

Equity and inclusion in South Asia

*Recommendations for targeting
vulnerable groups in sanitation
provision in Bangladesh, India,
Nepal, Pakistan and Sri Lanka*



Freshwater Action Network
South Asia



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Contents

Contents.....	3
Abbreviations.....	7
Preface.....	9
Acknowledgements.....	11
Executive summary.....	13
Chapter I: Introduction.....	15
Background to the study.....	16
Freshwater Action Network South Asia.....	16
WSSCC.....	16
SACOSAN.....	17
Chapter II: Equity and inclusion issues in South Asia.....	19
Economic and health impacts of poor sanitation.....	20
Key factors of exclusion.....	21
Economic factors.....	21
Social factors.....	22
Political factors.....	23
Geographical factors.....	24
Environmental factors.....	24
Administrative factors.....	25
Chapter III: Marginalised groups.....	27
Equity and inclusion and its importance in WASH.....	28
Disparities and marginalization – the South Asian context.....	28
Findings.....	29
Menstrual hygiene.....	31
Schools and WASH.....	31
WASH and the disabled.....	32
WASH and the elderly.....	33
Conclusion.....	33
Recommendations.....	34
Case studies.....	36

Chapter IV: Key findings - Bangladesh report	39
Introduction	39
Key statistics	40
Brief overview of study area	40
Key findings.....	41
Economic factors	41
Environmental factors	41
Recommendations	42
Case studies.....	43
Chapter V: Key findings – Pakistan	45
Key statistics	46
Key findings.....	47
Social factors.....	47
Administrative factors.....	48
Recommendations	49
Case studies.....	49
Discrimination against disabled women	49
Chapter VI: Key findings – Nepal	51
Introduction	51
Key statistics	52
Key findings.....	53
Recommendations	56
Case study	57
Chapter VII: Key findings – India	58
Introduction	58
Key statistics	60
Key findings.....	61
Recommendations	63
Case studies.....	64
India Case Study 2 – Jharkhand.....	66
Introduction	66
Key findings.....	67
Recommendations	68
Case studies.....	70

Chapter VIII: Key findings – Sri Lanka.....	73
Introduction	73
Key statistics	73
Key findings.....	76
Recommendations	76
Case studies.....	77
Annexes	81
Annex 1: Note on FAN-FANSA's initiative on Equity and Inclusion Issues.....	81
Annex 2: Research methodology	85
Annex 3: Terms of Reference for the Regional Consultant.....	88
Annex 4: Terms of Reference - National Consultancy.....	94

Abbreviations

AIDS	Acquired Immunodeficiency Syndrome
ASER	Annual Status of Education Report
BDT	Bangladeshi Taka
BPL	Below Poverty Line
CBO	Community Based Organization
CBS	Central Bureau of Statistics
CCEA	Cabinet Committee on Economic Affairs
CRSP	Central Rural Sanitation Programme
CSO	Civil Society Organization
CWSN	Children with special needs
DHS	Directorate of Health Services
E&I	Equity and Inclusion
EFA	Education for All
FAN	Freshwater Action Network
FANSA	Freshwater Action Network South Asia
GCN	Geriatric Centre Nepal
GDP	Gross domestic product
GOI	Government of India
GOSL	Government of Sri Lanka
GP	Gram Panchayat
HIV	Human immunodeficiency virus
HSE	Health, Safety, and the Environment
IDF	International Development Foundation
JMP	Joint Monitoring Programme
MDG	Millennium Development Goals
MDWS	Ministry of Drinking Water and Sanitation
MHM	Menstrual hygiene management
MIPAA	Madrid International Plan of Action on Ageing
MoHP	Ministry of Health and Population
NBA	Nirmal Bharat Abhiyan
NEPAN	Nepal Participatory Action Network
NGO	Non-Government organization
NIC	National Identity Card
NOWPD	Network of Organizations Working for Persons with Disabilities
NPA	National Plan of Action
NPC	National Planning Commission
NPEGEL	National Programme for Education of Girls at Elementary Level
NSSO	National Sample Survey Office
OBC	Other Backward Castes
ODF	open defecation free
PHDT	Plantation Human Development Trust
PHDT	Plantation Human Development Trust

PHSWT	Plantation Housing & Social Welfare Trust
PIDE	Pakistan Institute of Development Economics
PIL	Public Interest Litigation
PLWD	People Living with Disabilities
PSF	Palli Shishu Foundation
PTG	Primitive Tribal Groups
PWD	Persons with Special Needs
RO	Reverse Osmosis
RPC	Regional Plantation Companies
RTE	Right to Education
RVM	Rajiv Vidya Mission
SACOSAN	South Asian Conference on Sanitation
SC	Supreme Court
SMC	School Management Committee
SRDI	Soil Resource Development Institute
SSA	Sarva Siksha Abhiyan
SSHE	School Sanitation and Hygiene Education
ST	Schedule Tribe
TCN	Timber Corporation of Nepal
TSC	Total Sanitation Campaign
TU	Trade Unions
UN	United Nations
UNCRPD	UN Convention on the Rights of Persons with Disabilities
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
US	United States
VDC	village development committee
VDC	Village Development Committee
VWSC	Village Water and Sanitation Committees
WASH	water, sanitation and hygiene
WHO	World Health Organization
WSH	water, sanitation and health
WSP	Water and Sanitation Programme
WSSCC	Water Supply and Sanitation Collaborative Council
ZPHS	Zilla Parishad High School

Preface

The SACOSAN IV declaration acknowledged that the sanitation and hygiene situation in South Asia remains at a crisis point; the numbers of people who practice open defecation or who rely on unimproved sanitation remain unacceptably high; since the last SACOSAN meeting more than 750,000 children have died in the region from diarrhoea which is strongly linked to poor sanitation. Diarrhoea caused by contaminated water and poor sanitation, is the second biggest killer of children under five in South Asia. Almost one billion people in South Asia do not have access to proper sanitation facilities. Of these a large number come from marginalized and unreached groups including but not limited to Dalits, Tribal people, landless, tea garden workers, people living in forest or hilly tracts, peri-urban areas, on flooded land or in coastal areas or people with disabilities or who are chronically ill.

The WHO/UNICEF JMP report has examined sanitation use according to wealth quintiles in India, Bangladesh and Nepal, and demonstrated that the poorest 40% of the population have barely benefited from the gains in sanitation. But poverty is not the only reason. National Governments across South Asia are committed to going beyond the Millennium Development Goals to achieve national open defecation free status and have committed financial and human resources to support these goals. It is indeed an opportune time to ensure that everyone benefits. However, increased levels of investment in sanitation provision and/or recognition of the human right to sanitation across the countries has not yet generated the accelerated pace of change needed to improve basic services for the most vulnerable. Most disturbingly an analysis across the health, education and water and sanitation sectors reveals a systematic pattern of exclusion wherein the same groups of occupationally or locational discriminated groups, women, adolescents, children older people or certain castes and socioeconomic classes are left out of services.

FANSA, with support from FAN Global, have undertaken an ambitious and important piece of research that provides analysis of the factors for exclusion and the opportunities for addressing these more systematically at the national level. Taken to its full conclusion, this research be the conduit for change.

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Acknowledgements

This report is a consolidated analysis of six case studies from five South Asian countries that provide deeper insights into the equity and inclusion issues related to providing sanitation services. This study aims to inform discussions at SACOSAN V and contribute to the formulation of concrete commitments targeting poor, marginalised and vulnerable communities in sanitation development policies and programmes. We are very grateful to Water Supply Sanitation Collaborative Council (WSSCC) for having the trust in FANSA and providing the funding support that enabled this study. Special thanks go to Archana Patkar and Zelda Yanowich from WSSCC for their continuous support and guidance throughout past eight months of the study. I would also like to thank Marc Faux and Isabella Montgomery from FAN Global for their valuable contributions in feeding back on draft reports, editing, providing special insights to strengthen the analysis, their guidance for finalizing the report and, most importantly, for their support in fulfilling the contractual obligations.

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I hope that the study findings will convince decision makers to act on the gaps identified and the recommendations provided. This would significantly help to fulfil SACOSAN commitments and address exclusion issues in South Asian WASH service provision.

I hope this regional document shall contribute for a very good learning to us and for the sector.

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Executive summary

Globally, efforts are underway to accelerate progress towards the 2015 Millennium Development Goal (MDG) target on sanitation, which aims to halve the proportion of people without sustainable access to basic sanitation by 2015. However, in 2011, global sanitation coverage was just 64% and, at current rates, the 2015 MDG sanitation target of 83.8% coverage will be missed by more than half a billion people¹.

Not only are current rates of progress low, much of the progress that has been seen is not reaching the poorest and most in need. The current set of MDGs focus on average progress measured at the country and global levels, which masks the inequalities that lie behind these averages. In reality, the equity and inclusion of the poor, marginalized and vulnerable communities and people in accessing the WASH services they need is limited with overall sanitation use and urban/rural disparity figures reflecting huge inequalities.

The 2012 Joint Monitoring Programme (JMP) report, which tracks progress towards the Millennium Development Goal (MDG) related to drinking-water and sanitation, examined sanitation use according to wealth quintiles and found that the poorest 40% of the population have barely benefitted from gains in sanitation provision over the last decade. This continued neglect leaves stark inequalities unchecked: poor people in South Asia are over 13 times less likely to have access to sanitation than rich people.

It is evident from the case studies included in this report that certain marginalized communities are particularly affected, including school children, people living with disabilities, rural and tribal communities, the elderly, tea estate workers, women and people living in water logged areas. In all the countries we looked at, official policies are in place to address issues of equity and inclusion. The challenge lies with implementation and ensuring that the poor and marginalized benefit from improved WASH services and coverage.

School children in Warangal, India, suffer from lack of basic functioning toilet facilities and running water for toilet use. Toilets are either unclean or are sometimes locked. Many of the girls resort to missing out on their education. The Sindh region of Pakistan has the highest levels of people living with disabilities in the country but has limited institutions and facilities catering for their specific needs. Most facilities that do exist are concentrated in urban areas depriving the rural population of access. Disability friendly sanitation facilities are a far cry from what they ought to be.

Tribal communities in Jharkhand, India, face a myriad of challenges. With no stable government in place since the birth of the new state, government funds and programmes are limited in reaching out to the poor and marginalized. Nepal has many laws to protect the elderly. Ageing demographics also add to the challenge of achieving equity, as the number of disabled people in the country increases in parallel with the number of elderly people. The sanitation sector in Nepal is not inclusive enough to consider their specific needs.

¹ Progress on Sanitation and Drinking Water, 2013 update, UNICEF and WHO

The plantation workers in Sri Lanka are the worst affected among all citizens in terms of sanitation. They have been living in compact 'line rooms' for the last three generations with limited access to sanitation facilities. The water logged and high arsenic areas like Satkhira district in Bangladesh pose many health risks and discomfort to women and children. Lack of privacy, makeshift arrangements for toilets and a lack of safe drinking water put women to shame and expose them to many health and security hazards.

This report recommends that:

- In line with the spirit of the UN General Assembly resolution and SACOSAN IV commitments, access to sanitation should be recognised as a legally enforceable right.
- South Asian governments should have robust plans backed by adequate public funding to achieve universal access to sanitation by 2020 at the latest. Formal lending and micro financing institutions should also encourage financing for sanitation.
- A sub plan approach should be adopted that allocates adequate human and financial resources to deliver time bound targets for ensuring sanitation provision to poor and marginalized communities.
- It should be mandatory for service providers to follow criteria and guidelines to ensure toilets are accessible to people with disabilities. Non-compliance should be treated with punitive measures.
- Civil Society Organizations and INGOs working on sanitation provision should prioritize awareness raising, fostering demand and capacity building of poor and marginalised communities.
- Capacity building of service providers on the needs of the poor and marginalized is needed to ensure sensitivity, appropriate capacity and responsiveness to effectively deliver sanitation services.
- Reliable baseline data and robust reporting and monitoring systems should be introduced to track the progress of sanitation provision to the poor and marginalized.
- Sanitation should be integrated as an essential component in guidelines for disaster preparedness, climate change resilience programmes and post disaster relief and rehabilitation.
- Research, training and implementation agencies responsible for vulnerable and marginalised groups should be mobilized to promote sanitation in their target communities
- All school infrastructure development plans and designs, budgets for operation and maintenance, reporting and monitoring systems should integrate parameters on 'assured access' to WASH facilities.
- Labour laws and other regulatory guidelines should define employer responsibilities for ensuring access to sanitation in work places and residential areas allocated for workforces.
- Excluded groups need to be represented in the planning and managing of projects.
- The media should be engaged to raise awareness and demand amongst the poor and marginalised.

Chapter I: Introduction

The United Nations estimates that in 2010 2.5 billion people still did not have access to improved sanitation and approximately 1.1 billion people still practised open defecation². In South Asia, the proportion of the population using shared or unimproved facilities is much lower, and open defecation is the highest of any region in the world³. Although the number of people resorting to open defecation in South Asia has decreased by 110 million people since 1990, it is still practised by 41% of the region's population, representing 692 million people⁴.

In recognition of the importance of this crisis, targets were set under Millennium Development Goal 7 on environmental sustainability to halve the population without access to basic sanitation by 2015. Since then, countries have been striving hard to reach this target by individual efforts as well as regional and international cooperation⁵. It is essential for developing countries in South Asia to prioritise building comprehensive programmes for sanitation delivery. It was for the same reason that sanitation was included in the Millennium Declaration.

According to a WHO report, the most recent estimates for sanitation coverage must increase globally from 64% to 75% between 2010 and 2015. At the current rate of progress, sanitation coverage is predicted to be 67% in 2015, 580 million people short of the MDG target⁶. This shortfall in reaching the targets in South Asia, is characterized by two issues –scale and exclusion. Hundreds of millions of people in South Asia have historically practised open defecation, especially in rural areas. This is a veritable sanitation crisis that impairs progress and further economic and equitable development in the region. Many districts in India, Nepal and Pakistan fall in this category. “Excluded communities” are not only people who suffer from “asset poverty”, but also those who are shut out for social reasons⁷.

Excluded communities include people who are not able to access and use safe sanitation facilities due to mobility issues or disability, people who are socially and economically marginalized due to their geographic location and social position. This includes, for example, women, children, people of certain castes, faiths and ethnicities, older people, pregnant women, people with disabilities or living with chronic illnesses, and geographically marginalized populations in remote areas, as well as those living in areas where it is difficult to construct basic toilets, due to high water tables, sandy soils or hard rock etc.

² Progress on Drinking Water and Sanitation. 2012 update. UNICEF, WHO, March 2012

³ Ibid

⁴ Ibid

⁵ <http://202.83.164.28/moclc/frmDetails.aspx?opt=misclinks&id=19#>

⁶ Global costs and benefits of drinking-water supply and sanitation interventions to reach the MDG target and universal coverage, WHO/HSE/WSH/12.01, 2012

⁷ Reaching the Unreached, Background paper for SACOSAN V, FANSA

Background to the study

This research is a collaboration between FANSA and its members, FAN Global, WSSCC and FANSA National chapters. It is funded by WSSCC through FAN Global. The need for this study stems from SACOSAN commitments related to equity and inclusion, by researching and providing concrete suggestions for successfully targeting particular vulnerable groups in five of the SACOSAN countries – Bangladesh, India, Nepal, Pakistan and Sri Lanka – through context-specific programmes. This study aims to:

- Provide case-studies exploring issues of equity and inclusion in different South Asian contexts.
- Use this evidence to develop advocacy action plans in consultation with target populations to address identified issues.
- Provide an evidence base for South Asian civil society's wider advocacy efforts at SACOSAN and beyond.

Freshwater Action Network South Asia

FANSA is a network of mostly grassroots Civil Society Organizations from five countries in South Asia; Bangladesh, India, Nepal, Pakistan and Sri Lanka. FANSA works towards empowering citizens and CSOs to effectively engage and influence policies, processes and institutions responsible for realization of right to water and sanitation and hygiene promotion in South Asia region. Working towards developing enabling conditions for the poor and marginalized communities to significantly improve their access to water and sanitation services is one of the key priorities for FANSA under its current strategy up to 2016. FANSA is committed to aggregating the experience and strengths of CSOs to effectively address the equity and inclusion issues in WASH sector.

FANSA is a Consortium member of and works closely with FAN Global (www.freshwateraction.net). FAN Global is a global consortium of five independent regional civil society networks from Africa (ANEW), South Asia (FANSA) and Latin America (FAN South America, FAN Central America and FAN Mexico). FAN Global aims to build the capacity and facilitate the participation of civil society organizations in low and middle income countries in relevant decision making forums. It provides a strong and unique southern-led global platform for advocacy by grassroots NGOs to secure the Human Right to Water and Sanitation (RTWS) for all; improve governance and transparency on issues of water and related sanitation and hygiene; and climate change.

WSSCC

The *Water Supply and Sanitation Collaborative Council (WSSCC)* is an international organization that works to improve access to sustainable sanitation, hygiene and water for all people. It does so by enhancing collaboration among sector agencies and professionals who are working to provide sanitation to the 2.6 billion people without a clean, safe toilet, and the 884 million people without affordable, clean drinking water close at hand. WSSCC is part of the UN system and contributes to development through knowledge management, advocacy, communications and the implementation of a sanitation financing facility. WSSCC supports coalitions in more than 30 countries, and has a broad membership base and a small Secretariat in Geneva, Switzerland.

SACOSAN

SACOSAN is South Asia's biennial inter-governmental conference on sanitation partnered by the National Governments of Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, and Sri Lanka. In addition to these Governments, it is attended by all the key regional partners and various key regional stakeholders. Starting from the 1st SACOSAN in Bangladesh in 2003 it has been consistently growing to become a key platform shaping the direction and pace of progress on sanitation in the region. It has also been providing meaningful opportunities for non-state sector players to bring in their views and experience into the process of developing a stronger political commitment and regional agenda for sanitation development. Following is the review of the equity and inclusion related commitments in the past four SACOSANs.

The Dhaka Declaration (SACOSAN I, 2003) – “Sanitation for All”

The Dhaka declaration focused on:

- Proper sanitation and hygiene in the region to be based on a paradigm of 'people centred, community-led, gender-sensitive and demand driven' approaches.
- The elimination of open defecation and the provision of hardware subsidies.
- Creating demand, sustaining attitudinal and behavioural change and encouraging wider community participation.
- Intensifying advocacy through political and religious leadership, recognizing the need for gender-sensitive programmes.
- Recognize the need for special arrangements when dealing with sanitation programmes in conflict and emergency situations.

The Islamabad Declaration (SACOSAN II, 2006)

The Islamabad declaration recognized that:

- Half the people in South Asia still did not have access to proper sanitation.
 - Approximately one million men, women and children died annually due to water and sanitation related diseases.
 - Water and sanitation are human rights.
 - High priority to sanitation; strengthening inter-governmental cooperation in South Asia is key to achieving success.
 - Continuing to promote equity in our South Asia is crucial to increasing coverage.
 - Promoting active participation of women and children is essential in all activities relating to the sanitation sector.
-

**The Delhi Declaration
(SACOSAN III, 2008) – “Sanitation for
Dignity and Health”**

The Delhi Declaration:

- Recognized access to sanitation and safe drinking water as fundamental human rights.
- Asserted the imperative of giving national priority to sanitation.
- Recognized the importance of continued advocacy and awareness to sustain the momentum on sanitation.
- Prioritized sanitation as a development intervention for health, dignity and security of all members of communities especially infants, girl-children, women, the elderly and differently-abled.
- Highlighted importance of mainstreaming sanitation across sectors, ministries/departments, institutions and domains.
- Advocated for the global recognition of climate change impacts on sanitation provision in South Asia.

**The Colombo Declaration
(SACOSAN IV, 2011) - “Sanitation enhances
quality of life”**

The Colombo declaration:

- Called on South Asian Governments to develop time-bound plans.
- Called on South Asian Governments to allocate and mobilize resources for equitable and inclusive sanitation and hygiene programmes.
- Identified the importance of WASH in schools with child-friendly toilets, and separate toilets for girls and boys.
- Called for increased facilities for menstrual hygiene management in schools.
- Called on South Asian Governments to establish specific public sector budget allocations for sanitation and hygiene programmes and progressively increase allocations to sanitation and hygiene over time.

Chapter II: Equity and inclusion issues in South Asia

The purpose of this work is to contribute to the achievements of SACOSAN commitments related to equity and inclusion, by researching and providing concrete suggestions for successfully targeting particular vulnerable groups in five of the SACOSAN countries. Providing sanitation services to poor and marginalized communities continues to be a complex challenge in South Asian countries. In order to illustrate the challenges specific to South Asia, primary research was undertaken in six areas of the five countries to demonstrate the specific challenges and needs of poor and vulnerable communities and people as well as highlight potential solutions. The specific terms of reference for this work are annexed (Annex 1).

The SACOSAN IV declaration acknowledged that the sanitation and hygiene situation in South Asia remains at a crisis point. The declaration has committed:

- i) to design and deliver context-specific equitable and inclusive sanitation and hygiene programmes including better identification of the poorest and most marginalized groups in rural and urban areas, including transparent targeting of financing to programmes for those who need them most;*
- ii) to adopt participation, inclusion and social accountability mechanisms from planning through to implementation in all sanitation and hygiene programmes at the community level, particularly for the most marginalized areas and vulnerable groups.*

In the context of these commitments, FANSA with the support of FAN Global and WSSCC, decided to focus the research on exploring issues of equity and inclusion in sanitation provision.

Each case study focuses on a specific region in each country. Considering the size and spread of India, two case studies were carried out there, of which one is from a WSSCC Global Sanitation Fund funded area. Each area is treated as a single unit of study, the detail of which is summarized in this report and available in more detail in the national reports.

The case studies highlight the experiences of excluded population groups in each of these five countries including women, children, tribal communities, the elderly, the disabled and plantation workers.

Table No. 1: Case study focus groups

Country	Region/ State	Population group	Urban / Rural
Bangladesh	Tangail and Satkhira	Cyclone affected areas, and areas prone to water logging	Rural
India – 1	Jharkhand	Tribal areas	Rural
India – 2	Andhra Pradesh	Schools - Government, Private	Rural
Nepal	Kathmandu Municipality	Senior. Citizens - both women and men	Urban
Pakistan	Sindh Region	Persons Living with Disabilities (PLWD)	Urban
Sri Lanka	Nuwareliya and Kandy districts	Plantation Workers	Plantation Area

More information on the specific methodology for this research is available in Annex 2.

Economic and health impacts of poor sanitation

Sanitation is one of the basic necessities, which contribute to human dignity and quality of life. Inadequate sanitation is a major cause of disease worldwide and improving sanitation is known to have a significant beneficial impact on health both in households and across communities.

There are huge economic and health impacts of poor sanitation in the South Asian region. South Asia loses at least 5.8% of its regional GDP due to poor sanitation⁸. The annual benefits from meeting the MDG targets for water supply and sanitation are very significant in the South Asia region where benefits are estimated at US\$ 19 billion.⁹

Diarrhoea caused by contaminated water and poor sanitation, is the second biggest killer of children under five in South Asia¹⁰. Since the last SACOSAN meeting at Colombo more than 750,000 children have died in the region from diarrhoea which is strongly linked to poor sanitation.

700 million South Asians practise open defecation, especially in rural areas. Additionally, the more glaring problem particularly in South Asia, is one of exclusion, where different categories of people are not able to access and use safe sanitation facilities. The combination of economic and social exclusion creates sub-human living conditions, in urban slums and rural areas across South Asia. It is this problem of exclusion that is often overlooked in South Asia and needs special and urgent attention¹¹.

⁸ Sanitation updates, 2011

⁹ The economic case for increasing access to improved sanitation and water supply: Quantifying the Costs and Benefits of Water Supply and Sanitation, The Post 2015 Water Thematic Consultation Water, Sanitation and Hygiene, Framing Paper

¹⁰ Sanitation crisis in South Asia, Discussion Paper, WSSCC, WaterAid, UNICEF and FANSA, <http://www.freshwateraction.net/sites/freshwateraction.net/files/SACOSAN%20IV%20traffic%20lights%20paper.pdf>

¹¹ Reaching the Unreached, Background Paper for SACOSAN V, FANSA

Key factors of exclusion

Various factors contribute to people being excluded. Social factors, for instance, are deep-rooted in centuries of socio-cultural practices, while other factors tend to be dynamic, for instance economic and political factors. As well as exclusion from economic activity, exclusion from health and education creates a downward spiral of poverty with increasing effect. The various different factors have thus been accordingly segregated.

Economic factors

Inadequate sanitation and hygiene cause major economic impact on countries as indicated in the three recent World Bank Water and Sanitation Programme studies¹² in Bangladesh, India and Pakistan. The reports indicate the economic impact of inadequate sanitation costs 4-6% of GDP (at 2006 and 2007 prices) each year as indicated in the table below.

Table No. 2: Economic loss due to inadequate sanitation

Country	US\$ billion	% of GDP
Bangladesh	4.2	6.3 (2007)
India	53.8	6.4 (2006)
Pakistan	5.7	3.9

Source: World Bank WSP Reports on India, Bangladesh and Pakistan

Impacts related to health include the attributed costs due to the effects of sanitation-linked illnesses, including premature mortality, cost of health care, productivity-time lost, and time lost to care for sick household members.

Drought and flooding in some regions result in the destruction of water and sanitation facilities. Lack of earning capacity or livelihood options for rural communities causes urban migration to low paying, unorganized and highly exploitative conditions. The tough economic climate is another factor that makes it difficult to rebuild sanitation facilities or invest in these regions in a cost effective manner.

In urban areas, the economically poor tend to inhabit areas that are not considered a priority for service provision and are also not recognized by government. A lack of land tenure and poor infrastructure result in further poverty and marginalization from basic sanitation and water services especially in unplanned urban settlements. According to poverty data of World Bank, 4% to 43% of poor people live on less than \$1.25 in the five selected countries of South Asia. About 1.4 billion people all across the world are classified as poor; and 44% of them live in South Asia alone¹³.

¹² WSP reports of Economic Impacts of Sanitation in India, Bangladesh and Pakistan

¹³ The United Nations World Water Development Report 3

Table No. 3: Percentage of people living below \$1.25 a day

Country	People living on less than \$1.25 a day in 2010
Bangladesh	43.3%
India	32.7%
Nepal	24.8%
Pakistan	21%
Sri Lanka	4.1%

<http://povertydata.worldbank.org/poverty/country>

Social factors

- Gender discrimination in South Asian countries results in inequalities for women due to social or cultural practices. This gender inequality excludes women and girls from decision-making processes. Although significant efforts have been made to enable women to participate meaningfully in the management of community WASH projects, this has not led to real involvement in decision-making processes. Low literacy levels and numeracy skills, lack of confidence and social norms were found to be critical barriers to women's involvement, and require long-term strategies to address these constraints.¹⁴
- In South Asia, menstruation is viewed as a stigma due to the value of "inauspiciousness" attached to it. In many contexts, it is considered as impure and girls and women are excluded from participating in public life such as religious functions. In some contexts, menstruating women and girls are segregated in separate dwellings or areas of the household. The combination of psychosocial stress as well as deleterious health impact due to poor sanitation and hygiene is a regional tragedy that is just beginning to be articulated and addressed.

3.4% and 16.2% menstruating girls have reported that they do not attend schools in a study conducted in Nepal and West Bengal respectively¹⁵. The identified reasons for girls not attending schools are; lack of privacy, unavailability of sanitary disposal facilities and water shortages. Interestingly, WaterAid in Bangladesh found that a school sanitation project with separate facilities for boys and girls helped boost girls' attendance by 11% per year, on average, over seven years¹⁶
- Age: Children and the elderly tend to be marginalized or excluded from essential services. Without a voice and presence in demanding, designing or renewing services their needs are often forgotten resulting in inappropriate services that they cannot use. Despite the huge potential of young people in the region who make up three quarters of the population- their voices remain unheard and their potential dormant as they are kept out of WASH activities.
- *Caste, ethnicity and religion* in many parts of South Asia results in substandard services or outright denial for specific groups. Caste continues to be linked closely with occupational status whereby sanitation workers are treated as the lowest occupants of the social order and are doubly discriminated against by virtue of birth and occupation. Dalits and Tribals in India have low coverage of sanitation facilities. The Indian Institute of Dalit Studies has undertaken research study which aims to address the access and participation of Dalit communities, identification of gaps in service delivery, assessment of the role of Tribal and

¹⁴ Menstrual hygiene in South Asia: A neglected issue for WASH (water, sanitation and hygiene) Programmes, WaterAid Report

¹⁵ Ibid

¹⁶ www.wateraid.org/uk/what_we_do/how_we_work/integrated_projects/improving_sanitation/default.asp

Scheduled Castes (TSCs) in strengthening the social inclusion of communities and to understand an accurate, current and ground level view of how, where, and to what extent discrimination and exclusion operates in Total Sanitation Campaign programme. Similarly, some minorities in Bangladesh and plantation workers in Sri Lanka have also been excluded from the benefits of sanitation.

Political factors

Political conflicts often cause conditions that exclude certain people and communities from accessing sanitation services. Excluded groups are often voiceless and do not have political representation. They are not empowered or organized to articulate their demands for better service provision.

The political situation in many of the South Asian countries is not conducive to or supportive of a policy environment and practices that proactively address exclusion and discrimination. In most countries basic services such as water are a fundamental right. Policies are less explicit about sanitation although national schemes across the region aim to resource this area.

In India, while there is no explicit allocation for urban sanitation, the Ministry of Urban Development (2008) reported in November 2008 that 19% of the National Urban Renewal Mission's projects (66) pertained to sanitation.

Politically, there has long been little interest in sanitation and hygiene. Few countries have a specific sanitation policy that is distinct for rural areas, towns or the urban poor for example. Combined policies are dominated by domestic water supply. Government expenditure on sanitation has also been low, although amounts may be less important than ways of spending.

WaterAid Bangladesh's national budget analysis provides evidence (see table 4) that 138 billion Taka is required annually to meet the water and sanitation MDG targets. However, there is a huge gap in allocation and spending; only 17 billion Taka was allocated in 2010-11, and only 13 billion Taka actually spent. It is important to note that sanitation's share of this allocation is less than 10%. The situation is similar in Nepal; sanitation's share of total sectoral allocation was an estimated 13% in 2010-11.

The GLAAS 2012 report finds that funding levels for WASH are insufficient, especially for sanitation

Table No. 4: Government expenditure on health, education and WASH (% of GDP)

Country	Expenditure on health	Expenditure on education	Expenditure on sanitation and drinking water
Bangladesh	1.1%	2.4%	0.4%
India	1.3%	N/A	0.2%
Nepal	1.7%	4.7%	0.8%
Pakistan	N/A	N/A	0.4% (rounded)

Source: WHO, GLAAS, 2012

Government allocations in the sanitation sector suggests that investments are highly biased towards urban areas and resources are not reaching areas where the need is greatest. National budget analysis by WaterAid Bangladesh provides strong evidence that most sector investments in the last four years have been channelled to major urban centres¹⁷. Urban areas, despite good sanitation coverage, have received more than double, and in some cases triple, the funding allocated to rural areas.

¹⁷WaterAid Nepal's national budget analysis provides evidence that the five districts with the lowest sanitation coverage have received less money than the top five districts with higher sanitation coverage. The higher the sanitation coverage, the more resources are allocated, and the less the services are available, the less money is allocated.

Geographical factors

Distant rural, isolated and hill tract communities such as tribal and Dalit communities are often denied access to services through their 'invisibility' to policy makers. Some areas are traditionally prone to natural disasters such as droughts, floods, earthquakes and cyclones.

Geographical factors such as remoteness of the areas, small habitations and scattered population with long distances from the locations of the field functionary units of government departments, poor transport network, disconnected due to natural conditions like hilly tracks and haors etc. contribute to low sanitation coverage.

Environmental factors

Crowded urban and peri-urban settlements pose serious obstacles to providing access to services for communities. Climate change in arid and semi-arid zones risks causing increased water resource depletion, a trend that is already being witnessed in many parts of the world. This can be exacerbated by over-extraction or pollution of water caused by sanitation facilities located too close to water sources. Also, environmentally sensitive areas such as flood and drought prone areas, cyclone affected areas, coastal areas with high water tables and /or with high sea water seepage also affect the sanitation services.

The Haor areas in Bangladesh and Bihar in India and the Terai in Nepal are subjected to floods that leave a number of issues to be addressed in basic service provision including water and sanitation. Any effort to improve services can literally be wiped away by a flood, which means these areas need high investment and appropriate technology. With low emphasis on rehabilitation (as opposed to new investments), infrastructure that becomes dysfunctional is seldom rehabilitated.

Urbanization brings with it a unique set of advantages and disadvantages. Though it is driving the economies of most of the South Asian countries, a serious concern regarding the impact of urbanization is sanitation. These countries by virtue of their developing economies, and a significant proportion of population still living below poverty line, are

¹⁷ WaterAid Bangladesh (2012) *WASH budget analysis*

particularly vulnerable. Rapid urbanization may lead to insufficient or contaminated drinking water, inadequate sanitation and solid waste disposal services, vector-borne diseases, air pollution, industrial waste¹⁸. The number of people in cities without adequate toilets has increased from 134 million in 1990 to 153 million in 2004 due to rapid urbanization in South Asia¹⁹. The proportion of urban dwellers is expected to rise to 70% by 2050²⁰. It is a big challenge for the Government to provide sanitation and clean water facilities for these groups.

Administrative factors

In South Asia, stigmatization of groups and individuals in relation to water and sanitation are largely related to caste/ethnicity and terrain, livelihoods and menstrual hygiene management. The Primitive Tribal Groups (PTG) are totally cut off from the mainstream. In India, as a matter of their livelihood of working with solid waste, manual scavengers are considered as *untouchables* and are least considered for any services. Tea garden estate workers in Bangladesh and Sri Lanka are also excluded from service provision by tea garden owners and Union Parishads as they consider them in migrants for livelihood. Fishing communities in coastal and riverine belts of India, Sri Lanka, Bangladesh and Pakistan all suffer from extremely poor services. Boundaries, rights and privileges ignore constitutional guarantees and international conventions to deny basic rights and services to the traditionally oppressed.

The challenges of data limitations, lack of proper targeting and monitoring of coverage of the poor, lack of transparency, accountability, responsiveness, lack of capacity of government departments to plan and deliver on the special needs of the poor and most marginalized etc. are some of the concerns of the administrative factors to ensure sanitation services. Additionally, technological aspects such as inappropriate designs, challenges of finding locally available material, skilled people etc. also add to the issues of sanitation.

^{17a} Water Aid Nepal, WASH Budget Analysis

¹⁸ Rapid urbanization - Its impact on mental health: A South Asian perspective

¹⁹ http://www.unicef.org/india/wes_2387.htm

²⁰ UN-HABITAT (2009) *Global Report on Human Settlements 2009: Planning Sustainable Cities*, p. xxii.

Chapter III: Marginalised groups

Except for Sri Lanka, access to sanitation across South Asia countries is extremely low. Prioritization of poor, marginalized and vulnerable communities for WASH service provision is limited. Overall sanitation use and urban/rural disparity figures reflect huge inequalities. The 2012 JMP report examined sanitation use according to wealth quintiles and found that the poorest 40% of the population have barely benefitted from increased sanitation coverage over the last decade. This continued neglect leaves stark inequalities unchecked; poor people in South Asia are over 13 times less likely to have access to sanitation than rich people. All South Asian countries have the necessary policies in place to address sanitation issues but the challenge lies in implementation and ensuring that the poor and marginalized benefit from the improved WASH services and coverage.

Table No. 5: Access to Sanitation and Water in five countries of South Asia

Access to WASH	Bangladesh	Nepal	Sri Lanka	Pakistan	India
Access to adequate sanitation	56% (2011)	31% (2010)	92% (2010)	48% (2011)	34% (2010)
Access to safe water	81% (2010)	89% (2010)	91% (2010)	92% (2011)	92% (2010)

Source: <http://www.unicef.org/infobycountry>

By the end of 2011, there were 2.5 billion people across the world still living without improved sanitation facilities. The number of people practising open defecation decreased to a little over 1 billion, but this still represents 15% of the global population²¹. The minutes of the 'Accelerating Achievement of MDGs in South Asia, ESCAP, ADB, UNDP, 2012' workshop indicates that 8 out of 10 countries in South Asia are not on track to meet their MDG sanitation targets. Rural areas are particularly deprived with nearly half the countries considered off-track for providing their rural populations with access to safe water and basic sanitation. Although some countries have made significant progress in water, the sanitation sector is lagging²². Across South Asia, millions of people continue to use unhygienic and unimproved facilities and are unable to wash their hands with water and soap at critical times to ensure good health and prosperity.

²¹ JMP, 2013 update

²² Accelerating Achievement of MDGs in South Asia, ESCAP, ADB, UNDP, 2012

Equity and inclusion and its importance in WASH

Equity involves recognizing that people are different and requires specific support and measures to overcome the specific impediments that stand in the way of their being able to access and use safe sanitation and adopting hygiene practice services sustainably²³.

At a local level, this means examining the context in which people live, work and play, to identify the immediate barriers which stand in the way of people using hygienic toilets and washing their hands after defecation, before preparing and serving meals, before eating and before feeding children. At higher administrative levels such as provincial, state or national levels, equity would be served by directing more resources to areas and communities with low sanitation coverage, and applying approaches that ensure that every individual has the means as well as the responsibility to use and maintain sanitation facilities and wash their hands with soap, to ensure their own, as well as their neighbour's, health and well-being.

Equity principles must also apply in special situations that warrant special attention. Emergencies affect millions of people in South Asia every year: floods, droughts, earthquakes, landslides and civil strife displace large numbers of people for shorter or longer periods. Often, more than half of those displaced are children under the age of 18²⁴. With 58% of the rural population in South Asia practising open defecation, achieving an open defecation free society whose population has access to safe drinking water as well as water for hygiene practices is a major challenge. However, it is a fundamental human right²⁵ that cannot be denied.

Increased levels of investment in sanitation provision and/or recognition of the human right to sanitation across the South Asia has not yet generated the accelerated pace of change needed to improve basic services for the most vulnerable. A systematic pattern of exclusion of groups including women, adolescents, children, elderly, certain castes and socioeconomic classes, the disabled and people living in areas with high water tables or in plantation estates, denied them access to WASH related services.

Disparities and marginalization – the South Asian context

A lack of adequate sanitation facilities increases the spread of disease and deprivation on a massive scale. This silent crisis continues to reinforce a cycle of poverty among the marginalized: widening disparities between urban and rural, and between rich and poor households. Data and analysis from the region show that the gains in sanitation have been primarily concentrated in the richer segments of the population; in South Asia, the poorest quintile is 20 times more likely to practise open defecation than the richest quintile.

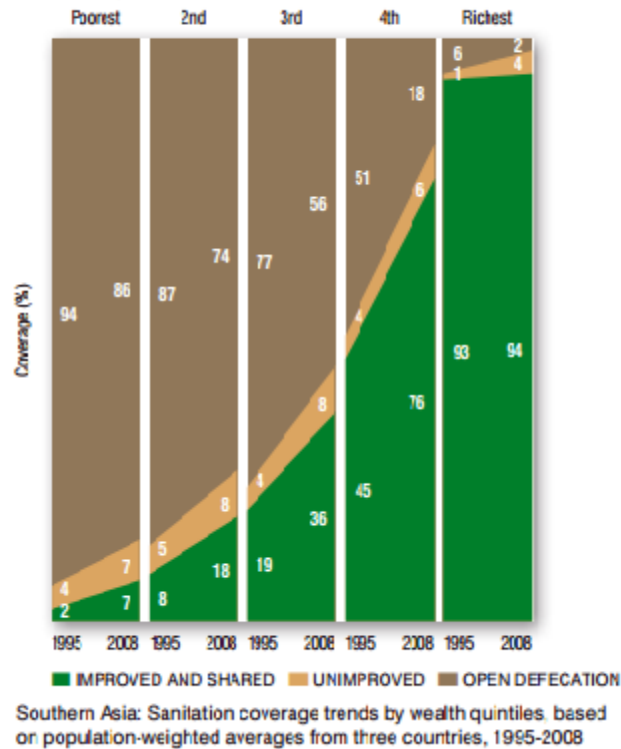
²³ Equity and Inclusion in Sanitation and Hygiene in South Asia: A Regional Synthesis Paper, WSSCC, UNICEF & Water Aid, 2011

²⁴ http://www.unicef.org/protection/index_armedconflict.html; http://www.savethechildren.org.uk/en/32_1300.htm;
http://www.unicef.org/emerg/haiti_52590.html

²⁵ The UN General Assembly, in 2010, has recognized water and sanitation as a human right

Table No. 6: Improvements in sanitation 1005-2008

The poorest 40 per cent of the population in Southern Asia have barely benefited from improvements in sanitation



Source: India: NFHS 1993, 1993, 1999, 2006; Bangladesh: DHS 1993, 1997, 2000, 2004, 2007; Nepal: DHS 1996, 2001, 2006

Findings

WASH and gender

The vital role of women in water, sanitation and hygiene (WASH) interventions is undeniable and yet they are often excluded from participating meaningfully in WASH programme decision-making and management²⁶. WSP's report *Global Experiences on Expanding Services to the Urban Poor* (March, 2009) highlights a number of community-level pilots in which women were made central to the decision making process. The projects clearly demonstrated that their involvement resulted in their needs being addressed in the provision of water and sanitation services. Yet, women's inclusion in decision making processes seems a long road ahead.

²⁶ Menstrual hygiene in South Asia, a neglected issue for WASH (water, sanitation and hygiene) programmes, Water Aid Report

Lack of basic sanitation and safe water is an acute problem for the women and girls who live in poor and overcrowded urban slums and in the rural areas of South Asia. Many of them have to wait until dark to relieve themselves, sometimes confronting the fear and the reality of harassment and sexual assault. When crises hit, personal safety and security are diminished and even fetching water becomes risky for fear of assault.

The burden of poor health, time spent in fetching water and lack of privacy for defecation and personal hygiene is disproportionately borne by women and girls.

The studies in Jharkhand (India) and Bangladesh indicate that women suffer most in terms of accessing WASH services and the associated stigma. The Satkhira district study indicated that it is the women's responsibility to fetch water for the household, even if she has to walk for longer distances. Men feel shy to do the work "designated for women".

In Bangladesh, continuous water logging and high saline levels make water a precious commodity. The main sources for potable water in this region is tubewells which contain high levels of arsenic, particularly after the cyclones and floods when the communities are forced to shift to Pond Sand Filters (PSF). These PSFs are quickly rendered useless due to lack of maintenance. Dry seasons are particularly challenging for women. Many of them resort to drinking less water, prioritizing it for other needs. The lack of water also has implications on their hygiene practices including menstrual hygiene.

Women in Satkhira district reported particular difficulties with handling menstrual periods during calamities. The challenges range from a lack of privacy to a lack of proper sanitation facilities in the make-shift arrangements during flooding or cyclones, to problems of washing their menstrual cloth for which they have to resort to using the same water where people defecate.

The situation in Jharkhand was no different. The remote tribal region of Santhal Parganas in Jharkhand state suffers from particularly low levels of sanitation coverage when compared with the both state or the national level sanitation coverage data. The piped water facilities to villages planned by local government have not been delivered and most households depend on hand pumps for all their water requirements. During the summer season, the water table drops and there is no water for agriculture or drinking so many villagers including women resort to migrating to nearby cities and towns. The toilet coverage in the villages is also low. In some villages there are no toilets at all forcing the women and all members in the household to resort to open defecation. Women face a myriad of problems including safety issue and risk of snakebites while defecating in the open.

The Jharkhand government recruited local water champions called Jal Sahiyas to be the barefoot soldiers for their sanitation drive in villages. Unfortunately, these Jal Sahiyas are unable to perform their duties because financial allocations are not released on time to pay for the sanitation projects or the Jal Sahiyas' salaries.

Menstrual hygiene

Menstrual hygiene is a taboo subject; a topic that many women in South Asia are uncomfortable discussing in public. This is compounded by gender inequality, which excludes women and girls from decision-making processes.

In order for women and girls to live healthy, productive and dignified lives, it is essential that they are able to manage menstrual bleeding effectively. This requires access to appropriate water, sanitation and hygiene services, including clean water for washing cloths used to absorb menstrual blood and a place to dry them, having somewhere private to change clothes or disposable sanitary pads, facilities to dispose of used cloths and pads and access to information to understand the menstrual cycle and how to manage menstruation hygienically.

The Bangladesh case study in Satkhira indicates that women face acute problems during menstruation including a lack of privacy (as toilets are damaged due to cyclones and floods), make shift arrangements for toilets, a lack of space to clean and dry their menstrual cloth and lack of clean water for washing.

School attendance by girls is lower than boys and drop-out rates are higher in schools that have no access to safe water and no separate toilet facilities for boys and girls. As the Indian case study²⁷ in Warangal indicates, "girl students are likely to be affected in different ways by inadequate water, sanitation and hygiene conditions in schools and this may contribute to unequal learning opportunities. Sometimes girls (and female teachers) are more affected than boys because of the lack of sanitary facilities, which means that they cannot attend school during menstruation²⁸".

In the case of adolescent girls, it becomes all the more essential to have toilets that offer privacy and hygiene facilities so that they can meet their growing needs safely and hygienically.

Schools and WASH

School sanitation coverage is under 60% in most South Asian countries. More schools have functioning water systems than working sanitation systems. Where water supply and/or sanitation systems are not functioning, children are discouraged from attending school. Where there are no separate toilets for boys and girls, or where there is a lack of facilities for practising adequate menstrual hygiene management, girls will tend to miss their classes. Water supply coverage at schools ranges from 54% (Afghanistan) to 94% (India), while adequate sanitation facilities for girls can be found at 51% of schools in Afghanistan to 87% in Sri Lanka.²⁹

The school WASH programme in the Warangal district of Andhra Pradesh in India presents a similar picture. The students suffer mainly from infrastructural and attitudinal

²⁷ Case Study conducted by Dr. Indira Khurana, Primary Research, Warangal district, India, 2013

²⁸ 2009, Water, Sanitation and Hygiene Standards for Schools in Low cost settings, Edited by: John Adams, Jamie Bartram, Yves Chartier, and Jackie Sims. http://www.who.int/water_sanitation_health/publications/wash_standards_school.pdf

²⁹ http://www.unicef.org/rosa/survival_development_2544.htm

problems. While the Right to Education (RTE) and subsequent Supreme Court's rulings in India have clearly sought governments to provide better infrastructure facilities in schools, the situation on the ground indicates that there is much more to be done. Many of the school toilets are left unused, as their maintenance is low. The School Management Committee reveals that although allocation of maintenance budgets are low, other institutions such as the village Gram Panchayats do not support schools to provide adequate water. Many children get their water from their own homes. Adolescent girls get free sanitary napkins as part of Government programme (NPEGEL) but find no safe space in the school premises for changing the napkins or disposing soiled napkins. It is imperative to create a healthy school environment with safe water and sanitation facilities within schools, in order to improve children's health, well-being and dignity.

WASH and the disabled

Access to clean water and basic sanitation is a right guaranteed under the UN Convention on the Rights of Persons with Disabilities. Inaccessibility of clean water sources, hygiene and sanitation facilities negatively impacts health, education, the ability to work and the ability to partake in social activities.

Table No. 7: National disable population figures

Country	Disability Prevalence	Year of Census
Bangladesh	9%	2008
India	2.10%	2001
Nepal	1.60%	2001
Pakistan	2.50%	1998
Sri Lanka	1.60%	2001

Source: Disability at a glance 2012, UN ESCAP

Sanitation is a crucial contributor to the inclusion of disabled people in public life. Inaccessible toilets force Children with Special Needs (CWSN) to be away from school. WSSCC cross cutting themes suggest that 'planning for and including people with various disabilities in the design of water and sanitation services is a necessary first step to inclusive coverage'.³⁰ The case study in Pakistan on people living with disabilities reveals that meeting the sanitation needs of the disabled is not a priority for most stakeholders. Disabled people living in rural areas are further excluded as the limited facilities in urban cities are not available in the interior rural areas of Pakistan. Constructing ramps in all key buildings like school, offices, rehabilitation centres, hostels and financial aid services are urgently needed as well as the construction of disabled friendly toilets. Institutions disbursing financial aid services ought to be located on the ground floor and not on second or third floors of the buildings to ensure they are easily accessible for all disabled people.

³⁰ <http://www.wsscc.org/topics/crosscutting-themes/disabilities-and-wash>

WASH and the elderly

Country	65+ in 2010	65+ in 2050
Bangladesh	4.6%	15.9%
India	4.9%	13.5%
Nepal	4.2%	11.6%
Pakistan	4.3%	10.4%
Sri Lanka	8.2%	21.6%

Source: Disability at a glance 2012, UN ESCAP

By 2025, all five countries will have 10% to 20% of their citizens in the 65+ age category. Older people are vulnerable and a lack of proper water and sanitation is a source of stress and a cause of poverty, which may lead to severe health problems. Older women are also particularly impacted. Discrimination and social issues act as barriers in accessing WASH services by the elderly. Many older people cannot use sanitation facilities due to physical abilities or cost so appropriate design of toilet facilities should be promoted. Also, elderly citizens are important stakeholders in planning, implementation and monitoring of WASH programmes. The issues highlighted in Nepal also reveal that currently there is minimal consultation with the elderly and their needs are not address in WASH services.

Conclusion

Investment in water and sanitation in South Asia is good value for money due to its immense economic and health benefits. The value of meeting the MDG target on sanitation is more than merely a health and dignity issue. Investment in sanitation yields an average economic return of nine dollars for every dollar invested³¹. South Asia loses at least 5.8% of its regional GDP due to poor sanitation³². Despite this, India, Pakistan, Nepal and Bangladesh are all off target to achieve their MDG goals on sanitation. Despite good sanitation coverage, Sri Lanka has to make considerable progress in provision to communities living in plantations and conflict zones to ensure all citizens enjoy the fruits of adequate sanitation.

The equity and inclusion of the poor, marginalized and vulnerable communities in accessing the WASH services is limited. The UN General Assembly recognition of water and sanitation as human rights in 2010 presents significant opportunities. Civil society organizations and communities also need to engage more actively in WASH sector decision-making in order to generate bottom up demand for change and to enable people to claim their human rights. The sanitation crisis has profound impacts on the health, welfare and productivity of the poorest people.

School children in India, the elderly in Nepal and women in the rural areas of Jharkhand or those affected by water logging have no proper sanitation facilities and these should

³¹ UNDP Human Development Report 2006. *Beyond scarcity: Power, poverty and the global water crisis*

³² Sanitation updates, 2011 that

be addressed immediately. Efforts should be made to ensure that sanitation universal coverage is achieved. Studies have indicated that investing a mere 1% of GDP can ensure that the practice of open defecation can be prevented. To achieve this, political will is paramount.³³

Any improvisations in the situation of the plantation estate workers is solely dependent upon external help – either from the private owners of the estates or the government's help through Plantation Human Development Trust (PHDT). The research undertaken in Sri Lanka indicated that the intervention by PHDT has yielded the desired results in improvising the quality of life for plantation workers. Apart from new and improved toilet constructions, PHDT also ensured that the plantation workers get new playgrounds, roofs and health facilities. This is missing in other estates where PHDT is yet to work.

Lastly, the Pakistan case study highlights that data is not captured effectively for all types of disabled people. Robust monitoring mechanisms and comprehensive data collection will ensure that sanitation services reach hard to reach communities such as the tribal communities living in Jharkhand, communities living in the inaccessible and water logged areas of Bangladesh and those living in the mountainous areas of Nepal.

Recommendations

- All the South Asian Governments signed up to the UN General Assembly resolution declaring sanitation as a human right. They also signed the SACOSAN IV declaration in Colombo committing to the progressive realization of the right to sanitation. In line with the spirit of these high level political commitments, South Asian governments should recognize and implement access to sanitation as a legally enforceable right so that the demands and claims of the poor and marginalised to sanitation services have a legal basis.
- All countries in South Asia should have robust, time bound national plans for achieving universal access to improved toilets by 2020 at the latest. No such plans should suffer for want of adequate financial resources. Budget allocations should be spent to achieve annual targets. This would help to reduce competition for limited resources and the consequent deprivation of marginalised communities. In addition to funding from the public exchequer, governments should also ensure necessary measures to increase the opportunities of financing from formal lending institutions, micro financing institutions and state supported cooperatives to meet the financing needs of poor and marginalised communities to build toilets.
- All countries should develop criteria and guidelines to define and identify poor, marginalized population groups and areas excluded from progress on sanitation provision so far. A sub plan approach should be adopted with allocation of adequate human and financial resources targeting the time bound coverage of excluded poor and marginalized communities. Flexibility should be allowed to adopt situation specific technical and cost standards in construction of toilets.
- Criteria for ensuring toilets are accessible to disabled people and the elderly should be updated. Guidelines and public notices should be issued to communicate that

³³ Sanitation and hygiene in South Asia: Progress and challenges, Summary paper of the South Asian Sanitation & Hygiene Practitioners' Workshop organized by IRC, WaterAid and BRAC in Rajendrapur, Bangladesh, 29-31 January 2008

implementation is compulsory in all programmes and statutory measures promoting toilet facilities at household level, work places and all other public places including schools and educational institutions. Punitive action should be taken against violation of such guidelines.

- Civil Society Organizations and INGOs working on sanitation should prioritize awareness raising, generating demand and building the capacity of poor and marginalised communities lying far from the reach of government programmes. Spreading knowledge of government-funded programmes should be an essential part of awareness raising activities. Capacity building of poor and marginalised community governance bodies and Community Based Organizations can be developed as a niche area of expertise for CSOs. Governments should proactively encourage such partnerships to address equity and inclusion issues in the sanitation sector.
- Capacity building of service providers on the needs of the poor and marginalized is needed to ensure sensitivity, appropriate capacity and responsiveness to effectively deliver sanitation services.
- Reliable baseline data and robust reporting and monitoring systems should be introduced to track the progress of sanitation provision to the poor and marginalized. This data and reporting should be transparent and available in the public domain. Social audit and data validation by target communities should be included as an integral component of monitoring and reporting processes.
- In environmentally sensitive areas, lack of access to sanitation can be a consequence of natural disasters including floods, cyclones and droughts. For this reason, sanitation should be integrated as an essential component in guidelines for disaster preparedness, climate change resilience programmes and post disaster relief and rehabilitation. Such guidelines should also include information on the specific needs of disabled people, women and the elderly in sanitation provision.
- Research, training and implementation agencies responsible for catering to the special needs of vulnerable and marginalised groups should be mobilized to promote sanitation and engaged in the planning and implementation of sanitation development programmes.
- Standards for water, sanitation, hygiene and menstrual hygiene provision should be clearly defined for all training, educational and childcare centres. Further it should be made imperative that these facilities are accessible to disabled people. All school infrastructure development plans and designs, budgets for operation and maintenance, reporting and monitoring systems should integrate parameters on 'assured access' to WASH facilities.
- Labour welfare laws, statutory and regulatory measures applicable to factories, shops, construction sites, big farms and plantation areas should be revised to ensure that the labour force has access to water, sanitation and hygiene services. Employers should also be made legally responsible for provision of these facilities if the workers and their families are living in the employer's premises.
- Excluded groups need to be represented in the planning and managing of projects to ensure proper first hand identification and analysis of their needs.
- The media should be engaged to raise awareness and demand amongst the poor and marginalised for improved sanitation services.

Case studies

Addressing the sanitation needs of blind people

Sadia is young and blind. She acquired her matriculation from a blind school and now provides free teaching services to other visually impaired children in the same school where she studied. Sadia can manage daily tasks around her house and compound and recently started her journey to social inclusion by gaining admission to a mainstream public college. She highlights the challenges posed by public facilities in terms of accessibility and stigma when using the toilet. She said, "I feel ashamed asking my friend to take me to the toilet when there is no clear way. It is particularly hazardous and unhygienic when I have to use my hands to feel the floor and take a proper position. Sometimes my friends would describe the facilities to me, but it was too difficult in the beginning when I had to use a new place."



Visually impaired student – Hyderabad

She recommends that the best way of addressing the needs of the blind would be with a change in floor texture, from concrete to brick or from earth to stone, so that a blind person can feel the difference with their feet or allocated facilities in public institutions.

She also reports difficulties in taking notes in college, as teachers are not aware that she is not as fast in taking notes as other students and needs more time for preparation. She then seeks help from her friends.

Source: Primary E & I Study, Dr. Shaheen Ashraf Shah, Hyderabad - Pakistan, 2013

Ex-kamaiya family builds toilet without subsidy

Krishni Tharu, 52, whose major source of income is daily wages, lives in a cluster of ex-kamaiya settlement at TCN Phata in Sanoshree VDC in Bardiya district.

The family live in a house with a roof made of elephant grass (*Khar*). Their toilet is also built with *Khar* and they hope to complete the roofing soon.

At a time when the promise of subsidies for sanitation is 'looming' in the sanitation sector, this family as well as most of the ex-kamaiya in TCN Phata have shown their commitment to the government's sanitation drive by constructing their toilets without subsidy.



The Tharu family firmly believes that their sanitation facilities and services need to be improved in order to ensure long term health benefits. They believe their toilet will no longer

be appropriate once they reach their sixties. They feel they need a toilet adjacent to their house with a better water supply and a holding aid inside it.

They are very much dissatisfied with the way the sanitation drive is taking place. They strongly recommend involving all groups of people during planning and decision making so that the voices of people with special needs are at least heard.

The Tharu people are believed to be the first inhabitants of Terai (lowland areas) and have been living in the area for more than 700 years.

Source: E & I Primary Study, Rabin Bastola, Nepal 2013

Chapter IV: Key findings - Bangladesh report

Introduction

Bangladesh has made excellent progress in reducing the percentage of the population without access to basic water supply and sanitation services. As of 2010, the incidence of open defecation had reduced by 4% primarily as a result of a community-led total sanitation campaign³⁴. Use of improved sanitation and improved drinking water sources is 56% and 81% respectively. In 2010, 65% of the primary schools and 85% of the secondary schools in urban /rural areas had access to improved water and sanitation facilities. 85% of the health care facilities in Bangladesh have improved sanitation facilities³⁵.

While this is a considerable success, much remains to be done in hard to reach areas including hilly regions, river islands, swampy areas, water-scarce areas, the high saline South West region, the coastal belt, the Barind region and, in particular, in the rapidly growing urban slums. An estimated 12.6% of the population is exposed to arsenic contaminated water. As a consequence, only 56% of the population has access to improved sanitation and 81% has access to an improved source of drinking water. As Bangladesh is one of the most densely populated countries in the world, 25% of the population relies on shared latrines which are not considered improved sanitation coverage.

The government has adopted a number of policies to support community participation in the planning and implementation of water and sanitation services including two National Policies for Safe Water Supply and Sanitation from 1998, a 1999 National Water Policy and, from 2004, a National Water Management Plan and a National Policy for Arsenic Mitigation as well as a National Sanitation Strategy of 2005. These policies emphasize decentralization, user participation, the role of women and appropriate pricing rules. The Arsenic Mitigation Policy gives preference to surface water over groundwater. Although there are a number of policies in place, there remains scope to improve application of these policies through legislative, financial and administrative processes.

In 2011, the public sector allocation of the Annual Development Programme for the water supply and sanitation sector increased from 2.3% in 2007 to 5.6%. The proportion of resources allocated to water supply outweighs that of sanitation and hygiene promotion and is skewed towards the urban centers. The financial allocation at both the national and local government levels needs to be increased to meet the MDG targets and translate sector policies into effective service delivery.

³⁴ Source: *Progress on Drinking Water and Sanitation 2012 Update*. WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation

³⁵ Bangladesh Country Profile prepared for 2012 SWA High Level Meeting

Key statistics

Table No.9: Bangladesh key statistics		
Indicator	Statistic	Source
HDI position	146	HDI (UNDP)
Population	149.7 million	Population and Housing Census 2011, Government of Bangladesh
Child mortality rate	47	http://washwatch.org/southern-asia/bangladesh#water-indicators
Annual child diarrhea death rate	8230	http://washwatch.org/southern-asia/bangladesh#water-indicators
Access to adequate sanitation	56% (2011)	http://www.unicef.org/infobycountry/bangladesh_bangladesh_statistics.html
Access to adequate sanitation (JMP standards)	56%	<i>Progress on Drinking Water and Sanitation, 2012 update, JMP Report, Unicef & WHO</i>
Access to safe water	81% (2010)	http://www.unicef.org/infobycountry/bangladesh_bangladesh_statistics.html
Access to safe water (JMP standards)	81% (2010)	<i>Progress on Drinking Water and Sanitation, 2012 update, JMP Report, Unicef & WHO</i>
Gov. WASH Budget (local currency, millions)	\$187 million (2009)	http://washwatch.org/southern-asia/bangladesh#finance-overview
Gov. WASH Budget as % of total budget	9.33% (2009)	http://washwatch.org/southern-asia/bangladesh#finance-overview
Gov. targets for water coverage (state target completion date)	100% by 2011	http://www.sanitationandwaterforall.org/files/Bangladesh_-_2012_Country_Profile_EN.pdf
Gov. targets for sanitation coverage (state target completion date)	100% by 2013	http://www.sanitationandwaterforall.org/files/Bangladesh_-_2012_Country_Profile_EN.pdf

Brief overview of study area

In August 2011, Bangladesh's South Western region was severely affected by floods and cyclones. According to local authority estimates, over a million people were affected. As a result, the Satkhira district suffers from persistent water logging which has caused hundreds of thousands of people to lose their homes and livelihoods. Over 19,000 houses have been destroyed and more than 25,000 more partially damaged³⁶. Shelter and sanitation remain pressing priorities, alongside food, nutrition and livelihoods. Tens of thousands of families were temporarily displaced and settled in schools and community buildings or along road sides for several months.

VERC, the FANSA national chapter in Bangladesh, and the FANSA Secretariat led the research in Bangladesh to understand the challenges faced by women in flood affected and high saline areas. The national researcher travelled to Shyamnagar and Ashashuni Upazila's in Satkhira district to interview local community members and key

³⁶ Rebuilding Shelter and Sanitation after Water logging, Satkhira, Bangladesh, DFID Paper on Business Case

stakeholders as well as visiting hospitals, schools, mosques and key government departments at the sub-district and district levels.

The Satkhira district in the region was chosen for this research study because the area:

- is affected by emerging salinity
- repeatedly suffers cyclones and tidal surges
- lies adjacent to mangroves and is considered a hard to reach area
- migration is reportedly being taking place from most of the villages/unions in Satkhira and Khulna

Key findings

Economic factors

Poverty in Satkhira does not necessarily correspond to low income or low consumption alone, but also to a lack of linkages, opportunity and power:

- In 2001, the Government of Bangladesh adopted a target to achieve 100% sanitation coverage³⁷. There were measures taken to select households from each sub-district and provide a slab and three rings to set up latrines in each household. Many of these latrines are not functional any more . The most common reason is the affordability of the families to build another latrine once one pit is filled. Many households resort to breaking the toilet water holder to restrict the amount of water that can be used to clear the waste. They cover the pan with a piece of wood to avoid smell but this practice does not minimize the risk of infection.
- Families in the region cannot maintain their latrines due to frequent cyclones and floods when many households lose their entire houses, along with their toilets.
- The threat of land erosion causes many farmers to lose their agricultural lands severely impacting their livelihood options. Saline water stagnation creates further problems for both agriculture and livestock. As farming is a seasonal occupation dependent on the rainy season, people in the region are forced to migrate seasonally to sustain their livelihoods.
- Limited livelihood opportunities (especially outside agriculture) and poorly developed economic linkages
- Poor level of service provision that exacerbates the isolation of many coastal areas
- In rich areas, people use their influence on the local administration to block drainage canals which mean that poor areas suffer additional congestion of the drainage system.

Environmental factors

- A changing pattern of land use is affecting the land morphology and water sources
- Saline intrusion into freshwater aquifers and water ponds is affecting water sources
- Frequent cyclones and floods damage existing latrines so families go back to open defecation or makeshift arrangements for latrines.

³⁷ National Sanitation Secretariat, Government of Bangladesh

- Local earthen ring technology is more sustainable in the long term than the low-quality cement-concrete materials. Considering the environmental factors in the region, the government should distribute earthen rings to poor households.
- Salinity in soil and water causes the toilets to erode quickly but the poorest communities can't afford to rebuild latrines every two years.
- In times of natural disasters such as cyclones and floods, all women mentioned that it is particularly inconvenient to have periods during these times, especially since there is little privacy in using, lack of proper sanitation facility in the make-shift arrangement during the days of flooding or cyclone, cleaning and disposing their menstrual cloth to problems of washing their menstrual cloth for which they have to resort to using the same water where people are defecating. Besides, there is scarcity of clean water which makes the problem more acute.

Administrative factors

- The south-western region of Bangladesh is hard to reach and therefore excluded in the state's mechanism for reaching out with WASH related services.
- Urban areas in Bangladesh enjoy heavy subsidy in water supply, whereas rural areas are bereft of any policy provision for such big subsidies. This results in discrimination due to urban-rural disparities.
- River embankments are modified by the shrimp farmers to draw saline water from the river and withhold saline water for their ponds which increases levels of salinity groundwater.
- There is no integrated policy for water source management.

Recommendations

Administrative

- Provide equitable subsidies for both rural and urban water supply provision.
- Ensure better management and maintenance of the sluice gates, especially in the regions where shrimp farming is common.
- Include Integrated Water Resource Management as the key cross cutting issue throughout WASH planning.
- Acknowledge and establish a sector approach for WASH programmes. While some partners consider WASH as a sub-sector of health, others have no integration in mind.
- Assess the feasibility of providing potable water to salinity affected areas through the construction of pipelines.
- Promote and provide local earthen ring technology. This is more sustainable in the long term than the low quality cement-concrete materials. People in Satkhira who can afford it are making use of the local technology.

Social

- Sensitize people on the need for good hygiene practice through behavior change campaigns to encourage proper hand washing techniques.
- Build ring-wells instead of tubewells in both domestic and agricultural settings.

Economic

- Provide subsidized latrines and materials to build a new pit once the initial pit is filled.
- Align budgets with inclusive and equitable policies to prioritize marginalized, particularly in the hard to reach areas.
- Make budget expenditure and monitoring tools consistent to harmonize expenditure by both government and non-governmental organizations .
- Harmonize WASH programme planning and interventions among all development partners.

Environment

- Provide new latrines damaged by frequent cyclones and high salinity in the soil and water.
- Provide safe disposal mechanisms of sanitary napkins to women in water logged areas and adolescent girls in schools.
- Construct pipelines to ensure access to potable water in high saline areas.

Case studies

Addressing the absence adolescent girls in schools

In Bangladesh, FANSA member BRAC took some proactive steps to address high rates of adolescent girl absenteeism from schools. Because most schools lacked a separate toilet for girls, many families would bar their daughters from going to school causing high levels of absence among adolescent girls.



BRAC made provisions for allocating two female toilets in secondary schools within the region. They allocated BDT 40,000/- for each additional toilet in each secondary school and the community was asked to provide the remaining funds for establishing a girl's toilet. 4037 girls' toilets were set up in 280 sub-districts under this programme. A school brigade including eight students, a female teacher and the head teacher contribute to hygiene education in the schools³⁸.

“After our house was hit by cyclone Aila, we stayed on the WABDA road with other families from the Union, on a platform made of bamboo where there was lack of useable water, space or privacy. There was no sanitary latrine. Toilets were made of bamboo and were barely covered. Wastes used to go right into the water. We had to use that very same water for cleaning up after excretion. People were also forced to wash cloths for menstrual periods in the same water.”

Adolescent girl in Noor nagar, Satkhira (migrated from an Aila affected village)

³⁸ Bangladesh E&I report, Primary Research, Mahrukh Mohiuddin, 2013

Jamalnagar: a disaster and salinity affected area

There are about 6,000 households in the Jamalnagar village of Satkhira district (in the sub-district of Ashashuni). Half of Jamalnagar has access to drinkable water and the other half is lacking. Tubewells are dysfunctional, either due to salinity or arsenic. Women walk 1.5-2 kms to for nearly one to two hours to fetch water, depending on the queue. Men feel uncomfortable taking responsibility for a task that is "meant for women". When they are compelled to go, they cover their faces to avoid ridicule.

During high tides (which take can occur up to twice a month), there is often risk of the saline water level rising so much that it spills over the dams/polders into the protected land. It causes flooding, water logging and increased levels of salinity.

Using pond water for drinking, cooking and toilets is common among the villagers. Almost 80-85% people do not have access to fresh water. Regular pond water is so saline that soap does not wash off of your skin. After bathing, when one dries up, the soap starts showing on the skin like white patches.

In Jamalnagar, there are only about three to four families in the area that can be considered 'rich'. Ten to fifteen families are categorized as upper middle class, 20-22 middle class, and the rest lower middle to poor respectively. 90% of the latrines in the area are pit latrines. People generally use soap or ash to wash their hands.

In order to save the water used by toilets, they tend to break the toilet bowl to minimize the amount of water used to clear the waste. Instead, they use a piece of wood to cover the pan to prevent flies from going in and reduce the smell. People are generally **aware of hand-washing techniques, but there is not enough water available to follow best hygiene practice**. Furthermore, people do not have necessary resources to dig a new toilet pit for use once the first pit is filled.

Chapter V: Key findings – Pakistan

Introduction

Pakistan is the sixth most populous country in the world, with an estimated population of 184.35 million in 2012-2013. Despite the strains on economy imposed by the massive earthquake in 2005, the internal displacement of 3 million people in 2009 and the flooding in 2010 and 2011, Pakistan has not only sustained its commitment but also increased its public spending on sanitation and drinking water by more than 200% since 2005.

Evidence suggests that the economic impact of poor sanitation and hygiene results in an annual loss of 3.94% or more of GDP. Half of the rural population is without adequate sanitation. Pakistan is off-track to meet the projected MDG target of 67% but the government has committed to increase access to adequate sanitation for 20 million people by 2015 in order to achieve its MDG targets and to reach 100% coverage for improved drinking water.

In Pakistan, demographic transitions over the last 30 years have led to a marked increase in urban and peri-urban populations, which is compounded by displacement due to ongoing conflicts and humanitarian crises, which has an enormous impact on planning for sanitation and drinking water services.

According to WaterAid Pakistan, 15.9 million people in Pakistan do not have access to safe water, and over 93 million people don't enjoy adequate sanitation in Pakistan. Various reports indicate that coverage and access to water supply facilities range between 50 to 80%, and for sanitation, between 30 to 50%, with variations across provinces and urban-rural areas.

The National Sanitation Policy comments that sanitation coverage is extremely poor in Pakistan, only 54% of the population has access to latrines, 86% in urban and 30% in rural areas. In rural Pakistan, sanitary conditions, disposal of solid and liquid wastes and drainage remain unsatisfactory. Less than half of the rural population has household toilets and one-third of the households do not have access to any type of drainage system while almost two-thirds do not have any system of garbage collection. Despite an increase in budgetary allocations, the budget used by various tiers of government for improvement to WASH provision is either left completely unspent or is inappropriately or inefficiently spent.

This study focuses on the experience of People Living With Disability (PLWDs) in the Sindh province of Pakistan. It is estimated that 10% of Pakistan's total population suffers from some form of disability. In general, persons with disabilities in Pakistan face the several challenges, including stereotypes that see disabled people as inherently less worthwhile and less competent. It examines equity and inclusion issues with regard to sanitation and hygiene and factors contributing towards the exclusion of PLWDs in WASH.

Policies on sanitation in Pakistan include; the National Environment Policy (2005), National Sanitation Policy (2006), National Drinking Water Policy (2009) and National Climate Change Policy (2012). They provide the necessary legal support for the implementation of different government initiatives but do not specifically mention the rights of the disabled to sanitation.

Key statistics

Table No. 10: Pakistan key statistics		
Indicator	Statistic	Source
HDI position	146	http://hdrstats.undp.org/en/countries/profiles/PAK.html
Population	177 million	http://washwatch.org/southern-asia/pakistan
Child mortality rate	72 (2011)	http://www.unicef.org/infobycountry/pakistan_pakistan_statistics.html
Annual child diarrhoea deaths per annum	46400	http://www.unicef.org/infobycountry/pakistan_pakistan_statistics.html
Access to adequate sanitation	48% (2011)	http://www.unicef.org/infobycountry/bangladesh_bangladesh_statistics.html
Access to adequate sanitation (JMP standards)	48%	http://www.unicef.org/media/files/JMPPreport2012.pdf
Access to safe water	92% (2011)	http://www.unicef.org/infobycountry/bangladesh_bangladesh_statistics.html
Access to safe water (JMP standards)	92%	http://www.unicef.org/media/files/JMPPreport2012.pdf
Gov. WASH Budget (local currency, millions)	\$ 312 million (2009)	http://washwatch.org/southern-asia/pakistan#finance-overview
Gov. WASH Budget as % of total budget	1.03%	http://washwatch.org/southern-asia/pakistan#finance-overview
Gov. targets for water coverage (state target completion date)	91% Urban 98% Rural by 2015	http://www.sanitationandwaterforall.org/files/Pakistan_-_2012_Economic_Briefing_EN.pdf
Gov. targets for sanitation coverage (state target completion date)	86% Urban 54% Rural by 2015	http://www.sanitationandwaterforall.org/files/Pakistan_-_2012_Economic_Briefing_EN.pdf

Brief overview of study area

This study focuses on the urban centers of Karachi and Hyderabad, which are the two largest urban districts in Sindh. It also looks at the rural districts of Thatta, Badin and Tharparkar, which were selected for the following reasons:

- Poverty is widespread throughout these districts, with Tharparkar ranked by the World Food Programme as the most food insecure of Pakistan's 120 districts³⁹. It is also categorized as the second-most poverty-stricken district where 72.40% of people are poor.

³⁹ Food insecurity in Pakistan, 2008

- Sanitation services are non-existent even for the general population, therefore limiting the chances of service delivery for the disabled.
- The region suffers perennial problems of human and natural disasters (floods, famine, earthquakes, cyclone, heavy rains and sea intrusion)

In terms of the number of PLWDs, the Sindh province has the highest percentage in the country⁴⁰. There also seems to be a bigger population people living in the rural areas than urban areas⁴¹. In Sindh, a majority of the PLWDs fall in the “**Other**” category (53.28%), whereas physically handicapped constitute 10.56%. The other categories range from insane (6.13%), hearing impaired (6.18%), mentally retarded (7.45%), visually handicapped (7.48%) and persons with multiple handicaps (8.92%)⁴².

Key findings

Social factors

- There is significant gap in social welfare and special education provisions available to rural and urban disabled population.
- A lack of sanitation services in schools for children with special needs affects their right to education. Disabled children who are unable to use a toilet that is not tailored to their needs are unable to register for school. Furthermore, limited services provided to the disabled rarely consider the diversity of needs among PLWDs. As a result, many disabled people are unable to or have difficulty in using existing resources and provisions.
- Some data highlights gender disparities by which women were found to have a more significant excess of severe visual impairment and blindness than men⁴³. But in general, the disability prevalence rate was higher among men.

Poverty factors

Poverty is both a cause and consequence of disability. 68% of the population live in rural areas and face unequal socio-economic development, which also contributes to increased vulnerability and exclusion of marginalized groups⁴⁴.

- Access to water and sanitation is now recognized as a fundamental human right⁴⁵. However, the most vulnerable groups such as People Living with Disabilities (PLWDs) continue to be restricted and their needs are less likely to be taken into account. Through a lack of sanitary services disabled children are denied their basic human rights such as the right to education. There are already limited services, resources, income and educational opportunities for PLWDs, which are affected further when inclusive sanitation is not provided.

⁴⁰ National Population Census of Pakistan 1998

⁴¹ Tauseef Ahmed 1993 'Disabled Population in Pakistan: Disabled Statistics of Neglected People' Working Paper Series # 13, SDPI Islamabad

⁴² Journey of Hope, Network of Organizations Working for Persons with Disabilities, Pakistan (NOWPD-P) 2008

⁴³ Mohammad Z. Jadoon (et al) Prevalence of Blindness and Visual Impairment in Pakistan; The Pakistan National Blindness and Visual Impairment Survey, Ophthalmology & Visual Science, Nov 2006, Vol 47, No. 11

⁴⁴ Haris Gazdar, Rural Economy and Livelihoods, Asian Development Bank 2005, Islamabad

⁴⁵ National Drinking Water Policy, 2009

Administrative factors

- Meeting the sanitation needs of the disabled is not a priority for most stakeholders. Architects need to better understand the requirements of the disabled when designing toilets and buildings. Staff members in disability training institutes lack the necessary resources to train disabled children in how to use toilet facilities. Administrators of these institutions do not have appropriate funds to maintain clean and hygienic toilets for the disabled.
- In Pakistan, little or no data is available relating to PLWDs, and most of the data has not been disaggregated by gender. The National Census Report of 1998 estimates a much lower percentage of PLWDs, at 2.49%. Other reports suggest as much as 7 to 10% of the population, around 12 to 18 million Pakistanis, have some form of disability. According to the PIDE (2003) analysis, variations in the prevalence of disability were presumably due to misreporting / under-reporting / hesitation on the part of respondents to disclose information on PLWDs⁴⁶.
- Water and sanitation policies acknowledge the differentiated needs of vulnerable groups like women and children and their active role in planning and implementation, and consider water and sanitation as a fundamental human right. However, according to WaterAid Pakistan, no clear processes have been designed and followed for community mobilization in WASH by agencies responsible for building infrastructure and delivering, operating and maintaining water and sanitation services⁴⁷.
- With regard to sanitation for the disabled population, there is no specific mention of PLWDs in the country's National Sanitation Policy. For instance, it suggests that *Public toilets will be adequately provided (keeping in view the different requirements of men, women and children)*. There remains an assumption that the needs of PLWDs will be taken care of by relevant institutions. In reality, even the main cities of Pakistan are not accessible to PLWDs. In urban cities, where more people have access to sanitary toilets; there is total absence of public toilets for PLWDs. Functioning toilets do not exist and there is a lack of available staff for maintaining latrines. Rural areas are far behind in providing sanitation services for the general population so there the disabled are already excluded.
- Most of the institutions which provide services to PLWD (including educational, financial, support equipment and rehabilitation services) were not designed to suit the needs of the disabled, reflecting the overall insensitive attitude towards PLWD. Most of the buildings did not have 'ramp access' to enter the buildings, constraining the ability of physically disabled people to seek services from these institutions. This situation applies to many other special education and welfare institutions too (school, offices, rehabilitation centers, hostels and financial aid services). The Handicap International building stands out as an outlier in the region, it was suitably designed and built to accommodate the needs of the disabled. Accessing the government offices in Zakat, Usher and Bait-ul-mal⁴⁸ is a serious constraint especially for the physically disabled, who are dependent on others to help them. Some offices of the financial aid programme are located on the second and third floors of buildings with no elevators. Despite being eligible for aid, physically disabled people are seriously affected due to inaccessibility and mobility issues. Sanitation facilities in government educational buildings for children with special needs suffer from either lack of services or poor maintenance. The need for different latrine design to cater to different disabilities is missing. The same toilets are constructed for all

⁴⁶ Dr. Razaque Rukanuddin (July 2003) Disabled Population of Pakistan, PIDE Islamabad

⁴⁷ Pakistan Country Strategy 2010 -2015, Water Aid Pakistan

⁴⁸ Financial assistance programmes in Pakistan for poor and needy

types of disabilities – the visually impaired, people in wheelchairs, elderly people and others. The disabled were asked to accommodate to the given structures. Comparatively, toilets in privately owned institutions for PLWDs are better maintained than government institutions.

Recommendations

Social

- Social welfare and special education provisions should be made available to the large disabled population living in the rural areas of Sindh.
- Disabled friendly toilets and ramps should be constructed in buildings.
- Disabled children should be provided with suitable sanitary provisions to prevent dropouts from the special schools for disabled.
- A strong advocacy campaign is needed to address the stigma associated with disability
- Strong advocacy is needed for recognizing the differences among PLWD to ensure more equitable resources and provisions

Administrative

- The lack of reliable data, inappropriate needs assessment, inadequate policy and legislative enforcement are some of the factors contributing in the exclusion of PLWD
- Institutions providing services to disabled are to be made accessible for PLWD in rural areas too.
- Community mobilization should be encouraged by government departments to ensure the construction and maintenance of infrastructure.
- National Sanitation Policy should include provision for PLWD

Case studies

Discrimination against disabled women

A government rehabilitation and skill development institution that provides free lodging and boarding to disabled (physical and mental) members in the city refused to admit disabled women and girls because it did not have necessary female staff and security provisions essential for accommodating female students.

Although Pakistan's National Policy for disabled people suggests 'no-discrimination and gender equity at all levels', disabled women face discrimination in accessing government

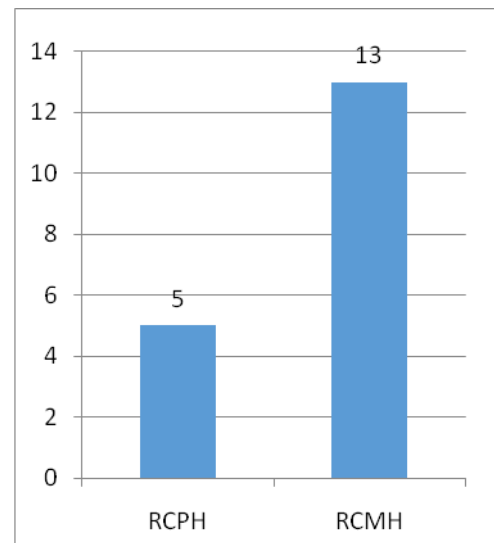


Figure 1 Total number of Rehabilitation Centres for disabled (Multiple Handicapped and Physically Handicapped) run by Sindh Social Welfare Department - Government of Sindh, August 2013

rehabilitation services which provide training on tailoring, knitting, sign language, Braille and computer literacy etc.

Enrolment shows almost 100% male students in an institution for disabled providing both free lodging and boarding facilities. Gender inequalities and discrimination in overall enrolment of teaching staff for special children's education and rehabilitation was also seen⁴⁹.

This gender unbalance indicates that women are particularly affected among the most marginalized PLWDs and are denied the limited resources available to the wider disabled population. For many disabled women, the basic right to life, food, education, water and sanitation are a daily struggle, due to unequal power and gender relations.

⁴⁹ Progress on Drinking Water and Sanitation update, 2012

Chapter VI: Key findings – Nepal

Introduction

With a population of 26.49 million, Nepal is a small but ecologically diverse country located in the Himalayas between China and India. The country is making significant progress in increasing sanitation coverage with a national increase from 30% to 62% between the years of 2000 to 2011 representing an annual increment of 2.9%⁵⁰. Nepal has already surpassed its MDG goal on water and sanitation but this progress masks the disparities between districts and wealth quintiles. The Government of Nepal has planned to achieve 80% improved sanitation coverage by 2015 and 100% by 2017⁵¹. To ensure the national targets are met well in time, a Sanitation and Hygiene Master Plan was enforced by the government in 2011.

The National Sanitation and Hygiene Master Plan (SHMP) was endorsed by the cabinet (involving seven ministries and the National Planning Commission-NPC) and formally launched by the President. The Government allotted a separate budget line for sanitation from 2010-11 and allocation increased by 50% over last year. The total sanitation budget in the sector is approximately 13%. The sector saw a 70% growth in budget (72 million US\$ in 2007-8 to 123 million in 2011-12) over the last five years. The share of water and sanitation sector represents 2.63% of the total social sector in 2009-10⁵².

During the same period, the sector also witnessed a significant improvement in sector coordination at all levels. The formulation of the Sanitation and Hygiene Steering Committee (SHSC) with representation from seven ministries and the National Planning Commission (NPC) shows evidence of increased converging efforts of the WASH sector for collective promotion of hygiene and sanitation. Coordination Committees at the local level have been formed and provide active participation by key sector line agencies, Development Partners (DPs) and civil societies. These collaborative initiatives provide much promise for improving the hygiene and sanitation sub sector.

Access to safe water and sanitation recognized as a basic human right in the draft constitution of Nepal and it will help put water and sanitation high on the national development agenda.

50 Nepal MDGs Acceleration Framework – Improving Access to Sanitation, NPC and UNDP 2012

51 MDGs Acceleration Framework, Government of Nepal

52 Financial Comptroller General Office-2009-10, Government of Nepal

Key statistics

Table No. 11: Nepal key statistics		
Indicator	Statistic	Source
HDI position	157	http://hdrstats.undp.org/en/countries/profiles/NPL.html
Population	30.5 million	http://washwatch.org/southern-asia/nepal
Child mortality rate	48 (2011)	http://www.unicef.org/infobycountry/nepal_nepal_statistics.html
Annual child diarrhoea deaths per annum	2190	http://washwatch.org/southern-asia/nepal
Access to adequate sanitation	31% (2010)	http://www.unicef.org/infobycountry/nepal_nepal_statistics.html
Access to adequate sanitation (JMP standards)	31%	http://www.unicef.org/media/files/JMPreport2012.pdf
Access to safe water	89% (2010)	http://www.unicef.org/infobycountry/nepal_nepal_statistics.html
Access to safe water (JMP standards)	89%	http://www.unicef.org/media/files/JMPreport2012.pdf
Gov. WASH Budget (local currency, millions)	\$128 million	http://washwatch.org/southern-asia/nepal#finance-overview
Gov. WASH Budget as % of total budget	2.77%	http://washwatch.org/southern-asia/nepal#finance-overview
Gov. targets for water coverage (state target completion date)	73% by 2015	http://www.wateraid.org/np/news/news/off-track-off-target
Gov. targets for sanitation coverage (state target completion date)	53% by 2015	http://www.wateraid.org/np/news/news/off-track-off-target

Brief overview of study area

This study focuses on the urban and rural populations of Bardiya district in the mid-western development region because it has the lowest sanitation coverage in Nepal with more than 51% of households without access to a toilet.

The respondents were selected from a number of groups including Dalit (so called untouchables), Ex-Kamaiya (former bonded labourers), Muslim, Tharu (ethnic group indigenous to the Terai), Sukumbashi (landless) and Pahadiya (people who migrated from hills) in order to get a comprehensive overview the challenges face by a range of ethnic communities in Bardiya.

The majority (86%) of elderly people in Nepal are living in rural areas (CBS, 2011). They are usually active and productive in their advancing years, regularly taking responsibilities for child care, cattle herding, and production of handicrafts, for example (MoHP, 2010). A majority of elders depend upon agriculture and are living under the poverty line. They suffer from deprivation, illiteracy, poor health and nutrition, low social status, discrimination and restriction on mobility. Because of poverty, they enter into old

age in a poor state of health and without saving or material assets. They lack means to fulfill their basic needs such as food, clothes, shelter, health care, and safe drinking water. Gender inequality and discrimination against women is a common social phenomenon that elderly widows suffer the most (NEPAN, 2002). The percentage of population above 60 years of age has nearly doubled in the last ten years i.e. from 4.6 in 2001 to 8.1%⁵³ in 2011. It shows the clear need to increase facilities and services on areas like health, physical infrastructure, environmental conditions, legal and sociological issues targeted to senior citizens.

Table No.12: Household, population and sanitation coverage

Coverage	Total Households	Households without Toilet	Household without toilet	Age 60+ population
Bardiya district	83,176	42,683	51.3%	7.07%
National	5,423,297	2,069,812	38.4%	9.61%

Source: National Population and Housing Census 2011, CBS Nepal

Key findings

Social factors

- Nepal has a high population growth rate and it is concurrently attempting to introduce population control programmes. These programmes have resulted in a lower birth rate which will subsequently result in an even greater proportion of elderly individuals (Chalise, 2006). The percentage of population above 60 years of age has nearly doubled in the last ten years i.e. from 4.6 in 2001 to 8.1 %⁵⁴ in 2011.
- Approximately 86% of Nepal's elderly population live in rural areas (CBS, 2011). They are usually active and productive in their advancing years, regularly taking responsibilities for child care, cattle herding and producing handicrafts (MoHP, 2010). A majority of elders depend upon agriculture and live below the poverty line. They suffer from deprivation, illiteracy, poor health and nutrition, low social status, discrimination and restricted mobility. Because of their poverty, they enter into old age in a poor state of health and without savings or material assets. They lack means to fulfill their basic needs such as food, clothes, shelter, health care and safe drinking water. Furthermore, gender inequality and discrimination against women is a common social phenomenon that particularly affects elderly widows (NEPAN, 2002).
- The greatest physical and structural challenge faced by elderly people in accessing sanitation services was the distance of the toilet from their homes. Almost all households do not have a water supply inside their toilet so they have to carry water in bucket to use the toilets. Two key difficulties raised by elderly people included the challenge of going to the toilet at night and going during the rainy season.
- None of the senior citizens interview are represented in their Village Council. However, other groups like women, differently able people and people representing ethnic groups are represented.

⁵³ National Population and Housing Census 2011, CBS Nepal

⁵⁴ Ibid

- In more than 90% households, the decision regarding WASH facilities and services is done by the head of the household or another economically active member of the family while only 8% of households discuss WASH needs with all members of the family.
- Many senior citizens interviewed indicated that they are neither invited nor proactively participate in community WASH initiatives. The few people who participate actively either represent because of their political affiliations or because of their popularity in the community.
- Participation of all groups in the society is rare when making decisions during the different stages of service delivery (planning, implementing and monitoring). Social, cultural and economic barriers related to income, gender, age and disability have resulted in WASH service provision to marginalized groups.

Environment factors

- In the Terai and mid and far western development regions, progress towards the MDG target seems challenging as sanitation coverage is still as low as 50%.

Economic factors

- The resource allocation for WASH services in Nepal is done without giving much attention to reaching the unreached. There is a poor culture and practice of evidence based resource allocation and the sector has not yet utilized currently available sector information in annual planning process neither at district nor national levels⁵⁵.
- The Nepal case study also included that many poor senior citizens to support them to build improved latrine with septic tank and water supply with holding aid inside it.

Poverty factors

- Among the three ecological regions in Nepal, the coverage in the Terai (plain) region is the least (49%), followed by that in the mountains (60%), with coverage in the hills highest at 75%. It is to be noted that the Terai population alone is 50.2% of Nepal's population and, consequently, a large proportion of the population lacks access to toilets in this region⁵⁶.
- Access to sanitation among the richest quintile is approximately 80% while it is only 10%⁵⁷ amongst the poorest quintile. The Nepal study indicates that the majority of the poor live in rural areas and that sanitation coverage in the rural areas is below 55%. The poor in urban areas tend also live in slums and squatter areas where sanitation coverage is just 10%.
- There is no concerted efforts to improve sanitation facilities for elderly people living in orphanages and private charitable homes. These private charitable organizations and orphanages provide services to elderly people out of their individual initiatives. The level of services is determined by the consent of the individual's generosity. They tend not to provide all the essential services and care required by elderly people.

⁵⁵ WASH Sector Status Report-2011, Ministry of Physical Planning and Works, 2011.

⁵⁶ National Population and Housing Census 2011 (national report), National Planning Commission, Central Bureau Statistics, November 2012

⁵⁷ Overview of gender equality and social inclusion in Nepal, Asian Development Bank, 2010. b. WASH Sector Status Report-2011, Ministry of Physical Planning and Works, 2011.

Administrative factors

- Nepal's 'National Sanitation and Hygiene Master Plan 2011' notes that poor, disadvantaged and high risk groups are outside of the sanitation mainstream, contributing to slow progress on equitable hygiene and sanitation in the country. Therefore, the Master Plan has also set objectives to help ensure equity, inclusion and sustainability through participatory planning processes and a mechanism for ensuring access of poor, disadvantaged and other socially excluded groups to sanitation and hygiene services.
- The government has been supporting and promoting individuals, NGOs and private sector organizations to work with and for the ageing population. Despite these initiatives, the government is severely limited by a lack of skilled human resources and funding for effective and efficient implementation of legal and institutional provisions (NPC, 2007).
- There are about 70 registered organizations focusing on providing shelter for the elderly spread all over Nepal. These organizations vary in their organizational status (government, private, NGO, CBO, personal charity), capacity, facilities, and the services they provide. Most of them are charity organizations. About 1,500 elders are living in homes at present (GCN, 2010). However, although the number of these types of organizations has increased significantly, the concern is that their official records are not up-to-date.
- Elderly's Home in the premises of Pashupatinath temple for the destitute elders is run by the Ministry of Women, Children and Social Welfare. Established in 1976 as the first residential facility for elders, this is the only shelter for elderly citizens run by the government. It can accommodate just 230 elderly people.
- As part of its social security provision, the government introduced the Social Security Programme in 1994-95. This is a non-contributory benefit where the government provides cash transfers to eligible beneficiaries. The scheme covers disabled people, widows aged 60 plus and elderly people over 75 years of age. The age threshold was later revised to over 60 for Dalits and over 70 for everyone else.
- Considering the low life expectancy of people living in the Karnali zone, the age threshold in the area was also fixed at 60. The programme provides cash transfers to elderly citizens, helpless widows, disabled people and minorities of Rs. 2,400, 1,800 and 2,400⁵⁸ per annum respectively. Considering the sharp rise in prices in the past few years, social security support has been raised by a further Rs. 500⁵⁹ per month (NPC, 2012).
- Participation of all groups is rarely ensured when making decisions in the various stages of service delivery (planning, implementing and monitoring). Social, cultural and economic barriers related to income, gender, age and disability have resulted into inadequate participation of all groups in delivering WASH services.
- As mentioned in the MDGs Acceleration Framework for Sanitation 2012, the country has a good policy environment but implementation is at a challenging stage because institutional linkages, dedicated and trained human resources and financing have yet been increased to the desired levels.

⁵⁸ approximately 24 USD, 18 USD and 24 USD; conversion rate of 1 USD = 100.14 Nepali Rupee

⁵⁹ approximately 5 USD; conversion rate of 1 USD = 100.14 Nepali Rupee

Recommendations

Social

- Ensure the necessary provisions address the increasing number of elderly in the country
- Address the health and social needs of the elderly living in rural areas.
- Create awareness on gender inequality especially to address the needs of the female senior citizens and elderly widows.
- The National Sanitation and Hygiene Master Plan should include elderly people in their participatory planning process.
- Village Councils should include senior citizens in planning for sanitation services.

Environment

- Sanitation coverage in the hill and mountainous region should be enhanced.

Economic

- Increase government social security allowances for senior citizens in Nepal.
- Ensure evidence based resource allocation for WASH services for reaching the unreached
- Support senior citizens by building improved latrines with septic tanks, water supplies and holding aids.

Poverty

- Disparities in sanitation coverage across the three regions of Nepal should be minimized.
- Improve sanitation facilities for the poor and particularly senior citizens living in rural areas and urban slums.
- Private charitable institutions and orphanages should improve the sanitation facilities in their homes for the elderly.

Administrative

- Make available resources, including trained staff, for effective implementation of legal provisions.
- Ensure private charitable organizations keep their official records up to date
- Increase number of facilities (homes, orphanages etc) for senior citizens in Kathmandu's municipal areas.
- The government must plan to increase facilities and services for senior citizens in areas such as health, physical infrastructure, environmental conditions, legal and sociological issues.

Case study

Disabled widow wins award for building toilet at his own cost

Laipa Tharu, 64, a widow and physically disabled senior citizen lives with his son who is completely blind. Tharu crafts bamboo baskets and produces seasonal vegetables in his courtyard.

Encouraged by the sanitation drive in the village and pressed by the urgent need due to the difficulties he and his son experience when using open fields for defecation, he managed to build a toilet nearby his house from his own investment. He always makes sure that the water in the bucket inside the toilet is filled all the time because his son cannot fill the bucket from the public tap.



He has been awarded 1,000 Nepalese Rupees by the Village Development Committee for his exemplary work and commitment to Dhodari VDC Open Defecation Free campaign. *In the picture, he is standing with the aid of a stick together with his son, who is blind, with a certificate of recognition awarded to him by VDC.*

Tharu always uses ash and water for hand washing after defecation. He is now worried about what he will do after his pit fills up. He has been looking for support to build an improved latrine with septic tank and a water supply in his courtyard.

Chapter VII: Key findings – India

Introduction

Lack of adequate sanitation is a pressing challenge in rural India. The large number of people without access to sanitation overshadows the number of people who do have access. In 2008, just 31% of the total Indian population, including 54% of urban and 21% of rural Indians had access to improved toilets. Based on data from the 2005-06 National Family Health Survey (IIPS and Macro International, 2007) in 2006 about 629 million people – 575 million in rural areas and 54 million in urban areas – were forced to defecate in the open or use inadequate toilets facilities. However, results from the government 2008-09 survey indicated a more positive trend with 15% of people living in the lowest quintile in rural areas having access to improved sanitation. The survey also indicates that the poorest section of the population in rural areas is four times less likely to have access to improved sanitation than the richest section, which has just under 60% access.

According to the 2008 WHO/UNICEF JMP report, India provided over 200 million people with access to sanitation between 1995 and 2008. However, progress has been inequitable: only five million from the poorest section benefited compared to 43 million and 93 million from the richest sections.

The first national programme to increase access to rural sanitation on a large scale was the Central Rural Sanitation Programme (CRSP) launched in 1986. The limitations of this approach were addressed in the Total Sanitation Campaign, which moved away from the earlier infrastructure-focused approach and concentrated on promoting behaviour change, supported by financial incentives to construct and use toilets.

Subsequently, in 2011, the Department of Drinking Water Supply and Sanitation was upgraded into a Ministry of Drinking Water and Sanitation (MDWS) with the mandate to coordinate policy formulation, planning, funding and coordination for rural drinking water and sanitation.

In June 2012, the Cabinet Committee on Economic Affairs (CCEA) approved the continuance of rural sanitation programme in its 2012-2017 five year plan and renamed the campaign Nirmal Bharat Abhiyan (NBA). Over the past two and a half decades, every effort has been made to modify policy, guidelines and implementation frameworks so that an open defecation free rural India can be achieved.

The campaign is a comprehensive programme to deliver sanitation facilities in rural areas with a broader goal to eradicate the practice of open defecation. The Central Government aims to make India, 'Nirmal Bharat' by the end of 2022.

In rural areas, the School Sanitation and Hygiene Education (SSHE) programme was introduced in the National Rural Sanitation Programme in 1999 to ensure child friendly

water supply, toilet and hand washing facilities in rural schools and to promote behavioural change by hygiene education. SSHE aims to ensure a child's right to have a healthy and clean environment, particularly for the effective education and enrolment of girls and a reduction in worm infestation and diseases. Later on, SSHE became a programme under the the Nirmal Bharat Abhiyan campaign. In 2013, a Nirmal Bharat report for Andhra Pradesh reported 98.77% achievement against its objectives for constructing toilets, 114,485 out of 115,908. In case of Warangal district, the reports indicate 100% coverage of toilets in all schools.

ASER's 2012 annual survey depicting the status of schools covering 5.96 lakh children from 14,591 primary and upper primary rural schools – 90% of them run by the government – in 567 districts across the country have produced status reports on the availability of drinking water and sanitation and hygiene facilities in schools. The following table looks at the drinking water and sanitation facilities in the schools across the country.

Table No. 13: Percentage of WASH facilities in schools in Andhra Pradesh, India

Facility	Criteria	Percentage
Water	% of schools without any drinking water facility	16.6
Water	% of schools with facility but no drinking water available	10.4
Water	% of schools with drinking water available	73
Toilet	% of schools with toilet facility	91.6
Toilet	% of schools with toilet facility but not usable	35.1
Toilet	% of schools with toilets available and usable	56.5
Girl's toilet	% of schools with no separate provision for girls toilet	21.3
Girl's toilet	% of schools with separate provision for girls toilet	78.7
Girl's toilet	% of schools that have a separate girls toilet but are locked	14.1
Girl's toilet	% of schools that have a separate girls toilet but are not usable	16.4
Girl's toilet	% of schools that have a separate girls toilet and are usable	48.2

Source: Annual Status of Education Report, ASER Centre, <http://www.asercentre.org>

The table 13 indicates that 91% of schools report having a toilet facility but only 56.5% are reported as usable. The rate for girls is further reduced, at just 48.2%. One in two girls do not have access to usable toilets, which has a direct impact on attendance. Surprisingly, girl students cannot use about 14% of the toilets for girls because they are kept locked. Evidence from the field suggest that these locked toilets are mostly used for school staff members or are deemed unfit to use as there is no facility for regular cleaning. The primary study conducted in Warangal also indicated that many schools do not have a water storage facility to ensure that toilets are cleaned at regular intervals.

This study looks at the impact of the Right to Education and the Supreme Court's orders to provide hygienic toilets in schools across India and whether the schemes have had any positive results in improving access to sanitation.

Key statistics

Table No. 14: India key statistics		
Indicator	Statistic	Source
HDI position	136	http://hdrstats.undp.org/en/countries/profiles/IND.html
Population	1240 million	http://washwatch.org/southern-asia/india
Child mortality rate	61 (2011)	http://www.unicef.org/infobycountry/india_statistics.html
Annual child diarrhoea deaths per annum	212000	http://washwatch.org/southern-asia/india
Access to adequate sanitation	34% (2010)	http://www.unicef.org/infobycountry/india_statistics.html
Access to adequate sanitation (JMP standards)	34%	http://www.unicef.org/media/files/JMPReport2012.pdf
Access to safe water	92% (2010)	http://www.unicef.org/infobycountry/india_statistics.html
Access to safe water (JMP standards)	92%	http://www.unicef.org/media/files/JMPReport2012.pdf
Gov. WASH Budget (local currency, millions)	\$ 7290 million	http://washwatch.org/southern-asia/india
Gov. WASH Budget as % of total budget	NA	
Gov. targets for water coverage (state target completion date)	Rural 70.5% Urban 77.5% by 2015	http://www.wateraid.org/~media/Publications/drinking-water-sanitation-status-coverage-financing-concerns-india.pdf
Gov. targets for sanitation coverage (state target completion date)	62% By 2015	http://www.indiasanitationportal.org/326

Key findings

Social factors

- Under the National Programme for Education of Girls at Elementary Level (NPEGEL), sanitary napkins are distributed free of cost. The programme also includes sensitization to teachers on gender issues, development of gender-sensitive learning materials and provision of needs-based incentives like escorts, stationery, workbooks and uniforms.
- A lack of basic sanitation and safe water is an acute problem for female staff members and female children. Many of them have to wait to relieve themselves until they reach home leaving them at risk of infection and pain.
- Menstrual hygiene management continues to be an issue. Men tend to see it as a women's issue and women are left stigmatised.

Environment factors

- In absence of functional and private toilets, girls were unable to change sanitary napkins in schools. Often, the only solution available under the circumstances was to go home.
- Disposal mechanisms for soiled napkins were near absent in many schools.

Poverty factors

- Many poor households in the village do not have access to toilets so they use the school's toilets. This is a typical problem for schools during vacations and holidays. School authorities try locking the toilets, which leads to breaks ins.

Administrative factors

- The concept of inclusive education emerged from the Government of India to mainstream children with special needs in regular schools. This requires addressing barriers at both infrastructural and cultural levels. According to the Inclusive Education Officer of the district, existing schools should be provided with ramps. Additionally, in all new constructions, toilets should be suitably designed with a western style toilet seat and a hand rail to address the needs of the disabled children.
- Few inclusive toilets were found in the schools in the district. However, very often the slope of the ramp to access the classroom was too steep, making even unaided walking on it a challenge and a wheel chair would not even be able to get onto it.
- The National Programme for Education of Girls at Elementary Level (NPEGEL) is an initiative by the Government of India to reach the hardest to reach girls, especially those out of school. Launched in July 2003, it is an important component of Sarva Shiksha Abhiyan (SSA), which provides additional support for enhancing girl's education. The programme supports the development of a 'model school' in every cluster with more intense community mobilization and supervision of girl enrolment in schools.
- One of the essential criteria as indicated in the Right to Education (RTE) Act is the access to a secured supply of safe drinking water and separate toilets for boys and girls, in proportion to the number of children in the schools. In the case of adolescent girls it becomes all the more essential to have toilets that offer privacy and hygiene facilities so that they can meet their growing needs safely and hygienically. In 2011 and 2012, several landmark orders by the Court relating to the availability of drinking water and

separate toilets for boys and girls were passed. Closing the case on December 2012, the Court directed state governments to ensure that all schools meet the RTE norms relating to drinking water and sanitation by March 2013, in line with the time frame proposed under the RTE. The Court however left a door open to hear cases/appeals wherein the norms were not met. The RTE legislation laid a time bound agenda – three years – to address some of the long pending gaps and meet the norms (other than teacher training) including barrier-free access to drinking water and toilets – in the schools. These three years were completed by March 2013.

- Scarcity of water is an issue in the drought prone district of Warangal. Unfortunately, local bodies are not interested in providing water to the schools as they are also pressed to supply water to households in the village. Pressure from the sub-district level and the Supreme Court to comply are not deterrents to local bodies. In some cases, even though the School Development Plan stipulates the need to provide toilets and drinking water facilities, they remain unfunded.
- Lack of supervision: during holidays and long vacations, the toilet is used by others with little attention towards maintaining cleanliness.

Lack of availability of water: This is the most important issue for low or non-utilization of toilets by the students. This was one of the reasons behind 14 of the 30 non-functional toilets. There are urinals, but no water. Boys go out in the open. In times of emergency, the urinals are used for defecation, rendering these useless for further use since there is no water. Sometimes girls go to neighbouring homes to relieve themselves. In one school, the GP does supply water to the recently constructed 500 litre water storage tank but the supply is erratic.

Every school is required to have a School Management Committee convened by the Head Master and including parents, NGOs, Anganwadi workers, Ward members. The Head Master often finds it difficult to get the full quorum of the members for the meeting. Most of committees are non-functional. The Rs.500 provided for the Operation & Maintenance budget is used to purchase buckets, mugs, etc and is often not available for maintaining the toilets. Getting people to clean the toilets is also difficult due to the limited budget.

Schools with poor water, sanitation and hygiene conditions are high-risk environments for children and staff and exacerbate children's susceptibility to environmental health hazards.

Recommendations

Poverty

- For adolescent girls, it is essential to have private toilets with hygiene facilities so that they can meet their needs safely and hygienically.
- Separate toilets should be delivered for girls, which will help to reduce their absenteeism during their menstrual periods.
- It is imperative that all schools adhere to the provisions of law especially with regard to children with special needs.
- Children have a right to basic facilities in schools such as toilets, safe drinking water, clean surroundings and basic information on hygiene practices, including hand washing. If these conditions are created, children learn better and can bring concepts and practices on sanitation and hygiene back to their families. Schools can thus play an important role in bringing about behavioural changes and promoting better health.
- Schools must supply adolescent girls with sanitary napkins.
- All households must be provided with access to sanitation so that poor people do not have to resort to using school toilets and breaking in. School authorities have mentioned that the maintenance money is limited and such unruly behaviour of villagers only adds to the woes of the school management committee.
- An assessment of each school should be undertaken by the school management committee. Solutions should be followed up with the RSM. GPs must play a pivotal role in assuring that the school has adequate water for drinking and for using and maintaining the toilets.
- In order to address the needs of children with special needs, there is an urgent need to sensitize various stakeholders including technical experts – engineers and architects – on inclusive infrastructure as well as ensuring standard norms and designs.

Case studies

Menstrual hygiene in Warangal: cause for worry

In December 2011, MARI conducted a survey on menstrual hygiene management involving 507 women and 489 girls belonging to tribals, dalits, OBCs and Other castes in Govindraopet, Gundur and Tadvai sub-districts in Warangal. The purpose of the survey was to understand existing levels of awareness, practices and willingness to shift to more desirable practices.

Findings included:

- A large proportion of girls and women came to know about menstruation on attaining puberty rather than before;
- Largely, their knowledge levels were restricted to monthly bleeding: less than half of them knew that bleeding occurs from the vagina and even less knew about personal hygiene practice
- A lack of privacy was a major issue, with many respondents having to make do with either no toilets makeshift arrangements which were often waist high;
- While the respondents were eager and willing to shift to more hygienic practices, lack of privacy, availability of sanitary napkins, decreasing availability of cotton cloth and a lack disposal mechanisms pose challenges;
- Menstrual hygiene management continues to be an issue. Men tend to see it as a women's issue and are left women stigmatised.
- The study also suggested options for overcoming these challenges that included discussion of the issue 'upfront' as it were, securing WASH facilities at home and in schools, enhancing awareness and knowledge levels on menstrual hygiene management and supporting the development of appropriate disposal mechanisms.

Source: G Sudha and Ramajothi, 2011. No more whispering: Menstrual hygiene management-Gender perspective, WASH advocacy series – 1

The high school in Chalvai

The high school in Chalvai has 351 pupils of which 113 are boys and 161 are girls. Drinking water is available through a hand pump and a bore well, but the quality of both sources has not been tested for a while. Two of the five toilets are in a useable condition. Of these only one is used as it has the water facility and unfortunately it is restricted to use by teachers only.

There are urinals, but no water. Boys often go out in the open. In times of emergency, the urinals are used for defecation, causing blockages since there is no water. Sometimes girls go to neighbouring homes to relieve themselves. The Gram Panchayat does supply water to the recently constructed 500 litre water storage tank but the supply is erratic. The teachers also face a problem. Coming from far off places, the women deprive themselves of food and drink. One female teacher informed the team that many women suffer infection as a result of not drinking enough water.

Through the NPEGEL programme, girls of Class VII and VIII are provided sanitary napkins and are informed about personal hygiene practices. However the supply is erratic and there are

no disposal facilities in the school. U Devendra Chary, the Head Master of the school told the team that the need for creating drinking water and toilet facilities are mentioned in the annual School Development Plans, but that the funds from government are not transferred to the school authorities on time. Unfortunately, the school management committee meetings are not taken seriously as participation of members in the meetings is observed to be extremely poor.

The Head Master indicated that the 'School infrastructure management should be in the hands of the school with necessary support'. It is difficult to get someone to clean the toilets. To ensure that all family members in the village practise safe sanitation requires large scale awareness raising and construction of toilets in homes.

Source: Dr Indira Khurana, Primary E & I study, Warangal, India programme

Residential schools, a better picture

The Tribal residential high school Project Nagar in Govindraopet presents a better picture. Here, 180 students from Class III to VIII include students belonging to the Koya and Lambada tribes in almost equal proportion.

There is a drinking water source connected to taps in the school and residence premises but iron in the water is a serious problem.. The iron has left reddish marks all over the constructed water tank and in the toilets as well. "Under the Jalmani programme, a water filtration plant has been sanctioned and has gone to tender. There are eight toilets and eight bathrooms and one big open bathroom for urinating, all with running water available. The school is undergoing expansion and 8 additional toilets and 8 additional bathrooms are being constructed, supervised by the Village Water and Sanitation Committee.

Sanitary napkins are given to the girls from Class VI to X every month. Moreover, there is a room with a box has been placed for disposal of the used napkins, which are then burnt.

Source: Dr Indira Khurana, Primary E & I study, Warangal, India

India Case Study 2 – Jharkhand

Introduction

Nearly half of India's 1.2 billion people have no toilet at home. The Census 2011 reported a national coverage of 46.9% and a rural coverage of 32.7%. Within India amongst the different states, Jharkhand tops the list with as high as 77% of homes having no toilet facilities. In the rural areas of Jharkhand, the number of households not having toilet facility stands at 92.4%.

The Jharkhand with its substantial tribal population emerged as one of the poorest performers in terms of toilet coverage and within the state also, disparities emerged. Santhal Pargana division constitutes one of the five administrative units known as the divisions of Jharkhand state. Home to 21% of the state's population, Santhal Parganas has nearly 28% of ST population with 30%, residing in the rural areas vis-à-vis 3.5% in urban areas (Census 2011). Jharkhand was selected as the area for study because of its large rural and tribal populations and the low levels of WASH services.

Jharkhand was carved out of the southern part of Bihar in 2000. Since then, Jharkhand has seen nine governments and two stints of President's rule. The longest serving government lasted two-and-a-half years and the shortest 11 days. The latest chief minister took oath in July 2013. Naturally, such frequent changes in government have affected development in the region, including sanitation programmes.

Within India's federal government structure, governance institutions exist at the local, state and national levels. According to the Constitution of India, drinking water and sanitation provision is the responsibility of the lowest tier of governance. The first local elections in 30 years took place in Jharkhand in 2010.

The present state government is taking steps to address the inadequate state of sanitation. After the local elections in the state in December 2010, the Department of Drinking Water and Sanitation of Jharkhand indicated its positive intent towards devolution of funds, functions and functionaries local institutions. Government circulars specifically mention that the two flagship programmes Nirmal Bharat Abhiyan (NBA) and National Rural Development Works Programme (NRDWP) will be implemented by local institutions through the Village Water and Sanitation Committees (VWSCs), working towards enabling access to drinking water, sanitation and hygiene in the villages.

Nirmal Bharat Abhiyan (NBA)

In October 2003, the Government of India made certain modifications to the erstwhile Total Sanitation Campaign (TSC) and set up an incentive scheme named the Nirmal Gram Puraskar (NGP). A Nirmal Gram is an Open Defecation Free village where all houses, schools and local health centres have sanitary toilets and there are high levels of awareness within the community on the importance of maintaining personal hygiene and a clean environment.

The status is given to those villages, blocks, districts and states, which have become fully sanitized. The incentives for local institutions, individuals and organizations that are the driving force for full sanitation coverage. The incentive is based on population criteria and varies between Rs 50,000 to Rs 50 lakh. Jharkhand has received a mere 225 of 28,002 GPs (0.89%), which have been awarded 2005 and 2011.

The barefoot soldiers of WASH – Jal Sahiyas (Friends of water)

Interestingly, a new cadre of frontline workers called the Jal Sahiyas are in place in most of the villages. The Jal Sahiyas function as the frontline workers of the department to ensure better drinking water and sanitation services to the villagers, for which they are empowered with training on water and sanitation issues. They are a member of the VWSC and its treasurer and paid for the services. She is accountable to the Village Water and Sanitation Committee, which in turn is accountable to local institutions.

The Jal Sahiyas currently face challenges in performing their duties. Not all of them have been trained and, for those who have undergone training, information and knowledge gaps continue. Several Jal Sahiyas who were contacted were trained on financial management and hand pump repair, but were unaware about sanitation and wanted this gap to be bridged. The process of their selection in the villages is often questioned by the villagers themselves, leading to conflict. Currently, there are no conflict resolution mechanisms in place. Besides, the government has yet to finalize the communication strategy for demand generation for drinking water, sanitation and hygiene services and their incentive package.

This case study specifically looks at the efforts of Jharkhand government through the Jal Sahiyas in ensuring WASH services in the tribal dominated villages of Santhal Parganas region.

Key findings

Social factors

- Jharkhand's demographic profile shows a large share of rural population (76%) with scheduled tribe and scheduled caste populations at 26% and 12% respectively. With its substantial tribal population, Jharkhand emerged as one of the poorest performers in terms of toilet coverage and disparities also emerged within the state.

Environment factors

- Frequent drought situation and low levels of rainwater are leading to the rapid depletion of the ground water table, affecting drinking water sources.

Economic factors

- Financial allocations for activities and salaries are not being released on time, hampering the work of the Jal Sahiyas and the effective implementation of the Nirmal Bharat Abhiyan programme.

Poverty factors

- The poor health and high levels of waterborne disease amongst the tribal population, including diarrhoea and malaria, forces people to borrow money which leads to their and subsequent exploitation by moneylenders.

Administrative factors

- There is lack of WASH prioritisation, resulting in poor coverage of rural households.
- There is a lack of awareness among the tribal communities and local institutions on the Nirmal Bharat Abhiyan programme and its convergence with the MGNREGA funds
- There is a lack of timely release of funds, water availability for toilets and appropriate support to Block Resource Centres.
- The present state government is taking steps to change the poor state of sanitation. After the state's local elections in December 2010, the Jharkhand's Department of Drinking Water and Sanitation indicated its intent to devolve funds, functions and functionaries to the local institutions.
- Poor governance in the WASH sector is leading to poor implementation. Grassroot government functionaries are unaware of the details of the Nirmal Bharat Abhiyan programme and the National Rural Development Works Programme.
- Inadequate human resources exist to implement Nirmal Bharat Abhiyan.

Recommendations

Social

- Build the capacity of communities to demand, access and monitor the implementation of drinking water and sanitation programmes.
- Create a strong alliance and linkage between communities and service providers. Bring about changes in hygiene behaviour, especially among women and children, through strengthening local governance and people initiatives.
- NGO support can be utilized to overcome beliefs and concerns over tribal cultural practices and mindsets. For example, there is a belief that fathers in law and daughters in law should not use the same toilet.

Environment

- Rain water harvesting structures should be promoted to store water and increase water tables. This would be useful to address both domestic and agricultural water use. In the long term, it can also reduce migration from the villages of Jharkhand to cities in India.

Economic

- Encourage NGOs and self help groups to set up rural sanitary marts to meet demand, given that tribal communities reside in hard to reach hilly areas, setting up centres at strategic locations to strengthen the hardware supply chain.

- The government should ensure timely disbursements of resources and Jal Sahiyas salaries. In absence of the timely release of allocations, it is difficult for local institutions to take up activities in the village. The Jal Sahiyas come from poor households and cannot afford to work while there is no regular income.

Poverty

- Better sanitation conditions for tribal communities will have direct bearing on reducing their level of poverty. Due to poor health and frequent diseases like malaria and diarrhoea, many villagers resort to heavy borrowing at high interest rates from informal money lenders.

Administrative

- Generate models that are acceptable to tribal communities. Tribal communities live in scattered hamlets in far-flung areas. As a result, they face challenges in accessing hardware, water supplies etc. The authorities should ensure the provision of piped water to their villages as well as hardware supplies for the construction of toilets.
- Cultural practices and mindsets need to be addressed through government initiatives.
- Generate demand for sanitation as a massive outreach programme that informs tribal communities of the need for sanitation and defecating in a safe environment coupled with knowledge of government programmes. This can be undertaken through mass media campaigns including folk practices so that the knowledge is entertaining at the same time as educational.
- Generating political commitment and clear agenda on sanitation should be a key commitment of the Jharkhand government. Over the last decade, the volatile political situation resulted in a lack of sanitation services. The present government can take up the issue with a clear agenda and commitment to achieve the sanitation related goals.
- Sensitize local governance structures on water and sanitation
- The government should ensure that sanitation awards given to tribals should be village-based and not Panchayat-based because it is a well known fact that tribal habitations are scattered and a tribal Panchayat can stretch over several kilometres in the region.

Case studies

Mohanpur village, primed and ready

Mohanpur is one of the ten villages in Kanjvi in the Ramgarh block of the Dumka district. There are 325 households, 80% of who belong to the Santhal tribe, the other households comprising of scheduled castes and Other Backward Classes. NGO Sathee is with the rights based approach in this village, where the community is organized and cadres from amongst the village selected by the community. The role of the cadre is to support the community to get access to drinking water and improve hygiene by (a) informing them about drinking water and sanitation provisions under government programmes and (b) informing them about hygienic practices. An access centre at the local level helps with information provision and with communicating community demands to local government institutions.

After the local elections in December 2010, Village Water and Sanitation Committees were formed in every village of the panchayat and Jal Sahiyas were appointed. "So far, we have conducted baselines and repaired hand pumps," says Janaki Sundaram, Jal Sahiya of Mohanpur, adding, "We have received around Rs 100,000 and have submitted our sanitation plan to the block office. But progress has been slow." One of the reasons for the delay is the frequent change in staffing of the Block Development Officer. "In the last year alone, the Block Development Officer changed four times," informs Chitlral Rai, a volunteer from the village.

"The access centre has helped us out," informs Somawati Hansda, another Jal Sahiya from an adjoining village, "We now have information on hygiene practices, Nirmal Bharat Abhiyan and the importance of toilets. It is now easy to follow up with the block too." The villagers point out to the change "We are now careful in how we manage our water. We realize the need to defecate in a closed and safe environment."

The Jal Sahiyas have played a key role in increasing awareness levels in the villages. They have participated in trainings organized by the state government on Nirmal Bharat Abhiyan, on their role as Jal Sahiyas, hand pump repair and financial management.

The panchayat mukhiya is relieved. "With the Jal Sahiya taking care of drinking water and sanitation issues, the burden on me has reduced," he shares, "This gives me more time to address other issues in the panchayat."

The sanitation plans of the panchayat have been submitted and the villagers are awaiting the transfer of funds so that work on toilet construction can begin.

The dreams of the Jal Sahiya here are not big. But the implications are." "We want that every house in our village to have a toilet and use it," they state in one voice. Do the husbands object to the time they spend on finding solutions to drinking water and sanitation solution? "Our husbands are the ones who bring us to the Access Centre," they say. They are confident of success. In the words of Sushila Devi from Pindarigaon, "Once women become aware, solutions to problems follow."

The Jal Sahiyas are still awaiting compensation for their efforts. While other frontline workers get some compensation for the work they do, the policy decision regarding Jal Sahiyas is pending. The instability of the government has slowed down progress on various fronts and drinking water and sanitation is no different.

This case study reveals that demand has been generated but funds still have to be released. Training has helped the Jal Sahiyas to perform and eased pressure on the local institutions. The compensation package for Jal Sahiyas needs to be finalized as a priority though support from NGOs can create an enabling environment.

Source: Dr Indira Khurana, Primary Study, Jharkhand, 2013

Kangla tand: an open defecation free village

A story of what a bit of support and a whole lot of determination can do

Kangla tand is a remote tribal village in Rasunia Panchayat in Chandil block of Seraikela district, comprising of 69 households, 63 of which are Below Poverty Line. Most of the 265-strong population belongs to the Santhali tribe. Most people here are engaged as labourers in brick kilns and in the construction of the Chandil dam canal. The land is largely infertile and so people are reluctant to engage in agriculture.

The village lacks basic facilities. Four of the six hand pumps are functional and used for drinking purposes. Electricity, good roads and good health care facilities are distant dreams.

The villagers were completely unaware about the adverse effects of open defecation and lack of personal hygiene. No house had a toilet. Though partially aware about the rural sanitation programme of the government, they believed that the costs of toilet construction would be too high. Prior to Shramjivi Unnyan and IDF supporting these villagers, no one had interacted with them.

How it all began...

Shramjivi Unnyan and IDF were fortunate to have complete support from the Jal Sahiya Kandari Devi. She was inspired from her visit to Lengdih, an open defecation free (ODF) village from the same panchayat.

After a discussion with community leaders and Village Water and Sanitation Committee members, they conducted an exercise to convince people to construct toilets.

The triggering exercise took place on 18 March 2013. 20-25 households immediately agreed to construct individual household latrines using their own resources. A nine-member monitoring committee was also formed.

... And how it ended

The villagers were charged. Within two weeks around 15 villagers had constructed household toilets using local resources and technology. These models served as demonstration centers and inspired others. Regular follow up by two NGOs helped.

This inspiration soon translated into more toilet construction. With daily additions to the number of households constructing toilets, the village was transformed into one where every house had a toilet and open defecation became history **within 27 days**.

What stands out

- The eagerness of the villagers to learn and keep their surroundings clean
- The hard work of the villagers and the desire to do the best they can
- The investment of the villagers in discussions on technology and the conversion of these discussions into durable toilets that uses locally available material

- The support given by the Jal Sahiya and her popularity
- The commitment towards an Open Defection Free environment.

Kangla Tand is a village supported by the Global Sanitation Fund, run in India by the National Resource Management Consultancy India Private Limited. IDF and Shramjivi Unnyan are two NGOs implementing the programme.

This case study reveals that, if done sensitively, triggering is a powerful process to generate demand. Followed by technical and back stopping support, communities take ownership and invest their time, money and knowledge in developing sanitation systems that are low cost and acceptable. An empowered and determine Jal Sahiya can become an effective agent of change.

Source: Dr Indira Khurana, Primary Study, Jharkhand, 2013

Chapter VIII: Key findings – Sri Lanka

Introduction

Sri Lanka is the first country sanitation in South Asia to achieve its MDG goals on water and is on track to achieve most of its MDG targets by 2015⁶⁰. The government has demonstrated its commitment to achieving its water and sanitation targets through the creation of a separate Ministry for Water & Sanitation in 2007 and progressively increasing of the national budget allocation from Rs. 10 billion in 2003 to Rs. 40 billion by 2010, (US \$310 million). The 10 year National Development Policy Statement clearly lays out strategies to achieve nationwide safe water and improved sanitation coverage of 94% by 2015 and universal coverage by 2020⁶¹.

In 2012, Sri Lanka conducted its first full national census for 30 years. Surveys carried out in 1991 and 2001 were incomplete due to the inaccessibility of northern districts affected by conflict. The 2012 census indicates that 11.4% of people in Sri Lanka lack access to improved sanitation. Out of this, the majority of people are living in the north and east which were affected by high levels of population displacement. However, significant back log lies in the plantation sector where 48% of people lack access to improved sanitation, indicating significant social exclusion.

Key statistics

Table No.15: Sri Lanka Key Statistics		
Indicator	Statistic	Source
HDI position	92	http://hdrstats.undp.org/en/countries/profiles/LKA.html
Population	21 million	http://washwatch.org/southern-asia/sri-lanka
Child mortality rate	12 (2011)	http://washwatch.org/southern-asia/sri-lanka
Annual child diarrhoea deaths per annum	217	http://washwatch.org/southern-asia/sri-lanka
Access to adequate sanitation	92% (2010)	http://www.unicef.org/infobycountry/sri_lanka_statistics.html#101
Access to adequate sanitation (JMP standards)	92	http://www.unicef.org/media/files/JMPReport2012.pdf
Access to safe water	91% (2010)	http://www.unicef.org/infobycountry/sri_lanka_statistics.html#101
Access to safe water (JMP standards)	91	http://www.unicef.org/media/files/JMPReport2012.pdf
Gov. WASH Budget (local currency, millions)	40 Billion SLR \$310 million (2010)	http://www.sanitationandwaterforall.org/files/Sri_Lanka_Statement_of_Commitments_HLM_2012.pdf
Gov. WASH Budget as % of total budget	2% (2012)	http://www.sanitationandwaterforall.org/files/Sri_Lanka_Statement_of_Commitments_HLM_2012.pdf

⁶⁰ Sri Lanka Statement of Commitment to be presented at the High Level Meeting of SWA on 20th April 2012

⁶¹ http://www.sanitationandwaterforall.org/files/Sri_Lanka_Statement_of_Commitments_HLM_2012.pdf

Gov. targets for water coverage (state target completion date)	94% by 2015	http://www.sanitationandwaterforall.org/files/Sri_Lanka_Statement_of_Commitments_HLM_2012.pdf
Gov. targets for sanitation coverage (state target completion date)	94% by 2015	http://www.sanitationandwaterforall.org/files/Sri_Lanka_Statement_of_Commitments_HLM_2012.pdf

Plantation estates in Sri Lanka

Sri Lanka's plantation estates were established in the hills of Sri Lanka during the British rule about 150 years ago. The tea plantation sector is one of the country's main foreign exchange earners. The workforce predominantly consists of Tamilians from South India. They were brought in by colonial rulers because local people were reluctant to work in tea plantations, which was seen as a women's work.

The plantation community comprises of working and non-working families, with a diversified occupational structure. Until recently, their living conditions were dire with minimal support from government or the estate managers. At least the last five generations of these estate workers have spent their life in rooms with minimum living conditions. There were no running water facilities hence they were dependent on the natural streams. There were no proper toilets, electricity or other facilities. They only had a few shared toilets for many families. More than 3 million estate workers all over the country have live in these conditions. Being an "estate labourer" carries social stigma, which limits employment and other opportunities outside the estate. This situation is further corroded by the difficult access for dwellers of plantation estate to birth and marriage certificates, identity cards and other basic documents, which are essential for the full enjoyment of civil rights.

The water supply system within these communities is generally improvised using small gravity piped supply of drinking water. Small schemes like these serve about 130,000 families. Latrines include onsite disposal which has caused many instances of water pollution (see the case study below on 'Hepatitis outbreaks and plantation estates') due to unsanitary latrines used by plantation community members. The gap in WASH service delivery in the plantation sector is mainly due to the restrictions imposed on the land and practical difficulties encountered in rehabilitating existing facilities. The communities themselves cannot afford to self-finance refurbishments of their dwellings and depend on government funds.

In 1990's, responsibility for the welfare of plantation communities was handed over to the Ministry of Plantations and then, in 2005, it was handed over to the Ministry of Livestock and Rural Community Development. In order to fulfill these obligations, the government had to set up a dedicated institution to look after the welfare of the plantation worker families so it established a trust under the ministry.

The Plantation Human Development Trust (PHDT)

The Plantation Human Development Trust (PHDT) was first established in 1992. PHDT is a tripartite organization consisting of the Government of Sri Lanka, regional plantation companies and plantation trade unions. It was formed by the government to

coordinate and facilitate programmes to enhance the quality of life of plantation workers in Sri Lanka. The PHDT works in close collaboration with relevant Government Ministries, INGOs, NGOs and public/private sector organizations to conduct a number of infrastructure and social development programmes to improve standards of living for estate workers.

From its inception, the PHDT has been facilitating a wide spectrum of social development activities and interventions aimed at improving quality of life in the plantation sector, besides adding value to its human capital and obtaining productivity gains in the sector. Some of the major activities facilitated by the PHDT over the years are:

- Development and implementation of new housing and upgrades with community participation.
- Implementation of preventive & curative social development, national health and other donor assisted health programmes.
- Co-ordination of childcare care programmes with the provision of child development centers in plantations.
- Training and development to provide better quality services to plantation communities.
- Awareness raising on health issues among residents to improve family and community health.

This case study is designed to highlight how equity and inclusion issues affect the plantation sector which is lagging behind in all national social indicators. The war affected northern areas of Sri Lanka and the plantation estates of Kandy and Nuwara Eliya districts have the lowest rates of sanitation coverage in the entire country. This research focuses on the border districts of Pussellawa, Kandy and Nuwareliya. Living conditions and levels of sanitation were examined in Melfort and Rothschild estates which are both managed by Pussellawa Plantation Company.

Nuwara Eliya district has the highest numbers of tea plantations in the country. The district is worst off on most social indicators and basic infrastructure. The number of households using unsafe drinking water is rated the worst among all districts⁶². One third of the population in Nuwara Eliya district in Sri Lanka does not have access to adequate water and proper sanitation facilities, which is much lower than the national average which is 76% for water and 74% for sanitation. This social predicament contributes to poverty and to poor health and nutrition status, particularly among children and women. Over 90% of the schools in the district need improvements in sanitation.

⁶² Poverty in Sri Lanka, Department of Census and Statistics, Ministry of Finance and Planning, Sri Lanka, 2009

Key findings

Environment factors

- The plantation sector experience the lowest levels of development. The terrain and a lack of available land do not favour large scale development of common amenities in these areas. As a result, access to safe water and improved sanitation is less than the national average, when compared with urban and rural sectors.

Economic factors

- People cannot afford to refurbish their dwellings themselves and therefore depend on government.

Poverty factors

- Plantation communities collect their water from streams flowing in the hilly areas of the plantation sites which are highly contaminated with chemical, fertilizers and pesticides as they have no running water facilities.
- One third of the population in Nuwara Eliya district does not have access to adequate water and proper sanitation facilities, which is much lower than the national average of 76% for water and 74% for sanitation. This contributes largely to poverty and to poor health and nutrition, particularly among children and women.
- According to the Ministry of Education services and PHDT, over 90% of the schools in the district need improvements in sanitation..

Administrative factors

- Sri Lanka is leading in terms of achievement of WASH MDGs. However, as reported in 2nd MDG report, national targets have not been met in areas affected by conflict and in plantation communities.

Recommendations

Environment

- Provide piped drinking water facilities to plantation workers.

Poverty

- Provide better housing and sanitation facilities to the plantation workers living in cramped quarters for three generations.

Administrative

- Provide drinking water and toilet facilities to school children.
- Create playgrounds for children, establish recreational centres for the elderly and provide medical facilities within vicinity of plantation houses.

Case studies

Hepatitis outbreaks and plantation estates

In Sri Lanka, all the rivers which run from up country pass through the plantation region as it is situated in the watershed for many rivers. These rivers flush the pollution – including untreated waste water – downstream to the lands down below. In 2007, the plantation region witnessed a Hepatitis A outbreak. It was soon clear that the key cause was the poor sanitation in the Tea Estates.

In Gampola, the massive outbreak of Hepatitis A lasted for more than three weeks. Health Ministry officials indicated that Kandy, Matale, Nuwara Eliya and Kegalle districts (all in plantation region) are vulnerable to the Hepatitis virus as large numbers of people in these areas use untreated water from lakes and rivers.

Health Ministry officials suspect that, even though in some areas there are standard water supply schemes, a large number of estate workers draw water from streams, lakes and rivers for personal use. The media reported that chlorination has been carried out but not to adequate standards. Owing to this incident, over 577 patients suffered from infections, of which 69% were school children. The health officials also reported that three out of four reservoirs located downstream of the Mahaweli river were contaminated with this virus.

It took the Hepatitis A outbreak to bring the issues of lack of sanitation facilities in the estate region both to the government and to the people at large. Responding to this situation, the government provided septic tanks for 225 houses near these reservoirs at a cost of at least SLR 1.2 million⁶³ with support from the Water Board and the Finance Ministry.

Source: Ananda Jayaweera and Anusha, Primary E & I study, Sri Lanka, 2013

⁶³ approximately 90,805 USD; conversion rate of 1 USD = 132.15 SLR

Improved sanitation and health in the Melfort Estate

A teacher by profession, 26 year old Subramanian and his family live in the Melfort Estate at Para Dekka near Udapussalawa town. He now lives in a renovated house, which was given to his father by the estate. 10 families live in rooms which have 9 houses and only one toilet. He explained the ordeal of waiting in the queue due to inadequate sanitation facilities.

Subramanian recalls the Hepatitis outbreak of 2007 which affected more than 600 people living downstream of the Udapussellawa oya which was contaminated due to untreated waste from toilets in the plantations located upstream. Those who practised open defecation invariably use the stream for cleaning, bathing, urinating and washing clothes. These practices affected the downstream water supply to the town of Gampola whose entire population was potentially threatened due to contamination of the public water supply. Doctors advised the authorities to increase the levels of chlorination to the highest level to ensure the purity of the drinking water.

As a result of the outbreak, the Plantation Human Development Trust (PHDT) set up a WASH project in which three estates were selected to receive improved sanitation facilities. With guidance from the National Water Supply and Drainage Board of Central province, the project targeted the Pussellawa area. The WASH project in the Melfort estate was particularly successful where a water collection tank, 57 latrines and a rest room with separate toilet facilities for men and women were constructed.

According to the Social Welfare Officer, the project led to improvements within six months. She added that the families are now happy that each one of them has their own toilet. The estate Doctor said that no emergencies or cases of diarrhea or Hepatitis have been reported. Productivity in the estate has improved too.

As a result of the PHDT's improvements to health and education facilities, the community has produced one engineer and four teachers in over the years. A number of the community's young people has sought employment elsewhere. Estate management however stresses the need for a new generation to stick to the work in the estate and maintain the workforce for tea plantations.

This demonstrates how successful WASH projects can result in improvements in sanitation to turn their lives in a new direction.

Source: Ananda Jayaweera and Anusha, Primary E & I study, Sri Lanka, 2013

Rochdale Tea Estate workers – benefits of PHDT yet to reach!

Ramia Bapa is 56 years old and has been a tea plucker for four decades. She has three children who are married and today she is alone with her husband. Her son is now working in Colombo, Sri Lanka's capital. She suffers from asthma and she is not allowed to work due to her health condition.



Ramia is living in the Rochdale Estate with over 50 other families. Although most of them now have separate toilets they are very old. Most of the toilets are unusable with broken doors and jute bags to cover the toilet entrance. A lack of water and proper fixtures on the toilets makes life miserable and the squatting pans are cracked and repaired with cement. Installing a new toilet is the main priority for people living in this estate.

Unfortunately, solutions have not been forthcoming due to a lack of funds and intervention by agencies responsible for worker welfare.

It is difficult to explain why Rochdale estate has been overlooked by the authorities as Nuwareliya district has the highest percentage of families living without toilets. Funds should be allocated according to priority through criteria established by the PHDT when the budget for plantation livelihood development is allocated. It may be because it is very difficult to identify the most vulnerable areas as poor sanitation is widespread in most estates due to poor maintenance. The PHDT's current approach is to identify most pressing issues where urgent interventions are needed so, as the conditions are deteriorating in Rochdale, there is hope for Ramia to receive assistance in the near future.



However, Ramia has no time to worry about when the funds will be allocated and what the criteria of such allocations, her main disappointment is after serving long year in the estate with her husband her life after retirement is not so pleasant considering the efforts and time spent on contributing to the earnings of the estate. Their living conditions have not improved as they still living in the same cramped room without cement floors, an adequate toilet or no running water for her kitchen or toilet. She eagerly awaits help.

Source: Ananda Jayaweera and Anusha, *Primary E & I study, Sri Lanka, 2013*

Annexes

Annex 1: Note on FAN-FANSA's initiative on Equity and Inclusion Issues in WASH sector proposed for partnership and funding support to WSSCC.

1. Introduction

FANSA and WSSCC have been working together from 2008 onwards as part of the larger joined up initiative around South Asian Conference on Sanitation (SACOSAN) III and IV. FANSA was mainly responsible for mobilizing the participation of civil society organizations (CSOs) and community leaders to influence the outcomes of SACOSANs in the region. During these past four years of joint working, WSSCC and FANSA have been able to better understand each other's strengths and added values of working together in addressing the WASH issues in South Asia. After four years of rich experience in advocacy work, FANSA has recently come up with a new strategy for its work during the period of 2012-16. Human Right to water and sanitation, Improved Governance, Equity and Inclusion and Climate Change and WASH are the four key focus areas of work of FANSA for the coming four years. During this period FANSA also plans to build on its strengths, diversify its resources and grow as a vibrant and highly valued CSO network in the region. As part of its efforts to access opportunities of support for implementing the new strategy, FANSA presented the new strategy to WSSCC team. Equity and Inclusion in WASH coverage is a common area of priority reflected in the strategy documents WSSCC and FANSA. Specific activities that could be initiated by FANSA in South Asia under WSSCC's support were identified through a discussion between Archana Patkar and Murali Ramisetty on 30th June during FAN meetings in London. This note elaborates the same with clear identification of outputs, time lines, budgets and sharing of responsibilities.

The proposed project will be implemented by FANSA. WSSCC will transfer the funds to FAN Global who will in turn transfer the allocated funds to the regional secretariat and national chapters of FANSA.

2. Purpose :

The purpose of this work is to contribute to the achievements of SACOSAN commitments related to equity and inclusion, by researching and providing concrete suggestions for successfully targeting particular vulnerable groups in five of the SACOSAN countries – Bangladesh, India, Nepal, Pakistan and Sri Lanka – through context-specific programmes. To this end, FANSA will carry out research followed by advocacy and scoping for pilot initiatives in terms of creating linkages, in identified six locations of the five South Asian countries – one each in Bangladesh, Nepal, Pakistan and Sri Lanka and two in India – and use this evidence from the ground for an informed debate at the SACOSAN V, 2013 in Kathmandu, Nepal.

“SACOSAN IV declaration acknowledged that the sanitation and hygiene situation in South Asia remains at a crisis point; the numbers of people who practise open defecation or who rely on unimproved sanitation remain unacceptably high; since

the last SACOSAN meeting 750,000 children have died in the region from diarrhoea which is strongly linked to poor sanitation;

It also recognized the potential of sanitation to empower communities and to be a powerful entry point for development; “

The declaration has committed “i) to design and deliver **context-specific equitable and inclusive sanitation and hygiene programmes** including better identification of the poorest and most marginalised groups in rural and urban areas, including transparent targeting of financing to programmes for those who need them most;

ii) to adopt **participation, inclusion and social accountability mechanisms** from planning through to implementation in all sanitation and hygiene programmes at the community level, particularly for the most marginalized areas and vulnerable groups.

In the context of the above SACOSAN commitments, FANSA will focus on equity and inclusion issues in sanitation implementation.

3. Plan of Action :

The specific areas where FANSA will carry out studies for evidence-based research and documentation before developing advocacy action plans to address the needs and gaps will be identified by country-specific FANSA networks in Bangladesh, India, Nepal and Pakistan and the Water Board/WSSCC in Sri Lanka.

Issues of vulnerability to be addressed will range from geo-politically disadvantaged, to socio-economically ostracised and/or deprived, to physically challenged, to geriatrics, etc.

Activities focusing on equity and inclusion to be implemented include:

- i) Research and documentation of case-studies in six identified areas of five countries in South Asia.
- ii) Development of advocacy action plans in consultation with target populations, community leaders and other stakeholders to holistically address issues identified in the study.
- iii) Local level implementation of advocacy actions developed.
- iv) Providing opportunities for scoping for possible linkages and initiatives to be on track with SACOSAN commitments.

Outputs from the endeavour will be:

- i) Regional level document suggesting plans of actions for equitable and inclusive WASH services to the vulnerable and marginalised with substantiation from case-studies.
- ii) Inputs into national- and regional-level SACOSAN commitments' monitoring meetings with documented ground-level realities.

Expected outreach would be:

- i) Learning-sharing of initiatives for possible replication in other areas, with relevant modifications to suit the requirements and needs.

One location each in Bangladesh, Nepal, Pakistan and Sri Lanka will be identified for the case-studies. Considering the size and spread of India, two case studies will be initiated in the country, out of which, one will be in a GSF-funded area. Each area is

treated as a single unit of case-study. Accordingly, the budgeting has been done to reflect one case-study and relevant follow-on activities in each country, except India, where two case studies will be initiated.

With the help of secondary data and in consultation with the members of FANSA, concerned Government agencies and other key stakeholders, the geographical clusters and population groups allowing the scope for research on issues of equity and inclusion will be identified in Bangladesh, India, Nepal, Pakistan and Sri Lanka. From among the identified clusters the focus will be zeroed down to one cluster in each country. The knowledge and experience of local member organizations of FANSA would be capitalised for quick take off and reliable outputs of the whole initiative.

The second stage of action includes community sensitisation and formation of citizens' groups that will lead the task of data collection through identified participatory processes. Professional support would be sought to analyse the data for country level case studies as well as consolidated status paper at the regional level. These reports will be shared at the stakeholder consultation meetings at the local level for validation and identification of the relevant pilot initiatives and local level advocacy action to address the issues. These meetings will also provide scopes for partnerships and collaborations with relevant agencies and stakeholders.

The third stage of action is to involve in targeted advocacy, scoping and creation of linkages for potential pilot initiatives that will be documented for development of advocacy materials.

The fourth stage of action will be to feedback the experiences and lessons into the status paper which will be used as advocacy material for feeding the communities' views and experiences as well as effects of targeted initiatives into SACOSAN V deliberations.

4. Key outputs and time line :

S. No.	Expected outputs	Time line	Remarks
1	Selection of regional consultant, Finalisation of research design, geographical locations and selection of national consultants	10-03-2013	WSSCC has agreed to support TOR development, methodology, key questions and to guide where necessary in the selection of robust consultants.
2	Research in the six selected locations, one each from Bangladesh, Nepal, Pakistan and Sri Lanka and two from India	10-04-2013	Data collection will be primarily led by the FANSA members with the support and guidance of consultants
3	Country-specific case-stories	20-04-2013	This will be the key task of the consultants
4	Consolidation of draft national paper from 5 countries by the national consultants	30-04-2013	-do-

S. No.	Expected outputs	Time line	Remarks
5	Consolidation of the draft regional paper by the regional consultant	31-05-2013	
5	Community-level validation meetings and development of action plans and scoping for other interventions	By 15-06-2013	Local level validation meetings will be conducted by FANSA members. List of stakeholders will be jointly developed by WSSCC and FANSA for seeking the input on the draft report
6	Implementation of advocacy action plans and piloting partnership and collaborative initiatives	June-August 2013	The budget for the pilot initiatives is not included in the current plan. WSSCC will consider the same at the stage of sharing the draft report
7	Inputting into the country-specific papers to include learnings and experiences from implementation of advocacy action plans	31-09-2013	This responsibility will be of the same consultants who documented the country-specific case stories
8	Finalisation of the consolidated regional document with updates and or experience of pilot initiatives from the field locations	By 15-10-2013	Regional Consultant will also be responsible for editing the final document
9	Printing of the document	15-10-2013	WSSCC's support is requested for designing
10	Presentation of the key findings of this initiative at the SACOSAN 2013 by Community leaders	SACOSAN V, November 2013	WSSCC and FANSA will jointly work on selection of the appropriate community representatives

Annex 2: Research methodology

Background to the study

This is primarily a qualitative study carried out in five countries – India (two case studies from Warangal district, Andhra Pradesh and Jharkhand), Pakistan, Nepal, Bangladesh and Sri Lanka.

The FANSA Secretariat recruited the regional consultant to liaison with respective FANSA chapters in these countries to identify and recruit the national consultants. The regional consultant along with FANSA Secretariat member is responsible to provide guidance and supportive supervision to the national consultants. The regional consultant developed research methodology, tools for qualitative research, template for case studies and the national report etc. These were then circulated to all national consultants. The regional consultant was also responsible for preparation and finalization of the analytical regional report and relevant recommendations. Annexure-3 describes the Terms of Reference of the Regional Consultant.

The national consultant's key deliverables include collation of secondary data and literature review. In consultation with the respective FANSA National chapters, FANSA Secretariat, Regional Consultant and WSSCC they were also responsible for finalization of vulnerability factors of the selected sub population categories in their respective countries. The national consultant will prepare and finalize the analytical country report including the case studies and recommendations. Support of the local NGOs was taken as required by them. The consultants from Sri Lanka were suggested by the Ministry of Water Supply and Drainage, Government of Sri Lanka. Annexure-4 describes the Terms of Reference of the national consultant.

An in-depth qualitative approach was taken by national consultants. The issues related to WASH and equity & inclusion is built-up through observation, stakeholder consultations, in-depth interviews and focus group discussions.

Selection of research areas

The discussion between the FANSA Secretariat and WSSCC was concluded in agreement to consider excluded population groups in each of these five countries viz., women, children, tribals, elderly, persons with disability and plantation workers. The same was shared with all the FANSA chapters. Recommendations of suggested geographical pockets and the excluded sub-population categories by each of the national chapters were finalized.

Country	Reason for the sub population category selected for the study in each country
India (Case Study 1 - Warangal District)	The national debate on Right to Education (RTE) and Supreme Court's verdict on School WASH facilities had led FANSA Secretariat and WSSCC agree on undertaking study in India to review the issues of equity and inclusion of school children and WASH facilities. The tribal belt in Warangal district was selected to the study area.
India (Case Study -2 Jharkhand State)	Tribals in Jharkhand state of India was suggested considering the considerable tribal population in the state. The particular region dominated by Santhal-Pargana tribes in Jharkhand state was agreed to be the second case study in India. The Satkhira district in South West region in Bangladesh was suggested to understand the challenges of women living in the villages and towns in the water logged and high arsenic areas of Bangladesh.
Sri Lanka	Plantation workers in Sri Lanka are the worst affected among all the citizens in the country. Though the other areas of war affected northern region of Sri Lanka also figures in low sanitation coverage, the Water Board officials in Sri Lanka had suggested to undertake study in plantation districts of Kandy and Nuwara Eliya.
Nepal	Nepal had high numbers of elderly and the country chapter representative had suggested to understand the issues of elderly and WASH in Bardiya district and also some case studies of elderly in Kathmandu Municipality.
Pakistan	Persons with disabilities in Sindh region of Pakistan was suggested for the study. Sindh region had maximum concentration of disabled population in Pakistan.

The national consultants identified suitable geographical locations in their respective countries to arrive at the final locations for the study. The same is mentioned in the table no. 16.

Country	Region/ State	Population group	Urban / Rural
Bangladesh	Satkhira district	Women in Cyclone affected areas, water logging	Rural
India – 1	Jharkhand State	Tribals	Rural
India – 2	Andhra Pradesh State	Schools - Government, Private	Rural
Nepal	Bardiya district and Kathmandu Municipality area	Sr. Citizens - both women and men	Urban Town
Pakistan	Karachi and Hyderabad districts in Sindh Region	Persons with Special Needs (PWD)	Urban Town
Sri Lanka	Nuwareliya and Kandy districts	Plantation Workers	Plantation Area

Data collection

In the stage 2 the national consultants initiated the field research, equipped with secondary data and meeting key stakeholders. At this stage the focus was on investigating practices related to water and sanitation and inclusion in the selected locations and interaction with the community.

The research was spread from a minimum of 3 days at each site to a maximum of 5 days. During this period, government officials, representatives from civil society organizations, NGOs, community members and other relevant stakeholders at the field level were met. A checklist of key questions to each stakeholder was prepared by the national consultants. Both quantitative and qualitative data was collected from the field.

The main research tools used were focus group discussions and semi-structured interviews. Each country developed their own tools which were reviewed and revised by the regional consultant and FANSA. A strong emphasis was placed on encouraging respondents to share their stories. This approach encouraged the telling of stories and resulted in valuable quotations and rich data being collected.

Annex 3: Terms of Reference for the Regional Consultant

Equity and Inclusion Issues in WASH sector in South Asia: A Pilot Initiative

Name of the Consultant: _____

Coordinates of the Consultant: _____

PAN No. _____

1. Background

FANSA (Freshwater Action Network South Asia) is the South Asian network initiative of MARI under the support of the FAN Global Network which works towards implementing and influencing water and sanitation policies and practice around the world. The network aims to improve water management by strengthening (grassroots) civil societies to influence decision-making.

FANSA and WSSCC have been working together from 2008 onwards as part of the larger joined up initiative around South Asian Conference on Sanitation (SACOSAN) III and IV. FANSA was mainly responsible for mobilizing the participation of civil society organizations (CSOs) and community leaders to influence the outcomes of SACOSANs in the region. During these past four years of joint working, WSSCC and FANSA have been able to better understand each other's strengths and added values of working together in addressing the WASH issues in South Asia. After four years of rich experience in advocacy work, FANSA has recently come up with a new strategy for its work during the period of 2012-16. Human Right to water and sanitation, Improved Governance, Equity and Inclusion and Climate Change and WASH are the four key focus areas of work of FANSA for the coming four years. During this period FANSA also plans to build on its strengths, diversify its resources and grow as a vibrant and highly valued CSO network in the region. As part of its efforts to access opportunities of support for implementing the new strategy, FANSA presented the new strategy to WSSCC team. Equity and Inclusion in WASH coverage is a common area of priority reflected in the strategy documents WSSCC and FANSA. Specific activities that could be initiated by FANSA in South Asia under WSSCC's support were identified.

The purpose of this work is to contribute to the achievements of SACOSAN commitments related to equity and inclusion, by researching and providing concrete suggestions for successfully targeting particular vulnerable groups in five of the SACOSAN countries – Bangladesh, India, Nepal, Pakistan and Sri Lanka – through context-specific programmes. To this end, FANSA will carry out research followed by advocacy and scoping for pilot initiatives in terms of creating linkages, in identified six locations of the five South Asian countries – one each in Bangladesh, Nepal, Pakistan and Sri Lanka and two in India – and use this evidence from the ground for an informed debate at the SACOSAN V, 2013 in Kathmandu, Nepal.

The SACOSAN IV declaration (http://www.wsscc.org/sites/default/files/publications/sacosaniv_colombo_declaration_2011.pdf) has committed “i) to design and deliver **context-specific equitable and inclusive sanitation and hygiene programmes**

including better identification of the poorest and most marginalized groups in rural and urban areas, including transparent targeting of financing to programmes for those who need them most; ii) to adopt **participation, inclusion and social accountability mechanisms** from planning through to implementation in all sanitation and hygiene programmes at the community level, particularly for the most marginalized areas and vulnerable groups.iii) To develop harmonized monitoring mechanisms with roles and responsibilities clearly defined, using agreed common indicators which measure and report on processes and outcomes at every level including households and communities, and which allow for disaggregated reporting of outcomes for marginalized and vulnerable groups.(iv) To include in monitoring mechanisms specific indicators for high priority measures such as WASH in schools, hand washing and menstrual hygiene (v) To adopt participation, inclusion and social accountability mechanisms from planning through to implementation in all sanitation and hygiene programmes at the community level, particularly for the most marginalized areas and vulnerable groups (vi) Continue to ensure the effectiveness of the SACOSAN process by committing to report specifically against these and all other SACOSAN commitments when we meet again in Nepal in two years' time, inviting participation from ministries of finance, health, education and other relevant ministries in all future meetings.

In the context of the above SACOSAN commitments, FANSA will focus on equity and inclusion issues in sanitation implementation.

The specific areas where FANSA will carry out studies for evidence-based research and documentation before developing advocacy action plans to address the needs and gaps will be identified by country-specific FANSA networks in Bangladesh, India, Nepal and Pakistan and the Water Board/WSSCC in Sri Lanka. Issues of vulnerability to be addressed will range from geo-politically disadvantaged, to socio-economically ostracised and/or deprived, to physically challenged, to geriatrics, etc.

Activities focusing on equity and inclusion to be implemented include:

- Research and documentation of case-studies in six identified areas of five countries in South Asia.
- Development of advocacy action plans in consultation with target populations, community leaders and other stakeholders to holistically address issues identified in the study.
- Providing opportunities for scoping for possible linkages and initiatives to be on track with SACOSAN commitments.

Outputs will include:

- Regional level document with analysis on the factors for exclusion and recommendations for addressing these in advocacy and action (based on substantive case-studies from selected locations). The regional document will examine the barriers across the region- drawing together the common strands and factors but also examining policy and practice on the ground linked to practical recommendations.
- National case studies for dissemination and advocacy (link with South Asian WASH media network, local press)
- Insights will feed into harmonised monitoring framework being discussed by ICWG (commitment IX in Colombo Declaration)

One location each in Bangladesh, Nepal, Pakistan and Sri Lanka will be identified for the case-studies. Considering the size and spread of India, two case studies will be initiated in the country, out of which, one will be in a GTF-funded area. Each area is treated as a single unit of case-study. The following steps need to be conducted: i) definition of sample and location, barriers to access and use, factors for exclusion, initiatives to overcome ii) analysis of steps and measures to overcome from primary stakeholder perspective using participatory processes iii) Initiation of action research where possible to take these steps to change the situation and early documentation of the same (participatory video, etc.) iv) Early recommendations, advocacy messages and any governance links

Purpose of the consultancy

The consultant will be expected to perform the following tasks:

- a) Desk review of the secondary data on WASH with issues related to Equity and Inclusion specifically mentioned in the Colombo Declaration. Broad scope to be determined before starting desk review.
- b) Develop the research design and methodology
- c) Develop Terms of Reference for the consultants to be hired by the country chapters and customizing the same based on the respective country requirements
- d) Develop a report structure for the country chapters
- e) Interact with country process at start, half way through for quality control of emerging data and structure. Close collaboration at final stage for ensuring quality findings are integrated into regional report.
- f) Prepare a clear, succinct, high quality regional report that brings together the analysis and recommendations with resonance at national and regional level.

Organize, collate and prepare visual data (photos, videos) in collaboration with national consultants for audiovisual advocacy material production

2. Scope of the work

- a) The consultant in consultation with the country chapters and the secretariat will be designing the vulnerability quotient required for the selection of sites for the various countries. This should be done based on criteria and after reviewing the secondary data.
- b) The consultant will be finalizing and standardizing the research design and methodology. S/he will be finalizing the Terms of Reference for the country level consultants in consultation with the secretariat and country chapters. The reporting structure needs to be included as an annexure
- c) The consultant will be preparing and finalizing a consolidated report at the regional level, a PowerPoint presentation with national segments (audiovisual) for presentation at Sacosan and liaison with production team for any audiovisuals linked to this work.

3. Major users of the research activity and plans for disseminating it

- FAN Global and FANSA Secretariat
- WSSCC and its partners
- FANSA Country Chapters and Network
- Government

4. Schedule of Tasks & Timeline (Country offices to review and finalize) WSSCC needs draft outputs by May 30th 2013. Final outputs by June 30th 2013

	Feb	Mar	Apr	May	June	July	August	September	October
1. Preparation of inception report									
Discussions with FANSA, WSSCC, Country Chapters	█	█							
Finalization of vulnerability factors, research design and methodology	█	█							
Selection of sites	█	█							
Development of TOR and finalisation of report structure	█	█							
Presentation to FANSA on the above findings	█	█							
2. Review of country level reports and feedback									
Discussion with the country chapters			█	█					
Feedback on the reports			█	█					
Preparation and finalisation of regional report									
Consolidation of country reports and preparation of a draft report			█	█			█	█	
Draft Presentation to FANSA							█	█	
Feedback by WSSCC/FANSA							█	█	
Final presentation								█	
Preparation and submission of final report								█	

5. Estimated duration of contract

15th February, 2013 to 15th September, 2013(35 days)

6. Support Services to be provided by the client

FANSA secretariat shall provide funds and all the necessary support required.

7. Deliverables

The end products correspond to:

- 1) Inception Report- 10 days with sampling methodology and size, TORs
- 2) Review of country level reports- 6 days
- 3) Review of Community level validation by national chapters -5 days
- 4) Power point presentation and final report-14 days

- 5) Data collection instruments- electronic version
- 6) Cleaned Raw data in electronic medium
- 7) Cleaned Master Data sets in electronic form

8. Qualifications & Experience required

- a) The individual should possess extensive knowledge and experience of working in WASH sector at the regional and national level.
- b) Must have a thorough understanding of the concept of equity and inclusion in the Developmental context. Prior experience of working in equity and inclusion is desirable
- c) The individual should have the independent experience in conducting national level studies. Good analytical skills is a must
- d) The individual should be at least a graduate with excellent written English, Mastery of WORD; Excel and Power point. -Especially experience of preparing high quality reports and presentations.
- e) The individual should have excellent written communication skills

9. Official travel involved

No

10. Remuneration:

A total amount of INR Will be paid to the consultant as 'Consultancy Fees' for completing the above mentioned task. All taxes, applicable according to the Indian Government rules and regulations, shall be deducted at source (TDS) at the time of payment of each instalment of consultancy fees.

11. Activity Cost

In addition to the above table, additional expenses incurred by the consultant on account of travel, accommodation and refreshments required for the purpose of fulfilling the tasks effectively shall be reimbursed 'as-per-actual' against submission of the original bills/receipts/vouchers/boarding passes. Reimbursements will not be subject to tax deductions.

12. Payment schedule

The payment will be done in two instalments. First instalment will be transferred after signing the contract. The second instalment will be given after the completion of task and satisfactory joint review by designated FANSA India and WSSCC staff.

First instalment of 30% of the consultancy fees..... shall be paid after the submission of methodology and approach. Second instalment of 30% will be paid after submission of the draft regional report the remaining 40% of the consultancy fees shall be paid on delivery of the final product and satisfactory note given by the afore-mentioned two persons. Government taxes will be deducted from this consultancy fees as per the rules. The reimbursement of the other expenses, if any, shall be reimbursed as and when the original bills, vouchers and receipts are received by FANSA / MARI.

13. Cancellation of the Consultancy Agreement

In case the consultant fails to fulfil the objectives of this Consultancy Agreement as per the above terms of reference, the said Agreement will be cancelled without any further notice and remuneration will not be paid to the Consultant.

Recommended by:

Siddhartha Das, Regional Coordinator, FANSA

Signature _____

Date _____

Approved by:

R Murali, Regional Convenors, FANSA

Signature _____

Date _____

Annex 4: Terms of Reference - National Consultancy

Equity and Inclusion Issues in WASH sector in South Asia: A Pilot Initiative in ____ Country

Name of the Consultant: _____

Coordinates of the Consultant: _____

1. Background

FANSA (Freshwater Action Network South Asia) is the South Asian network initiative of MARI under the support of the FAN Global Network which works towards implementing and influencing water and sanitation policies and practice around the world. The network aims to improve water management by strengthening (grassroots) civil societies to influence decision-making.

FANSA and WSSCC have been working together from 2008 onwards as part of the larger joined up initiative around South Asian Conference on Sanitation (SACOSAN) III and IV. FANSA was mainly responsible for mobilizing the participation of civil society organizations (CSOs) and community leaders to influence the outcomes of SACOSANs in the region. During these past four years of joint working, WSSCC and FANSA have been able to better understand each other's strengths and added values of working together in addressing the WASH issues in South Asia. After four years of rich experience in advocacy work, FANSA has recently come up with a new strategy for its work during the period of 2012-16:

- Human Right to water and sanitation,
- Improved Governance,
- Equity and Inclusion and

are the four key focus areas of work of FANSA for the coming four years. During this period FANSA also plans to build on its strengths, diversify its resources and grow as a vibrant and highly valued CSO network in the region. As part of its efforts to access opportunities of support for implementing the new strategy, FANSA presented the new strategy to WSSCC team. Equity and Inclusion in WASH coverage is a common area of priority reflected in the strategy documents of WSSCC and FANSA. Specific activities that could be initiated by FANSA in South Asia under WSSCC's support were identified.

The purpose of this work is to contribute to the achievements of SACOSAN commitments related to equity and inclusion, by researching and providing concrete suggestions for successfully targeting particular vulnerable groups in five of the SACOSAN countries – Bangladesh, India, Nepal, Pakistan and Sri Lanka – through context-specific programmes. To this end, FANSA will carry out research followed by advocacy and scoping for pilot initiatives in terms of creating linkages, in identified six locations of the five South Asian countries – one each in Bangladesh, Nepal, Pakistan and Sri Lanka and two in India – and use this evidence from the ground for an informed debate at the SACOSAN V, 2013 in Kathmandu, Nepal.

The country chapters need to add country specific contexts here...

The SACOSAN IV declaration (http://www.wsscc.org/sites/default/files/publications/sacosaniv_colombo_declaration_2011.pdf) has committed

- i) To design and deliver **context-specific equitable and inclusive sanitation and hygiene programmes** including better identification of the poorest and most marginalised groups in rural and urban areas, including transparent targeting of financing to programmes for those who need them most;
- ii) To adopt **participation, inclusion and social accountability mechanisms** from planning through to implementation in all sanitation and hygiene programmes at the community level, particularly for the most marginalized areas and vulnerable groups.
- iii) To develop harmonised monitoring mechanisms with roles and responsibilities clearly defined, using agreed common indicators which measure and report on processes and outcomes at every level including households and communities, and which allow for disaggregated reporting of outcomes for marginalised and vulnerable groups.
- iv) To include in monitoring mechanisms specific indicators for high priority measures such as WASH in schools, hand washing and menstrual hygiene
- v) To adopt participation, inclusion and social accountability mechanisms from planning through to implementation in all sanitation and hygiene programmes at the community level, particularly for the most marginalised areas and vulnerable groups
- vi) Continue to ensure the effectiveness of the SACOSAN process by committing to report specifically against these and all other SACOSAN commitments when we meet again in Nepal in two years' time, inviting participation from ministries of finance, health, education and other relevant ministries in all future meetings.

In the context of the above SACOSAN commitments, FANSA will focus on equity and inclusion issues in sanitation implementation.

The specific areas where FANSA will carry out studies for evidence-based research and documentation to address the needs and gaps will be identified by country-specific FANSA networks in Bangladesh, India, Nepal and Pakistan and the Water Board/WSSCC in Sri Lanka. Issues of vulnerability to be addressed will range from geo-politically disadvantaged, to socio-economically ostracised and/or deprived, to physically challenged, to geriatrics, etc.

Activities focusing on equity and inclusion to be implemented include:

- Research and documentation of case-studies in six identified areas of five countries in South Asia.
- Providing opportunities for scoping for possible linkages and initiatives to be on track with SACOSAN commitments.

Outputs will include:

- Regional level document with analysis on the factors for exclusion and recommendations for addressing these in advocacy and action (based on substantive case-studies from selected locations). The regional document will examine the barriers across the region- drawing together the common strands and factors but also examining policy and practice on the ground linked to practical recommendations.
- National case studies for dissemination and advocacy (link with South Asian WASH media network, local press)

- Insights will feed into the compiled regional document and subsequently into harmonised monitoring framework being discussed by ICWG (commitment IX in Colombo Declaration)
- One location in _____ **(country)** will be identified for the case-studies.

The following steps needs to be conducted:

- i) Definition of sample and location, barriers to access and use, factors for exclusion, initiatives to overcome
- ii) Analysis of steps and measures to overcome from primary stakeholder perspective using participatory processes
- iii) Initiation of action research where possible to take these steps to change the situation and early documentation of the same (participatory video, etc.)

Purpose of the Consultancy

The national consultant will be expected to perform the following tasks:

- a) Collate country specific secondary data for desk review by Regional Consultant. The WASH related data with specific issues related to Equity and Inclusion as mentioned in the Colombo Declaration.
- b) Understand the research design and methodology prepared by Regional Consultant and provide necessary inputs to ensure that the specific nuances from the country are captured effectively
- c) Draft the analytical report with relevant case studies and photographs

2. Scope of the work

- a) The national consultant in consultation with the FANSA Secretariat and Regional Consultant will help in collating secondary data
- b) The national consultant shall help fine tune the research design and methodology as prepared by Regional Consultant.
- c) The national consultant will prepare and finalize the country report including the case studies and photographs.
- d) The analytical report should include key recommendations and advocacy points for the respective national chapters to build an implementation plan.

3. Major users of the research activity and plans for disseminating it

- FAN Global and FANSA Secretariat
- WSSCC and its partners
- FANSA Country Chapters and Network
- Government

4. Schedule of Tasks & Timeline (Country offices to review and finalize) WSSCC needs draft outputs by April 30th 2013. Final outputs by April 30th 2013

Activities	Mar-13	Apr-13	May-13
Discussions with FANSA, Regional Consultant and Country Chapters			
Finalization of vulnerability factors, research design and methodology			
Selection of sites and finalisation of sites in consultation with Country chapters and FANSA Secretariat			
Collection of Country wise secondary data			
Field visit plan			
Field visit and data collection (including high quality photographs)			
Report writing and submission of draft reports to Country chapters & FANSA Secretariat			
Submission of final report after incorporating feedback			

5. Estimated duration of contract

Country chapter shall decide.

6. Support Services to be provided by the client

Country chapter shall provide funds and all the necessary support required.

7. Deliverables

- Inputs on the research methodology
- Provide relevant data sets to FANSA Secretariat and Regional Consultant
- Analytical country wise report

8. Qualifications & Experience required

- a) The individual should possess extensive knowledge and experience of working in WASH sector at the national level.
- b) Must have a thorough understanding of the concept of equity and inclusion in the Developmental context. Prior experience of working in equity and inclusion is highly desirable
- c) The individual should have the independent experience in conducting research studies. Good analytical skills is a must
- d) The individual should be at least a graduate with excellent written English, Mastery of WORD; Excel and Power point - especially experience of preparing high quality reports and presentations.
- e) The individual should have excellent written communication skills

9. Official travel involved

Yes

10. Remuneration:

Country chapter shall decide.

11. Activity Cost

Country chapter shall decide.

12. Payment schedule

The payment will be done as per the Country chapters' policies and guidelines.

13. Cancellation of the Consultancy Agreement

In case the consultant fails to fulfil the objectives of this Consultancy Agreement as per the above terms of reference, the said Agreement will be cancelled without any further notice and remuneration will not be paid to the Consultant.

Recommended by:

National Coordinator

Signature _____

Date _____

Approved by:

National Convenor

Signature _____

Date _____

Country: _____



Freshwater Action Network
South Asia

Freshwater Action Network South Asia (FANSA) unites over 450 civil society members in five South Asian countries to influence decision making on water and sanitation from the local to the global level.



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Contact FANSA Secretariat

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