०), १ (न्यून), २ (मध्यम), ३ (उत्तम) मध्ये जुन अवस्थामा छ सोही अनुसार अंक लेख्ने	१-३	दुई तारा	१-३	
१	पानी	पिउन, हात धुन र सरसफाइ गर्नका लागि सुधारिएको स्रोतबाट सबैलाई सुलभ रूपमा पानीको उपलब्धता भएको।		विद्यालयमा पिउनका लागि शुद्धिकरण गरिएको पानीको व्यवस्था भएको साथै वर्षमा कम्तीमा दुईपटक पानीको गुणस्तर परीक्षण गरी सुधार गरिएको।		सबै बालबालिकाहरूको पहुँच सहितको पिउन र सरसफाइका लागि सुरक्षित र पर्याप्त पानीको उपलब्धता (प्रति व्यक्ति दैनिक १२ लि.) भएको।
२	शौचालय	छात्रा तथा छात्रहरूका लागि चुकुलसहितका अलग अलग सुधारिएका तथा सुचारु शौचालय भएको।		बाल, लैङ्गिक, अपाङ्गता र वातावरण मैत्री युरिनल र पानी सहितको धारा भएको सुधारिएका तथा सुचारु शौचालयको व्यवस्था भएको।		सुरक्षित स्थानमा बाल, लैङ्गिक, अपाङ्गता र वातावरण मैत्री (२५ छात्रा र ५० छात्रहरूको अनुपातमा) पर्याप्त पानीसहितको सुधारिएको तथा सुचारु शौचालय र एक शौचालय र मुत्रालयको अनुपात १:४ को सुविधासहित दिसा, पिसाबको सुरक्षित निकासको व्यवस्था मिलाइएको।
३	सफा र हरियाली वातावरण	कक्षा कोठा र विद्यालय परिसरको नियमित सरसफाइ गरी ठोस फोहरलाई टोकरीमा सङ्कलन गरी समय समयमा बिसर्जन गर्ने गरिएको साथै विद्यालय सेवा क्षेत्र खुला दिसामुक्त अवस्था कायम भएको।		ठोस फोहरहरूलाई सिसा, धातुजन्य, रसायनयुक्त नकुहिन र कुहिन गरी अलग अलग टोकरीमा सङ्कलन गरी कम्तीमा हप्तामा एक पटक बिसर्जन गर्ने गरिएको साथै विद्यालय परिसरभित्र पुष्पबाटिकाको व्यवस्था भएको।		सामाग्रीहरूको प्रयोग घटाउने, पुनःप्रयोग गर्ने र पुनःचक्रणको पद्धति लागू गरी सबै खाले फोहरको व्यवस्थापन गरिएको साथै विद्यालयभित्रको उपयुक्त खाली जमीनमा वृक्षारोपण र करेसाबारीको विकास गरिएको।
४	खानाको स्वच्छता	विद्यालयमा विद्यार्थीले खाने दिवा खाजा सफा, स्वच्छ र ताजा भएको।		विद्यालयमा व्यवस्थित र सुरक्षित तवरले दिवा खाजा तयार गर्न भाँडावर्तन, अन्य सामाग्रीहरू र भान्सा घरको सुविधा भएको तथा पकाएको र नपकाएको खाद्य सामाग्री छुट्टाछुट्टै राख्ने व्यवस्था भएको।		दक्षव्यक्ति मार्फत दिवा खाजा तयार गर्ने व्यवस्था भएको र उपयुक्त तापक्रममा सुरक्षित भण्डारण गर्ने व्यवस्था भएको।
५	स्वच्छता सुविधा	पानी र साबुनसहितको हात धुने सुविधा भएको।		समूहमा साबुन पानीले हात धुने स्थायी सुविधासहित साबुन र पानीको नियमित व्यवस्था भएको।		समूहमा साबुन पानीले हात धुने स्थायी सुविधा प्रति विद्यार्थी ५० को अनुपातमा एक धारा) मा सबैको सहज पहुँच सहित प्रयोग भई नाली वा सोकपिट वा बगैचा वा करेसाबारीमा पानीको निकासको व्यवस्था गरिएको।
६	स्वच्छता शिक्षा	सबै कक्षामा स्वच्छता शिक्षा अध्ययन, अध्यापन हुने गरेको, पाँच कक्षा देखि महिनावारी स्वच्छता व्यवस्थापन पठनपाठन गर्ने गरिएको।		विद्यार्थीहरूको व्यावहारिक र जीवन उपयोगी स्वच्छता शिक्षामा सक्रिय सहभागिता हुने गरेको।		स्वास्थ्य तथा वातावरण विषयमा विद्यार्थीहरूको व्यक्तिगत सरसफाइ र स्वच्छता व्यवहार (समूहमा हात धुने, व्यक्तिगत सरसफाइ र शौचालयको सरसफाइ गर्ने) का आधारमा अड्क दिने पद्धतिको अवलम्बन गरिएको।
७	महिनावारी स्वच्छता ब्यावस्थापन सुविधा	महिनावारी सामाग्री व्यवस्थापनका लागि छात्रा शौचालयहरूमा ढकन सहितको टोकरी राखिएको।		आकस्मिक अवस्थाका लागि सहज रूपमा महिनावारी सामाग्रीको उपलब्धता		छात्राहरूले पुनःप्रयोग गर्ने महिनावारी सामाग्री तयार वा प्रयोग गर्ने सीप सिक्ने वा स्वस्थकर महिनावारी सामाग्री प्रयोगमा ल्याएका र महिनावारी स्वच्छता सुविधाहरू सञ्चालनमा रहेको।
८	संस्थागत व्यवस्थापन र दिगोपना	बाल क्लब र विद्यालय खानेपानी, सरसफाइ तथा स्वच्छता समन्वय समिति गठन भएको।		विद्यालय सुधार योजनामा खानेपानी, सरसफाइ तथा स्वच्छता योजना समावेश भई कार्यान्वयनमा ल्याइएको।		नियमित मर्मत सम्भारका लागि मर्मत सम्भार कोषको व्यवस्था, आवश्यक सीप र जगेडा औजारहरूको व्यवस्था भएको र नियमित रूपमा तालिका अनुसार शौचालय, पानी टयड्की, फिल्टर र हातधुने ठाउँको सरसफाइ गर्ने गरिएको।
९	विपद जोखिम व्यवस्थापन	शिक्षक तथा बालबालिकाहरूलाई विपद जोखिम न्यूनीकरण सम्बन्धमा क्षमता विकास गरिएको।		वास समेतको विपद पूर्व तयारी र प्रतिकार्य योजना तयार गरिएको र जोखिम नक्षांन तयार गरी सबैले देख्ने स्थानमा टाँगिएको।		खानेपानी तथा सरसफाइका संरचनाहरू नेपाल सरकारको स्वीकृत मापदण्ड (विपद जोखिम न्यूनीकरण) अनुसार निर्माण भएको साथै आकस्मिक अवस्थामा खोज तथा उद्धार गर्ने टोली गठन गरी सिप सिकाइएको।
१०	अनुगमन तथा जवाफदेहिता	वास र महिनावारी स्वच्छताका लागि सम्पर्क शिक्षक (महिलालाई प्राथमिकता) को व्यवस्था गरिएका		वास र महिनावारी स्वच्छता सम्पर्क शिक्षकको निगरानीमा दैनिक रूपमा शौचालयको सफाइ र साबुन पानीले हात धुने गरिएको।		खानेपानी, सरसफाइ तथा स्वच्छता र महिनावारी स्वच्छता सम्पर्क शिक्षकको सहजीकरणमा खानेपानी, सरसफाइ तथा स्वच्छता कर्नर (सम्बन्धित पुस्तक, पत्रिका, पोष्टर, सूचना तथा जानकारीमूलक सामाग्री र महिनावारी सामग्री, स्वच्छ र स्वस्थ खाजा) को व्यवस्था गरिएको। न्यूनतम ६ महिनामा एकपटक सबै सूचकहरूको स्वअनुगमन गरी अभिलेख राखिएको।
		पहिलो स्वमूल्यांकन बाट जम्मा प्राप्तक				
		दोश्रो स्वमूल्यांकन बाट जम्मा प्राप्तक				
		तेश्रो स्वमूल्यांकन बाट जम्मा प्राप्तक				

द्रष्टव्य १: क.सुधारिको पानीको स्रोत भन्नाले पाइपबाट प्राप्त पानी, बोर्डिङ र ट्यूबेल, संरक्षित इनार, मूल, आकाशोपानी, प्याकेज गरिएको वा वितरण गरिएको पानी भन्ने बुझिन्छ। ख. सुधारिएको शौचालय भन्नाले फ्लस भएको, भिआइपि, मल, स्ल्याब भएको खाल्डो शौचालय भन्ने बुझिन्छ।
 द्रष्टव्य २: एक तारा अन्तर्गत राखिएका मापदण्डहरूमा ३० अड्क प्राप्त गरे मात्र "एकतारा" टोकन सकिने छ। यसै गरी दुई तारा वा तीन तारा अन्तर्गत राखिएका मापदण्डहरू पूरा गरेपछि मात्र "दुईतारा" वा "तीनतारा" टोकन सकिनेछ।

निर्धारण भएको तारा

12.5 Annex 5 Template for Community Action Plan for the construction and improvement of toilets.

**बिद्यालय खानेपानी, सरसफाइ तथा स्वच्छता सम्बन्धि कार्यविधि २०७४ अनुसार
स्वमूल्यांकनको विश्लेषणका आधारमा स्तरोन्नतिका लागि कार्य योजना**

बिद्यालयको नाम: बिद्यालय कोड न मिति...../...../..... प्रदेश.....जिल्ला
.....स्थानीय तह.....वडा..... गाउँ वा वस्ती

सूचकहरु	तारा	सुधार गर्नु पर्ने कार्यहरु	जिम्मेवार व्यक्ति, संस्था	समयावधि	कैफियत
१. खानेपानी	एक				
	दुई				
	तीन				
२. शौचालय	एक				
	दुई				
	तीन				
३. सफा र हरियाली वातावरण	एक				
	दुई				
	तीन				
४. खानाको स्वच्छता	एक				
	दुई				
	तीन				
५. स्वच्छता सुबिधा	एक				
	दुई				
	तीन				
६. स्वच्छता शिक्षा	एक				
	दुई				
	तीन				
७. महिनावारी स्वच्छता व्यवस्थापन	एक				
	दुई				
	तीन				
८. संस्थागत व्यवस्था र दिगोपना	एक				
	दुई				
	तीन				
९. विपद जोखिम व्यवस्थापन	एक				
	दुई				
	तीन				
१०. अनुगमन तथा जवाफदेहिता	एक				
	दुई				
	तीन				

कार्य योजना तयार गरिएको मिति:

कार्य योजना तयारीको क्रममा उपस्थिती: विद्यालय व्यवस्थापन समिति.....शिक्षक/शिक्षिकाबिद्यार्थी अन्य जम्माजना

12.6 Annex 6 Joint Monitoring Framework at the household level

.....Palika
Sustainable WASH for All (SUSWA)/ WASH Unit
Total Sanitation Monitoring Checklist (TSMC)

Name of the HH head: Address: District..... Palika..... ward no. community/village..... Contact No.....

Indicators	Sub-Indicators	Visit -1	Feedback	Visit-2	Feedback	Visit-3	Feedback
		Date:		Date:		Date:	
		Score (0-3)	Score (0-3)	Score (0-3)			
Safe toilet	- Access to basic/ improved toilet						
	- Toilet is cleaned regularly						
	- Use of toilet by all family members (by menstruating women as well)						
Personal hygiene (HWWS)	- Having a handwashing station/place with access to running water and soap						
	- Disposable hygiene articles buried in waste pit						
	- Reusable hygiene articles, washed and dried in the sun						
Safe drinking Water	- Using chlorinated or boiled or up-to-standard filtered drinking water						
	- Safe storage of water (in clean, covered container)						
	- Using drinking water from improved/ well managed water scheme						
Food hygiene	- Having dish washing platform and use of clean dishes						
	- Clean kitchen						
	- Eating fruits and other foods only after washing and cooking						

Household sanitation	- Both inside and outside (of home, schools and institutions are kept) clean.						
	- Properly classifying and managing the decaying and non-decaying waste						
	- Proper management and cleaning of shed and cages and manure of animals.						
Environmental Sanitation	- Using waste/gray water or surface water for kitchen garden or drainage lines steering water away from house						
	- Use of suitable technique for the management of solid and liquid waste						
	- Kitchen gardening/ greenery around homes and institutions						
	Total Score						
	People engaged in monitoring						

Note: This form should be filled in a joint monitoring by Sanitation Action Force (SAF) and respective SM/WF/ WASH unit will compile the progress of all HHs from the respective communities. The HHs getting minimum 44 score and more out of 54(>80%) can be listed as Total Sanitation Targeted HHs, HHs scoring 30-43 can be rated as improving and HHs scoring less than 29 can be rated as HHs requiring serious efforts.

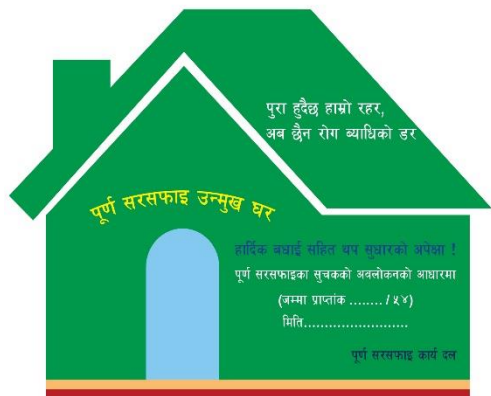
Score Category: [44-54]-Targeted to TSH, [30-43]-Improving, <29 Need serious efforts

12.7 Annex 7 : Criteria for Scoring during Joint Monitoring at the HH level

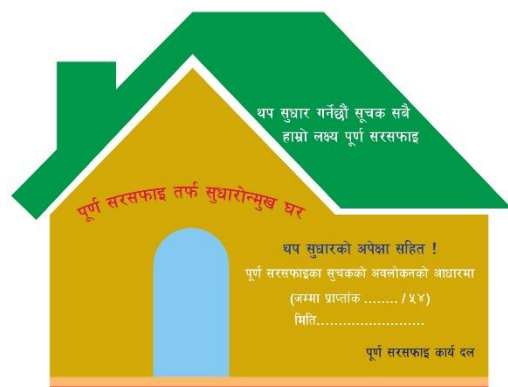
Main indicators	Sub-indicators	Basis of Scoring				Marks Obtained
		0	1	2	3	
Use of Improved/ Basic toilet	Access to improved toilet	No toilet	Pit latrines without slab and the toilets that are shared with other households.	The toilets with water seal pan/ commode with impermeable slabs and are not shared with other households.	The toilets with water seal pan/ commode with impermeable slabs and are not shared with other households and fecal sludge is managed in situ or there are options for the management of the Fecal Sludge.	
	Cleaning of toilet	Not having proper cleaning and hygiene	Provision of cleaning materials inside of the toilet	Provision of cleaning materials inside of the toilet and the toilet is clean	The toilet has cleaning material inside and the toilet is very clean	
	Use of toilet by all family members	Not used toilets	The members of the household use the toilet only occasionally.	All members of the household use toilet (except during menstruation).	All the members of the household (including period) use toilet all the time.	
Personal hygiene and hand washing habits	Hand washing station with soap and water	Not having	There is a simple hand washing station in the house premises	A permanent hand washing station with soap and clean water within 20 steps.	A permanent hand washing station with soap and clean water within 10 steps.	
	Disposing of menstrual hygiene materials (sanitary pads etc.) in garbage pits	Not having	The HH memvers are informed that sanitary pads should be disposed of in the garbage pit.	Disposing of sanitary pads and other materials in garbage pits.	Well managed garbage pit and disposing of sanitary pads and other materials in garbage pits at all times.	
	Wash reusable sanitary items with clean water and dry in the sun light	Not having	It is known but not practiced that reusable sanitary materials should be cleaned and dried in the sun	Cleaning of reusable sanitary materials	Cleaning and sun drying of reusable sanitary materials	
Safe Drinking water	Chlorinated, boiled and drinking water with national standards	Not having	At all times chlorinated drinking water is available within 30 minutes	At all times chlorinated, boiled and national standard drinking water available in the house premises	At all times chlorinated, boiled and biological and chemical pollution free drinking water with national standards available in the house premises	
	Safe storage of drinking water	Not having	Knowing that drinking water should be covered, but not practiced.	Covering the drinking water vessel / container.	At all times, drinking water is stored in a safe manner at home and drinking water vessel covered with clean cover.	
	Use of drinking water through improved source and safely managed drinking water schemes	Not having	Provision of water supply through water system with systematic intake, RVT, etc. (but sometimes water supply is blocked)	Provision of drinking water through water system with systematic intake, RVT, etc	Water supply is provided through a well-managed water supply system with regular and fenced intake, RVT, and regular maintenance staff with required tools.	

Food Hygiene	Dish washing place	Not having	There is a place to wash dishes.	There is a clean and fixed dishwashing area.	A clean, permanent (Pakki) dishwashing structure with a system for wastewater drainage and drainage (Permanent (Pakki) means a structure with running water or a facility for washing dishes, hands with clean water and soap).	
	Clean kitchen	Not having	Clean kitchen room	Clean, kitchen with well organized type of racks	Kitchen with clean, improved stove, with well managed racks	
	Eating habit of fruits and raw food only after cleaning it	Not having	Most of the household members eat raw edible food with washing with safe water	All the members of the household wash and eat raw food with safe water	All household members eat the fruits and food which can be eaten raw only after washing with clean and safe water	
Household and institutional sanitation.	Clean inside and outside the house	Not having	Most of the time the house is kept clean inside and outside but things are scattered everywhere	Most of the time the house is kept clean inside and outside	The house is clean inside and outside at all times	
	Classification of degradable and non-degradable items	Not having	Brooming of garbage, collection has been done but there is no arrangement for classification of the waste	Degradable and non-degradable items are classified/segregated all times.	Always and at all times degradable and non-degradable items are classified and disposed of at designated places.	
	Proper cleaning and management of pet sheds and cages	Not having	Domestic animals (Pet) sheds and cages are cleaned at least once a month. Sheds and cages have separate entrance doors.	Domestic animals (Pet) sheds and kennels are cleaned at least once every 2 weeks. Sheds and kennels have separate entrance doors.	Domestic animals (Pet) sheds and kennels are cleaned at least once a week. Sheds and kennels have separate entrance doors.	
Environmental sanitation	Use of wastewater in kitchen garden and other proper management	Not having	The rain water and waste water from kitchen is sewered out of home.	The provision of sewerage rain water, water from kitchen to the kitchen, community recharge ponds and community ponds.	The provision of sewerage rain water, water from kitchen to the kitchen, community recharge ponds and community ponds considering there is no risk of landslides and not affecting the neighbours.	
	Proper management of solid and liquid waste with proper technology.	Not having	Appropriate policies and legal structures have been prepared from the local level and a program has been prepared for the management of solid and liquid waste.	Appropriate policies and legal structures have been prepared from the local level and landfill sites have been arranged for the management of solid and liquid waste.	Appropriate policies and legal structures have been prepared from the local level and a landfill site has been arranged and operated effectively for the management of solid and liquid waste.	
	Kitchen gardening and greenery	Not having	There is a plan to make kitchen garden and greenery in the house premises.	There is arrangement of seasonal kitchen garden and greenery in the house premises.	Greenery and kitchen gardens are always arranged in the house premises.	
					Total Score	

12.8 Annex 8. Stickers and Total Sanitation Awareness Cards



Sticker to award to the household that get 80% or more than 80% score during Joint Monitoring by Total San Task Forces



Sticker to award to the households that get between 50%-79% score during Joint Monitoring by Total SAN Task Force

पूर्ण सरसफाइ सचेतना कार्ड

घरमूलीको नाम:
ठेगाना:
मिति:

यहाँले आफ्नो घर परिवार तथा समुदायको भलाइको लागि पूर्ण सरसफाइका विभिन्न सुचकहरूको सुधारको लागि गर्नु भएको प्रयासको लागि हार्दिक धन्यवाद !

पूर्ण सरसफाइ अन्तर्गतका सुचकहरूको धप सुधारको लागि देहाय बमोजिमका पक्षमा उच्च प्राथमिकताका साथ कार्य गर्नु हुन अनुरोध छ !

- आधारभूत तथा सुरक्षित प्रकारको चर्पीको निर्माण, सफाइ तथा प्रयोग गर्नु हुन
- सबै जोखिमपूर्ण समयमा सावुनपानीले हात धुने लगायतका व्यक्तिगत सरसफाइ तथा स्वच्छताका क्रियाकलाप गर्नु हुन
- सधैं क्लोरिनेटेड, उमालेको तथा रास्ट्रिय मापदण्ड सहितको सुरक्षित खानेपानीको प्रयोग गर्नु हुन
- सफा भान्सा सहित फलफूल तथा काचै खाने खानेकुरा सफा गरेर मात्र खाने गरी खानाको स्वच्छता कायम राख्नु हुन
- सड्ने तथा नसड्ने बस्तुको वर्गिकरण गरी निश्चित खाडल / स्थानमा व्यवस्थापन गर्नु हुन साथै घरपालुवा बस्तुको गोठ तथा खोरको उचित सरसफाइ तथा व्यवस्थापन घरायसी तथा संस्थागत सरसफाइमा ध्यान दिनु हुन
- फोहोर पानीको करेसावारीमा प्रयोग, फोहोर पानि सोस्ने खाडल, ढल प्रणाली तथा अन्य तवरले उचित व्यवस्थापन गरी बातावरनीय सरसफाइमा ध्यान दिनु हुन

गाउँ नगर सबै सारा
पूर्ण सरसफाइको नारा

पूर्ण सरसफाइ कार्य दल

total Sanitation Awareness Card to handover to the households that get more than 49% scoring during joint monitoring by Total SAN Task Force