

Summary of the Evidence used for Assessment of the Progress made on SACOSAN IV commitments



#	SACOSAN-4 Commitments	Guideline Remarks	Indicators	Bangladesh	India
<p>A score of 1 or 0 was given to each indicator depending on whether there was evidence to justify a positive/negative response respectively. The total score for each commitment could then range from 0 to 5 or even more since Countries were allowed to add relevant indicators beyond the ones indicated.</p> <p>Based on these totals a RED traffic light was given if the total was less than 1, a YELLOW traffic light if the score was between 1 and 3, and a GREEN traffic light if the score was 4 or more</p>					
1	Work progressively to recognize the right to sanitation in programmes and projects and eventually in legislation.	The July 2010 UN resolution on the Right to Sanitation has been signed by all the countries of S. Asia included here in this table. This was before SACOSAN IV. This commitment is specifically directed to the recognition of actions taken subsequent to that resolution on ensuring the RIGHT to SANITATION.	a) Any case law at Supreme Court or Provincial High Court levels that has declared Sanitation as a right; (b) Any national or provincial policy declaration that clearly recognizes SANITATION as a right; (c) Appointment of a national or provincial level task force or committee to take time-bound steps towards declaring Sanitation as a right; (d) Any constitutional or parliamentary or provincial legislation passed declaring sanitation as a right; (e) Any other concrete steps taken towards recognizing the right to sanitation within the governmental system	In furtherance of the progress to Sanitation as a Right, the Govt. of Bangladesh has set up the National Sanitation Task force that recognizes sanitation as a basic right and has endorsed the SWA (Sanitation and Water for All) guiding principles	While all the indicators were clearly not present, there is some discussion by one working group on the right to water though not specifically to sanitation. However this is seen as a beginning though strictly speaking this should be "red".
2	To develop time-bound plans and to allocate and mobilize resources for delivering on all previous SACOSAN commitments.	Since the implementation is focused on in Commitment # 3, this commitment only scores on PLANNING aspects. Similarly the setting up of a national plan etc will come under Commitment # 5 below	a) % increase in financial resources allocated towards sanitation entitlements (b) % increase in other resources (e.g. human, new department/ministry, etc) allocated towards achieving universal sanitation coverage; (c) improved schemes/programs for sanitation; (d) time-bound plans at national level with specific milestones already achieved since SAC IV; (e) Other specific steps with details not included in the above but related to setting up time-bound plans and increased mobilizing of resources and fulfilling previous SACOSAN III commitments	National budgets for WASH have increased substantially. Increase in Human Resources allocated. Additional projects on WASH undertaken. A time-bound plan to achieve total sanitation by 2010 then re-set to 2013	There is a budget increase that takes into account inflation and TSC (Total Sanitation Campaign) has been revamped into NBA (Nirmal Bharat Abhiyaan). Private Sector has been encouraged to participate in NBA. There is a plan to involve NGOs more actively.
3	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, taking into account the challenge of protecting the environment and responding to emergencies and climate change.	Here the focus will be on whether the programs/schemes have been planned to reach the excluded and whether in fact they have reached the excluded	(a) improvement in focus on excluded in various schemes/programs; (b) Improvement in identification of the excluded at ground level; (c) Increase in allocation of funds meant specifically for the excluded; (d) Increase in % of total sanitation budget actually utilized for the excluded; (e) On-the-ground decrease in open defecation among HHs belonging to the lowest wealth quintile, i.e. lowest 20% of population by wealth	Special strategy in 2012 to reach hard-to-reach poor/excluded. Also undertaken exclusive intervention for improved climate resilient technical options to the target groups. However special allocation for the marginalized not visible. However, it is claimed that Open defecation among the lowest wealth quintile has decreased.	Evidence seems to indicate that though the gap between general population and excluded remains significant, it is slowly shrinking. 80% of baseline surveys completed after SACOSAN IV. A general trend of increased allocation of resources but evidence does not indicate that allocation has been really translated into actual reach to the excluded. Without baseline data it is difficult to assess progress
4	Raise the profile of WASH in schools with the objective of ensuring that every new and existing school at every educational level has functioning, child-friendly toilets, separate for girls and boys, with facilities for menstrual hygiene management.	Here the focus will be ONLY on WASH facilities in schools	Improvement or introduction (since SAC IV) of policies/legislation/schemes/plans making it mandatory to provide WASH facilities in schools; (b) Increase (since SAC IV) in resources (financial, human etc) allocated for WASH in schools; (c) At least 25% increase in number of schools with separate toilets for boys and girls; (d) Government legislations/schemes include MHM in all school WASH programs; (e) Increase in percentage of schools with functional hand washing facilities	All new schools being constructed are required to have WASH facilities. Increase in fund allocation for WASH including hand washing. More than 73% of schools have separate latrines for boys and girls	Though the RTE act and Supreme Court rulings insist on toilet facilities in schools, compliance is far from satisfactory. However number of schools having separate toilet facilities for girls has increased. On the other hand MHM has not been specifically addressed
5	Establish one national body with responsibility for coordinating sanitation and hygiene, involving all stakeholders including, but not limited to, those responsible for finance, health, public health, environment, water, education, gender and local government at national, sub national and local levels.	Here the focus is on the establishment of one national/provincial body that takes responsibility and coordinates between all stakeholders especially in Government.	(a) Successful establishment of a National or Provincial coordinating body for sanitation; (b) If such a body has been established, it has the authority to demand accountability from the different ministries/departments mentioned; (c) The national or provincial body, if appointed, has taken specific effective steps towards demanding accountability and ensuring universal sanitation access; (d) if such a body exists, it has enough financial, human and other resources to carry out its task; (e) If such a body exists, it involves other stakeholders in fulfilling its task	A national taskforce including government and civil society representatives has been established to collate relevant inter-ministerial feedback which it is hoped will support effective monitoring of sanitation progress	National Drinking Water and Sanitation Council has been set up, headed by MoS MDWS to bring inter-sectoral convergence and coordination between the Centre and states, 8 secretaries and 5 state secretaries. CSOs like Gram Vikas, Sulabh, Gandhigram and earlier WA were members. However, this is yet to become an autonomous body with clear mandate of demanding accountability and governance.

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6	Establish specific public sector budget allocations for sanitation and hygiene programs.	These two commitments have been taken together as there is an overlap in them. The Indicators offered cover both commitments	a) National Budget has a dedicated budget for Sanitation and Hygiene; (b) Reliable systems for tracking budget utilization of S + H funds are in place or improved; (c) Annual increase in financial allocations for S + H; (d) Increase of more than 25% in budget for S + H (since SAC IV); (e) Any other elements related to financial allocations to S + H that are NOT included in any of the above four elements	Steps have been initiated to segregate budget lines for sanitation and hygiene. In the meantime budget allocations have been increased	Though clubbed under Water and Sanitation fixed percentages are allocated to sanitation. Budget allocations have significantly increased.
7	Progressively increase allocations to sanitation and hygiene.				
8	Recognize the importance of people's own contribution to sanitation and to ensure that policies and programmers empower communities to invest in and control their own sanitation solutions while protecting the poorest.	Here the focus is on peoples' contribution to ensuring WASH rights	a) Systems are put in place that encourage peoples' monitoring of their WASH rights; (b) Systems are put in place that make it easier for people to claim their WASH rights; (c) Budgets are made available to make these systems work; (d) People, particularly the excluded, are supported in building up their capacities to become empowered rights holders; (e) Any other concrete steps taken to recognize, incentivise, or otherwise encourage and foster people participation in control their own situations with regard to WASH; (f) Special provision for all the above is made for the excluded sub-groups e.g. women, girls, disabled, those suffering with HIV AIDS etc etc	Government concept of community empowerment is that it expects communities and private sector to play a major role in contributing to the financial investment required for sanitation	Some systems (eg. social audit, periodical Sanitation Days etc) have been put in place but often not in practice Beneficiary contribution is being made mandatory. However, not enough facilitation and support for community participation
9	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.	Here the focus is on monitoring systems and responsibilities	a) The national or provincial government has come out with outcome indicators to monitor progress in WASH rights; (b) The national or provincial government has come out with process indicators which ensure peoples' monitoring of their own WASH rights; (c) Clear responsibilities of duty bearers, and sanctioning mechanisms by senior functionaries have been put in place so that action is taken when there is a failure in implementation of WASH rights; (d) Based on the above, there is adequate and regular reporting of progress or lack of progress in ensuring WASH rights; (this (d) may go under Commitment # 13)(e) The methods spelt out above can help to monitor WASH coverage in a disaggregated manner right up to the HH levels	A national MIS has been established for Water and Sanitation sector. Local Government Bodies are also developing intensive monitoring system in line with the regional indicators	Focus of monitoring is primarily utilisation of funds and physical structures but not on change on the ground or on processes. Nor is any action taken when failure is detected (e.g. huge discrepancies (ranging up to 88%) between individual State's claims on sanitation/toilets and Census findings of the situation on the ground. However, it is reported that in some places there is an effort to capture process but it is yet to be institutionalized and processed as a mandate.
10	Include in monitoring mechanisms specific indicators for high priority measures such as WASH in schools, handwashing and menstrual hygiene.	This seems to overlap with the previous commitment, nevertheless certain additional aspects are included here.	Is there a management information system that monitors mechanism introduced specifically for (a) schools; (b) hygiene in general; (c) menstrual hygiene management; (d) increased coverage of the identified excluded; (e) Increased usage of toilets and less ODF	In Bangladesh NaMIS is in place and this comprises DPHE project data for 486 sub-districts, 315 municipality profiles and data collected from two civil society groups	Monitoring systems for schools in place but monitoring system for hygiene in general does not exist. MIS that focuses on fund utilisation and toilet construction is in place though reports from different sources show many discrepancies
11	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.	Here the focus seems to be on people monitoring systems being put in place and may overlap with Commitment # 8 above. However a few more elements could be added to those indicated under # 8.	(a)There are independent (not government controlled) systems for monitoring of WASH programs; (b) Planning and Monitoring systems consciously include the excluded; (c) Monitoring systems take special care of remote or hard-to-reach areas; (d) The outputs from such accountability measures are placed in the public domain for easy access by all; (e) There are clear and conscious efforts/plans to improve practice of participatory planning and social accountability of sanitation programs	A strategy for hard-to-reach areas has been prepared and new projects have been launched in these areas	No such independent focused systems are in place, but marginalised/excluded groups are given special emphasis in NBA coverage guidelines.MIS systems in place but do not include 'space' for feedback from civil society or other non-governmental sources. Social audit systems are prescribed.
12	Build and strengthen capacity for sanitation and hygiene implementation, including investing in higher education facilities, development of curricula, research and development, and knowledge exchange and partnership development.	As is clear this is meant to be a long-term effort to improve sanitation and hygiene implementation	(a) Systems and programs set up to enhance capacity of excluded to take part in monitoring systems; (b) setting up curricula to encourage the study of more effective sanitation and hygiene implementation; (c) Offering of opportunities to research and learn from monitoring best practices in other parts of South Asia; (d) Setting aside financial and other resources to accomplish the above; (e)Introduction of capacity development plans and strategy at different levels to foster sanitation coverage	ITN-BUET in collaboration with LGD, DPHE, and NILG has developed and implemented appropriate WSS curricula and supporting text book for engineering education. Also links with similar centres worldwide and published much in this regard	Building the capacity of the excluded to monitor their own entitlements is totally absent. However, NCERT and some states have developed Hygiene related syllabi for schools. However no specific funding set aside to foster what this commitment asks for.
13	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.	Not to be assessed as this refers to what will be done in Nepal at SACOSAN V			

#	SACOSAN-4 Commitments	Guideline Remarks	Indicators	Nepal	Pakistan
<p>A score of 1 or 0 was given to each indicator depending on whether there was evidence to justify a positive/negative response respectively. The total score for each commitment could then range from 0 to 5 or even more since Countries were allowed to add relevant indicators beyond the ones indicated.</p> <p>Based on these totals a RED traffic light was given if the total was less than 1, a YELLOW traffic light if the score was between 1 and 3, and a GREEN traffic light if the score was 4 or more</p>					
1	Work progressively to recognize the right to sanitation in programmes and projects and eventually in legislation.	The July 2010 UN resolution on the Right to Sanitation has been signed by all the countries of S. Asia included here in this table. This was before SACOSAN IV. This commitment is specifically directed to the recognition of actions taken subsequent to that resolution on ensuring the RIGHT to SANITATION.	a) Any case law at Supreme Court or Provincial High Court levels that has declared Sanitation as a right; (b) Any national or provincial policy declaration that clearly recognises SANITATION as a right; (c) Appointment of a national or provincial level task force or committee to take time-bound steps towards declaring Sanitation as a right; (d) Any constitutional or parliamentary or provincial legislation passed declaring sanitation as a right; (e) Any other concrete steps taken towards recognising the right to sanitation within the governmental system	Interim Constitution of Nepal (2007) states that every person shall have the right to live in a healthy environment, which is understood to include hygiene requirements. Urban Water and Sanitation Policy 2009 speaks of sanitation as being a fundamental human right. However nothing further after last SACOSAN IV in 2011	No concrete steps taken towards recognizing the Right to Sanitation at the program/policy level though there is a reference in some provincial policy drafts of the UN Resolution of 2010
2	To develop time-bound plans and to allocate and mobilise resources for delivering on all previous SACOSAN commitments.	Since the implementation is focused on in Commitment # 3, this commitment only scores on PLANNING aspects. Similarly the setting up of a national plan etc will come under Commitment # 5 below	a) % increase in financial resources allocated towards sanitation entitlements (b) % increase in other resources (e.g. human, new department/ministry, etc) allocated towards achieving universal sanitation coverage; (c) improved schemes/programs for sanitation; (d) time-bound plans at national level with specific milestones already achieved since SAC IV; (e) Other specific steps with details not included in the above but related to setting up time-bound plans and increased mobilising of resources and fulfilling previous SACOSAN III commitments	National Sanitation and Hygiene Master Plan 2011 has set time-bound action plan to achieve national targets for sanitation. Similar efforts at district levels	Though sanitation issues were devolved to provinces, most provincial govt. officials said they were not aware of the SACOSAN commitments. However overall sanitation allocation has increased in last two years and Central Govt. has significantly increased allocation for school WASH facilities
3	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, taking into account the challenge of protecting the environment and responding to emergencies and climate change.	Here the focus will be on whether the programs/schemes have been planned to reach the excluded and whether in fact they have reached the excluded	(a) improvement in focus on excluded in various schemes/programs; (b) Improvement in identification of the excluded at ground level; (c) Increase in allocation of funds meant specifically for the excluded; (d) Increase in % of total sanitation budget actually utilised for the excluded; (e) On-the-ground decrease in open defecation among HHs belonging to the lowest wealth quintile, i.e. lowest 20% of population by wealth	A few schemes have improved focus on the excluded. But there is no quantifiable evidence to show that this has resulted in a significant change on the ground though there is a perception that it has reduced Open Defecation among the lowest 20th quintile.	No set standard criteria for identification of excluded population and equitable and inclusive sanitation programming is a very weak area.
4	Raise the profile of WASH in schools with the objective of ensuring that every new and existing school at every educational level has functioning, child-friendly toilets, separate for girls and boys, with facilities for menstrual hygiene management.	Here the focus will be ONLY on WASH facilities in schools	Improvement or introduction (since SAC IV) of policies/legislation/schemes/plans making it mandatory to provide WASH facilities in schools; (b) Increase (since SAC IV) in resources (financial, human etc) allocated for WASH in schools; (c) At least 25% increase in number of schools with separate toilets for boys and girls; (d) Government legislations/schemes include MHM in all school WASH programs; (e) Increase in percentage of schools with functional hand washing facilities	Besides an overall increase in annual budget allocation for toilets in schools, there is also an increase of 50% in the budget for separate toilets for girls	Significant increase in GOP's allocation for school WASH. Tracking and reporting on School WASH is now being done since 2011-2012. Significant overseas funding has also been received for school WASH.
5	Establish one national body with responsibility for coordinating sanitation and hygiene, involving all stakeholders including, but not limited to, those responsible for finance, health, public health, environment, water, education, gender and local government at national, sub national and local levels.	Here the focus is on the establishment of one nation provincial body that takes responsibility and coordinates between all stakeholders especially in Government.	(a) Successful establishment of a National or Provincial coordinating body for sanitation; (b) If such a body has been established, it has the authority to demand accountability from the different ministries/departments mentioned; (c) The national or provincial body, if appointed, has taken specific effective steps towards demanding accountability and ensuring universal sanitation access; (d) if such a body exists, it has enough financial, human and other resources to carry out its task; (e) If such a body exists, it involves other stakeholders in fulfilling its task	Interim Constitution of Nepal (2007) states that every person shall have the right to live in a healthy environment, which is understood to include hygiene requirements. Urban Water and Sanitation Policy 2009 speaks of sanitation as being a fundamental human right	A steering committee was constituted at National level in 2012 to oversee implementation of water and sanitation policy but has met only once. However, 18th amendment meant that all authority in this regard has been devolved to provincial governments and these have not yet been formulated their strategies/plans.
6	Establish specific public sector budget allocations for sanitation and hygiene programs.	These two commitments have been taken together as there is an overlap in them. The Indicators offered cover both commitments	a) National Budget has a dedicated budget for Sanitation and Hygiene; (b) Reliable systems for tracking budget utilisation of S + H funds are in place or improved; (c) Annual increase in financial allocations for S + H; (d) Increase of more than 25% in budget for S + H (since SAC IV); (e) Any other elements related to financial allocations to S + H that are NOT included in any of the above four elements	National Budget has a dedicated budget for Sanitation and Hygiene since 2009/2010, and this increased by significant percentages in the last five year period. Local Government Bodies have also started allocating budget for sanitation and hygiene activities	No specific public sector budget allocations for sanitation, and sanitation and hygiene programming is split between 4 or 5 depts. However there is a certain amount of increase in allocations and reliability of tracking/monitoring systems is being strengthened
7	Progressively increase allocations to sanitation and hygiene.				
8	Recognise the importance of people's own contribution to sanitation and to ensure that policies and programmes empower communities to invest in and control their own sanitation solutions while protecting the poorest.	Here the focus is on peoples' contribution to ensuring WASH rights	a) Systems are put in place that encourage peoples' monitoring of their WASH rights; (b) Systems are put in place that make it easier for people to claim their WASH rights; (c) Budgets are made available to make these systems work; (d) People, particularly the excluded, are supported in building up their capacities to become empowered rights holders; (e) Any other	National SHMP 2011 has made provision for decision making at community level and for incentives to mainstream excluded communities to hygiene and sanitation facilities. But these do not focus on increasing community's capacities to become rights claimants	Pilot initiatives on fostering behaviour change have been undertaken by one provincial govt. and in general there is a gradual paradigm shift in the provinces from the total hardware approach to balanced approach complemented by software programming.

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			concrete steps taken to recognise, incentivise, or otherwise encourage and foster people participation in control their own situations with regard to WASH; (f) Special provision for all the above is made for the excluded sub-groups e.g. women, girls, disabled, those suffering with HIV AIDS etc		
9	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.	Here the focus is on monitoring systems and responsibilities	a) The national or provincial government has come out with outcome indicators to monitor progress in WASH rights; (b) The national or provincial government has come out with process indicators which ensure peoples' monitoring of their own WASH rights; (c) Clear responsibilities of duty bearers, and sanctioning mechanisms by senior functionaries have been put in place so that action is taken when there is a failure in implementation of WASH rights; (d) Based on the above, there is adequate and regular reporting of progress or lack of progress in ensuring WASH rights; (this d) may go under Commitment # 13)(e) The methods spelt out above can help to monitor WASH coverage in a disaggregated manner right up to the HH levels	The M & E system set up by the Ministry of Urban Development is not harmonised enough and also does not define clear roles and responsibilities. The National Management Information Program collects information more on output level but outcome indicators to monitor progress in WASH rights are not included	There is an MIS to track sanitation, but the one used by the provinces generates input related data and is not outcome oriented. . There is also no disaggregated data available at the HH level, though in one province work on developing such an MIS is being done. There are some other monitoring systems carried out by PSLM Survey and MICS
10	Include in monitoring mechanisms specific indicators for high priority measures such as WASH in schools, hand washing and menstrual hygiene.	This seems to overlap with the previous commitment, nevertheless certain additional aspects are included here.	Is there a management information system that monitors mechanism introduced specifically for (a) schools; (b) hygiene in general; (c) menstrual hygiene management; (d) increased coverage of the identified excluded; (e) Increased usage of toilets and less ODF	The existing MIS does not collect disaggregated data showing specific information like WASH situation in schools, hygiene practices etc. However SHMP draft guidelines do have these but they are still to be promulgated	There is an Education MIS prevalent in each province and covers WASH basic facilities (i.e. infrastructure) but not qualitative indicators e.g. hygiene, usage of toilets etc. the Punjab Health Reforms Project does collect data about health hygiene from schools but this is not coordinated properly with Education and WAS authorities.
11	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.	Here the focus seems to be on people monitoring systems being put in place and may overlap with Commitment # 8 above. However a few more elements could be added to those indicated under # 8.	(a)There are independent (not government controlled) systems for monitoring of WASH programs; (b) Planning and Monitoring systems consciously include the excluded; (c) Monitoring systems take special care of remote or hard-to-reach areas; (d) The outputs from such accountability measures are placed in the public domain for easy access by all; (e) There are clear and conscious efforts/plans to improve practice of participatory planning and social accountability of sanitation programs	District and Village/Municipality level strategic action plans are said to be developed and implemented in a participatory way at the local level. Rural Water Supply and Sanitation Policy of 2004 mentions about independent monitoring and public auditing of WASH but this has not been put in practice	The systems in place are mostly set up by NGOs and UNICEF, and not set up by the Government. There is limited expertise and efforts are needed to build up expertise in developing better accountability mechanisms.
12	Build and strengthen capacity for sanitation and hygiene implementation, including investing in higher education facilities, development of curricula, research and development, and knowledge exchange and partnership development.	As is clear this is meant to be a long-term effort to improve sanitation and hygiene implementation	(a) Systems and programs set up to enhance capacity of excluded to take part in monitoring systems; (b) setting up curricula to encourage the study of more effective sanitation and hygiene implementation; (c) Offering of opportunities to research and learn from monitoring best practices in other parts of South Asia; (d) Setting aside financial and other resources to accomplish the above; (e)Introduction of capacity development plans and strategy at different levels to foster sanitation coverage	SHMP 2011 has focused on capacity development of implementing agencies and communities. Dept. of Education has developed a curriculum which includes hygiene education. Masters Degree program in Sustainable Water Sanitation Health and Development has been started in one engineering college	One NGO and two UN bodies are working to build capacity of public sector staff to implement soft programme. There is also support to some universities for research and training in WASH related issues.
13	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.	Not to be assessed as this refers to what will be done in Nepal at SACOSAN V			

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1	Work progressively to recognize the right to sanitation in programmes and projects and eventually in legislation.	The July 2010 UN resolution on the Right to Sanitation has been signed by all the countries of S. Asia included here in this table. This was before SACOSAN IV. This commitment is specifically directed to the recognition of actions taken subsequent to that resolution on ensuring the RIGHT to SANITATION.	a) Any case law at Supreme Court or Provincial High Court levels that has declared Sanitation as a right; (b) Any national or provincial policy declaration that clearly recognises SANITATION as a right; (c) Appointment of a national or provincial level task force or committee to take time-bound steps towards declaring Sanitation as a right; (d) Any constitutional or parliamentary or provincial legislation passed declaring sanitation as a right; (e) Any other concrete steps taken towards recognising the right to sanitation within the governmental system	Draft sanitation policy submitted to the Cabinet this year. The President has expressed his desire to have a separate Sewerage Authority declared shortly and the Ministry has also emphasized this in 2013	National WASH Policy explicitly advocates the right to sanitation. WSG is committed to reflect the right to sanitation in the process of the revision of WASH Policy scheduled for 2014
2	To develop time-bound plans and to allocate and mobilise resources for delivering on all previous SACOSAN commitments.	Since the implementation is focused on in Commitment # 3, this commitment only scores on PLANNING aspects. Similarly the setting up of a national plan etc will come under Commitment # 5 below	a) % increase in financial resources allocated towards sanitation entitlements (b) % increase in other resources (e.g. human, new department/ministry, etc) allocated towards achieving universal sanitation coverage; (c) improved schemes/programs for sanitation; (d) time-bound plans at national level with specific milestones already achieved since SAC IV; (e) Other specific steps with details not included in the above but related to setting up time-bound plans and increased mobilising of resources and fulfilling previous SACOSAN III commitments	Additional funds were allocated under different Ministries and projects and Departments of the Government in different parts of the country	Negotiation with the Ministry of Finance to fulfill this commitment is going on. WB funds in the pipeline of which a certain percentage will be made available for sanitation
3	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, taking into account the challenge of protecting the environment and responding to emergencies and climate change.	Here the focus will be on whether the programs/schemes have been planned to reach the excluded and whether in fact they have reached the excluded	(a) improvement in focus on excluded in various schemes/programs; (b) Improvement in identification of the excluded at ground level; (c) Increase in allocation of funds meant specifically for the excluded; (d) Increase in % of total sanitation budget actually utilised for the excluded; (e) On-the-ground decrease in open defecation among HHs belonging to the lowest wealth quintile, i.e. lowest 20% of population by wealth	Colombo shanty development programme has been allocated new funds. Similarly budgets for other parts of Sri Lanka have been allocated. In general it is seen that health standards among the estate population in RPC estates are being improved. Existing toilet facilities have been upgraded in these areas	Vulnerability Analysis carried out and actions/planning have followed on this with specific funds for CLTS program. Open defecation has lessened since 2011 but no figures available
4	Raise the profile of WASH in schools with the objective of ensuring that every new and existing school at every educational level has functioning, child-friendly toilets, separate for girls and boys, with facilities for menstrual hygiene management.	Here the focus will be ONLY on WASH facilities in schools	Improvement or introduction (since SAC IV) of policies/legislation/schemes/plans making it mandatory to provide WASH facilities in schools; (b) Increase (since SAC IV) in resources (financial, human etc) allocated for WASH in schools; (c) At least 25% increase in number of schools with separate toilets for boys and girls; (d) Government legislations/schemes include MHM in all school WASH programs; (e) Increase in percentage of schools with functional hand washing facilities	UNICEF and bi-lateral funding has currently been made available for WASH in schools	The Ministry of Education (MoE) has developed National Level Guidelines for WASH program in school and is actively working towards improving WASH facilities and behaviour change in schools. As a result measurable improvement in WASH situation in schools
5	Establish one national body with responsibility for coordinating sanitation and hygiene, involving all stakeholders including, but not limited to, those responsible for finance, health, public health, environment, water, education, gender and local government at national, sub national and local levels.	Here the focus is on the establishment of one national provincial body that takes responsibility and coordinates between all stakeholders especially in Government.	(a) Successful establishment of a National or Provincial coordinating body for sanitation; (b) If such a body has been established, it has the authority to demand accountability from the different ministries/departments mentioned; (c) The national or provincial body, if appointed, has taken specific effective steps towards demanding accountability and ensuring universal sanitation access; (d) if such a body exists, it has enough financial, human and other resources to carry out its task; (e) If such a body exists, it involves other stakeholders in fulfilling its task	National WATSAN Committee was established in 2007 and meets regularly. MDG Monitoring committee appointed in 2008 meets every month and has participants from different stakeholder groups	Various government and UN bodies meet to coordinate at the national level. However regular reporting is not yet happening. WASH policy intends to develop suitable reporting systems
6	Establish specific public sector budget allocations for sanitation and hygiene programs.	These two commitments have been taken together as there is an overlap in them. The Indicators offered cover both commitments	a) National Budget has a dedicated budget for Sanitation and Hygiene; (b) Reliable systems for tracking budget utilisation of S + H funds are in place or improved; (c) Annual increase in financial allocations for S + H; (d) Increase of more than 25% in budget for S + H (since SAC IV); (e) Any other elements related to financial allocations to S + H that are NOT included in any of the above four elements	Though there is an inclusion of specific water in the national budget for such issues, there is no specific mention of sanitation.	Funds and incentives from WB and Government are being set aside for sanitation issues.
7	Progressively increase allocations to sanitation and hygiene.				

#	SACOSAN-4 Commitments	Guideline Remarks	Indicators	Sri Lanka	Afghanistan
8	Recognise the importance of people's own contribution to sanitation and to ensure that policies and programmes empower communities to invest in and control their own sanitation solutions while protecting the poorest.	Here the focus is on peoples' contribution to ensuring WASH rights	a) Systems are put in place that encourage peoples' monitoring of their WASH rights; (b) Systems are put in place that make it easier for people to claim their WASH rights; (c) Budgets are made available to make these systems work; (d) People, particularly the excluded, are supported in building up their capacities to become empowered rights holders; (e) Any other concrete steps taken to recognise, incentivise, or otherwise encourage and foster people participation in control their own situations with regard to WASH; (f) Special provision for all the above is made for the excluded sub-groups e.g. women, girls, disabled, those suffering with HIV AIDS etc	Sri Lanka has the largest community based organisation in the world for supply of purified water. However, this is not there for sanitation. On the other hand rural community has to contribute to construct their own toilets which are funded by the sanitation program of the government.	Community Development Councils CDCs and District Development Assemblies (DDAs) are available at community level. Broadcast media is also being used towards this end. In schools at least gender friendly and disabled people friendly facilities are available but more needs to be done.
9	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.	Here the focus is on monitoring systems and responsibilities	a) The national or provincial government has come out with outcome indicators to monitor progress in WASH rights; (b) The national or provincial government has come out with process indicators which ensure peoples' monitoring of their own WASH rights; (c) Clear responsibilities of duty bearers, and sanctioning mechanisms by senior functionaries have been put in place so that action is taken when there is a failure in implementation of WASH rights; (d) Based on the above, there is adequate and regular reporting of progress or lack of progress in ensuring WASH rights; (this (d) may go under Commitment # 13)(e) The methods spelt out above can help to monitor WASH coverage in a disaggregated manner right up to the HH levels	The National Census gives the status of sanitation related indicators.	While no outcome indicators for WASH rights are in place, process indicators are available. Monthly reports are expected. In case of any failure, implementers are dealt with in line with MRRD Procurement law
10	Include in monitoring mechanisms specific indicators for high priority measures such as WASH in schools, hand washing and menstrual hygiene.	This seems to overlap with the previous commitment, nevertheless certain additional aspects are included here.	Is there a management information system that monitors mechanism introduced specifically for (a) schools; (b) hygiene in general; (c) menstrual hygiene management; (d) increased coverage of the identified excluded; (e) Increased usage of toilets and less ODF	A MIS is available under the School WASH program of the government.	Data regarding Hygiene, MHM and WASH in schools are available. However, there is no data about coverage of excluded or of usage of toilets
11	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.	Here the focus seems to be on people monitoring systems being put in place and may overlap with Commitment # 8 above. However a few more elements could be added to those indicated under # 8.	(a)There are independent (not government controlled) systems for monitoring of WASH programs; (b) Planning and Monitoring systems consciously include the excluded; (c) Monitoring systems take special care of remote or hard-to-reach areas; (d) The outputs from such accountability measures are placed in the public domain for easy access by all; (e) There are clear and conscious efforts/plans to improve practice of participatory planning and social accountability of sanitation programs	Most sanitation projects are in rural and hard-to-reach areas including N and E provinces. While the Govt. does not have this, UNICEF has an independent system for monitoring WASH.	Monitoring of situation in hard-to-reach areas is being done and with the help of the UN data is being uploaded for public scrutiny.
12	Build and strengthen capacity for sanitation and hygiene implementation, including investing in higher education facilities, development of curricula, research and development, and knowledge exchange and partnership development.	As is clear this is meant to be a long-term effort to improve sanitation and hygiene implementation	(a) Systems and programs set up to enhance capacity of excluded to take part in monitoring systems; (b) setting up curricula to encourage the study of more effective sanitation and hygiene implementation; (c) Offering of opportunities to research and learn from monitoring best practices in other parts of South Asia; (d) Setting aside financial and other resources to accomplish the above; (e)Introduction of capacity development plans and strategy at different levels to foster sanitation coverage	Scholarships are being awarded for those working in the sanitation sector and other university and government bodies are involved in some research.	Nothing much has been done in these areas, but there are plans or thinking about this. More needs to be done.
13	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.	Not to be assessed as this refers to what will be done in Nepal at SACOSAN V			

#	SACOSAN-4 Commitments	Guideline Remarks	Indicators	Bhutan	Maldives
<p>A score of 1 or 0 was given to each indicator depending on whether there was evidence to justify a positive/negative response respectively. The total score for each commitment could then range from 0 to 5 or even more since Countries were allowed to add relevant indicators beyond the ones indicated.</p> <p>Based on these totals a RED traffic light was given if the total was less than 1, a YELLOW traffic light if the score was between 1 and 3, and a GREEN traffic light if the score was 4 or more</p>					
1	Work progressively to recognize the right to sanitation in programmes and projects and eventually in legislation.	The July 2010 UN resolution on the Right to Sanitation has been signed by all the countries of S. Asia included here in this table. This was before SACOSAN IV. This commitment is specifically directed to the recognition of actions taken subsequent to that resolution on ensuring the RIGHT to SANITATION.	a) Any case law at Supreme Court or Provincial High Court levels that has declared Sanitation as a right; (b) Any national or provincial policy declaration that clearly recognises SANITATION as a right; (c) Appointment of a national or provincial level task force or committee to take time-bound steps towards declaring Sanitation as a right; (d) Any constitutional or parliamentary or provincial legislation passed declaring sanitation as a right; (e) Any other concrete steps taken towards recognising the right to sanitation within the governmental system	Sanitation as a right is included in Final draft Rural Sanitation and Hygiene policy and in strategy document, and also in the Royal Decree of 1992.	2008 constitution of Maldives recognises the Right to Sanitation and guarantees to every citizen the right to adequate sewerage facilities. Water and Sanitation Act has been prepared and sent to Parliament in 2013 and is pending approval
2	To develop time-bound plans and to allocate and mobilise resources for delivering on all previous SACOSAN commitments.	Since the implementation is focused on in Commitment # 3, this commitment only scores on PLANNING aspects. Similarly the setting up of a national plan etc will come under Commitment # 5 below	a) % increase in financial resources allocated towards sanitation entitlements (b) % increase in other resources (e.g. human, new department/ministry, etc) allocated towards achieving universal sanitation coverage; (c) improved schemes/programs for sanitation; (d) time-bound plans at national level with specific milestones already achieved since SAC IV; (e) Other specific steps with details not included in the above but related to setting up time-bound plans and increased mobilising of resources and fulfilling previous SACOSAN III commitments	A new approach called RSAHP (Rural Sanitation and Hygiene Programme) has been piloted tested and will be scaled nationwide in 11th FYP (2013-2015). Funds from various sources are put aside for this. Resources allocation formula for 11th FYP accords 45% weightage to MPI which uses sanitation as one of the key indicators	There has been a significant increase in number of sewerage projects over the past two years. Funding has already been allocated for many more such projects. Annual work plans with specific milestones are prepared and implemented by the Ministry.
3	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, taking into account the challenge of protecting the environment and responding to emergencies and climate change.	Here the focus will be on whether the programs/schemes have been planned to reach the excluded and whether in fact they have reached the excluded	(a) improvement in focus on excluded in various schemes/programs; (b) Improvement in identification of the excluded at ground level; (c) Increase in allocation of funds meant specifically for the excluded; (d) Increase in % of total sanitation budget actually utilised for the excluded; (e) On-the-ground decrease in open defecation among HHs belonging to the lowest wealth quintile, i.e. lowest 20% of population by wealth	RSHP approach is expected to ensure equitable and inclusive sanitation and hygiene for disadvantaged groups such as differently-abled, children, poor, pregnant women and elderly	Equity focused programs or budgeting is not in place. But there are no excluded groups and so this commitment is not relevant to the Maldivian situation
4	Raise the profile of WASH in schools with the objective of ensuring that every new and existing school at every educational level has functioning, child-friendly toilets, separate for girls and boys, with facilities for menstrual hygiene management.	Here the focus will be ONLY on WASH facilities in schools	Improvement or introduction (since SAC IV) of policies/legislation/schemes/plans making it mandatory to provide WASH facilities in schools; (b) Increase (since SAC IV) in resources (financial, human etc) allocated for WASH in schools; (c) At least 25% increase in number of schools with separate toilets for boys and girls; (d) Government legislations/schemes include MHM in all school WASH programs; (e) Increase in percentage of schools with functional hand washing facilities	All schools are expected to have segregated toilets and to promote safe WASH practices. Standard design for Child Friendly Gender Sensitive toilet is under development.	Toilet facilities, running water and segregated toilets are available in all schools. However MHM issues are not addressed and dedicated hand washing facilities are very few.
5	Establish one national body with responsibility for coordinating sanitation and hygiene, involving all stakeholders including, but not limited to, those responsible for finance, health, public health, environment, water, education, gender and local government at national, sub national and local levels.	Here the focus is on the establishment of one national provincial body that takes responsibility and coordinates between all stakeholders especially in Government.	(a) Successful establishment of a National or Provincial coordinating body for sanitation; (b) If such a body has been established, it has the authority to demand accountability from the different ministries/departments mentioned; (c) The national or provincial body, if appointed, has taken specific effective steps towards demanding accountability and ensuring universal sanitation access; (d) if such a body exists, it has enough financial, human and other resources to carry out its task; (e) If such a body exists, it involves other stakeholders in fulfilling its task	There is no such apex national body coordinating sanitation and hygiene promotion in all sectors.	No separate coordinating body has been established. Provincial Councils and the Ministry of Environment do the coordination work and the private sector is involved in carrying out programs/activities related to WASH though relevant stakeholders are involved at the planning stage.
6	Establish specific public sector budget allocations for sanitation and hygiene programs.	These two commitments have been taken together as there is an overlap in them. The Indicators offered cover both commitments	a) National Budget has a dedicated budget for Sanitation and Hygiene; (b) Reliable systems for tracking budget utilisation of S + H funds are in place or improved; (c) Annual increase in financial allocations for S + H; (d) Increase of more than 25% in budget for S + H (since SAC IV); (e) Any other elements related to financial allocations to S + H that are NOT included in any of the above four elements	Do not have enough data actual budget documents to comment.	National Budget has a dedicated budget for sanitation (sewerage projects). The allocations are progressively increasing.
7	Progressively increase allocations to sanitation and hygiene.				

#	SACOSAN-4 Commitments	Guideline Remarks	Indicators	Bhutan	Maldives
8	Recognise the importance of people's own contribution to sanitation and to ensure that policies and programmes empower communities to invest in and control their own sanitation solutions while protecting the poorest.	Here the focus is on peoples' contribution to ensuring WASH rights	a) Systems are put in place that encourage peoples' monitoring of their WASH rights; (b) Systems are put in place that make it easier for people to claim their WASH rights; (c) Budgets are made available to make these systems work; (d) People, particularly the excluded, are supported in building up their capacities to become empowered rights holders; (e) Any other concrete steps taken to recognise, incentivise, or otherwise encourage and foster people participation in control their own situations with regard to WASH; (f) Special provision for all the above is made for the excluded sub-groups e.g. women, girls, disabled, those suffering with HIV AIDS etc	RSAHP is a subsidy free approach and all the construction materials and labour are contributed by the communities themselves in case of rural sanitation, but for schools the facilities are constructed by the government	There is no system in place for people monitoring and all new sewerage projects are run by Government, though operating and maintenance are often by private sector groups.
9	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.	Here the focus is on monitoring systems and responsibilities	a) The national or provincial government has come out with outcome indicators to monitor progress in WASH rights; (b) The national or provincial government has come out with process indicators which ensure peoples' monitoring of their own WASH rights; (c) Clear responsibilities of duty bearers, and sanctioning mechanisms by senior functionaries have been put in place so that action is taken when there is a failure in implementation of WASH rights; (d) Based on the above, there is adequate and regular reporting of progress or lack of progress in ensuring WASH rights; (this (d) may go under Commitment # 13)(e) The methods spelt out above can help to monitor WASH coverage in a disaggregated manner right up to the HH levels	EMIS has been institutionalized for WASH in school and RSAHP MIS for Rural. But responsibilities are still shared amongst different stakeholders	same as above
10	Include in monitoring mechanisms specific indicators for high priority measures such as WASH in schools, hand washing and menstrual hygiene.	This seems to overlap with the previous commitment; nevertheless certain additional aspects are included here.	Is there a management information system that monitors mechanism introduced specifically for (a) schools; (b) hygiene in general; (c) menstrual hygiene management; (d) increased coverage of the identified excluded; (e) Increased usage of toilets and less ODF	For WASH in Schools- the main indicators comprises both quantitative and qualitative indicators However, in EMIS Menstruation Hygiene is missing.	There is no management information system in general or for schools in particular at present. However there are no excluded.
11	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.	Here the focus seems to be on people monitoring systems being put in place and may overlap with Commitment # 8 above. However a few more elements could be added to those indicated under # 8.	(a)There are independent (not government controlled) systems for monitoring of WASH programs; (b) Planning and Monitoring systems consciously include the excluded; (c) Monitoring systems take special care of remote or hard-to-reach areas; (d) The outputs from such accountability measures are placed in the public domain for easy access by all; (e) There are clear and conscious efforts/plans to improve practice of participatory planning and social accountability of sanitation programs	RSAHP approach for rural and Small Town Sanitation Programme for urban ensures participation, inclusion and social accountability at all levels.	There are no established monitoring systems. Concept of excluded groups is irrelevant.
12	Build and strengthen capacity for sanitation and hygiene implementation, including investing in higher education facilities, development of curricula, research and development, and knowledge exchange and partnership development.	As is clear this is meant to be a long-term effort to improve sanitation and hygiene implementation	(a) Systems and programs set up to enhance capacity of excluded to take part in monitoring systems; (b) setting up curricula to encourage the study of more effective sanitation and hygiene implementation; (c) Offering of opportunities to research and learn from monitoring best practices in other parts of South Asia; (d) Setting aside financial and other resources to accomplish the above; (e)Introduction of capacity development plans and strategy at different levels to foster sanitation coverage	Various stakeholders' collaboration was enhanced that led to documentation of progress and challenges on sanitation	Opportunities to research and learn from best practices is limited. No specialised courses in sanitation issues, and students have to go abroad to study these issues. Training is given on the job for operators of WASH facilities. Technical capacity needs to be strengthened.
13	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.	Not to be assessed as this refers to what will be done in Nepal at SACOSAN V			

This document has been put together by the Regional Campaign Coordination Team of the Right to Sanitation Campaign with the scoring in each country put together by the national teams. Mr. Josantony Joseph as the Regional Resource Person provided valuable inputs in this process of bringing out the Regional TLP. In the case of Afghanistan, Bhutan and Maldives the process was led by UNICEF (an inter-governmental agency) in close coordination and engagement with concerned Government agencies. A good number of major sector and non- sector stakeholders, including government agencies, were engaged/consulted in the process. The entire process was funded by the Bill & Melinda Gates Foundation and WaterAid UK.

The **South Asia Campaign on Right to Sanitation** is an effort by a collective of more than hundred CSO networks and organizations to establish the "right to sanitation of all" particularly for the marginalized, poor and excluded in South Asia.

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