Sanitation and Hygiene in South Asia

LEAVE NO ONE BEHIND

Voices of Women, Adolescent Girls, Elderly, Persons with Disabilities and Sanitation Workforce

CEJ Centre For Environmental Justice

FANSA Freshwater Action Network South Asia

WSSCC WATER SUPPLY & SANITATION COLLABORATIVE COUNCIL

SRI LANKA

COUNTRY REPORT

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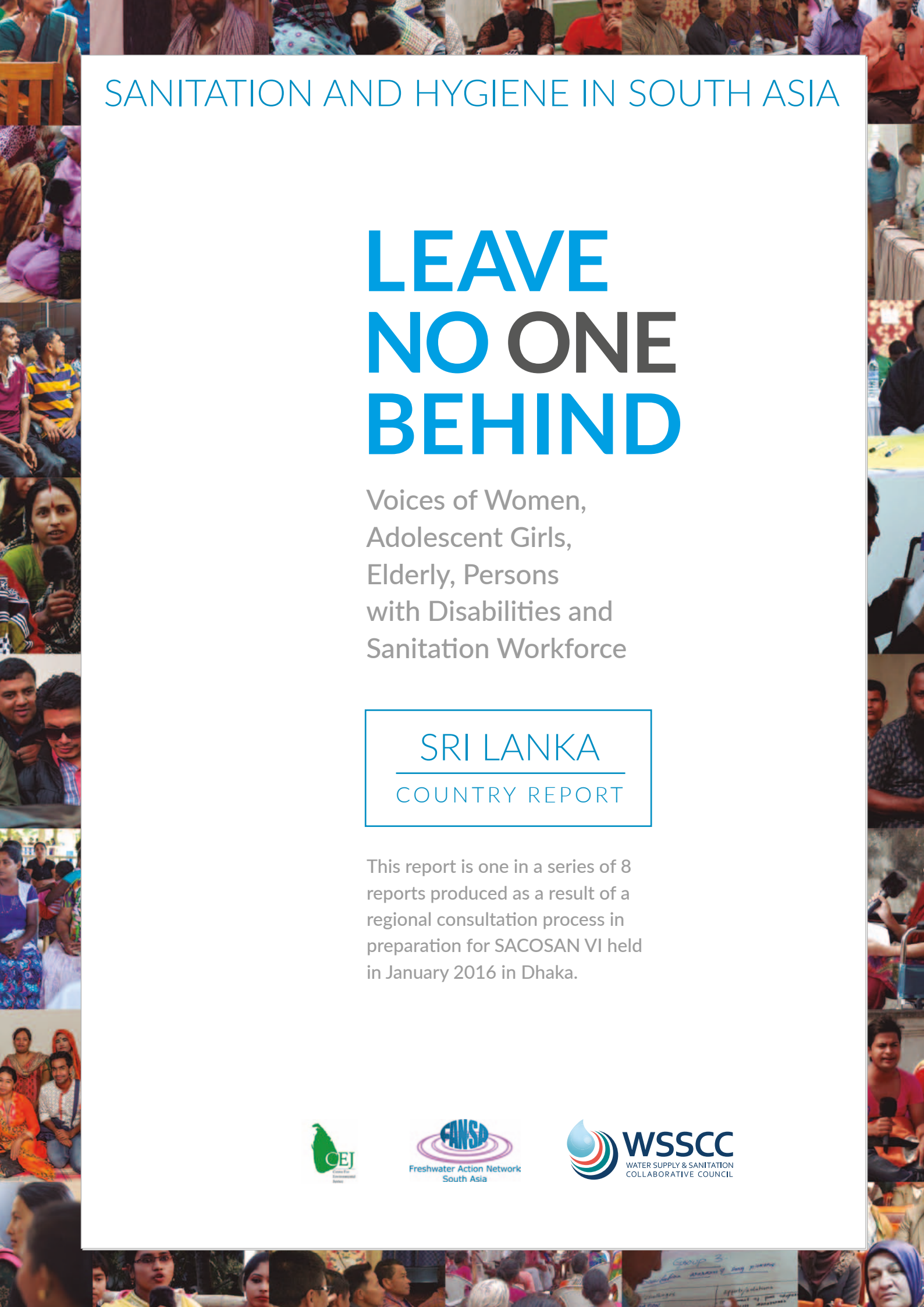

SANITATION AND HYGIENE IN SOUTH ASIA

LEAVE NO ONE BEHIND

Voices of Women, Adolescent Girls, Elderly, Persons with Disabilities and Sanitation Workforce

SRI LANKA

COUNTRY REPORT

This report is one in a series of 8 reports produced as a result of a regional consultation process in preparation for SACOSAN VI held in January 2016 in Dhaka.

CEJ

FANSA
Freshwater Action Network South Asia

WSSCC
WATER SUPPLY & SANITATION COLLABORATIVE COUNCIL

MORE INFORMATION:

Leave No One Behind, report and resources:

• http://wsscc.org/resources-feed/leave-no-one-behind-voices-of-women-adolescent-girls-elderly-persons-with-disabilities-and-sanitation-workforce/?_sf_s=leave+no+one+behind

The eight country reports:

· http://wsscc.org/resources-feed/leave-no-one-behind-reports

Video:

· https://www.youtube.com/watch?v=RCGm3t6DX-c

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PRELUDE

Leave No One Behind is a call to listen and learn by putting people in the centre, asking them what they need and valuing the **one** in every**one**. It is based on the belief that human beings come in different shapes and sizes and a single solution cannot meet their diverse needs. WASH services are mostly designed to meet the needs of the mainstream, dominant community. But what happens to those that are traditionally left behind … the last mile … adolescents, pregnant women, the elderly, people with disabilities, migrant workers, rag pickers, transgender people? How do they take care of their daily sanitation and hygiene needs? What are their challenges and aspirations? Do they have insights and suggestions to improve sanitation services?

The Kathmandu Declaration from SACOSAN V recognized the importance of "addressing diversity in service provision for infants, children, youth, adolescent girls, women, people with disabilities, chronically ill and elderly in rural area and people affected by poverty..." and committed to significant direct participation of these groups in SACOSAN VI, Dhaka and systematically thereafter. (Commitment X)

As part of the preparation for SACOSAN VI in Dhaka, the Freshwater Action Network South Asia (FANSA) and Water Supply and Sanitation Collaborative Council (WSSCC) organized a consultative process with marginalized groups in South Asia to listen to their sanitation and hygiene needs, challenges, hopes and aspirations. Over 2700 adolescents, women, elderly people, persons with disabilities, sanitation workers, rag pickers and transgender people participated in 55 consultations organized with the support of 70 local partners across Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka.

Across these eight countries, this was the first time many of these groups were being consulted on their sanitation and hygiene needs, aspirations and challenges. In spite of regional variations, the challenges they faced were remarkably similar. Their key issues and demands can be found in the Leave No One Behind regional report, the individual country reports and a film that was screened at the plenary session at SACOSAN VI, Dhaka.

In January 2016, twelve community representatives participated in the plenary session[1] at SACOSAN VI, Dhaka where they eloquently presented the sanitation and hygiene challenges of their constituencies to the Ministers and key decision makers of national governments, international development agencies and other stakeholders. The Dhaka declaration[2] is a testimony to the influence this session had on policy makers.

The Leave No One Behind consultation process is an important, first step towards addressing equity and inclusion in sanitation and hygiene. However, we need to continue and deepen this process by systematically creating more platforms for constructive dialogue, so that duty bearers can listen to the needs and aspirations of marginalised groups and include them in the design, delivery and management of sanitation services. For, unless we put the last mile first and listen, they will continue to be left behind.

1 Plenary session on 'Grass-root Voices: Women, Adolescents, Elderly, Persons with Disabilities and Sanitation Workforce'.

2 http://www.sacosanvi.gov.bd/data/frontImages/Dhaka_Declaration.pdf

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FOREWORD

Hemantha Withanage
Executive Director, Centre for Environmental Justice
Convenor - FANSA, Sri Lanka

Sri Lanka claims that it has achieved the Millennium Development Goals targets much earlier than planned. However, it is a known fact that the quality of the water and sanitation is not totally met even though the infrastructure facilities are in place.

Quality water and sanitation are rights of the people. There are marginalised people among the Sri Lankans who still do not enjoy this right. Sanitation workers, slum communities, plantation workers and even school children are among them. People with disabilities, across all classes and ethnicities, do not have access to sanitation facilities, especially in public institutions.

The series of meetings conducted supported by WSSCC and FANSA shows that people excluded from proper water and sanitation services have too much suffering without any attention of the responsible agencies. Lack of policy and strategy to meet these needs is a failure of the sanitation and water governance.

This report makes several recommendations at all levels to fill these gaps and strategies to address this major inequality issue.

ACKNOWLEDGEMENTS

With many thanks to Water Supply and Sanitation Collaborative Council (WSSCC) for the financial contribution for this study. We acknowledge Mr. Murali Ramisetti, Regional coordinator of FANSA, Saroj Tucker, and Prakash Amathya from Freshwater Action Network South Asia for the continuous support given throughout the project.

We thank Mr. B.W.R. Balasuriya, General Manager of the National Water Supply and Drainage Board and Engineer Mr. Ananda Jayaweera for their contributions.

We are also thankful to FANSA Sri Lanka for providing necessary support and guidance in the field activities. We are grateful to Mr. Chathura Weliwitiya, Director of HELPO-ECO GREEN, Mr. Ranga Pallawala,CEO- Janathakshan, Mr. Sugath Emmanuel, Semuthu Fisheries Organization, and Mr. Prasanna Kuruppu of REHAB Lanka Institute and its differently – abled staff.

Further, we are thankful to Mr.Prabath Kumara, Future in Our Hands and Mr. Subramaniyam Tawaseelan, Plantation Community Development Forum for organizing national level consultation meetings.

We also appreciate the support given by Municipal Councils of Kurunegala and Gallefor providing necessary facilities to coordinate consultations with the sanitation workers.

Special thanks to Mr. Prasad Ratnayake and Ms. Thilini Rajapaksha from Janathakshan and Mr. Janaka Withanage of CEJ for facilitating the community dialogues.

Finally, our gratitude goes to participants of Badulla, Kalpitiya, Colombo, Galle, and Kurunegala consultation workshops for giving their valuable time and sharing views to make this initiative productive.

EXECUTIVE SUMMARY

Background

Sri Lanka has better sanitation compared to other countries in the region. According to the statistics almost 90% of the population has improved access to sanitation.[3] However, this does not mean that the quality of sanitation facilities is satisfactory in all areas and is accessible equally to all people. In the last South Asian Conference on Sanitation in 2013 (SACOSAN V) at Kathmandu, delegates recognized the fact that many marginalised groups like women, adolescents, physically disabled, elderly and sanitation workforce are excluded from the development process on sanitation, even though they face specific challenges with regard to access to water and sanitation. A commitment was therefore made to include the voices of these groups through direct participation at SACOSAN VI. To support the South Asian Governments to implement Commitment X of the Kathmandu Declaration,[4] Fresh Water Action Network South Asia (FANSA) and Water Supply and Sanitation Collaborative Council (WSSCC) organised a consultative process in all eight member countries. The purpose of the consultations was to listen to the voices of marginalised groups and learn about their current WASH practices, challenges and aspirations. As part of this initiative, six meetings were organised in different parts of Sri Lanka with women, adolescent girls, elderly, persons with disabilities, sanitation workers and plantation workers. This report captures the major points shared by these groups in Sri Lanka.

Key Findings

While most of the participants reported the use of latrines at their homes, open defecation was still being practiced by some people who do not have toilets and in public places such as beaches where public toilets are not available. The major challenge therefore has been the non-availability of toilets. This situation is compounded by irregular and poor maintenance, water scarcity and inappropriate design. Fishing communities in the coastal areas, for example, have toilets that are not appropriately designed. The toilets have small pits that overflow during the rainy season or sometimes even collapse in the sandy soil.

3 http://www.wssinfo.org/fileadmin/user_upload/resources/JMP-Update-report-2015_English.pdf

4 http://www.sacosanv.gov.np/file/file_down/AYis9zKathmandu%20Declaration%2024%20Oct%20FINAL.pdf

EXECUTIVE SUMMARY

Though good practices on personal hygiene and menstrual hygiene are a norm with women and young girls in Sri Lanka, maintaining these practices in schools and public places such as bus stands, market areas, beaches and hospitals is a challenge. Public WASH facilities are either absent or are marked by lack of cleanliness, inadequate water supply and absence of bins for disposal of used menstrual material.

These facilities pose an even bigger challenge for the elderly and persons with disabilities due to the lack of suitable or inappropriate infrastructure, such as absence of ramps, narrow doors, no room for maneuvering of wheel chairs, absent or damaged handle bars, unsuitable height of water taps, etc. This not only restricts the mobility and travel of these individuals but also limits their job opportunities and choices as not many workspaces have accessible WASH facilities.

Sanitation workers work in unsafe and unhygienic conditions without access to safety gear and equipment, handling potentially hazardous material with their bare hands. At work places, they do not have adequate toilets and wash facilities.

The key asks among the various groups included the need to improve knowledge and awareness among individuals and communities on WASH and enable greater dialogue among various stakeholders to improve the situation. Participants also felt that toilets needed to have sufficient water, and dustbins and that at least one toilet in public spaces should be equipped with hand rails, a ramp and handlebars so that the elderly and disabled can use it. Sanitation workers demanded safety equipment and protective gear, allowance for health care and free health clinics.

Key Recommendations

◇ Inclusion and participation of the marginalised communities in decision making related to planning and designing of WASH facilities.

◇ Development of a strategy for improving sanitation at hard to reach areas.

◇ Enforcement of SLS 245 design for septic tanks as suggested in the Sri Lankan National Guidelines on septic tanks.

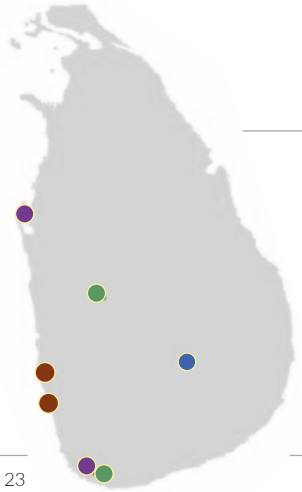
◇ Provision of safety gear and equipment for sanitation workers as well as improvements in solid and liquid waste management at the community level to enhance the quality of their working conditions.

◇ Development and implementation of norms, standards and specifications for WASH facilities that meet the specific needs of women, adolescent girls and people with disabilities in schools, public places and public institutions.

INTRODUCTION

Consultation locations in Sri Lanka

- WOMEN & ADOLESCENTS
- ELDERLY & DISABLED
- SANITATION WORKERS /WASTE COLLECTORS
- PLANTATION WORKERS



More details in the Annexure 1, pg 23

Sri Lanka has made good progress on sanitation in the last decade, with 90% of the population having access to improved sanitation (Box 1). However, the urban poor, people living in coastal areas, fishing communities, and estate/plantation workers are still excluded from this progress and access to sanitation and hygiene facilities is a daily struggle. Women, adolescent girls, the elderly and people with disabilities are the worst affected. Sanitation workers and plantation workers also do not have access to safe and satisfactory hygiene and sanitation services. All these groups are also excluded from decision-making processes, even though they face specific challenges with regard to access to water and sanitation.

Fresh Water Action Network South Asia (FANSA) and Water Supply and Sanitation Collaborative Council (WSSCC) organised consultation meetings with the above mentioned groups with dual purpose of supporting the South Asian Governments to implement Commitment X of the Kathmandu Declaration, and ensuring participation and direct representation of adolescents, women, disabled/ill people, elderly men and women and sanitation workers at SACOSAN VI Dhaka.

These consultations were organised and facilitated by the Centre for Environmental Justice (CEJ) and the FANSA-Sri Lanka Chapter. .Six consultations were conducted with a total of 218 participants, including 75 sanitation workers, 55 plantation workers, 63 women, and 25 differently-abled people. Seven organizations representing the fishing community, plantation workers, persons with disabilities and municipal councils supported CEJ in organizing these consultations. Participants were given an opportunity to share their experiences and observations on WASH issues using participatory methods.

Box 1: The Sanitation Situation In Sri Lanka

Sri Lanka has moved up the sanitation ladder in the past 50 years and is close to achieving the MDG target for sanitation. Today, over 90% of the population has access to improved sanitation as reported by JMP WHO-UNIICEF 2015:

Current Sanitation Coverage of Sri Lanka (2015)[5]

Status	Urban	Rural	Total
Improved facilities	88%	97%	95%
Shared facilities	9%	3%	4%
Other improved facilities	2%	0%	1%
Open defecation	1%	0%	0%

(Source: JMP WHO-UNICEF)[6]

This was possible through improved on-site sanitation and raised social and environmental standards. Better technological options were also introduced to phase out pit latrines in rural areas.

Challenges:

1. Improvement of the status of school sanitation.
2. Eradication of pit latrines and management of septage from septic tanks.
3. Strengthening of institutional coordination.
4. Generating funds required for bridging the sector gaps to meet planned targets.

5 Country Paper Sri Lanka presented at SACOSAN VI; accessed at http://www.sacosanvi.gov.bd/data/frontImages/Sri_Lanka_Country_Paper.pdf

6 http://www.wssinfo.org/fileadmin/user_upload/resources/JMP-Update-report-2015_English.pdf

WOMEN AND ADOLESCENT GIRLS

"During menstruation, adolescent girls stay at home as there are no proper toilet facilities at school for them to use. Even if they go to the school there are no proper facilities to change and dispose of sanitary napkins. So they return home without changing them. Some are aware of the importance of cleaning themselves during menstruation. Some adolescent girls think menstruation is a sickness and want to seek medical advice. Especially if they have pains in the lower abdomen they stay home and rest in the bed." - Ms. Mary Janet, Kalpitiya, Sri Lanka

Current Practices

While most of the participants stated that they use pour flush latrines at home, they did report that some people continue to defecate in the open because they did not have access to a private toilet or in public places, such as beaches, where public toilets are not available. Although open defecation is rare in Sri Lanka, few people still resort to open defection due to habit. Participants also reported that some men do not use the toilets that were available at home but instead practiced open defecation.[7] Usually, they practice hand washing with soap before meals. Menstrual hygiene includes the use of sanitary napkins and disposal by covering with newspaper and throwing them in dustbins or by burning. Participants also shared that the poor and elderly use cloth napkins, which is reused after washing and drying. Female students suffer at school due to dirty and improper toilets especially during menstruation.

Challenges

Not all participants reported having toilets in their household and some of the toilets have very small pits. These pits tend to fill up during the rainy season and even collapse in the coastal sandy soil, as reported by the women living in Kalpitiya area. The major challenges reported by the participants were the non-availability of public toilets at bus stands, markets and hospitals improper and irregular maintenance of these toilets, which tend to overflow during the rainy season.[8] The lack of adequate water and clean containers for washing in public toilets add to the burden. Containers for safe disposal of sanitary napkins are also absent in most of these toilets. Dirty toilets in schools along with the lack of facilities for procuring, changing and disposal of sanitary napkins impact girls attendance as they miss school on days when they are menstruating.

7 Consultation Meeting with Women and Adolescent girls, Kalpitiya, Sri Lanka on 18/11/2015

8 Consultation Meeting with Adolescent girls and Women, Galle, Sri Lanka on 23/10/2015

Coping Practices

The lessons learnt from past experiences include adopting proper technologies especially in pit construction to prevent collapse of sidewalls due to the sandy nature of the soil. The participants hope to have greater guidance and support from the Community Based Organizations and institutions involved in the construction of toilets for longer lasting toilets.[9]

"I want to have my own toilet. But now we are struggling with finances. As the toilet is a bit far I experience difficulties while using it especially during the rainy season. I have a small daughter. When I want to go to the toilet at night, I have to take my daughter with me as she is very small and I can't leave her alone." - A young woman participant from Puttalam

9 Consultation Meeting with Adolescent girls and Women, Kalpitiya, Sri Lanka on 18/11/2015 and Consultation Meeting with Adolescent girls and Women, Galle, Sri Lanka on 23/10/2015

PERSONS WITH DISABILITIES

"I faced lot of difficulties while traveling from office to my home. There are no sanitary facilities on the way for disabled people, at the bus stand or railway station in Colombo, especially for physically-disabled men. We need to place urinals at a lower height so that it is accessible to a wheel chair user. All the toilet accessories and the washing facilities should be place at an accessible height." - Mr. Upul Ranjith, Anuradapura.

"The term disabled does not mean only people without limbs. There are blind, dumb and deaf people too. Therefore it is important to develop better sanitary facilities for all the disabled groups; e.g., sign boards to facilitate deaf and dumb people to find sanitary facilities." - Mr. Upul Ranjith, Anuradapura.

Current Practices

Most of the participants stated that they have access to suitable toilets and sanitation facilities in their homes with ramps, handrails and adequate space. Women and adolescent girls use sanitary napkins to manage their menstruation hygienically and either burn their soiled napkins or cover them with paper and throw them in dustbins.

Challenges

Although they have adequate access and suitable toilets at home, the toilets in public places are difficult to use as they are not equipped with ramps and hand rails or there is inadequate space inside or at the entrance to enable wheelchair access. The wet floors also make it difficult to use. Fittings, such as washbasins and even urinals are placed at different heights making it difficult to reach for the disabled and the elderly. Most of these toilets do not have water supply and the door locks do not work. The signs for the bathrooms and the instructions are not available in braille or adequately placed making it particularly difficult for the visually impaired or people with hearing and speech disability.[10] Usage of pedal bins is difficult for physically disabled men and women.

Coping Practices/ Success Stories

The participants stated that they depend on others' help to meet their sanitation needs. They tend to work in places where suitable facilities are available, so that they do not have to wait for long periods to use the toilet. Participants shared that they have customized designs for doors that enable wheelchair access and other mechanisms to develop proper sanitation facilities.

10 Consultation Meeting with PwD, Colombo, Sri Lanka on 15/11/2015

SANITATION WORKERS

Current Practices

Participants shared that their working conditions were very unhygienic. Equipment such as shovels, bins, mamoty are occasionally used for removal of waste and cleaning drains but most of the waste bags are handled manually. All sanitation workers wear uniforms during working hours but these uniforms are very uncomfortable as they are not suitable for tropical conditions. Only some participants in the Galle Municipality area reported using safety gear, such as gloves, boots or masks during collection and transportation of waste. Hand washing with soap is practiced before having meals and so is bathing with soap after collection of waste.

Challenges

The waste often contains dead animals, human excreta, soiled toilet paper and clinical waste. The collection of waste during the rainy season was particularly difficult and unpleasant as there were worms and bad odor due to moisture and decomposition of waste.

The participants also reported a range of health conditions and disorders such as back pain, head aches and joint pains as sometimes they have to collect and transport waste in hand carts that are full and very heavy. The lack of safety gear to protect the workers from sharp or injurious material in the waste bags, and from hazardous chemicals such as dyes, paints and corrosive chemicals exposes them further to the risk of injury, infection and ill-health. Nail, skin and respiratory infections are common. There is no allowance for health care and though the Municipality in Galle had started a free health clinic, it has been closed down.[11]

Additionally, the uniforms that are provided are not sufficient (only one pair is given in Kurunegala municipality council) and are uncomfortable and poorly designed leading to skin irritations. The sanitation workers are not provided with an adequate rest area or dressing room and do not have proper wash and toilet facilities.

"Waste Collectors are socially ill-treated by the community and by officials. People dispose sharp objects and other materials, such as dead animals, human excreta, soiled toilet paper and clinical waste in waste bags. They do not think of the consequences of their behaviour on people who sort this waste and can get hurt in the process." - Supameni, Sanitation Worker, Kurunegala.

11 Consultation Meetings with Sanitation Workers and Rag pickers, Kurunegala and Galle, Sri Lanka on 21/11/2015 and 23/10/2015, respectively

SANITATION WORKERS

"We don't have a proper work space, rest area or dressing room. Toilet facilities and washing facilities at the workplace are not properly maintained and unusable." - G Revathi, Sanitation Worker, Kurunegala

Participants reported that the general public is not mindful of their needs.[12] By not segregating their waste and mixing it with toxic and other materials they expose sanitary workers to the risk of injury.

Coping Practices

Sanitation workers reported using toilets in some of the households where they worked in times of need. They also tended to use toilets that were broken or defunct in times of urgency. The women sanitation workers depend on men for heavy work. They use painkillers and balms for alleviating pains and aches associated with their work. Some collectors bought safety equipment such as gloves on their own and also purchased soap to clean themselves after waste collection.[13]

12 Consultation Meetings with Sanitation Workers and Rag pickers, Kurunegala and Galle, Sri Lanka on 21/11/2015 and 23/10/2015, respectively

13 Consultation Meeting with Sanitation Workers and Rag pickers, Galle, Sri Lanka on 23/10/2015

KEY ISSUES

SPECIAL GROUPS: ESTATE/PLANTATION WORKERS

Current Practices

The Estate/Plantation workers in Sri Lanka mostly use pour flush latrines though some of them practice open defecation where toilet facilities are inadequate. They live in row houses and many households do not have individual toilets. They use a common toilet and the water source is often located at a distance from homes. Hand washing with soap is fairly common. Most of the women and adolescent girls use sanitary napkins during menstruation. A few girls also reported using cloth.

Challenges

Plantation workers shared that they face various challenges with regard to access to quality WASH services. For example, they have inadequate space on the estate to construct a toilet. The super structure is often improper or flimsy. There are no proper washing and bathing facilities (public taps and showers) and poor water supply in the dry seasons. In the rainy season, the pits tend to overflow, causing environmental pollution and health risks. Menstrual hygiene is hard to maintain, as there are no proper facilities for the same.[14]

Coping Practices

Workers who do not have individual toilets reported using the toilets in their neighbor's houses (with or without their consent), or community toilets, or they defecate in the open. Employee unions are negotiating with the welfare officers of the Estate to ensure better sanitary facilities for the workers.

"I face many difficulties during my periods. I usually stay at home for two days because there is no proper place to change the sanitary napkin. Others also do the same thing. Some workers also return home from work so they can change as there is no facility in the field." - Parpathri, adolescent girl, Badulla

"When we are at working in the fields, there is no privacy and it is difficult to find a secluded space where we can urinate. We have to watch carefully if anyone is around us (for our safety). We have to go to far for bathing and washing clothes. Since we cannot leave our little children behind, we take them with us." - Ms. Dhanalaksmi, Plantation worker, Badulla, Sri Lanka.

14 Consultation Meeting with Plantation Community, Badulla, Sri Lanka on 17/11/2015

ESTATE/PLANTATION WORKERS

"My name is Jeyam. I live in a tea estate called Thangai Division Passara in Badulla district, Sri Lanka. Both my parents were plantation workers. This land is part of the estate company and as a result the workers are not allowed to invest in standard toilet construction. They can only avail of a small area to construct a toilet.

Earlier, the Plantation Human development Trust used to construct and maintain the toilets but now the families living there have to fend for themselves. They live in line rooms and have individual or shared toilets located outside the room. Women and young girls feel inhibited when they have to go to the toilet because men and youth often use this space in their free time.

My sister leaves for work on the estate at 7.30 am and returns at lunch around 1.00 pm. There are no toilet facilities in the fields and the workers have no choice other than using open fields for relieving themselves.

Women also have to collect water for cooking and cleaning from a common tap line 200 meters away. There are long lines at the water point and this adds to women's workload. Water supply is limited and it is difficult to clean the toilet regularly.

When toilet pits get filled, they cannot be cleaned and are no longer used. People then start using their neighbour's toilet or defecating in the open."

Jeyam, Plantation Estate, Badulla

KEY ASKS

1. Better working conditions, safety equipment and uniforms for tropical conditions for sanitation workers.

2. Public awareness on safe disposal of garbage.

3. Land for toilet construction for plantation workers.

4. Clean and private toilets in public spaces, including plantation fields, for women and adolescent girls with MHM facilities.

5. Clean and well maintained public toilets with easy access and customized for people with disabilities and the elderly.

6. Clean toilets in schools with facilities for menstrual hygiene management, including water supply, sanitary napkins, disposal bins and space for changing sanitary materials.

7. Participation of marginalised groups in decision-making processes to ensure their sanitation needs are heard and eventually met.

8. Implementation of proper policies and procedures with regard to waste management.

9. The expansion of development projects to include marginalised communities.

KEY RECOMMENDATIONS

1. The drainage system, especially in coastal areas, should be improved and maintained since currently excess water during the rainy season fills up the toilets and overflows. A wastewater management system should be developed to address this problem.

2. Platforms should be created to facilitate regular dialogues between communities and public officials and policy makers for the proper maintenance of toilet facilities and drainage system.

3. Establish standards, guidelines, designs, and drawings for constructing sanitary facilities, especially for the elderly and differently-abled people. Integrate their issues in the national planning.

4. Municipal Councils must ensure better working conditions and safety of sanitation workers by providing safety equipment and other gear, such as uniforms, gloves, boots, and mask, and adequate number of properly maintained vehicles for waste collection. There should be legal provisions for proper healthcare facilities and medical insurance for all sanitation workers. The government should also include a special allowance for sanitation workers to cover emergency expenses since they work in hazardous circumstances.

5. A public awareness campaign to promote waste segregation at the household level, and proper systems for waste disposal. People should be

encouraged to practice 3Rs (Reduce, Reuse, Recycle), and composting Municipal councils should collaborate with CSOs, CBOs and media for this purpose.

6. Development, dissemination and implementation of MHM guidelines to ensure schools and public toilets have safe and adequate facilities for managing menstrual hygiene. Adequate space for changing, water and soap for cleaning and bins for disposal of used material are the minimum requirements. The schools should have provision for dispensing sanitary napkins. The capacities of existing School Health clubs should be developed to monitor the maintenance of these facilities in schools.

7. Develop a strategy for covering hard to reach areas with sanitation facilities. The policy should take into account the specific needs of plantation workers as well as that of fishing communities.

8. Sri Lanka has already developed National Standards for Septic tanks. These standards must be disseminated widely and the local authorities should strictly enforce SLS 245 for design of septic tank taking into account soil conditions and the ground water table.

9. Civil society organizations working with women, people with disabilities and plantation workers should create platforms for these communities to present their challenges and demands to local authorities implementing sanitation programmes so that their needs are addressed.

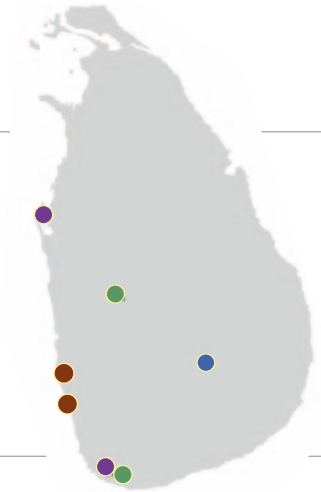
ANNEXURES

Annexure 1: Consultation Meeting Schedule in Sri Lanka

CONSTITUENCY	MEETING 1	MEETING 2
Women and Adolescents	23rd October, 2015 Galle	18th November, 2015 Kalpitiya
Elderly and Disabled	15th November, 2015 Colombo	
Sanitation Workers	23rd October, 2015 Galle	21st November, 2015 Kurunegala
Plantation workers	17th November, 2015 Badulla	

Consultation locations in Sri Lanka

- WOMEN & ADOLESCENTS
- ELDERLY & DISABLED
- SANITATION WORKERS /WASTE COLLECTORS
- PLANTATION WORKERS



Annexure 2: List of Partner Organizations for National Consultation

1. Future in our Hands -Badulla
2. Human & Environment Links Progressive Organization (HELPO) -Galle
3. Janathakshan -Colombo
4. Municipal council –Galle
5. Municipal council- Kurunegala
6. REHAB Lanka (Sri Lanka Foundation for Rehabilitation for Disabled) – Colombo
7. SEMUTHU fisheries organization -Kalpitiya

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About FANSA

The Freshwater Action Network South Asia (FANSA) aims to improve governance in WASH sector by strengthening the role of civil society in decision-making. It considers both environmental and developmental aspects as crucial for the realization of the right to water and sanitation for present and future generations. FANSA was established in 2008 based on the felt need of the civil societies to ensure that their local experiences and voices are represented at the policy-making discussion and fora. The South Asian network is a member of Freshwater Action Network (FAN), a global consortium of civil society networks engaged in implementing and influencing water and sanitation policy and practice.

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About WSSCC

WSSCC is at the heart of the global movement to improve sanitation and hygiene, so that all people can enjoy healthy and productive lives. Established in 1990, WSSCC is the only United Nations body devoted solely to the sanitation needs of the most vulnerable and marginalized people. In collaboration with our members in 150 countries, WSSCC advocates for the billions of people worldwide who lack access to good sanitation, shares solutions that empower communities, and operates the GSF, which since 2008 has committed close to US$ 109 million to transform lives in developing countries.

Learn more at www.wsscc.org

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