

TRAFFIC LIGHTS PAPER

Progress on SACOSAN V Commitments

Produced by:



Contents

Acknowledgement

- I. Tracking Progress of Commitments made at SACOSAN V
- II. Summary of the Evidence
- III. Traffic Light Paper Process



ACKNOWLEDGEMENT

Signing of the Ministerial declaration with specific commitments has been an important convention of the SACOSANs since inception. Such a declaration is also seen as an important end product of different streams of discussion that happens during each SACOSAN. The commitments reflect a direction for actions that are intended to achieve long term and specific short term goals committed by the eight National Governments to progress towards universal access to sanitation in South Asia. This document presents the progress against the ten commitments signed at SACOSAN V, using an indicators' framework developed through consultation process within Inter Country Working Group (ICWG). This document therefore complements the country reports shared by the National Governments at SACOSAN VI even as it takes a step forward to more objective and precise measuring system that can record the progress made on each of the ten commitments.

It is for the fourth consecutive SACOSAN that FANSA and WaterAid have jointly produced this document and the learning over the past eight years has contributed to make significant improvements in the methodology and presentation of the findings that emerged from the assessment process. We are also hopeful that SACOSAN VI and follow up meetings of ICWG would be able to integrate indicators based measuring of progress into each country's reporting process. This is truly a product of collective work of the Civil Society groups with the cooperation and support from the National Governments and other Regional partners.

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Tracking Progress of Commitments made at SACOSAN V INDICATORS, SCORES and FINAL TRAFFIC LIGHT assigned to the REGION

Note on Scoring:

1. Based on the final country wise progress assessment reports received a consolidated Regional Traffic Lights Paper (TLP) has been produced and presented below.
2. The substantiating evidence of the scores is summarised in the EVIDENCE section of this report
3. The process and methodology followed for producing this final TLP is explained in the PROCESS NOTE of this document.
4. In order to facilitate comparisons between the Regional Scores for the various Commitments, the percentage figure has been given for each Commitment
5. A percentage score above 60% was given a **GREEN LIGHT**, a score above 30% and below 60% was given a **YELLOW LIGHT**, and anything below that was given a **RED LIGHT**

Commitment	Indicator	3	2	1	0	Regional Indicator Score	Regional Traffic Light	
I. Formulate, develop and implement adequately resourced national/sub national sanitation and hygiene plans with SMART (specific, measurable, achievable, realistic, time-bound) indicators that measure and report on processes and outcomes at every level including households, educational, health, public institutions and workplaces, with disaggregated reporting on gender, age, disability, marginalized and vulnerable groups.	1.1. National Sanitation and Hygiene Plans with SMART indicators have been	Developed, published/issued and being implemented	Developed and published/issued	Initiated but the process not completed	No such process initiated		65/96 (67.7%)	
		<i>India, Nepal, Sri Lanka</i>	<i>Bangladesh, Bhutan</i>	<i>Afghanistan, Pakistan</i>	<i>Maldives</i>	15		
	1.2. A % increase in budget allocation for sanitation (Urban+ Rural+ Schools + Any Other) over the past two years	30% and above increase over the 2013 budget	20% to below 30% higher than 2013 budget	Less than 20% higher than 2013 budget	Nil or negative growth compared to 2013 budget			16
		<i>India, Maldives, Nepal</i>	<i>Bangladesh, Bhutan</i>	<i>Afghanistan, Pakistan, Sri Lanka</i>				
	1.3. A % of allocated budget actually spent over the past two years	80% and above	70 % to below 80%	50% to below 70%	Less than 50%			21
		<i>Bangladesh, India, Maldives, Nepal, Sri Lanka</i>	<i>Bhutan, Pakistan, Afghanistan</i>					
	1.4. Disaggregated reporting on sanitation coverage of the marginalized and vulnerable groups	Disaggregated data system in place and data available for all categories		Disaggregated data available only for some categories	Efforts being made to redesign the MIS and reporting systems	No progress at all		
				<i>Afghanistan, Bangladesh, India, Nepal, Sri Lanka</i>	<i>Bhutan, Maldives, Pakistan</i>			13

Commitment	Indicator	3	2	1	0	Regional Indicator Score	Regional Traffic Light	
II. Create a framework and enabling environment including policies, strategies and protocols and the conditions for the fulfilment of the need for universal sanitation and hygiene: women and men, children, adolescent girls, people with disabilities and the elderly	2.1. Enabling policies created after SACOSAN V at least for two of the categories mentioned	Reinforcement of policies already in place before SACOSAN V and implementation of the same	Gaps identified and policy being revised	Work on identifying gaps in current policies in progress	No initiative at all		52/72 (72.2%)	
		<i>Bangladesh, India</i>	<i>Afghanistan, Maldives, Nepal, Pakistan, Sri Lanka</i>	<i>Bhutan</i>		17		
	2.2. Enabling strategies/implementation of guidelines created after SACOSAN V for at least two of the categories mentioned	Reinforcement of guidelines/strategies already in place before SACOSAN V and new implementation strategies developed and being implemented	New guidelines and or strategies developed	Work on defining new strategies/guidelines in progress	No initiative at all			
		<i>Bangladesh, Maldives, Nepal, Sri Lanka</i>	<i>Afghanistan, India, Pakistan</i>	<i>Bhutan</i>		19		
	2.3. Protocols specified at least for two of the categories mentioned	Reinforcement of the protocols already in place before SACOSAN V and new protocols being implemented	New protocols developed	Work on defining new protocols is in progress	No progress at all			
		<i>Maldives, Nepal, Sri Lanka</i>	<i>Bangladesh, India</i>	<i>Afghanistan, Bhutan, Pakistan</i>		16		

Commitment	Indicator	3	2	1	0	Regional Indicator Score	Regional Traffic Light	
III. Given that sanitation is about changing social norms, demand creation, We commit to addressing diversity in service provision for infants, children, youth, adolescent girls, women and men, people with disabilities, chronically ill and elderly in rural areas and people affected by poverty and disasters further exacerbated by climate change.	3.1 Special Provisions and plans targeting the sanitation needs of the people affected by disasters further exacerbated by climate change	Special provisions/plans made and being implemented	Special provisions/plans developed	Work in progress on developing special provisions and plans	No initiative at all		38/72 (52.7%)	
		<i>India</i>	<i>Afghanistan, Bangladesh, Maldives, Nepal, Pakistan</i>	<i>Bhutan, Sri Lanka</i>		15		
	3.2 Initiatives to address the MHM needs of women and adolescent girls	Programmes developed and being implemented	Special initiatives are developed	Work in progress on developing the new initiatives	No progress at all			14
		<i>Sri Lanka</i>	<i>Afghanistan, Bangladesh, India, Nepal</i>	<i>Bhutan, Maldives, Pakistan,</i>				
	3.3 Initiatives to address the sanitation needs of any of the categories of disabled, chronically ill and elderly	Programmes developed and being implemented	Special initiatives are developed	Work in progress on developing the new initiatives	No progress at all			9
			<i>Bangladesh, India, Sri Lanka</i>	<i>Bhutan, Nepal, Pakistan</i>	<i>Afghanistan, Maldives</i>			
IV. Recognize the importance of sustainable environmental sanitation and hygiene in urban areas including solid and liquid waste and faecal sludge management for all urban dwellers, regardless of tenure.	4.1 New measures (Policy and guidelines) developed for sustainable faecal sludge management after SACOSAN V	New measures developed and being implemented	Designing of new initiatives/measures completed	Work in progress on developing new initiatives/measures	No new progress after SACOSAN V		35/72 (48.6%)	
		<i>India, Maldives</i>	<i>Afghanistan, Sri Lanka</i>	<i>Bangladesh, Nepal, Pakistan</i>	<i>Bhutan</i>	13		
	4.2 New measures initiated for sustainable solid waste management in urban areas after SACOSAN V	New measures developed and being implemented	Designing of new initiatives/measures completed	Work in progress on developing new initiatives/measures	No new progress after SACOSAN V			11
			<i>Bangladesh, Bhutan, Pakistan</i>	<i>Afghanistan, India, Maldives, Nepal, Sri Lanka</i>				

Commitment	Indicator	3	2	1	0	Regional Indicator Score	Regional Traffic Light
	4.3 Special measures to ensure sanitation facilities to slum dwellers regardless of land tenure	New measures developed and being implemented <i>Maldives</i>	Designing of new initiatives/measures completed <i>Bangladesh</i>	Work in progress on developing new initiatives/measures <i>Afghanistan, Bhutan, India, Nepal, Pakistan, Sri Lanka</i>	No new progress after SACOSAN V	11	Yellow
V. Prioritize and promote child and disabled friendly services and menstrual hygiene management in all public buildings and especially schools, health clinics and reflect and monitor this in standards, design, delivery and monitoring.	5.1 Standards for ensuring disabled friendly toilets and MHM facilities in all public buildings	Standards developed, implemented and monitored	Standards developed and implemented <i>Nepal</i>	Standards developed <i>Afghanistan, Bangladesh, India, Sri Lanka</i>	No progress at all <i>Bhutan, Maldives, Pakistan</i>	6	
	5.2 Standards for ensuring disabled friendly toilets and MHM facilities in all schools	Standards developed, implemented and monitored	Standards developed and implemented <i>India, Nepal</i>	Standards developed <i>Afghanistan, Bangladesh, Pakistan, Sri Lanka,</i>	No progress at all <i>Bhutan, Maldives</i>	8	Red
	5.3 Standards for ensuring disabled friendly toilets and MHM facilities in all health clinics	Standards developed, implemented and monitored	Standards developed and implemented <i>Bangladesh</i>	Standards developed <i>India, Nepal, Sri Lanka</i>	No progress at all <i>Afghanistan, Bhutan, Maldives, Pakistan</i>	5	
19/72 (26.3%)							

Commitment	Indicator	3	2	1	0	Regional Indicator Score	Regional Traffic Light		
VI. Develop and implement guidelines and standards suitable for child, adolescent and gender and disabled friendly WASH facilities, with compliance indicators on handwashing and menstrual hygiene education and practice;	6.1 National hygiene strategy developed with guidelines and standards suitable for at least two of the four special groups mentioned, with emphasis on handwashing	Developed, being implemented and compliance monitored	Developed and being implemented	Developed	No progress at all		32/72 (44.4%)		
			<i>Afghanistan, Bangladesh, India, Nepal, Sri Lanka</i>	<i>Bhutan, Pakistan</i>	<i>Maldives</i>	12			
	6.2 National Hygiene strategy developed with guidelines and standards suitable for at least two of the four special groups mentioned with emphasis on MHM education	Developed, being implemented and compliance monitored	Developed and being implemented	Developed	No progress at all			32/72 (44.4%)	
			<i>Afghanistan, Bangladesh, India, Nepal</i>	<i>Bhutan, Pakistan, Sri Lanka</i>	<i>Maldives</i>	11			
	6.3. A % of sanitation budgets spent on hygiene education and BCC	More than 15%	Above 10% - below 15%	Above 5% - Below 10%	Less than 5%				32/72 (44.4%)
		<i>Bhutan, Nepal</i>		<i>Afghanistan, Pakistan, Sri Lanka</i>	<i>Bangladesh, India, Maldives</i>	9			
VII. Raise awareness at all levels to foster demand and build capacity for sanitation and hygiene including but not limited to youth led movements, pro-poor public private partnerships and the media.	7.1 Evidence exists on engaging CBOs and CSOs in awareness and demand generation on sanitation	Guidelines exist and active partnership initiatives are being implemented	Guidelines exist and partnership initiatives are at an early stage	Guidelines are developed and partnership yet to begin	No progress		43/72 (59.7%)		
			<i>Maldives, Nepal, Sri Lanka</i>	<i>Afghanistan, India, Pakistan</i>	<i>Bangladesh, Bhutan</i>	17			
	7.2 Evidence exist on private sector sharing the responsibility of sanitation development	Guidelines exist and active partnership initiatives being implemented	Guidelines exist and partnership initiatives are at an early stage	Guidelines are developed and partnership yet to begin	No progress			43/72 (59.7%)	
			<i>Bangladesh, Maldives</i>	<i>India, Nepal, Pakistan, Sri Lanka</i>	<i>Afghanistan, Bhutan</i>	16			

Commitment	Indicator	3	2	1	0	Regional Indicator Score	Regional Traffic Light	
	7.3 Evidence exist on media engagement in Sanitation development	Guidelines exist and active partnership initiatives being implemented	Guidelines exist and partnership initiatives are at an early stage	Guidelines are developed and partnership yet to begin	No progress			
			<i>Afghanistan, Bhutan, India, Nepal</i>	<i>Bangladesh, Pakistan</i>	<i>Maldives, Sri Lanka</i>	10		
VIII. Engage the Health sector at all levels in sanitation and hygiene promotion as critical agents of preventive healthcare.	8.1 Active inter ministerial coordination mechanisms between Sanitation and Health sectors exist	Mechanisms developed and implemented	Mechanisms developed	Work in progress on developing the mechanisms	No progress at all		33/48 (68.8%)	
		<i>Maldives, Nepal</i>	<i>Afghanistan, Bangladesh, Sri Lanka</i>	<i>Bhutan, India, Pakistan</i>		15		
	8.2 New initiatives of integrating sanitation and hygiene messages into the agenda of the health sector services.	Common Messages developed and integrated into health sector	Messages developed	Work in progress on developing the messages	No progress at all			18
		<i>Maldives, India, Pakistan, Sri Lanka</i>	<i>Nepal, Bhutan,</i>	<i>Afghanistan, Bangladesh</i>				
IX. Emphasize research and development on low-cost, appropriate sanitation products, linked with sanitation marketing and innovative solutions for environmentally sound sanitation systems	9.1. Budget allocation for R & D on new sanitation products	Budget allocation for new sanitation products increased by 50%	Budget allocation for new sanitation products increased by 25%	Budget allocation for new sanitation products increased by 10%	No increase in budget allocation		36/72 (50%)	
		<i>India, Sri Lanka</i>	<i>Bangladesh</i>	<i>Bhutan, Nepal, Pakistan</i>	<i>Afghanistan, Maldives</i>	11		
	9.2. Actual Utilization of funds allocated above.	Utilisation of at least 75% of funds allocated	Utilisation of at least 50% of funds allocated	Utilisation of at least 25% of funds allocated	Nil			10
		<i>Bhutan, Nepal</i>	<i>Bangladesh</i>	<i>Pakistan, Sri Lanka</i>	<i>Afghanistan, India, Maldives</i>			
	9.3. New sanitation products/solutions developed	At least 3 new products developed	At least 2 new products developed	At least 1 new product developed	Nil			15
		<i>India, Sri Lanka</i>	<i>Afghanistan, Bhutan, Nepal, Pakistan</i>	<i>Bangladesh</i>	<i>Maldives</i>			

Commitment	Indicator	3	2	1	0	Regional Indicator Score	Regional Traffic Light	
X. Commit to significant direct participation of children, adolescents, women, the elderly and people with disabilities, as well as decision makers from Health, Education, Environment and Finance to bring their voices clearly into SACOSAN VI and systematically thereafter.	10.1. All the specified groups of population are represented in the pre-SACOSAN VI conference processes at the country level.	All five of the peoples' groups are represented	Three or four of the mentioned groups are represented	At least one or two of the five groups is/are represented			50/72 (69%)	
		<i>Afghanistan, Maldives, Bangladesh, Pakistan</i>	<i>Bhutan, Nepal, Sri Lanka</i>	<i>India</i>		19		
	10.2. ICWG defined a clear space and opportunity for the above population groups and the same is implemented for SACOSAN VI	Guidelines are developed and fully implemented by all the countries	Guidelines are developed and partially implemented by the countries	Very limited implementation of the guidelines	No progress at all			
			<i>Afghanistan, Bangladesh, Bhutan, Nepal, Pakistan, Sri Lanka, India, Maldives</i>					16
	10.3. Each country delegation at SACOSAN VI included key decision makers from the four sectors named	At least 3 sectors represented	At least two sector represented	At least one sector represented	No representation at all			
		<i>Nepal, India</i>	<i>Afghanistan, Bhutan, Sri Lanka</i>	<i>Bangladesh, Pakistan, Maldives</i>				15



Ministry of Urban Development, Nepal

5th South Asian Conference on Sanitation

October 22 - 24, 2013

Kathmandu, Nepal

Sanitation for All: All for Sanitation



II. SUMMARY OF THE EVIDENCE

To ensure that civil society groups justify the report card of their respective country's progress as per SACOSAN V Commitments, it was decided that all the scoring offered by these groups should be grounded in some clear evidence. However, preparing the evidence to support specific scores is not an easy task as it is not always possible to get a one-to-one correspondence between what has been accomplished by a particular government and the specific indicator listed. Secondly, the attempt to focus only on the progress made over the last two years (since SACOSAN V) was fraught with difficulties. A specific one was the lack of a credible report that was disaggregated enough to help identify the progress made particularly over the past two years. A third issue was that since the list of indicators could not obviously be exhaustive, there could be cases where a country while apparently seen to lag behind on the identified indicators, could show more progress if other indicators had been used. To offset this latter difficulty it is here being suggested that an initial brainstorming of indicators for each Commitment could and should be done immediately after a SACOSAN – under the leadership of the governments and supported by civil society and sector partners.

In this context, it must be noted that one of the greatest difficulties faced in preparing this Traffic Lights Paper (TLP) was the lack of proactive engagement and timely responses of the concerned government representatives in some countries to engage with civil society actors in this effort. Another challenge was the lack of capacity and/or limited freedom perceived by the civil society to be able to objectively evaluate their respective governments. Hence, the rigour of analysis which was expected from all countries in preparing this TLP varied widely. Thus, each country's score against progress indicators may project limited relevance for cross country comparison.

These limitations must be kept in mind when reading the summary of the evidence offered by the countries to support respective scores. It may also be mentioned that the actual references to other sources in print or electronic form on the basis of which this evidence was proffered is not included here, but is available in the individual country TLP documents.



Commitment 1:

Formulate, develop and implement adequately resourced national/sub national sanitation and hygiene plans with SMART (specific, measurable, achievable, realistic, time-bound) indicators that measure and report on processes and outcomes at every level including households, educational, health, public institutions and workplaces, with disaggregated reporting on gender, age, disability, marginalized and vulnerable groups.

Summary:

While all eight countries seem to have sanitation plans in place, in Sri Lanka there is a concern that investment in this is minimal by way of access to Water. SMART indicators have not been developed in most countries in the region though there is generally some sort of MIS system in place. Adequate budgetary increases are found in 4 of the 8 countries, while in some of the other countries, it is the international non-governmental sector that primarily funds sanitation issues. However, use of allocated funds has been generally adequate. As far as disaggregated data is concerned, there has been very little overall progress.

COUNTRY EVIDENCE

Afghanistan	<ul style="list-style-type: none"> • Draft rural sanitation policy has been prepared by the Ministry of Rural Rehabilitation and Development (MRRD). • National Sanitation Logical Framework Analysis workshop held aiming at acceleration of sanitation coverage and ending rural open defecation by 2025. • Ministry of Finance allocated USD 36,000 for hygiene and USD 60,000 between 2013-2015. Funding from various International organisations such as World Bank , DACAAR , UNICEF etc. for funding for Sanitation, Hygiene, WASH in schools, and Urban Sanitation Program. • Exercise conducted by MRRD demonstrates 100% utilisation of funding on Water and Sanitation program. • Revision of Rural WASH policy which provides framework for universal WASH coverage. • Urban Water and Waste Water Management sector Policy 2014 drafted with focus on marginalised groups • National Health Policy draft (2015) focuses on children and gender issues.
Bangladesh	<ul style="list-style-type: none"> • The Sector Development plan (2011-2025) for WASH has been developed before SACOSAN V. • National strategy for Water supply and Sanitation 2014 has mentioned various milestones to be achieved on sanitation ladder. • National hygiene promotion strategy developed in 2012 is being implemented. • National Hygiene baseline survey also has indicators to assess progress of hygiene uptake by people. • National Information Management System (NAMIS) has been developed and anchored in Department of Public Health and Engineering (DPHE) and yet to be fully functional. • There was an increase in budget allocation of 26.61% from FY 2013-14 to FY 2014-15 and 18.78% increase from FY 2014-15 to FY 2015-16 for Sanitation budget and utilisation was 99% in 2013-14 and 91% in 2014-15 (Source: HDRC/WAB analysis). However there is a significant disparity in favour of urban areas. • Disaggregated data not available for marginalised and vulnerable groups.
Bhutan	<ul style="list-style-type: none"> • Rural Sanitation & Hygiene Strategy 2015 developed. • Rural Sanitation & Hygiene budget in 2013 was 0.65 million and in 2015 it was budgeted to 1.2 million AUD and Nu.1.2 million spent by 2015. • WASIS for Urban sanitation and RSAHP MIS system for rural sanitation developed but yet to include the parameters required for disaggregated reporting of the coverage of the most marginalised communities.

<p style="text-align: center;">India</p>	<ul style="list-style-type: none"> ● Swachh Bharat Mission, launched in October 2014 that aims to eliminate open defecation by 2019 and promote better hygiene behaviour amongst the population and improve cleanliness by initiating Solid and Liquid waste management projects in the villages, towns and cities of the country. ● Atal Mission for Rejuvenation and Urban Transformation (AMRUT), Smart city, Swachh Bharat Swachh Vidyalaya (SBSV), National Mission for Clean Ganga (NMCG) and National River Conservation Plan are some other major initiatives aimed at sanitation development in India. ● The Ministry of Drinking Water and Sanitation has developed an online monitoring system for SBM (G) and similarly data exists for SBM (U). ● States are developing annual implementation plans with the main objective of providing creating Swachh Grams. Physical and financial progress is being monitored on monthly and quarterly basis. ● Budget increase of more than 30% over the 2013 budget allocated for the sanitation sector. Total budget allocated for the sanitation sector is Rs 5,200 crores (2015-2016). ● Household level data, with respect to sanitation facilities of all Gram Panchayats in the country are now available on the MDWS-MIS.
<p style="text-align: center;">Maldives</p>	<ul style="list-style-type: none"> ● Several Water and Sanitation projects are being implemented by government but plans with smart indicators measuring outcomes at every level are not available. ● According to MMRV, in 2015 there is 70% increase in budget allocation for sanitation compared to 2013 and more than 80% of the budget has been utilised over the past two years. ● Efforts are being made to improve the data and reporting systems to be able to monitor the progress on reaching sanitation to the most marginalised.
<p style="text-align: center;">Nepal</p>	<ul style="list-style-type: none"> ● The number of ODF Village Development Committee's (VDC) increased to 1500 in early 2015. Many districts have also prepared Strategic Plan for ODF declaration. Developing detailed guidelines for effective implementation of National Sanitation and Hygiene Master Plan 2011 was initiated in 2014 and about to be finalised soon. This plan aims to achieve universal sanitation coverage by 2017. ● There is an increase of 32.7% in budget allocation over the past two years compared to the budget allocated for the year 2013/14. Health, Education, Local development and Urban development Ministries have contributed to this increase. ● According to Department of Water Supply and Sanitation (focal agency for WASH) Annual Report, the budget spent in past two years is 83%. ● Disaggregated reporting on sanitation coverage of the marginalised and vulnerable groups done at VDC level during Open Defecation Free declaration.
<p style="text-align: center;">Pakistan</p>	<ul style="list-style-type: none"> ● 18th amendment to the Constitution enhanced provincial autonomy enhancing their responsibilities for sanitation programmes. ● Provincial level WASH sector plans are being developed by the provincial governments, promoting inter-sectoral approach and sector coordination. ● The government's budget allocations for the sector have been minimal as compared to the development sector organisations. ● There is no disaggregated reporting mechanism on gender, age, disability, marginalised and vulnerable groups whereas at the CSO level, some level of disaggregated reporting is being done. ● Efforts are being made by some provincial governments in redesigning their MIS systems.

Sri Lanka	<ul style="list-style-type: none"> • National Water Supply and Drainage Board (NWSDB) Corporate Plan and Action Plan 2012-2016 has been developed with goals, strategies, activities, indicators of measuring progress and responsibilities for actions. • Sanitation budget has been increased marginally by 1.5% from year 2013 to 2014. • The percentage of expenditure of the allocated sanitation budget of last two years is 99% and shows a higher level of efficiency of the implementing mechanisms and effectiveness of action plans. • Disaggregated reporting on sanitation coverage is restricted to few categories. Sanitation coverage has been reported continuously in country statistics, through Department of Census and Statistics, separated for Urban, Rural and Plantation (Estate) sub-sectors.
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Commitment 2

Create a framework and enabling environment including policies, strategies and protocols and the conditions for the fulfilment of the need for universal sanitation and hygiene: women and men, children, adolescent girls, people with disabilities and the elderly

Summary: Efforts to develop policies and protocols with a focus on special groups like women, children, and the disabled has either started or are in the stage of being implemented through circulars or guidelines. However, in none of these countries is there any focus on the elderly and their needs. In Sri Lanka there is the specific involvement of children and youth in planning processes.

COUNTRY EVIDENCE

Afghanistan	<ul style="list-style-type: none"> • Revision of Rural WASH policy is under process which provides framework for universal WASH coverage. • Urban Water and Waste Water Management sector Policy 2014 drafted with focus on marginalised groups • National Health Policy draft (2015) focus on children and gender issues. • Rural Sanitation Strategy is drafted with special consideration to the Rights of women, children, and the disabled and towards ensuring gender equality. • MOE has made WASH essential part of the school package with special considerations to women, children, and the disabled and to ensure implementation of MHM guidelines. The National Priority Plans (NPPs) also has made special consideration to WASH interventions for marginalised groups. • The draft national communication strategy of Ministry of Public Health (MOPH) also promotes behaviour analysis and positive behaviour on menstrual hygiene.
Bangladesh	<ul style="list-style-type: none"> • Circular has been issued by Ministry of Education to ensure separate toilets for girls, children with disabilities and also to keep Menstrual Hygiene Management (MHM) kits available for adolescent girls in secondary school, college and <i>madarsas</i>. • The National Strategy for Water Supply and Sanitation 2014 has been developed.
Bhutan	<ul style="list-style-type: none"> • Health policy addresses this and also incorporated into Rural Sanitation & Hygiene Strategy 2015. • Disability study on WASH led by Ministry of Health, 2015 was completed. Sanitation & Hygiene Guidelines were developed in 2014.

<p style="text-align: center;">India</p>	<ul style="list-style-type: none"> • SBM is a comprehensive sanitation programme focusing on girls, men, women, children, and all other categories of population. • Under SBM (U) protocols exist for community toilets (Community toilets: 1 seat for 35 men and 1 seat for 25 women). • Under SBM (G), guidelines are given targeting MHM needs of women and disabled people along with incentives for the construction of IHHL for all physically handicapped and women headed households. • To address the sanitation needs of disabled people and women, guidelines on MHM and hand book on sanitation facilities for persons with disability are developed and likely to be released in December 2015. • To address the sanitation needs of children, SBSV and National Bal Swachhta Mission have been launched for children. • However not much progress achieved on ground in ensuring access to toilets for the elderly and persons with disability. • To bring behaviour change amongst people, funds have been allocated for IEC activities under SBM (G).
<p style="text-align: center;">Maldives</p>	<ul style="list-style-type: none"> • According to Ministry of Environment and Energy (MEE), policy is being revised after identifying gaps. • Guidelines/strategies already in place before SACOSAN V and new implementation strategies developed and being implemented. • Protocols already in place before SACOSAN V and the same are further strengthened and being implemented.
<p style="text-align: center;">Nepal</p>	<ul style="list-style-type: none"> • The recently promulgated Constitution of Nepal 2015 has assured drinking water and sanitation as the fundamental rights to its citizens. • Gender Equality and Social Inclusion (GESI) Operational Guidelines approved in December 2013. • Directive to Provide Access to Physical Infrastructure and Communication to Differently-abled People, 2013 approved by the Ministry of Women, Children and Social Welfare (MOWCSW) clearly mentions about standards for WASH facilities to be ensured in all new public buildings and infrastructure. • Department of Education (DoE) has implemented a guideline on "Alternative Design Options and Child, Gender and Disable (CGD) friendly School Toilet" in 2011. • The "WASH in School" Guideline developed by DoE is at final stage of approval. Government expects to approve it by the end of 2015.
<p style="text-align: center;">Pakistan</p>	<ul style="list-style-type: none"> • The gaps in the current provincial sanitation polices and strategies are being identified and revisions are being made aligning with the new Local Government act enacted in most provinces as well as with the Sustainable Development Goals. • The policies and strategies are being revised with special provisions to cater to the needs of women, adolescent girls and people with disabilities. • Work on defining new protocols is in progress in some of the provinces especially for WASH facilities in schools through a three star approach. • Devolution of powers and resources to the local governments has potential opportunities for scaling up and sustainability of sanitation coverage.

Sri Lanka	<ul style="list-style-type: none"> • The draft for National Policy on Rural Water Supply and Sanitation has been submitted for Cabinet approval in 2014, needs to resume process with the newly appointed Cabinet. • Progress has been achieved after (and as a result of) SACOSAN V in getting the participation of two categories, children and adolescent girls in sanitation decision making process for which enabling guidelines and policy framework were created. • Regional conference with participation of children and adolescent girls along with all the ministries concerned was organised. Protocols for student participation in sanitation decision making have been developed. • Effective inter-ministerial coordination is an ongoing process. • School sanitation coverage is 80% and water supply coverage is 87% by end of the year 2015. • Children's participation in decision making of school sanitation related efforts was strengthened through the South Asian Student Conference of WASH held in Sri Lanka in June 2015 with the participation of children of all 8 countries.
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Commitment 3

Given that sanitation is about changing social norms, demand creation, We commit to addressing diversity in service provision for infants, children, youth, adolescent girls, women and men, people with disabilities, chronically ill and elderly in rural areas and people affected by poverty and disasters further exacerbated by climate change.

Summary:

Disaster related plans have generally been in place in most countries much before SACOSAN V as many of them have been responding to the disasters occurring in the respective countries. Special attention had already been made in these plans for some of the categories mentioned and work is ongoing in these areas. However, implementation of these plans has not shown significant progress over the past two years.

COUNTRY EVIDENCE

Afghanistan	<ul style="list-style-type: none"> • MRRD has developed disaster management strategy for rural Afghanistan and in line with that a guideline was developed by WASH Programme to mainstream DRR into the developmental WASH plans. • The Hyogo Framework for Action 2005-2015 (HFA) platform established in 2005 is being followed. • MOE with support of UNICEF has developed guidelines on MHM in effect from 2011. UNICEF and MOE have started a formative research to further explore the issues around MHM and school attendance of girls.
Bangladesh	<ul style="list-style-type: none"> • The Standing Order on Disaster (SOD 2010) and Bangladesh Climate Change Strategy and Action Plan (BCCSAP) 2009 have emphasised on providing water and sanitation services in disaster affected areas. • The Government of Bangladesh in its 'Persons with Disability Rights and Protection Act 2013' has ensured the accessibility of Person with Disability in public toilets. (Source: Tapsil - Section 5 : Accessibility, point 'kha-Ao')
Bhutan	<ul style="list-style-type: none"> • Rural Sanitation & Hygiene Strategy 2015 developed School Health and Safety Manual developed

India	<ul style="list-style-type: none"> • Under UNDP and World Bank funded initiatives GOI is focusing on restoring water and sanitation facilities to disaster effected people. • State disaster management plans have included sanitation as a major component. • UNICEF, WSSCC and several NGOs and SHGs federations of women are engaged in training, awareness promotion and they have also developed affordable models to meet the demand for sanitary napkins. State Governments of Tamil Nadu, Madhya Pradesh and Haryana are partnering and/or encouraging such initiatives.
Maldives	<ul style="list-style-type: none"> • Claimed that special provisions for the disaster affected people are made after SACOSAN V and work is in progress on developing the new initiatives for addressing the MHM needs of women, but the evidence of the same was not shared. • No new progress was made on addressing the sanitation needs of the elderly, persons with disability and the chronically ill.
Nepal	<ul style="list-style-type: none"> • Aligning for Action: Sanitation and Water for All in the context of Climate Change has been promoted by SHMP 2011. • A separate Thematic Working Group on DRR and Climate Change Adaptation has been formed during the 2nd Joint (WASH) Sector Review process in 2014. • Nepal joined in observing Global Menstrual Hygiene Management (MHM) day since 2014 and WASH sector agencies have incorporated MHM related activities in their ongoing programs. • Department of Education's guideline on "WASH in School" in 2015 (draft) include measures to ensure proper MHM at schools. • WASH sector stakeholders including government agencies have started designing their projects based on the Gender Equality and Social Inclusion (GESI) Operational Guidelines.
Pakistan	<ul style="list-style-type: none"> • PDMA's have been set up in all the provinces which are responsible for formulating a yearly provincial development plan including WASH component. • Though there is continuing focus on Disaster Risk Reduction (DRR) initiatives by donors and international agencies, special needs of some of the mentioned groups are not addressed. • In some provinces, special provisions such as hygiene kits catering to the needs of men, women and children and emergency latrines have been made and implemented before SACOSAN V. • A Disability bill has been passed by the national government, though not much progress has been made on developing WASH programmes addressing the needs of the people with disability.
Sri Lanka	<ul style="list-style-type: none"> • Provisions for support of those affected by disasters have shown improvement during the period and the budget for this has increased significantly. • Pilot experimental efforts to work on MHM in a multi-cultural religious situation in Sri Lanka have helped to prepare a school handbook on MHM and this is sought to be included in the school curricula. • New technical designs are being tested. Due to shortcoming in physical facilities and absence of psychosocial support the achievement of results under MHM and other such initiatives was limited. • Ministry of Health has developed 'Design Considerations on Accessibility for Persons with Disabilities in 2013', which gives detailed disabled friendly sanitation designs and guidelines.

Commitment 4

Recognize the importance of sustainable environmental sanitation and hygiene in urban areas including solid and liquid waste and faecal sludge management for all urban dwellers, regardless of tenure.

Summary:

Except for Sri Lanka nothing major has happened in any of the countries with regard to Faecal Sludge Management, though even there only 2.5% of the population has adequate systems for such management. In other countries various experiments are taking place in sporadic places, sometimes by non-governmental agencies and sometimes by the respective governments. As far as urban slums are concerned, in at least 4 of the countries efforts have been made or policies in place to expand some degree of WASH benefits to selected categories of urban poor, either through government mandate or through government policy guidelines – but the coverage is very minimal compared to the extent of the population living in slums.

COUNTRY EVIDENCE

Afghanistan	<ul style="list-style-type: none">• Integrated water and waste water policy (2014) has been drafted and its translation into local language is in process.• Sites for dumping of wastes, including septage and sludge have been designated by National Environmental Protection Agency.• NEPA developed SWM policy for disposal of municipal solid waste including processing of biodegradable waste.• National IDP policy has been developed and enforced.• A comprehensive municipal law has been drafted but not yet enacted; includes the provisions for municipal services, maintaining hygienic conditions and access to public toilets and bathing facilities in municipalities.
Bangladesh	<ul style="list-style-type: none">• Working group for preparation of Institutional and Regulatory Framework for Faecal Sludge Management has been developed with representatives from both Government of Bangladesh and CSOs.• National 3R Strategy for Waste Management 2010 has specific sections on domestic waste, hazardous waste, medical waste, waste from agriculture. Ministry of Environment and Forests is the focal ministry for implementing the strategy.• Some systems are in place for domestic, hospital and garment industry waste management. However, regulations on establishing ETP's are not adhered to by the garment industry. (Sources: media reports)• Various NGO's are working to provide sanitation facilities in urban slums of Dhaka.
Bhutan	<ul style="list-style-type: none">• No new progress on FSM after SACOSAN V• New initiatives on SLWM implemented by WSD/MoWHS and SNV e.g., Samtse and Gedu Town in 2014• No new progress made after SACOSAN V; there are no officially recognized slums.

<p style="text-align: center;">India</p>	<ul style="list-style-type: none"> • A draft advisory note on septage management under NUSP published in January 2013. • Septage management including faecal sludge management which involves cleaning, transportation and treatment in a cost-effective manner along with mechanical and biological cleaning of sewers and septic tanks is one of the thrust areas under Atal Mission for Rejuvenation and Urban Transformation. • Under SBM (U) guidelines, basic minimum sanitation will be provided to all urban dwellers, irrespective of the legal status of the dwelling. • SBM (U) - technologies recommends developing a Septage Management Plan (SMP) as a part of city sanitation plans (CSP) • A Technology Committee has been set up in the MDWS to review and recommend appropriate technologies for safe disposal of faecal matter • GOI revised the Municipal solid waste management manual in 2014 and prioritised Solid and Liquid Waste Management under the 13th Finance commission grants to local governments.
<p style="text-align: center;">Maldives</p>	<ul style="list-style-type: none"> • New policy measures for sustainable faecal sludge management and improving sanitation coverage in urban slums are claimed but there is no evidence of the same. • Similarly, new progress on sustainable solid waste management is reported but no evidence to substantiate the same is available.
<p style="text-align: center;">Nepal</p>	<ul style="list-style-type: none"> • Large-scale programs such as Urban and Environmental Improvement Program (UEIP) and Small Towns Water Supply and Sanitation Sector Project (STWSSSP) and Bagmati Action Plan 2008 are some of the major initiatives that address issues on wastewater management. • WASH Act and WASH Sector Development Plan 2016-2030 focus on FSM in urban sanitation • Detailed Project Report (DPR) for integrated solid waste management of Kathmandu Valley is likely to be ready by end 2015 • Few municipalities have made provisions in providing WASH facilities to the slum communities. Initiatives like low-cost rental housing upgraded habitation standards including WASH coverage for former settlements.
<p style="text-align: center;">Pakistan</p>	<ul style="list-style-type: none"> • New sanitation initiatives being developed and implemented for urban dwellers on pilot basis at the CSO level. • The Solid Waste Management companies have been established in major urban centres before SACOSAN V. • There are no special measures taken after SACOSAN V to ensure sanitation facilities to slum dwellers.

Sri Lanka	<ul style="list-style-type: none"> • Several major urban sewerage projects were initiated in these two years spending SLR million 1877 in 2013 and 3044 in 2014. • Five major city sewerage projects were commenced in 2013 and two commenced in 2014. • Memorandum of Understanding (MoU) was signed between the Ministry and International Water Management Institution (IWMI) on “Cooperation in the Field of Septage Management” on 5th May 2013. • The Central Environment Authority (CEA), under the Ministry of Mahaweli Development and Environment of Sri Lanka, has been implementing the PILISARU National Solid Waste Management Program. • Re-settling of slum dwellers in city of Colombo in housing complexes with proper sanitation facilities and Plantation workers from line houses to separate houses started implementation in 2014 and continuation of these projects is a strong element in the future plans of the new government.
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Commitment 5

Prioritize and promote child and disabled friendly services and menstrual hygiene management in all public buildings and especially schools, health clinics and reflect and monitor this in standards, design, delivery and monitoring.

Summary:

In almost all these countries efforts have been made to take care of MHM needs in schools, but little in public buildings and health clinics. However, in a number of cases circulars/guidelines have been brought out or are about to be issued, though implementation still has a long way to go.

COUNTRY EVIDENCE

Afghanistan	<ul style="list-style-type: none"> • In schools, girls and disabled friendly toilets facilities are designed and implementation is in process. • MOPH policy includes promotion of MHM and Disabled friendly toilets in all public buildings and health facility but the enforcement is very slow.
Bangladesh	<ul style="list-style-type: none"> • Disabled friendly toilet provision has been considered in the final draft of the new Bangladesh National Building Code (BNBC) 2015. • Local Government Engineering Department (LGED) has developed Universal Design Guidelines for LGED built infrastructure. • Ministry of Education has given a circular for keeping separate toilets for girls, children with disabilities and MHM facilities. • Under collaborative initiative of DPHE and WHO 40 Community Clinics have become accessible for Persons with Disability and the same is being expanded.
Bhutan	<ul style="list-style-type: none"> • No new progress made after SACOSAN V

India	<ul style="list-style-type: none"> • SBSV-Standards for toilets includes guidelines for disabled friendly toilets and MHM facilities in schools. • Ministry of Health And Family Welfare, Government of India, has launched a national initiative, Kayakalp, to promote cleanliness and enhance the quality of public health facilities. ministry of Health and Family Welfare, Government of India, has launched a national initiative, Kayakalp, on 15th of May, 2015 to promote cleanliness and enhance the quality of public health facilities. Swachhta guidelines for health facilities along with this initiative have also been issued. • Also, Kayakalp awards those public health facilities that demonstrate high levels of cleanliness, hygiene and infection control.
Maldives	<ul style="list-style-type: none"> • No new progress made after SACOSAN V
Nepal	<ul style="list-style-type: none"> • Directive to Provide Access to Physical Infrastructure and Communication to Differently Able People, 2013 (MoWCSW) mentions about standards for WASH facilities to be ensured in all new public building and infrastructures. • Department of Education has developed and implemented a guideline on "Alternative Design Options and Child, Gender and Disable (CGD) friendly School Toilet" in 2011. • The Ministry of Education (MoE) had launched dedicated school sanitation programs since 2010. The programme, includes improvement of the external environment mainly within the school block (child friendly), toilets for girls with consideration of menstrual hygiene, handwashing facilities and water supply facilities. • "WASH in School" Guideline is at final stage and Government expects to approve it by the end of 2015. • MOWCSW issued directive to provide Access to Physical Infrastructure and Communication to differently able people, 2013.
Pakistan	<ul style="list-style-type: none"> • No progress has been observed relating to the needs of disabled and child-friendly services in public buildings and health facilities after SACOSAN V. • There is no focus on the MHM facilities in any of these places. • MHM has been included in the strategy documents of the provinces but not yet mainstreamed into the public and CSO programmes. • Child-friendly standards are being developed for schools by the education department in the provinces incorporating child friendly and MHM facilities as part of the three star approach being facilitated by UNICEF. • A working group formulated at the national level to address the MHM issues.
Sri Lanka	<ul style="list-style-type: none"> • Ministry of Health gives detailed disabled friendly sanitation designs and guidelines using which the special facility provision has come into implementation at selected Local Authority areas during last two years. • A booklet with guidelines for MHM to be used in schools developed and field tested collaboratively by Ministry of Health and University of Kelaniya with UNICEF support. It had been recommended to be used as a complementary education material in schools. • In line with the MOE's commitment to Child Friendly School (CFS) , construction and rehabilitation of wells and toilets for children and the persons with disability in schools and health centres has been initiated.

Commitment 6

Develop and implement guidelines and standards suitable for child, adolescent and gender and disabled friendly WASH facilities, with compliance indicators on handwashing and menstrual hygiene education and practice

Summary:

Nepal has made exceptional efforts in prioritising Hygiene Education and Behavioural Change Communication. The budget allocation and actual utilisation of the same for Hygiene promotion and BCC is widely varying across the countries. Region as whole is lagging behind with respect to having compliance standards and monitoring of the progress on handwashing and Menstrual hygiene.

COUNTRY EVIDENCE

Afghanistan	<ul style="list-style-type: none"> National Hygiene Communication Strategy (2015) drafted by MOPH emphasises handwashing as key hygiene intervention. According to MRRD, more than 33% of the funding from various sources has been spent on hygiene and BCC.
Bangladesh	<ul style="list-style-type: none"> National Hygiene Promoting Strategy (2012) includes focus on needs of adolescents, person with disabilities and women. 0.07% budget was allocation spent on hygiene and Behavioural Change Communication (BCC) in 2014-15 and it was 0.29% in 2013-14.
Bhutan	<ul style="list-style-type: none"> School Health and Safety Guidelines are included in Sanitation & Hygiene Guideline developed in 2014. Developed Health promotion strategy in 2015 and WASH in schools manual in 2014. More than 15% of PHED annual budget in 2015 was spent on hygiene education.
India	<ul style="list-style-type: none"> Guidelines exist for children to focus on handwashing under SBSV and the messages are included in the textbooks, awareness campaigns run by schools as part of SBSV. States in their annual Implementation plans mention separate facilities for disabled and women households with schools creating toilets for girls under SBSV. Funds available under the IEC component may be used to raise awareness and skills on Menstrual Hygiene Management in all places and specifically among adolescent girls in schools. Training modules issued for Asha workers and ARSH by Ministry of Health and Family Welfare on menstrual hygiene to address the needs of adolescent girls. Under NRHM also the state implementation plans are required to focus on MHM. However, the practice on the ground shows least or no attention to this issue. 4% of the budget was spent on IEC out of total released and total expenditure in 2014-15.
Maldives	<ul style="list-style-type: none"> No new progress made and less than 5% of the sanitation budget is spent on hygiene education.
Nepal	<ul style="list-style-type: none"> Implementation of National Sanitation and Hygiene Master Plan 2011, Education Department's guideline on "Alternative Design Options and Child, Gender and Disable (CGD) friendly School Toilet" The budget allocated for BCC and hygiene education in ODF campaign is estimated to be far more than 15%.

Pakistan	<ul style="list-style-type: none"> Behaviour Change Communication (BCC) strategy was developed in all the provinces before SACOSAN V but there has not been much roll out of the strategy due to limitation of resources and lack of priority. National standards were developed much before SACOSAN V following WHO guidelines but no focus so far on the compliance indicators on menstrual hygiene education and service. Less than 5 percent budget spent on hygiene education and BCC.
Sri Lanka	<ul style="list-style-type: none"> School Health Promotion Programme (SHPP) standards are set by the Ministry of Education with the institutional mechanism identified. The Manual developed for Public Health Inspectors include sections on 'Water Sanitation' and 'Disposal of Human Excreta' which give guidelines on education and promotion of handwashing.

Commitment-7:

Raise awareness at all levels to foster demand and build capacity for sanitation and hygiene including but not limited to youth led movements, pro-poor public private partnerships and the media.

Summary:

In many countries both CSOs and private sector are involved in sanitation efforts but except for Nepal and Sri Lanka it is hardly through a strategic engagement orchestrated by the government. Media is hardly engaged with in a planned manner in most countries, though in some cases some guidelines/plans are in the process of being developed

COUNTRY EVIDENCE

Afghanistan	<ul style="list-style-type: none"> According to MRRD, Afghanistan adapted CLTS program is under implementation, with engagement with various INGO's, Community Development Council and Local NGO's. Radio/Video and print media has been extensively engaged in development and dissemination of information on sanitation issues: MoH, NGO's and donor support organisations initiate campaigns on issues of SWM, Diarrhoea prevention etc. Key CSO's are members of Water and Sanitation Group (with urban and rural stakeholders) who are part of the awareness and demand creation process in the sector.
Bangladesh	<ul style="list-style-type: none"> No formal guidelines have been developed to engage CDC's and CSO's in awareness on sanitation. However, collaboration and cooperation between government and other stakeholders is exist. Private sector stakeholders are developing new technologies for sanitation. In recent times, 'Sanitation Marketing' has assumed a significant role in promoting sanitation in Bangladesh. National Sanitation Strategy 2005 emphasises on media engagement and there is intermittent coverage of sanitation issues by the media.
Bhutan	<ul style="list-style-type: none"> No significant new progress achieved except that there are some broad guidelines developed on partnering with other sector partners.

<p style="text-align: center;">India</p>	<ul style="list-style-type: none"> • In states such as West Bengal, Madhya Pradesh, Rajasthan, etc. in SBM (G) Village Water & Sanitation Committees, PRIs, SHGs, NGOs, CBOs are engaged to create awareness on sanitation • Various sanitation related initiatives are taken up as CSR activity in rural areas. • Extensive media campaign has been taken up under SBM for spreading awareness on sanitation issues. • Swachh Bharat WhatsApp group has been created involving officials of Gol and similar groups for individual states have been formed. A Facebook page for SBM (G) has also been created
<p style="text-align: center;">Maldives</p>	<ul style="list-style-type: none"> • Guidelines exist and while active partnership initiatives are being implemented, no evidence has been submitted. • Media is engaged to some extent but no evidence of guidelines or media engagement strategy was made available.
<p style="text-align: center;">Nepal</p>	<ul style="list-style-type: none"> • CBOs/CSOs are engaged in awareness and demand generation on sanitation at Municipality/VDC levels. • Coordination Mechanisms (D/M/V-WASH-CCs) set up according to the SHMP are effective at District and VDC levels. The coordination structures are led by local government bodies. • The ISWM project was envisaged to manage the municipal solid waste of Kathmandu Valley through a Public Private Partnership (PPP) approach.
<p style="text-align: center;">Pakistan</p>	<ul style="list-style-type: none"> • CSOs are actively engaged in raising awareness on sanitation and hygiene especially in the rural areas. • CSOs are also represented in the provincial coordination steering committees of Punjab & Sindh. • There is less progress on pro poor PPPs. No guidelines exist but partnership initiatives with few corporate sector partners Such as Unilever, RB, and P&G are being implemented. • There is limited media engagement. A few media fellows are supported by the CSOs. Government of KPK is facilitating an effective media communication initiative with extensive outreach. • A media communication strategy is being formulated at the national level with provincial/regional outreach.
<p style="text-align: center;">Sri Lanka</p>	<ul style="list-style-type: none"> • CSOs have played a major role in sanitation advocacy in the country especially as the government offers a conducive environment for the same. • The government also has a clear budget allocation for institutional development of CBOs and offers support in many non-financial ways as well. • The role of the private sector too is clearly stated and engagement with this sector has been very helpful. There is an increasing expectation that the private sector should play a much larger role in financing and operating WASH services. • The media engagement in this sector is seemingly not adequate.

Commitment 8

Engage the Health sector at all levels in sanitation and hygiene promotion as critical agents of preventive healthcare

Summary: In most of these countries there has already been an interaction and coordination between the departments dealing with Sanitation and Health. Often this is in the form of common messages, or including WASH issues in health-related efforts/strategies.

COUNTRY EVIDENCE

Afghanistan	<ul style="list-style-type: none">• Monthly coordination meeting of water and sanitation group and sanitation technical working group (STWG) led by MRRD. This includes all WASH stakeholders including Ministry of Health.• The MoE school WASH monthly coordination is led by Department of School Health.• Monthly hygiene Technical Working Group (TWG) is led by MOH with WASH and Health stakeholders as partners.
Bangladesh	<ul style="list-style-type: none">• The National Hygiene Promotion Strategy for Water Supply and Sanitation Sector in Bangladesh 2012 has explicitly stated in strategy-2 the roles and responsibilities of focal ministries which include Ministry of Education (MoE) and Ministry of Health and Family Welfare (MoHFW).• Hygiene issues are integrated into the Strategic Plan for Health, Population and Nutrition Sector Development Programme (HPNSDP) as well as National Health Policy 2011.
Bhutan	<ul style="list-style-type: none">• Health promotion strategy-2015 and common messages on sanitation and hygiene are developed.
India	<ul style="list-style-type: none">• Guidelines under SBM (U) have mentioned about coordination between ministries of I&B, Health and Family Welfare, MDWS regarding BCC.• SBM (G) Guidelines point towards involvement of HRD ministry, Department of Schools for IEC activities regarding sanitation in schools• ASHA workers under NRHM run by MHFW are given the additional responsibility to create awareness and generate demand for sanitation, educate people on basic hygiene and participate in the Health and Sanitation Committee of the GP.
Maldives	<ul style="list-style-type: none">• According to MEE, mechanisms have been developed and implemented, However, evidence documents were not available.• Common messages developed and integrated into health sector. However, evidence documents were not available.
Nepal	<ul style="list-style-type: none">• The National Sanitation and Hygiene Coordination Committee at national level and similar coordination structures at decentralised levels are active and functional.• National Health Education, Information and Communication Centre (NHEICC)/MoHP has developed messages particularly related to prevention of diarrheal diseases and handwashing practices.

Pakistan	<ul style="list-style-type: none"> • Sanitation and hygiene messages are already an integral part of the Lady Health Workers (LHW) programme. • Specific messages on WASH integrated into the IEC materials of the LHWs in some provinces like Punjab. • Provincial level nutrition strategy developed in some of the provinces with WASH as one of the key component. • Plans being formulated for integrating WASH into the work of the nutrition officers at the field level. • WASH has also been integrated into polio programme. • The Health Sector Reforms of government of Punjab has an integrated WASH component. The provincial WASH Sector Plans includes role & responsibilities of the health department. There is no formalised inter-ministerial coordination mechanism between health and sanitation at the provincial level but the health department is a key member of the provincial coordination mechanism that has been formulated post-SACOSAN V.
Sri Lanka	<ul style="list-style-type: none"> • Engagement with the Health sector has been in place since long before SACOSAN V. In fact, reduction in diseases related to unsafe sanitation is included as a measurable health program outcome for the government. Uniformity in hygiene and sanitation messages between sectors is evident. New initiatives on MHM and disable-friendly services have taken place in the last couple of years. • National Health Development Plan 2012-2017 comes with measurable indicators of sanitation and hygiene under its health goals. • However integrated planning and coordination between Ministries could be improved

Commitment 9 Emphasize research and development on low-cost, appropriate sanitation products, linked with sanitation marketing and innovative solutions for environmentally sound sanitation systems

Summary: In most countries minimal or no budget has been allocated for R&D on sanitation issues, and even where some amounts have been allocated, very little has been utilised. Sri Lanka is the solitary exception in this utilisation of allocated funds.

COUNTRY EVIDENCE

Afghanistan	<ul style="list-style-type: none"> • Some technologies like ECO-sanitation latrines were experimented. Sewage concept was promoted in urban sanitation.
Bangladesh	<ul style="list-style-type: none"> • DPHE has invested in establishing Faecal Sludge Management systems in 11 towns with ADB Support and another 31 municipalities will come under this process soon. • The CSOs and private sector entities have invested in developing new sanitation technologies such as SaTopan and improved on-site sanitation technologies for urban areas of Bangladesh as well as off-site sludge management processes • GoB completed a study on the need of Research and Development Fund for WASH (2014) and identified issues to be addressed. • Private sector players are investing in new products with assistance and support from CSOs and donors.

Bhutan	<ul style="list-style-type: none"> • There is no increase in budget for R&D, but 75% of available budget has been utilised
India	<ul style="list-style-type: none"> • Around 2 percent of the overall SBM program budget is kept aside for R&D initiatives. SBM guidelines encourage states to include activities under AIPs and utilise the money. • Government recently conducted Indovation 2015 and established National and State Rapid Action Learning Unit to come out with new technologies in sanitation space. • Allocation is increased to more than 50 percent, Rs. 5 crore in 2013-14 and 2014-15 to Rs. 21 crore in 2015-16. • 10 percent of R&D budget was utilised in 2013-14 and 5.5 percent in 2014-15. • The Department of Biotechnology (DBT) under the Ministry of Science and Technology of the Government of India and the Bill & Melinda Gates Foundation in collaboration with India's Biotechnology Industry Research Assistance Council (BIRAC) launched the Reinvent the Toilet Challenge - India in October 2013 to discover innovative solutions to sanitation.
Maldives	<ul style="list-style-type: none"> • No increase in budget allocation.
Nepal	<ul style="list-style-type: none"> • The increase in sanitation budget assumed to have increased funding for R&D and Ready to install toilets meant for emergency situations are the only new product developed. No other evidence available to state that any new progress made.
Pakistan	<ul style="list-style-type: none"> • There were no budget allocations set aside for R&D by the provincial governments or the federal government. • However there are some new initiatives/solutions developed on waste water management by one provincial government post SACOSAN V. • There are some donor-funded projects and NGO initiatives with small R&D components that are aimed at developing new products and solutions on a very small scale.
Sri Lanka	<ul style="list-style-type: none"> • Direct budget allocation for R&D for sanitation related work under NWSDB operational budget become a trend from 2014. • An initial desk study with R&D section of NWSDB shows a 42.6% utilisation of allocated budget in 2014. • There have been considerable studies and new options developed in the fields of Faecal sludge management, waste water treatment, technical options for disabled-friendly sanitation facilities and MHM guidelines in the sector in last two years.

Commitment 10: Commit to significant direct participation of children, adolescents, women, the elderly and people with disabilities, as well as decision makers from Health, Education, Environment and Finance to bring their voices clearly into SACOSAN VI and systematically thereafter.

Summary: SACOSAN VI secretariat circulated guidelines for composition of country delegation which provides scope of including community representatives. ICWG has in principle agreed to the participation of women, children, persons with disabilities and elderly people in SACOSAN VI and also agreed for a plenary session to hear their voices.

In four of the eight countries some of these categories have been involved either in the preparatory process or even in the list of delegates to attend SACOSAN VI. In three countries there apparently was no involvement of these groups or the countries concerned chose not to respond. In a few countries the Ministries/departments other than those directly responsible for WASH were involved in the preparation for SACOSAN VI and were also included in the respective governments' delegations.

COUNTRY EVIDENCE	
Afghanistan	<ul style="list-style-type: none"> • Sector ministries: MOPH, MRRD, MOE, MUDA, MOFA, MOF, INGOs, Support Organisations, Central Statistics Organisation, National Environmental Protection Authority/NEPA, Civil Society Organisations/CSO are involved in the preparation process and will largely participate in the coming SACOSAN. • Representation from community women group ensured in SACOSAN VI delegation.
Bangladesh	<ul style="list-style-type: none"> • CSOs that represent Person with Disabilities, elderly people, women and children are part of the pre-SACOSAN VI process and regularly take part in pre-SACOSAN VI conference process. • The conference secretariat in Bangladesh will invite all the relevant ministries (Health, Education, Finance) to participate in SACOSAN VI.
Bhutan	<ul style="list-style-type: none"> • Government of Bhutan has whole heartedly appreciates the decision of ICWG to include community and other sector representatives. CSOs, Community leader and other sector representatives from Government included in the delegation to SACOSAN VI.
India	<ul style="list-style-type: none"> • Women and adolescent representatives included in the delegation to SACOSAN VI • HRD, Urban Development, Finance, PR & Rural Development Ministries represented.
Maldives	<ul style="list-style-type: none"> • People from specified groups are represented in the pre SACOSAN VI process at country level. • At least one member from non-WASH sector are included in the delegation to SACOSAN VI.
Nepal	<ul style="list-style-type: none"> • Three (adolescents, women and people with disabilities) of the marginalised constituencies are involved in the pre-SACOSAN VI processes. • The Government of Nepal has partially implemented the ICWG guidelines for participation. • The proposed delegation for SACOSAN VI includes key officials from Health, Education, Environment and Finance ministries/departments.
Pakistan	<ul style="list-style-type: none"> • Marginalised groups indicated above have been provided opportunity to raise their voices through holding 8 meetings in different parts of the country. • Four persons out of them have been selected and included in the national delegation for participation in the SACOSAN VI. • The decision-makers from health, education, environment and finance have not been included in the delegation.
Sri Lanka	<ul style="list-style-type: none"> • According to NWSDB, the tentative list of delegation of Sri Lankan team for SACOSAN VI comprises of children, adolescents, women and people with disabilities, as well as decision-makers from Water and Sanitation, Health and Education sectors. • The country has partially fulfilled the guidelines agreed through ICWG for direct participation of children, adolescents, women, the elderly and people with disabilities, as well as decision-makers from Health, Education, Environment and Finance to bring their voices clearly into SACOSAN VI.

III. TRAFFIC LIGHT PAPER PROCESS

The TRAFFIC LIGHTS PAPER (TLP) that assigns a GREEN, YELLOW or RED light to each of the Commitments made at SACOSAN V (October 2013, Kathmandu) is an effort that started before SACOSAN III and continued through SACOSAN IV and V. Its objective was to try to bring citizens' voices to the table when governments in South Asia meet to review how far each country has progressed in fulfilling the Commitments made by these countries at the previous SACOSANs. The SACOSANs are an initiative of the South Asian Governments to learn from each other and collectively commit to act for accelerating sanitation progress in the South Asian region. This is also seen as an important step towards fulfilling the UN resolution on the Right to Sanitation – a resolution that all the countries in this region have officially endorsed.

The TLP therefore focuses on the specific Commitments made jointly by all the South Asian Governments present at various SACOSANs. Thus, in preparation for SACOSAN IV, civil society groups took up this independent initiative of tracking progress against the Commitments signed at SACOSAN III. The effort was found helpful but there was a concern expressed that perhaps the scoring (Traffic Light, i.e., Green, Yellow or Red) was too subjective. In order to overcome this to some extent, preparations for SACOSAN V included breaking up each Commitment (of SACOSAN IV) into measurable indicators. It was hoped that this would help the process of progress assessment in each country to focus on specific aspects of each Commitment. A further attempt to lessen the subjectivity was attempted in the current preparation for SACOSAN VI. A task team was constituted during the 6th Inter Country Working Group meeting in early 2014, and in consultation with the National Governments and regional sector partners, draft indicators were developed. Each Commitment of SACOSAN V was divided into indicators, and each indicator was further sub-divided so that progress measuring process could indicate whether the said indicator was minimally, partially or significantly met in each of the eight countries partnering SACOSANs. This indicator framework was tabled for discussion in the 7th ICWG Meeting in early 2015. Based on the input from the group, the same was further revised and again tabled for discussion in the 8th ICWG in September 2015 in which it was decided that the countries were not yet ready to be able to report against this indicators' framework. As these efforts at indicators-based reporting did not work out, FANSA and WaterAid continued the CSOs initiative of an independent tracking of progress and produced this TLP.

The preparations for the TLP to be presented at SACOSAN VI started with setting up of a Regional Task Team (RTT) - a civil society group consisting of representatives of various CSOs across the South Asia region. This team then initiated the process through the National CSOs platforms in five countries which in turn constituted National Task Teams and identified a National Resource Person to lead the task of producing the National TLP. In Afghanistan, Bhutan and Maldives, the process of producing TLPs were led by independent experts. The Regional Task Team with the support of the Regional Resource Person consolidated the National TLPs and produced this Regional TLP. This document has three sections that include Consolidated Regional TLP, summary of the evidence collected, and this note on the process followed to independently assess the progress.

The steps followed:

The Regional Task Team sent out some process guidelines and indicators to help each country map out the progress made on each of the Commitments that were signed at SACOSAN V. As mentioned earlier, the amendments to the scoring process that were introduced in the current effort meant that each of the indicators for the TEN Commitments made at SACOSAN V was divided into two/three/four specific measurable/verifiable indicators, and each such indicator was further subdivided into four 'stages' so that progress on each such indicator was to be marked in accordance with the level of achievement as follows.

- a) 'significantly achieved' (Score 3 or Green Traffic Light),
- b) "partially achieved or atleast moving sufficiently in that direction" (Score 2 or Yellow Traffic Light), or
- c) "not enough progress has been achieved" (Score 1 or 0 or Red Traffic Light).

All the concerned involved in developing this TLP were advised to understand the terms like "increased" or "improved" or "decreased" or "strengthened" (or their equivalents) as referring to the progress made since SACOSAN V, i.e. since October 2013.

Having received these guidelines and indicators, each National Resource person, supported by various representatives of the CSOs who participated in this exercise, was expected to first embark on a sufficiently detailed desk research that could guide him/her in the preparation of a zero draft of the Traffic Lights Paper.

Simultaneously with the above, each National Task Team (NTT) was asked to prepare a list of stakeholder organisations well in advance, and to brief them on the TLP process, and seek their support and engagement. It was recommended that this list be sufficiently exhaustive so that no major stakeholders would be left out. Therefore NTTs were advised to include various networks (WASH, Child rights, Women's rights networks etc.), key donors supporting and/or working with various CSOs on WASH issues, major CBO forums, UN organisations like UNICEF, independent WASH-related research organisations etc. It was expected that these stakeholders would take the responsibility to reach out to members of their respective constituencies and get them too on board. It was also advised that the scoring guidelines be shared with these stakeholder organisations so that they could be helped to get mentally prepared to engage in the process and contribute to its thoroughness.

Once the zero draft was prepared, the NTT was expected to share it with all these selected stakeholders to seek their input. Based on their input the next or "first" draft of the TLP was to be prepared.

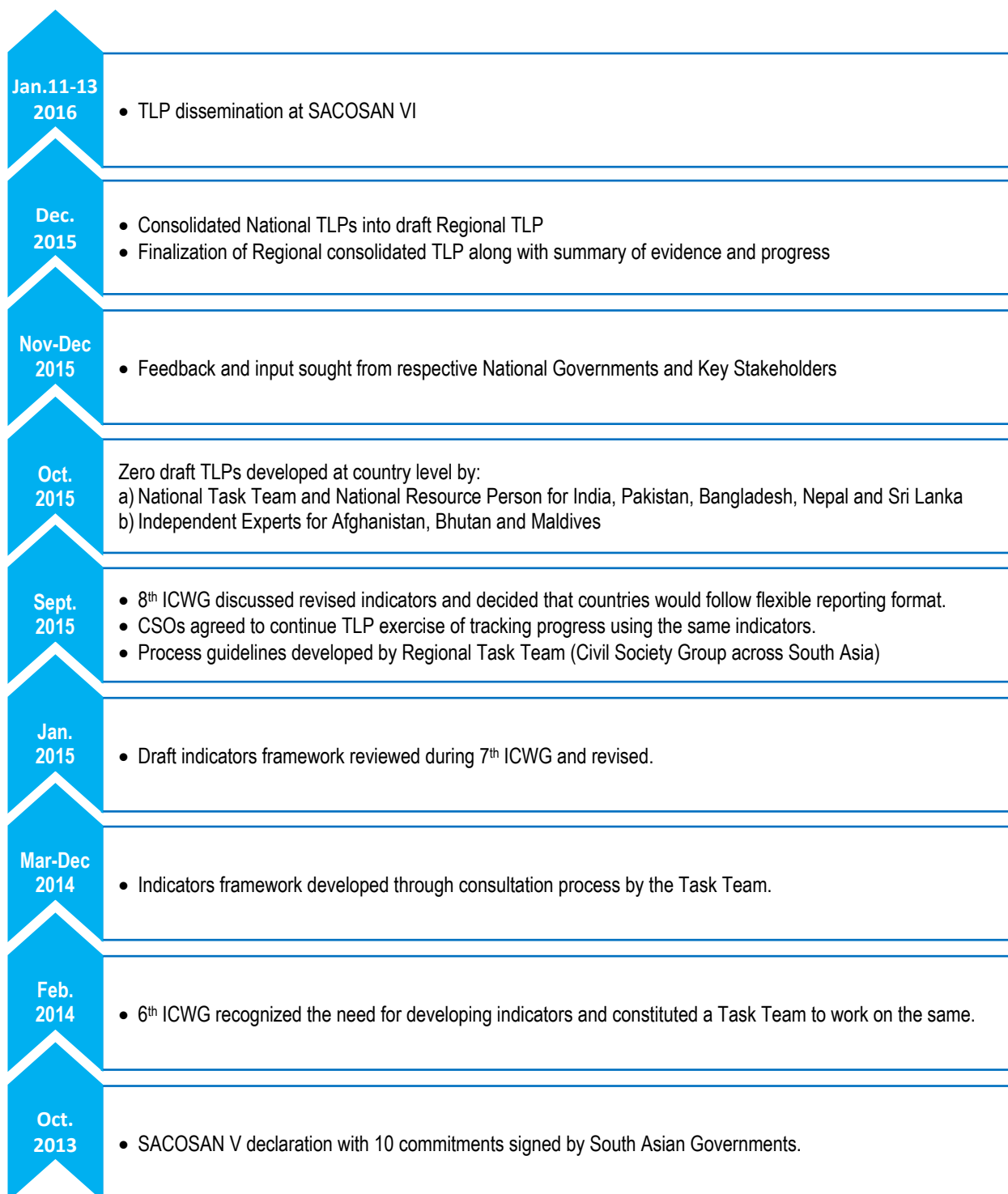
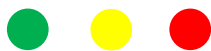
The next stage involved engagement with the respective governments. Even though this TLP was and is meant to be a civil society assessment report, it was felt important to engage with the government in order to ensure that relevant data (perhaps available only with the respective governments) and feedback from the respective governments is duly incorporated into the process of tracking progress. Hence at this stage, the NTT made efforts to engage with government representatives by sharing with them this 'first' draft as a work in progress.

The NTTs duly considered the government's input and revised the "first" draft as necessary. Each country team was then encouraged to present this "second draft" at a National Consultation Meeting to which all the previously identified stakeholders and government representatives were invited to attend. After a frank sharing, and mutual challenging if necessary, the NTT prepared a 'third' draft of the TLP and sent the same to the RTT for comments.

The National TLP report (third draft) submitted was also expected to include a process documentation as it was expected that the exigencies of the different country situations would inevitably mean that not all countries would have been able to follow these process guidelines exactly as spelt out above.

The RTT then gave comments on each country TLP, and the NTTs reviewed their report on the basis of these comments and submitted final documents. The RTT consolidated the same and produced the Regional TLP document.

Flowchart representing the TLP process



Variations in process:

As the reality/situation in each of the eight countries reported in this document varies significantly, it is more befitting to state that while the essential elements underlying the above process were indeed carried out in each country, there were a few variations. The entire process was obviously time-consuming and as a result only five of the countries submitted their 'third draft' in time for the RTT to give comments. Though, the respective government in each country was engaged with, the structure of the engagement may not have been very formal or in the form of a national consultation but through other means. Furthermore, civil society organisations in each country have different perceptions of their own freedom to challenge or criticise their respective governments, and this too had an impact on the final document submitted. Similarly some countries found it difficult to respond to the indicators by focusing ONLY on the period from the last SACOSAN V (i.e. since October 2013) and so the responses sometimes were not based on this limited time period.

Some of these country-specific 'adaptations' are listed below:

- a) In Afghanistan, the process of engagement with various stakeholders was carried out in the following manner. As receiving responses using the telecommunication network (emails, phones etc) are difficult, most of the engagement took place in face-to-face meetings. While no national consultation was held, meetings were held with various groups including the National Water Technical Working Group (TWG) led by DACAAR (Danish Committee for Aid to Afghan Refugees) which included the participation of national and international NGOs, representative of the CSOs (CSF, ACBAR, etc.) and the private sector, UNICEF and one member from the NTT. The second meeting was held with the participants of the National Hygiene TWG and in this case the Ministry of Health agreed to provide the venue. The third meeting was held with the participants of the Sanitation Working Group. An additional outreach took place when one of the members of the NTT also raised the TLP exercise in the Humanitarian WASH meeting and asked the members to come up with comments and suggestions. In addition, meetings were held with various officials in various government departments including MRRD, MOH, MUDA, AUWSSC, and MOE. In some cases more than one meeting was held at different stages of the preparation of the final TLP document. Finally, a Water and Sanitation Group National meeting was organised during which the TLP was reviewed and agreed upon.
- b) Bangladesh was able to follow all the above steps except that it did not organise a National Consultation.
- c) Bhutan was able to follow all the steps including convening a National Consultation.
- d) India too generally carried out the steps suggested in the Guidelines but not necessarily in the same order. The process included two consultation meetings (September and November) after which a draft TLP was prepared. This was shared with the Government and after getting its responses; a final TLP was prepared taking on board whatever was found suitable in the responses received.
- e) In Maldives, there was collaboration with the Government focal person for SACOSAN VI right from the beginning, as the report of the Government of Maldives was already prepared by the time this Civil Society Traffic Lights exercise was initiated. Furthermore, the scoring guidelines on some indicators were not perceived as appropriate to Maldives. Thus for example, as Maldives had, according to the GOM, already achieved ODF (open defecation free) status before SACOSAN V, scores for progress since SACOSAN V on this matter and such other related matters was

considered inappropriate. After a meeting held in the Ministry of Environment and Energy (MEE) where a number of Civil society organisations were present, it was also felt that some key government stakeholders from other departments were not able to participate, and so they were met separately. Due to unavailability of information in open sources or for other reasons, there was a delay in the production of the zero draft and hence there was not enough time to share the document with other stakeholders apart from the Ministry of Environment and Energy. One of the greatest difficulties faced was the absence of a sufficiently robust coordination mechanism existing among various Governmental departments that are related in some way to WASH issues. Hence the final report did not have the kind of wide-ranging and public stakeholder discussion that was envisaged but was based largely on individual engagements with governmental and non-governmental bodies/individuals.

- f) Nepal too was able to carry out the steps indicated in the guidelines but not necessarily in the same order.
- g) In Pakistan, the process was initiated at the provincial levels as water & sanitation had become a provincial subject after the 18th amendment in the constitution. Through a highly participatory approach a progress chase matrix on SACOSAN V Commitments was developed. The indicators to track the Commitments were shared with all the key stakeholders, both from within and outside the government. After various bilateral meetings, a round of stakeholders' consultation workshops was organised at the provincial level. Progress was triangulated by review of key documents shared by the stakeholders for evidence building. A final consultation meeting was held at the national level. A key observation from the stakeholders was that some of the indicators did not sufficiently capture other elements of the progress actually made vis-a-vis the Commitments, and that therefore, indicators could more helpfully be developed right after the SACOSAN event and then shared for comments/feedback.
- h) Sri Lanka was able to follow all the steps including organising a national consultation.





7th Inter Country Working Group Meeting

8th Inter Country Working Group Meeting





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