



Equity and Inclusion in Sanitation and Hygiene in South Asia

A Regional Synthesis Paper

Final draft
21 March 2011

Ravi Narayanan

Henk van Norden
UNICEF

Louisa Gosling
WaterAid

Archana Patkar
Water Supply and Sanitation Collaborative Council

Table of contents

Executive Summary.....	1
The Problem.....	2
The imperative	5
The way forward	7
Using the experience to mainstream equity and inclusion	12
Recommendations	15
Roles and responsibilities	16
Conclusion.....	17
Annex: additional case studies	i
Bibliography	vi

Executive Summary

When sanitation and hygiene stalwarts meet at global platforms to take stock, share experiences and assess progress - practitioners and policy makers from South Asia are centre stage to share ground breaking stories of how the region is being transformed, one toilet at a time. There is no doubt that there is a lot to applaud. An incredible meeting of minds between sanitation policy makers, practitioners and activists in Bangladesh has transformed the country; in Nepal, the architects of the new Master Plan seek to make some bold strides; in Pakistan, relief efforts have faced the sanitation challenge of repeated natural disasters with courage and conviction; India provided more than 166 million people with access to sanitation since 1995, in other words more people than the populations of Japan and Canada combined while Sri Lanka has for a long time been at the forefront of the attempts for universal coverage in the region, including public institutions. Commitment, innovation and progress mark the period between the first regional sanitation meeting in Bangladesh, in 2003, and this meeting in Colombo, SACOSAN IV, eight years later.

Yet today, at the start of the second decade of the 21st century, we are faced with the shameful fact that a staggering 716 million men, women and children defecate in the open every day, in South Asia, contributing to the most appalling concentration of poverty and disease, and the poorest standards of hygiene in the world; this in a region of galloping GDP and high growth rates. Who are these people and why are they left out, not reached or not served, why do they not use facilities or practise the key behaviours so critical for their own health, that of their neighbours and well-being in the region?

The collaborative process of desk review, consultations and analysis behind this paper reinforces what we already know – that the "excluded", are not only people who suffer from "asset poverty", but also those who are shut out for social reasons. We also know that mere concentration on the big numbers will only serve to increase the gap between the haves and the have-nots, as gains are quickly snapped up by the better informed, better connected and better off, marginalising even further those who are left behind without services. And yet, example after example of good practise debunks how difficult it is to include all people for sustainable services – in villages and slums, municipalities, districts, provinces and upazilas, for thousands and in some cases millions of traditionally marginalised people. *So it is possible?*

The key question is: *is it possible at scale?* – to enable *all people* across the region to practise safe sanitation and hygiene? Mere commitment to action will not work, unless policies, investments and actions are based on the principle of equity, which is essentially the principle of fairness. Equity involves recognising that people are different and require specific support and measures to overcome the specific impediments that stand in the way of their being able to access and use services sustainably, in this case safe sanitation and hygiene practices.

Good intentions, policies and programme designs will not do it on their own --- *equity will need to be woven into the fabric of every investment, every supervisory mission, every reward and every audit.*

There is no doubt in our minds that business as usual,, without explicit attention to equity, will result in more of the same, i.e. large numbers of people accessing services while large numbers – who also happen to be the most disadvantaged – continue to be left out. Put simply, success in South Asia would mean that *everyone* is able to practise safe sanitation and hygiene. This will require a paradigm shift in the way we measure success in South Asia. It will mean that equity and inclusion is the lens through which we view all progress in sanitation and hygiene, rather than a corollary that is often forgotten in the race to achieve results.

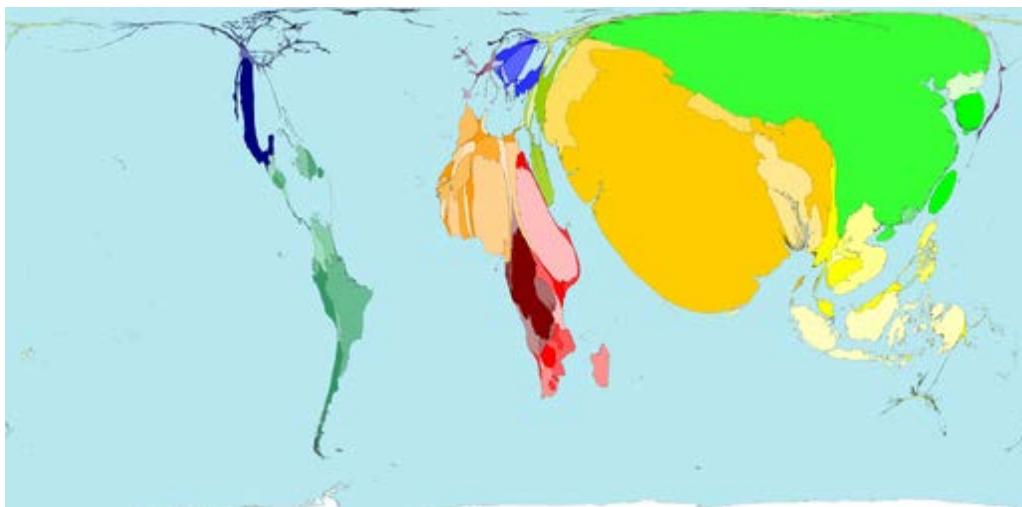
This is a catalytic working paper for the Technical Session on *Reaching the Unserved: Equity and Inclusion in South Asia*. It is intended for **discussion leading to collaborative action**. In a region where many great ideas and real transformation have been brought about by ordinary people with visionary minds, there is no reason why the combination of a decade of expertise in this area, proven approaches and results, broad commitment and collaborative action should not do the same *at scale and for all*.

The Problem

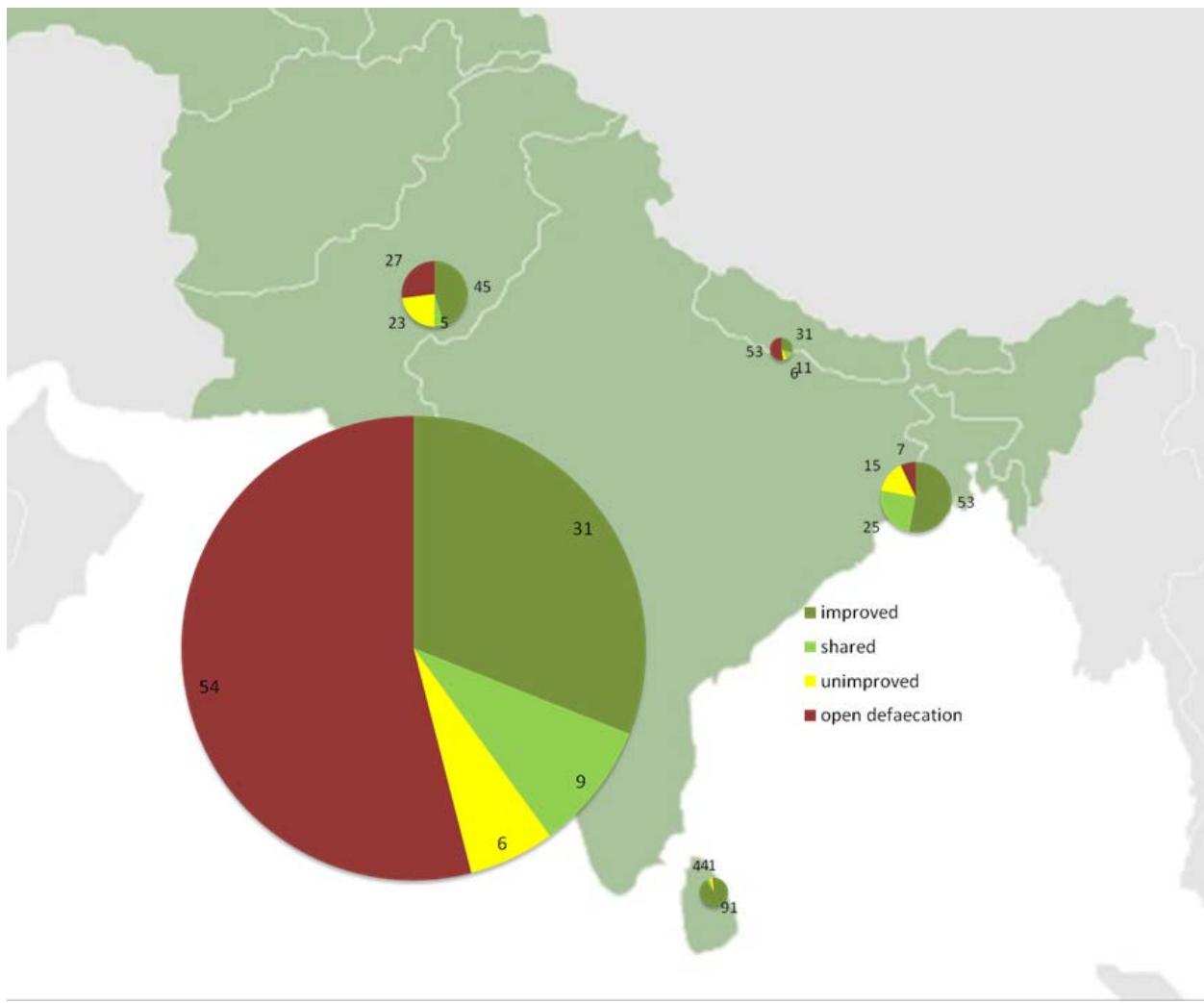
At the start of the second decade of the 21st century we are faced with the shameful fact that a staggering 716 million men, women and children defecate in the open every day, in South Asia, contributing to the most appalling concentration of poverty and disease and the poorest standards of hygiene in the world; this in a region where annual GDP growth appears to be amongst the highest in the world.

Open defecation is a problem of colossal dimensions and the extreme manifestation of a stark sanitation situation, where widespread pollution due to unsanitary disposal of human excreta threatens well-being and life itself.

There are two facets to the problem in South Asia, both of which are unacceptable. The first is a problem of scale. Hundreds of millions of people in South Asia have historically practiced open defecation, especially in rural areas: a veritable sanitation crisis that impairs progress in the region. Many districts in India, Nepal and Pakistan fall in this category.



Proportion of people without access to improved sanitation in 2002.
(Source: www.worldmapper.org.)

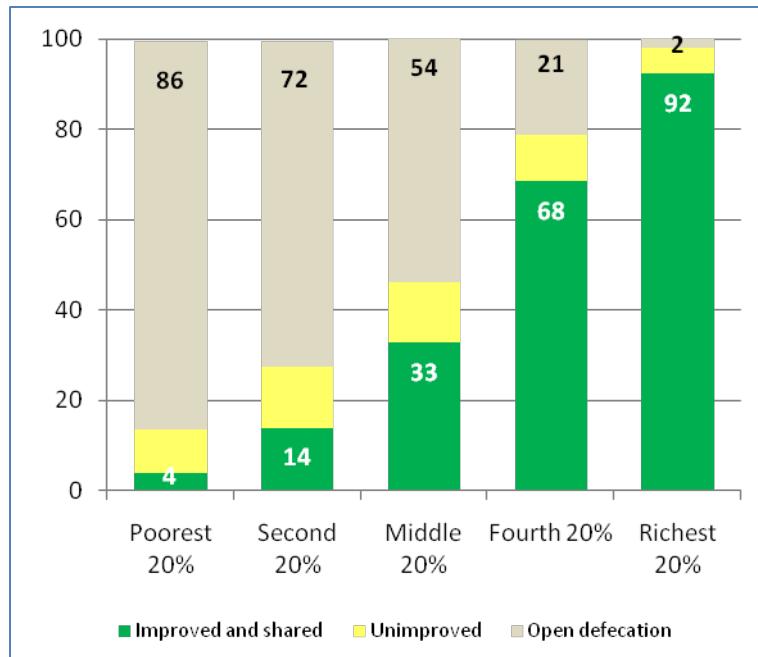


Use of sanitation facilities 2008; circle size represents the equivalent population size.
Source: WHO/Unicef Progress on Sanitation and Drinking Water, 2010 Update (JMP)

Here the issue is one of breaking the inertia and developing the momentum to accelerate and scale up appropriate sanitation programmes. These areas suffer from barriers such as mass poverty, weak or corrupt administration, general lack of awareness of personal hygiene, (specifically hand washing and the link between exposed faeces and transmission of germs), and difficult physical/environmental conditions such as hard rock, high water tables, disaster or conflict, all of which make the construction, maintenance and use of hygienic toilets, difficult or unsustainable. It also involves changing the habits of a lifetime. Open defecation is the societal norm in many communities.

The second and in many ways **more pernicious problem**, particularly in South Asia, is one of **exclusion**, where different categories of people are not able to access and use safe sanitation facilities. These categories of people include those who are socially and economically marginalised or excluded, and those who cannot use standard designs. For example, women, children, people of certain castes, faiths and ethnicities, older people, pregnant women, people with disabilities or living with chronic illnesses, and geographically marginalised populations in remote areas, as well as those living in areas where it is difficult to construct basic toilets, due to high water tables, sandy soils or hard rock. There are also cases of double (or triple!) jeopardy, where the rural poor of certain ethnicities or faiths are denied the use of toilets or adequate water for hygiene. Sanitary workers engaged in unprotected, high risk jobs are a specific category of people who suffer from the dangers of inappropriate sanitation solutions.

Data and analysis from the region show that the gains in sanitation have been primarily concentrated in the richer segments of the population; in South Asia, the poorest quintile is 20 times more likely to practice open defecation than the richest quintile.



Source: Population weighted average based on Bangladesh DHS 2007*, India NFHS 2006, Nepal DHS 2006, Pakistan DHS 2007, covering 93% of the population in South Asia.

The "excluded", are not only people who suffer from "asset poverty", but also those who are shut out for social reasons. The combination of economic and social exclusion creates sub-human living conditions, in urban slums and rural areas across South Asia. Mere concentration on the big numbers will only serve to increase the gap between the haves and the have-nots. **It is this second problem that is often overlooked in South Asia and needs special and urgent attention.**

The imperative

All governments in South Asia have voted in favour of a 2010 UN General Assembly resolution, declaring sanitation to be a human right. These countries have also committed themselves to the Millennium Development Goals (MDGs). Children, especially those in poor families, pay the price: 570,000 young children die in South Asia every year, as a result of diarrhoea caused by poor sanitation and hygiene. There is a clear and indisputable moral imperative for action. Apart from ethical considerations, there is strong evidence of the huge economic costs associated with neglecting sanitation, specifically open defecation, and the resulting burden of disease. In India, where 638 million people defecate in the open, a recent study by WSP estimated that inadequate sanitation costs India the equivalent of 6.4% of GDP, (US\$ 53.8 billion), in terms of avoidable household and public health expenditure, losses in productivity because of morbidity, and opportunity costs based on loss of time. It would not be an exaggeration to say that, despite all the apparent economic growth, **the full potential of the energy and creativity of the peoples of South Asia will not be realised if open defecation is not eliminated.**

For a long time, the conventional wisdom has been that more lives are saved in poor countries by focusing on the "low hanging fruit" – those most readily reached by extending proven interventions through traditional service delivery modes. This has effectively reached large numbers of people, which has led to a certain complacency, resulting in the problem of the truly excluded being pushed into the background. To focus on the marginalised, although right in principle, was generally not perceived as being cost-effective. However, a review of evidence and experience conducted by UNICEF in mid-2010¹ suggests that this is no longer true for the following reasons:

- Excluded populations within countries generally have a larger proportion of children than other groups, owing to higher fertility rates. As their rates of child mortality are also often considerably higher than those of more affluent groups, their burden of child deaths constitutes a large share of the national total;
- In excluded populations, a higher proportion of children die of preventable or treatable infectious diseases or conditions than the children of other groups;
- Most excluded populations have much lower levels of coverage of cost-effective interventions with a proven high impact in reducing major childhood diseases and conditions.

Consequently, these populations have the greatest scope for gains in survival and development outcomes in the next five years. The study concludes that first, an equity-focused approach will accelerate progress towards the health MDGs faster than the current path, and second, it will be considerably more cost-effective and sustainable than the current path in all country typologies.

But mere commitment to action will not serve the cause of the excluded, unless policies, investments and actions are based on the principle of equity which is essentially the principle of fairness. **Equity involves recognising that people are different and require specific support and measures to overcome the specific impediments that stand in the way of their being able to access and use services sustainably, in this case safe sanitation and adopting hygiene practices.**

At a local level this would mean examining the context in which people live, work and play, and identifying the immediate barriers which stand in the way of people using hygienic toilets and washing their hands after defecation, before preparing and serving meals and before eating or feeding children.

At higher administrative levels such as provincial, state or national levels, equity would be served by directing more resources to areas and communities with low sanitation coverage, and approaches that ensure that every individual has the means as well as the responsibility to use and maintain sanitation facilities and wash hands with soap, to ensure their own as well as their neighbour's health and well-being.

¹ Narrowing the Gap, 7.09.10, UNICEF

Equity principles must also apply in special situations that warrant special attention. Emergencies affect millions of people in South Asia every year: floods, droughts, earthquakes, landslides and civil strife displace large numbers of people for shorter or longer periods. Often, more than half of those displaced are children under the age of 18.² With 58% of the rural population of South Asia practicing open defecation, maintaining camps for the displaced, free of open defecation and with adequate safe drinking water and water for hygiene practices is a major challenge. However it is a fundamental right that cannot be denied.

² http://www.unicef.org/protection/index_armedconflict.html; http://www.savethechildren.org.uk/en/32_1300.htm; http://www.unicef.org/emerg/haiti_52590.html

The way forward

And so while the case for action cannot be questioned, the action needs to be based on the principle of equity, which requires clear identification of and effective response around specific barriers in the following three categories:

- **Attitudinal** barriers arise essentially from a lack of respect, which results in isolation, prejudice, stigma, misinformation and lack of self-confidence of those who are marginalised. Attitudinal barriers are responsible for much of the social exclusion experienced by people with disabilities or people living with HIV, as well as for the disproportionate burden placed on women and girls in the region – as de facto managers of water, toilets, household and community cleanliness in general, and the teachers of their children, the next generation. These barriers are also responsible for taboos that prevent us from talking about and then ensuring that sanitation facilities address the practical dimensions of washing and disposal needs linked to menstruation for women and girls, imprisoning millions of adolescent girls and women every month and keeping them away from school, work and play³.
- **Environmental** barriers impede physical accessibility to infrastructure and to communication; for example, toilet and squat pan designs which are difficult to use for the differently-abled, older people and pregnant women, pans and traps that are improperly sized and daunting for young children and the lack of suitable options for water logged areas, sandy soils or flood prone areas, or communication materials which cannot be deciphered by illiterate people, or those who are blind or deaf.
- **Institutional** barriers cover a host of issues, acts of omission, such as **lack of** specific policies for the excluded including finance, knowledge, skills and consultation mechanisms, and acts of commission such as administrative and financial corruption. Poor accountability mechanisms perpetuate weak governance, wherein government and civil society officials as well as elected representatives remain systematically blind to the deplorable conditions of the urban and rural poor, especially the most marginalised groups.

Formidable though these barriers may seem, there are examples throughout the region of individuals and organisations that have overcome these barriers and brought about significant change through their passion, commitment, innovation and systems. **There is therefore no reason why committed action, based on the principles of equity and inclusion, cannot work and that too on a significant scale.**

The examples that follow are from different countries with their own governance systems and unique challenges. They provide evidence of exclusion in relation to sanitation and hygiene, and they show how it is possible to address the barriers, attitudinal, environmental and institutional in their own context.

- **Addressing discrimination and exclusion in schools:** In 2009 UNICEF commissioned a study on Equity in School Water and Sanitation in Bhutan, Nepal, Bangladesh and India. Inequity and discrimination are features of all societies and many of these are systematically reproduced in the school environment. The study examined the ways in which water and sanitation related issues affect inclusion and opportunities for children in school. It also examined the school as a potential agent for transformation through good practice. In all four countries, the study found that adolescent girls faced disadvantage and stigma when they were menstruating, with many girls staying away from school for several days each month. Some schools discriminated against different groups by selecting certain children to clean toilets, while others were made to sit separately at the back of the class. Ignorance and insensitivity towards children with special needs underpinned most of the interactions with teachers, during school observations. In India,

³ People living with HIV/AIDS are often denied access to community facilities as it is widely believed that HIV/AIDS is transmitted through sharing latrines and water facilities.(WaterAid).

despite well-articulated design specifications, none of the toilets were safely accessible for children with physical disabilities, who were instead sent home if they needed to use the toilet. The study also highlights the strong barriers to inclusion faced by scheduled caste groups, such as Dalits. and nomadic hunter-gatherer tribes, such as the Sahariya community. Dalit and Sahariya children are treated as "unclean" and continue to face discrimination, both from other children and teachers. The exclusion this community faces is manifested in unhygienic living conditions and poor household sanitation facilities. However, the study was able to find examples of good practices in all four countries, which successfully address attitudinal, environmental and institutional barriers to inclusion. These are schools which have good facilities and adequate cleaning materials, a shared understanding of responsibilities for use and maintenance, where cleaning duties are shared without making children feel exploited or singled out, and where teachers actively support children in carrying out this role. Examples of good practice include child clubs in Nepal, competitions between children in Bhutan, a proactive and interested village pradhan in Lalitpur in Uttar Pradesh, India, and sensitive teachers who encourage an ethos of equality, where all children were accorded equal respect and dignity. Within such an ethos, it is not so much that steps are taken to discourage exclusion but rather that inclusive procedures were created which, in the words of the Nepal report, left "no room for exclusion".⁴

- **Serving Whole Disadvantaged Areas and special Needs:** In Bangladesh an innovative sanitation programme — Advancing Sustainable Environmental Health (ASEH) — was designed with the explicit objective of working in the most disadvantaged parts of the country, where mainstream players such as the government would find it hard to work. Financed by the Department of International Development, UK, WaterAid and its NGO partners chose the geopolitically disadvantaged hilly tribal areas, stagnant swamps, annually flooded riverine deltas and dense urban slums with insecure tenure to deliver services through a zero subsidy, community led total sanitation approach. Building capacity, working with local governments, empowering people and learning along the way, ASEH has managed to improve sanitation and hygiene practices for millions of poor people over seven years, influencing policy and practice for the sector overall. The twin approach of government led enabling institutional mechanisms and NGO action on the ground is impressive. In Bangladesh, the local government, (Union Parishad), has an earmarked allocation of funds which are intended to be used to promote sanitation, through both software activities and hardware subsidies targeted at the ultra poor. In the study, communities ward members were free to allocate Union Parishad assistance for toilets as they saw fit. Not all of this assistance went to the ultra poor, and not all ultra poor households received help. However the range of models offered by ASEH includes extremely low-cost latrines, access to microfinance in many areas, community acceptance and the use of shared latrines, together with good maintenance and systematic progress from widespread open defecation to a situation where it is considered unacceptable to defecate in the open. Innovative, context specific approaches tailored to the cultural and geographical circumstances of the project areas, (low lying, hilly, coastal, geopolitically marginalised, etc.), have been responsible for changing the situation at scale, resulting in a reported 5.6 million sanitation beneficiaries and 6.8 million hygiene beneficiaries at the end of the five-year programme⁵. Intra-community exclusion or marginalisation has been addressed by innovative cost-recovery policies, that recognise difference and encourage community level cross-subsidies; urban sanitation blocks in Dhaka and Chittagong provide regular, reliable bathing, washing and toilet facilities for poor slum residents. Facilities are specifically designed for use by small children, adolescent girls and women, (with

⁴ Equity in School Water and Sanitation: Overcoming Exclusion and Discrimination in South Asia, UNICEF- Regional Office for South Asia, 2009

⁵ End of Project Evaluation Study of ASEH, WaterAid Bangladesh

disposal of sanitary material a part of the design), with linked income generating opportunities empowering the women caretakers who manage them.



Sanitation blocks in Dhaka Slums, ASEH 2006: Child friendly facilities and washing platform for menstrual rags

By adopting a policy of all or none, with specific adjustments in approach, investment and design to respond to context-specific vulnerabilities, ASEH has proved that it is possible to deliver services and ensure equity, at scale.

The following example shows how it has been possible to increase sanitation access to persons with disabilities in Nepal. This approach can easily be incorporated into national sanitation strategies.

Including people with disabilities

About 2.9 million people in Nepal – approximately 10% of the population – live with some form of impairment. The protection and promotion of their rights is enshrined in Article 13 of the current Interim Constitution of Nepal, and article 26 proposes special provisions in health, education and social security. But the policies are not implemented and traditional attempts to increase coverage of sanitation have marginalised or excluded the needs of disabled people. After studying the barriers to latrine use faced by disabled people, WaterAid-Nepal partner NEWAH embarked on the "Sanitation Access for Disabled People Project" in eight Village Development Committees of the Baglung district, addressing the different barriers. This programme supported families to address environmental barriers, adapting latrine designs to make them more accessible in a way that is suited to the terrain and local culture. District level workshops involving disabled people, their families and other stakeholders, resulted in a District Disabled Support Committee under the leadership of District Development Committee, to provide institutional support for programmes targeting disabled people. Other advocacy activities have helped to sensitise the district, the village development committees and other stakeholders to the needs of disabled people in development interventions. The workshops and media coverage of disability issues have also increased awareness among the public, influencing national policy and programmes. While this has shown what is possible, more work is needed to increase awareness, to monitor the disability provision in basic services, and to adapt sanitation designs. (See examples of individual cases in the Annex)⁶.

⁶ Creating user-friendly water and sanitation services for the disabled: the experience of WaterAid Nepal and its partners, WaterAid 2008

Including migrant workers in West Bengal

UNICEF is working in collaboration with the Panchayat and Rural Development Department, Government of West Bengal and Rama Krishna Mission Loka Shiksha Parishad (RKMLP), Narendrapur to develop community based approaches on WASH to help achieve sustainable sanitation models in Medinipur district. After the launch of Nirmal Gram Panchayat awards in 2005, PRIs started accelerating efforts to make their Panchayats Open Defecation Free to get the national awards. The Itamogra-II in East Medinipur district is one such Gram Panchayat that completed 100% household sanitation coverage but was not open defecation free. This was due to the large number of migrant workers. Over 5,000 people come from adjoining states every year to work as labourers in brick kilns in Itamogra Gram Panchayats. As they were not permanent residents of the Panchayat they were not included in the sanitation plan. Although all households were covered, the open defecation continued as this excluded community had no toilets and were defecating in open. As a result the PRI did not qualify for the NGP award.



UNICEF, the PRI and RKMLP reviewed the situation to explore alternatives, including the owners of the brick kilns in the process in order for everyone to understand the context. The owners were encouraged to contribute to building toilets in all 37 kilns where the labourers were deployed, with RKM and PRI supporting the process. Seven toilets were built in each kiln, providing a total 259 toilets to enable 5,000 labourers to defecate. As a result the Gram Panchayat was declared Open Defecation Free and got a national award in 2008. The excluded community could access sanitary toilets and defecate with dignity. The joint efforts helped demonstrate inclusive approaches for WASH.

Including the socioeconomically excluded in Pakistan

The Lodharan Pilot Project (LPP) is facilitating provision of services to the poor in Lodharan, Dunyapur, Kehror Pacca areas that lie in the backward districts of southern Punjab. LPP is a replication of the Orangi Pilot Project where genuine demand from the grassroots and government support are harnessed and cross-fertilised through a participatory planning and development process, that is then linked to ongoing operations and maintenance for sustainability. Initiated in 1999, LPP covers 100 rural settlements and approximately 20,000 households.

Including people living with HIV Aids, in Uttar Pradesh, India

People living with HIV and Aids are the most discriminated against in society, economically, socially and psychologically. The immuno-compromised status of PLHA renders them more susceptible to opportunistic WASH related infections like diarrhoea, which is experienced by over 90% of patients with AIDS. It becomes more frequent as immune deficiency progresses. Easily accessible and sufficient water and sanitation are indispensable for people living with HIV and AIDS as well as for the provision of home-based care to AIDS-affected persons. In 2008, WaterAid India entered into a partnership with Uttar Pradesh State AIDS Control Society, for a project titled Programme on Arresting Opportunistic Infections for People Living with HIV/AIDS (PLHA), to help improve the quality of their lives through water and sanitation. The project is being implemented through CREATE in 14 districts and involves anti-retro-viral therapy cells, located in the Medical Colleges and working with DLNs, DICs and Community Care Centres (CCCs), which are care and support centres. These have also become WASH information centres where people living with HIV/AIDS are able to learn about key hygiene practices. The centres share information through posters and pamphlets, display different toilet models, and offer a range of audio, video and other materials. As well as group and individual counselling, PLHAs are also able to use good quality facilities at the centres, such as water filters, washbasins, urinals and latrines. Staff members are trained on WASH issues and are able to tell PLHAs about the importance of good WASH practices in their lives. For more info see www.irc.nl/page/53176.

Including tribal communities in Orissa

Working on the principle of Right to Water and Sanitation for the most marginal communities, the NGO Gram Vikas has worked over the past decade to bring high quality water and sanitation infrastructure in 800 remote tribal villages in Orissa. The programme's success is based on contributions from the people to first create a village fund and then undertaking an integrated approach for providing drinking water, sanitation, upgraded housing and hygiene education – to bring about a sustainable improvement at the community level. Funds are secured from the government programmes and donors to ensure that good quality private and public infrastructure is created, that people value and use on a sustained basis. The achievement is in stark contrast to only sanitation focused low cost toilet construction interventions from the government, which have been unsuccessful. Nevertheless, Orissa state still has one of the highest rates of open defecation in India: 88% of the rural population has no toilets⁷.

⁷ NSS- Housing Condition and Amenities in India 2008-09

Using the experience to mainstream equity and inclusion

The following is a summary of the factors for success from these cases.

Political Commitment

Countries in the region have made real strides as regards explicit policies that recognise exclusion and seek to address it in sanitation, as demonstrated by the examples below:

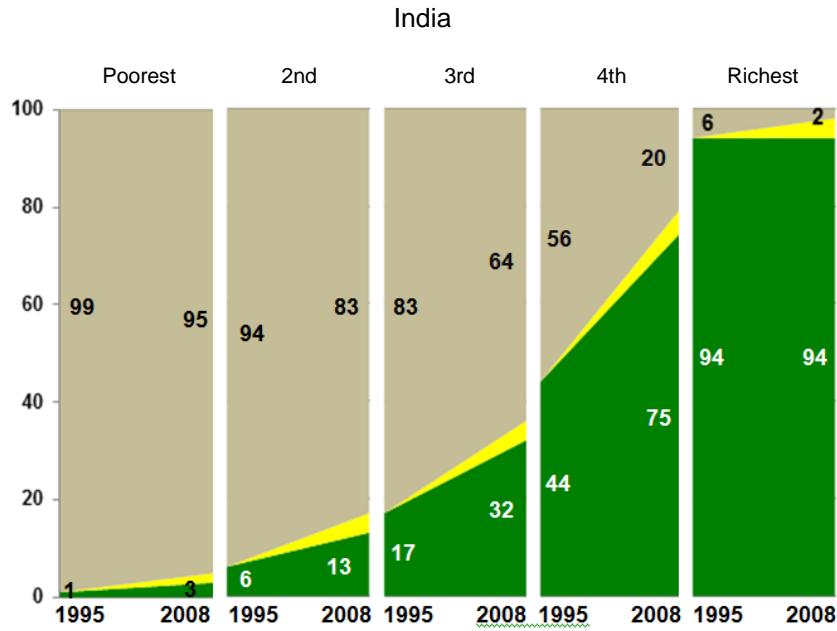
- Nepal (2007) - The interim Constitution states that all citizens are entitled to live in a clean and healthy environment;
- Pakistan (2006) - The needs of women, children and the handicapped are given priority in all policy, planning and implementation processes;
- Bangladesh (1998) - Assigning priority to under-served and un-served areas, providing credit facilities for the poor to bear the costs of water and sanitation service, and measures will be taken so that users can bear increased cost of sanitation services. In the case of hard core poor communities, educational institutions, mosques and other places of worship, the costs may be subsidised partially or fully. In public toilets, separate provisions shall be made for women users.
- India Total Sanitation Campaign (modified guidelines) - The concept of sanitation was earlier limited to disposal of human excreta by cesspools, open ditches, pit latrines, bucket system etc. Today it connotes a comprehensive concept, which includes liquid and solid waste disposal, food hygiene, **menstrual hygiene**, personal, domestic and environmental hygiene. Proper sanitation is important not only from the general health point of view but it has a vital role to play in our individual and social life too. Sanitation is one of the basic determinants of quality of life and human development index. **It is a human right to which every citizen is entitled.** The concept of sanitation was, therefore, expanded to include personal hygiene, **including menstrual hygiene and handwashing after defecation and before handling food**, home sanitation, safe water, garbage disposal, excreta disposal and waste water disposal.
- India Urban (2008) - Every urban dweller should be provided with minimum levels of sanitation, irrespective of the legal status of the land in which he/she is dwelling, possession of identity proof or status of migration. However, the provision of basic services would not entitle the dweller to any legal right to the land on which he/she is residing. At least 20% of the funds under the sanitation sector should be earmarked for the urban poor. The issues of cross subsidies, the urban poor and their involvement in the collection of O&M charges should be considered.

How many people, who do not have access to these services, are actually aware of these policies which seek to guarantee their rights? Constitutional guarantees on inclusion need to be displayed prominently across the length and breadth of the countries in the region, through simple posters in local languages, telling children and adults about their rights and at the same time about their responsibilities to other users, as regards proper use and maintenance. Respect and non-discrimination for other users are simple, non-negotiable principles that we must collaboratively as a sector agree and clearly communicate in the region. This is possible through simple human approaches as demonstrated by the schools in the UNICEF case study on school sanitation.

Monitoring

Special attention to the identification of specific groups, without access to sanitation, and the attendant reasons would need to be accompanied by monitoring systems with disaggregated data, to track changes at local, sub national and national levels. If we can look at success from the lens of the vulnerable, we will make real progress, such as for example, the analysis of MICS and DHS data by wealth quintile by the WHO/UNICEF Joint Monitoring Programme for Water and Sanitation (JMP)⁸.

⁸ A snapshot of sanitation in South Asia with a focus on inequities. WHO/UNICEF Joint Monitoring programme for Water Supply and Sanitation (JMP) – prepared for SACOSAN4 (forthcoming)



India provided more than 166 million people with access to sanitation since 1995, in other words more people than the population of Japan and the Canada combined! Progress however was highly inequitable as the poorest households hardly benefitted.

Institutional Structure and Capacity

A dedicated administrative structure/unit within governments for rural sanitation at all three levels, (local, sub-national and national), with the mandate and means (both financial and human) to ensure equity and including fair representation by excluded groups, would enhance the unit's capacity to understand and respond appropriately to issues of equity and inclusion. This has been demonstrated at scale by local governments in Bangladesh, and in India (Maharashtra, Himachal Pradesh, Tamil Nadu and West Bengal) among others in the region⁹.

Approach to Creating Demand and Scaling Up

South Asia has the best and most widespread examples of total sanitation at scale, along with a range of projects targeting excluded groups. This learning has yet to be cross-fertilised to ensure that the sector works to minimum standards that ensure inclusive access and use for all. Wide dissemination of information about the right to sanitation, ensuring opportunities for the voices of the excluded in the exercise of demand creation, backed by earmarked finances to facilitate their participation would be another step in their inclusion, as shown in the programmes for disabled people in Nepal or people living with HIV Aids in Uttar Pradesh, India.

⁹ In urban services, the Bangalore Water Supply and Sewerage Board has a dedicated Social Development Unit with the mandate of reaching the slums, while the tripartite partnership between the Dhaka Municipal Water and Sanitation Authority (DWASA), the Municipal Corporation responsible for human settlement and land tenure, and the local NGO DSK is a model replicated many times over to deliver services to the urban poor without tenure in a cost effective and equitable manner. The role of supporting Ministries and Departments of Health, Education, Social Welfare is also critical in delivering quality services particularly in schools and health clinics/hospitals.

Technology Promotion and Supply Chain

The promotion of appropriate technology options, to meet the different needs of the excluded and public sanitation to always include provision for menstrual hygiene and disabled access, child friendly taps, pans, urinals, proper, functioning handwashing stations and adequate light and ventilation, safety and security would be a significant step in moving access for the excluded from intention to reality. A good example is the urban model for slum communities promoted by ASEH, in Bangladesh, where all community facilities have washing and disposal facilities for menstrual hygiene, toilets sized for children and cost recovery policies that favour the poorest or most vulnerable.

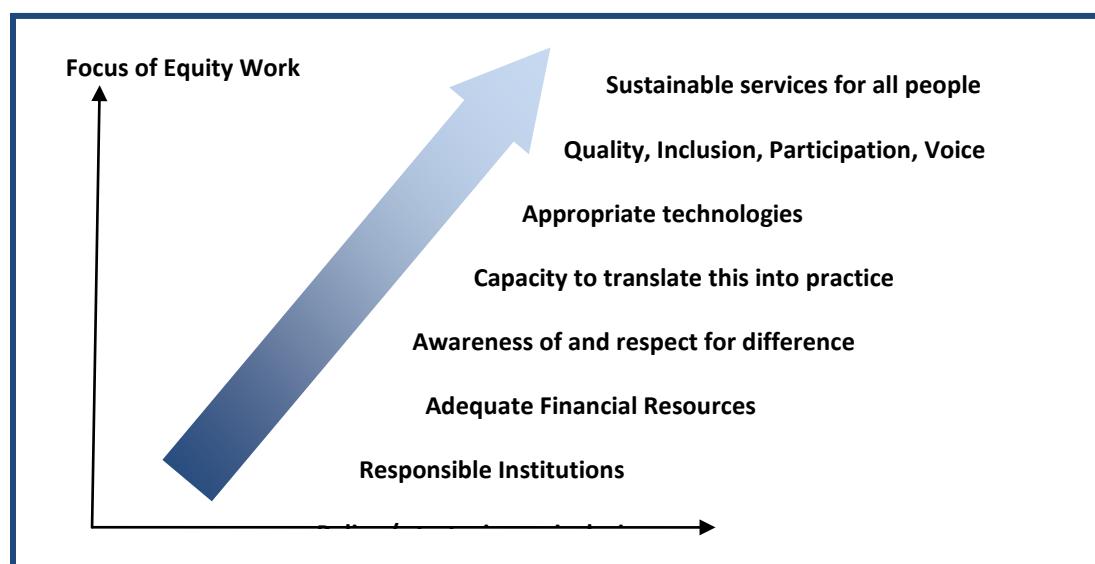
Finance and Incentives

Finally, all the above steps will remain mere wishes unless there are dedicated financial allocations available for rural and urban sanitation in general and earmarked allocation of funds, for enabling all the above steps in particular. This would need to be accompanied by a system of incentives for performance, and sanctions for approaches followed and results. The financial award system for ODF status in Maharashtra state, which was later adopted by the Government of India as the Nirmal Gram Puruskar award, is one example. Other examples include the earmarked allocations for sanitation under the annual development plan in Bangladesh and the graded subsidy financial model in WaterAid Nepal's projects for the urban poor. Most countries in the region still lack dedicated budgets for sanitation, which must be seen as a pre-requisite for taking sanitation programming required to address the sanitation crisis in the region. In addition, the region remains plagued by poor governance, where corruption and leakages abound. Since large sums are likely to be involved, third party monitoring, public scrutiny, independent audits and adequate steps are required to ensure that the process of allocation, disbursement and use of funds actually results in better services for those likely to be left out.

The history, traditions, pace, structure and trajectory of political, social and economic development varies widely across the countries in South Asia. Any set of suggestions will need to be flexible enough to adapt to local situations and circumstances. In broad terms however one could track the progression to total and complete inclusive sanitation, access and usage, for all groups along an equity enabled graph as shown below.

Looking at services with an equity lens

The graph below shows progression in delivering equitable services – starting with policies and commitments, matching these with institutions and investments, strengthening of capacity to interpret policies with sensitive approaches and design, appropriate and cost effective hardware to match user needs, information and widespread awareness around rights and how these can be accessed, and strong demand at every level, every time to eradicate exclusion.



Recommendations

We propose a framework, based on the steps outlined above, for assessment of commitment, capacity and practical options for ensuring and benchmarking equity and inclusion in sanitation. This is adapted from the framework used by WSP to assess country capacity to deliver sanitation¹⁰. Countries can score themselves against the criteria¹¹ below, to see where they stand at the moment on the equity and inclusion paradigm, but more importantly where they need to take measures to address the gaps.

1. Political Commitment and strategy for implementation

- a. Constitutional guarantees for equality, recognising complex nature of exclusion in sanitation and hygiene;
- b. Right to sanitation and hygiene enabled by the availability of adequate water at household level, should be explicit in policy;
- c. Sanitation and hygiene strategy includes detailed analysis of context specific inequalities and exclusions in relation to sanitation and hygiene;
- d. This political commitment to sanitation and hygiene explicit in party manifestos, annual sector reviews and mid-term appraisals.

2. Monitoring

- a. Focus on those who do not practice sanitation and hygiene and why – at national, sub national and local level;
- b. Evaluations of sanitation and hygiene programmes, use disaggregated data and report on equity and inclusion in findings;
- c. Monitoring methods include independent monitoring of use and practice, equity focused national monitoring systems and sample surveys to gauge progress, public hearings, citizen report cards and reviews, and independent reviews of services for particular groups.

3.

4. Institutional Structure and Capacity

- a. Dedicated mandate and unit for sanitation, with specific responsibility and performance standards for equity and inclusion;
- b. Representation of excluded groups at all levels of institutions – gender, disability, religion, caste;
- c. Capacity to understand and respond to equity and inclusion.

5.

6. Approach to creating demand and scaling up

- a. Ensuring that the voice of excluded groups is amplified in the demand for sanitation and hygiene and in designing inclusive facilities;
- b. Financing mechanisms enable the participation of disadvantaged groups;
- c. Information about the right to sanitation is known and understood by disadvantaged groups.

7. Technology promotion and supply chain

- a. Technology options include diverse solutions for different needs (gender, disability, age, seasons, soil);
- b. Options are affordable for the poorest;
- c. Public sanitation facilities always include menstrual hygiene and disabled access.

8.

9. Finance and Incentives

- a. Budget allocation or earmarking for participation of excluded groups and inclusive design;
- b. Sanctions for non-inclusion;
- c. Money flows to whom it is intended and is tracked and regularly shared with the public.

¹⁰ Adapted from the framework for analysis used in *Nirmal Bharat an Agenda for Action, Processes that Drive Outcomes*: a comparative analysis of Nirmal Bharat across five Indian states presented at a Regional Consultative Workshop on Preparation of a Strategic Plan for Rural Drinking Water and Sanitation, Bangalore 9th July 2010.

¹¹ The score can be on a scale of 1-4: 1 no evidence of progress, 2 little evidence of progress, 3 some evidence of progress, 4 significant evidence of progress

Roles and responsibilities

None of these steps will be effective or sustainable unless they are driven by committed leadership at the highest level in each country in South Asia and then put into action drawing on our collective strengths.

The journey, from recognition and clear articulation of the importance of inclusive sanitation provision, to the translation of this recognition to policy, to back it up with adequate, focused and timely financial provision, using this to develop capacity (for data acquisition, planning, communication, financial subsidies where necessary, inclusive design and human resource development), and then to set in place an open and transparent monitoring and evaluation system, to ensure accountability is a long one. Countries in the region and regions within countries can be positioned at various points on the curve. Whatever the positioning, there is a role for all those concerned, starting from people (not least more fortunate citizens in the middle class) themselves, to governments, civil society organisations, international financial institutions, bilateral donors, external support agencies, the media, academia and the private sector. This is the challenge for all of us. The examples given in this paper and in the accompanying bibliography, show what has been achieved in different contexts. The challenge now, is to build on this experience and scale up to an equitable and inclusive approach to sanitation and hygiene across the South Asia region.

A shared challenge but we have different role and responsibilities

- In taking forward actions to develop more equitable inclusive sanitation strategies, we recognise that we all have roles and responsibilities to collaborate as stakeholders in the process. The authors of this paper are committed to mainstreaming equity and inclusion in all our work, recognising our specific role and responsibilities as set out in the framework below.
- People: to promote non discrimination and active inclusion in sanitation and hygiene.
- Government (local, state and national): institutionally responsible as duty bearers for entire framework and in ensuring that no one is excluded. The role of Government is one of regulator of quality and inclusion rather than that of providing services.
- NGOs: to support the national effort through influencing, monitoring, capacity building, demand creation and demonstration of best practice through delivery. To set an example first, by measuring their own achievements from an equity and inclusion lens. As Rights advocates, they are duty bound to work in coalition with larger and broader alliances on health, education and livelihoods, water and sanitation. Independent monitor to ensure accountability of standards, norms and systems of Government.
- External Support Agencies: to support the national agenda, collaborate on strategies, offer relevant technical support and lessons from international best practice, and undertake joint monitoring. To earmark financial support for initiatives that seek greater transparency, accountability and innovative approaches, that bring sanitation to the excluded.
- Financing Institutions and Donors: to support the national agenda and commit to equity and inclusion in their financing and ensure aid effectiveness. Support longer term cross-sectoral research on sustainability and inclusion.
- Media: to promote awareness and advocacy for equitable and inclusive sanitation and hygiene, bring the voices of the unheard to the fore and act as a watchdog, highlighting gaps and showcasing successes.
- Academia: to promote through objective research and analysis, sensitivity and commitment to inclusion and through studies and analysis contribute to collective influence; for example engineers to improve inclusive design, social scientists and statisticians to collect and disseminate evidence on different marginalised groups.
- Elected representatives and Judiciary: to support the right to sanitation and hygiene through legislation, advocacy and enforcement with a focus on the excluded and marginalised.
- Private sector and small businesses: to recognise and promote inclusive sanitation and hygiene design and approaches.

Conclusion

These examples and the suggested steps are by no means the last word on the subject. Indeed the whole purpose of the paper is not to be prescriptive, but to highlight the issue of inclusion, invite new ideas and encourage commitment and linked actions. It is clear from our literature review and consultations that exclusion is not limited to WASH services, but that it plays out across the gamut of public services in education, health, nutrition and food security or livelihoods.

Should we be looking for strategic partnerships to fight this together within but also beyond WASH? Can we forge a collaborative commitment and joint programme of action in the run up to the MDGs and beyond? And can we measure this against a shared framework that makes practical sense for implementers at all levels?

Let us make the space in this preparatory work for SACOSAN IV and then at the meeting itself, in Colombo, this year to tackle the equity issue head on, with the aim of making measurable improvements for those who are currently left out.

Annex: additional case studies

A WSP study mapping levels of service, behaviour and satisfaction across 1800 households in North West Sri Lanka found significant differences between poor and non-poor families. This shows that even where huge progress has been made in providing access to sanitation and hygiene, a significant proportion of the population is still disadvantaged. Since diarrhoea is the primary public health disease of concern with respect to WSS interventions, the study analysis developed a profile of households that have had diarrhoea cases and compare them to households that have not suffered from diarrhoea in the month prior to the survey. On average the households with cases of diarrhoea were poorer, more likely to have children under 5, and less educated. Poorer households are less likely to wash hands or have access to safe hand washing technology; use and operate a water sealed toilet; be protected from diarrhoea including among their children. All the reported differences between the poor and the rich are statistically significant at the 5 percent level. The study provides a detailed picture of water and sanitation provision and behaviour analysed in relation to dimensions of poverty. The evidence provides a useful foundation for practice.

The next example from India shows how a strategy that addresses attitudes, environmental and institutional factors has increased sanitation access to whole communities, although there is still much progress to be made:

The state of Maharashtra, in India, has a population of almost 100 million people. Between 1996 and 1999, the state improved sanitation coverage from a mere 6% to 20%. It achieved this by promoting, subsidising and helping to construct individual household toilets, but it was unable to obtain community-wide use and maintenance, with many households and individuals left out. The strategy was then refocused on creating demand and awareness, and villages committed themselves to achieving 100% Open Defecation Free status, achieving equity by involving every household. Village by village, the Santa Gadge Baba campaign, modelled on a culturally powerful local icon, spread as a peoples' movement, spearheaded by senior bureaucrats, who visited the field day in and day out. Decentralised third party monitoring mechanisms, backed by innovative state-financed awards, provided support and incentives. This localised state-wide initiative resulted in thousands of clean villages across the state. However, despite this however the DHS 2008 estimated that 52% of the population is still defecating in the open in Maharashtra. Senior state government sources confirm that, while the state has made great headway (officially, sanitation access is 65%), exclusion and poor institutional sanitation are real concerns in the second most populous state of India.¹²

¹² Government of Maharashtra Total sanitation Campaign, Sant Gadge Baba campaign, interviews with WSSD, GOM

The Rural Sanitation Programme of West Bengal: Inclusion and Equity

The State of West Bengal is India's fourth most populous state, with a 2001 population of 80 million. In 1991, the State Government, the Ramakrishna Mission Loksikha Parishad and UNICEF launched the Intensive Sanitation Project (ISP) in Midnapur district, then the largest district in the country with a population of 10 million. ISP adopted a low subsidy, demand-responsive approach, offered low cost options, conducted massive awareness drives and campaigns, built the capacity of CBOs and NGOs and started Rural Sanitary Marts in each block, managed by NGOs and often run by women. As the project showed results, political support increased and sanitation rose on the development agenda. Over a period of 18 years, sanitation coverage in the district rose from 5%, in 1991, to full coverage in 2009. With full sanitation coverage, Midnapur inspired other districts in the state and its approaches were adopted in the State's rural sanitation programme.

Equity: women lead the way

She takes pride in being behind the only 'Clean Village' Panchayat in Purulia district. "Talking of a toilet was a maiden cry" says Balika Mahto, 27, a young self-help group activist in Matha Gram Panchayat. She is an Anganwadi worker and a resource person for strengthening the women Self Help Groups in the Panchayat. Balika's family was the first to use a toilet in her village. She then motivated others by sharing the convenience, security and dignity that her toilet provided. She convinced the mothers of the children of the anganwadi, by telling them about the benefits of sanitation and hygiene for the growth and development of children. The result was that all 142 families of her village started using toilets, and the Panchayat became free of open defecation. Purulia district now promotes sanitation and hygiene through women self-help groups throughout the district.

Promoting gender equity in Nepal

WaterAid Nepal's partner NEWAH has been pursuing a gender and social inclusion approach in its sanitation programme since 1999. The recent review of effectiveness of this approach provides useful lessons¹³. NEWAH's promotion of gender balanced and socially inclusive user management committees has been instrumental in ensuring excluded social groups' representation on these committees. Participation in project activities has helped increase exposure and foster greater self confidence. However, while there has been an increase in women's participation, it has been limited in decision-making processes.

Low literacy level or numeracy skills, lack of self-confidence and social norms pose challenges to the effective participation of women and excluded groups and accountability issues. Despite the aims of participatory approaches to engage women and men in development that affects them directly, there remain barriers that restrict their ability to do so. Short-term training can only have a limited impact. Training can only be effective if the personal experiences and views of both men and women on gender are considered and explored and follow-up support is provided. Moreover, involving and focusing on women can marginalise gender as a women's issue. There is a need to develop men's skills in this area and bring their perspective into initiatives that aim to promote a participatory approach. In promoting an inclusive approach, it is also important to understand the community-level decision-making process and local social and political context. Only by engaging with men and women in constructive dialogue and supporting both capacity building and empowerment processes, can true participation be achieved on equal footing.

¹³ Seen but not heard? A review of the effectiveness of gender approaches in water and sanitation service provision

Afghanistan: promotion equitable and inclusive sanitation

In rural Afghanistan, sanitation coverage is low: half of rural Afghans use unimproved toilets and 20% have no toilets at all. Behind these national averages are stark disparities: between rich and poor, but also between regions in the country. Four out of five people in the Central Highland region, (four million people), defecate in the open or in *sahrahis* (areas for defecation in the house compound, without a toilet pit), making this region with the worst sanitation deficit in the country.



In 2009, the Government of Afghanistan with UNICEF and other partners introduced Community Led Total Sanitation (CLTS) in four provinces of the Central region. CLTS engages everyone in a community in problem diagnosis, problem analysis, and coming up with appropriate solutions. Its aim is to enthuse the entire community and build their resolve to end open defecation, using local resources. The use of CLTS has shown success as a community mobilisation strategy, resulting in improved sanitation behaviour and ending open defecation practices.

Agencies piloting CLTS in Afghanistan are mindful of the lessons learned elsewhere, which show that people in particularly vulnerable situations are often neglected and/or have difficulties participating in CLTS for a variety of reasons. The “naming and shaming” of people caught openly defecating during the CLTS process are often publicly identified and may be ridiculed, which may reinforce stigma and social exclusion of some groups. Communities may also coerce the poorest households to build toilets without giving adequate support, thus may create serious difficulties for such households.

Equity and inclusion in water and sanitation in emergencies

Emergencies affect millions of people in South Asia every year: floods, droughts, earthquakes and civil strife displace large numbers of people for shorter or longer periods. Often, more than half of those displaced are children. With 58 per cent of the rural population of South Asia practicing open defecation, maintaining camps for the displaced free of open defecation is a major challenge.

The right to water and sanitation is a fundamental right, especially in emergency situations. Several international human rights instruments refer to water and sanitation. These treaties also pertain to specific groups, such as women, children and disabled persons, who are traditionally identified as vulnerable groups, especially in emergency situations. Governments are expected to realise, protect and respect these rights, and the general public must be aware of their rights, even when affected by emergencies. Humanitarian agencies are required to pay particular attention to the needs of these groups during the relief phase of an emergency.

The Sphere Standards and the IASC Operational Guidelines on Human Rights and Natural Disasters guide the work of humanitarian agencies. These guidelines detail how sanitation services are to be provided in an equitable and non-discriminatory manner, taking into account the special needs of those who are most vulnerable. In practice, the needs often far outstrip the ability of all responding agencies. Sanitation and hygiene promotion are usually given second priority, attended to well after water supply interventions have been attended to, thus leaving many displaced households without sanitation for days or even weeks after the onset of a crisis. Even when toilets are eventually provided, their use and maintenance are often a problem, especially when the camp population is not accustomed to using toilets.¹⁴

¹⁴ Poverty Dimensions of Water, Sanitation and Hygiene in SouthWest Sri Lanka, Subhrendu K. Pattanayak, Jui-Chen Yang, Kelly Jones, Caroline van den Berg, Herath Gunatilake, Chetan Agarwal, Herath Bandara, and Thushara Ranasinghe, Water Sanitation and Sanitation Notes, No 8, 2006, WSP-SA

Example of including scheduled caste in Pakistan

Scheduled caste communities in Tharparkar district, Pakistan, mainly work as labourers for the upper caste Hindus and Muslims, and are generally treated as politically disfranchised, socially excluded and religiously untouchable. In Akli, a village 70km to south of Mithi city, 71 households of the scheduled caste Meghwari community were forcefully evicted by the feudal lord after a scheduled caste girl was abducted, forced to marry and converted to Islam. The evicted community settled in the open near Mithi city without any basic services. Sukaar Foundation was one of several organisations that assisted the displaced community. With the support of WaterAid Pakistan they provided 40 toilets and 71 water tanks.¹⁵

Sukaar Foundation's involvement in the community's reintegration and rehabilitation has raised important lessons for future work with scheduled caste minorities. They identify the following priorities: supporting the organisation of schedule cast minorities into groups that can engage in regular development programmes of government, NGOs, and other stakeholders; taking special measures to empower schedule cast minorities through social mobilisation, capacity building and awareness raising programs focused on their rights; helping them access alternative income generating opportunities; supporting them to get their water supply and sanitation, education, health and other basic necessities of life; and finally, conducting further research into the conditions faced by schedule caste minorities when they migrate to cope with drought in order to identify and prioritise reintegration measures for these regularly displacing excluded communities.

Individual stories from “Case study from Nepal”¹⁶



Hari Bahadur Sapkota, a resident of Maalika VDC, Baglung, Nepal, is 52. He has been physically impaired by paralysis in both his legs. He had been married three times but all his wives abandoned him. He told us that one of the main reasons his wives left him was that they could not share his plate for meals as he used to crawl and rest his hand on the latrine while defecating. As a result his wives considered him to be unclean. With no visible solution, they left him. However, with the installation of a commode in this latrine, which allows him to sit more comfortably while defecating, as well as keeping his hands away from the pan, Mr. Sapkota is no longer considered dirty. In fact, due to his increased hygiene practices, he has been entrusted with the responsibility of cooking for his entire family, while other members earn an income.

¹⁵ Propping up the marginalised. An initiative for including the excluded people of village Akli taluka Mithi District Thar. Sukaar Foundation with WaterAid, 2010

¹⁶ Creating user-friendly water and sanitation services for the disabled: the experience of WaterAid Nepal and its partners, WaterAid 2008

Individual stories from “Case study from Nepal”

Samjhana Kisan is a 14 year old girl from a disadvantaged and poor family in ward three of Baglung municipality. Her parents work as daily-waged labourers and she is the oldest among five children in the family. She is mentally impaired, has limb problems and cannot speak, walk or stand by herself. Samjhana's parents built a latrine and bathroom in the yard some years back on their own. The latrine had a squatting pan and Samjhana had to rest her hands on the wet latrine floor while using it. Her parents had not considered her requirement while constructing the latrine and were also unaware of the technology available for the disabled. NEWAH provided her a wooden commode with arms at both sides and a support at the back, which was designed with her specific needs in mind. It used local materials and the skills of a carpenter in the community. Samjhana can now comfortably use the commode and her mother's fear that she might fall off the chair is put to rest as it has support from three sides. The family is also happy knowing that alterations and repairs to the commode can be made relatively easily.



Bibliography

The following bibliography gives an overview about relevant publications around equity and inclusion in South Asia, since 2007. The bibliography accompanies the Regional Synthesis Paper **Reaching the poorest and most vulnerable in South Asia: Equity and Inclusion in sanitation and hygiene**. This collaborative activity by WaterAid, UNICEF, the Water and Sanitation Program (WSP), and the Water Supply and Sanitation Collaborative Council (WSSCC) will feed into the SACOSAN IV, in 2011.

The documents are arranged by country, and sorted by date of publishing. However if you would like to find sources related to specific themes or publishers, please refer to the table below.

Bangladesh	Page vii
Bhutan	Page ix
India	Page x
Nepal	Page xii
Pakistan	Page xv
Sri Lanka	Page xvi
South Asia region	Page xvii
Global	Page xix

Themes

Equity	(1) (2) (4) (17) (22) (29) (31) (32) (41) (43) (44)
Disabilities	(6) (7) (30) (43)
Poverty	(8) (9) (13) (21) (25) (36) (37)
HIV/ AIDS	(15) (23) (46)
Gender	(20) (24) (25) (26)
Menstrual hygiene	(12) (28) (38)
Participation	(3) (33) (34) (35) (37) (41) (42)
Economics	(8) (11) (42)
Schools	(5) (10) (14) (27) (39) (41)
Data / Statistics	(13) (36) (45)
Cast	(31) (32)
Human Rights	(16) (18) (19)

Bangladesh

(1) ASEH: Documentation and Lesson Learning Report

WaterAid; 2011

Keywords: *equity*

Advancing Sustainable Environmental Health (ASEH) is the largest programme ever undertaken by WaterAid. ASEH was specifically designed to work in the socially, technically and geographically hardest to reach areas of Bangladesh. After providing a brief background on the water and sanitation sector, the report describes the approach and progress achieved by ASEH and the challenges for WaterAid and its partners of managing and monitoring such a large intervention. Significant innovations were developed and tested under ASEH and the second part of this report focuses on these. Issues looked at in more detail are: inclusion of the most socially and economically marginalised; community empowerment; governance; advocacy and sustainability. ASEH was largely successful and the objective of this report is to provide an overview of the programme, explore and share lessons and highlight issues that have a wider relevance to WaterAid and to others working in the sector. The report also identifies some areas which WaterAid may consider for more in depth study or documentation.

Not yet published

(2) Community-Led Total Sanitation (CLTS) for people in vulnerable situations: Identifying and Supporting the most disadvantaged People in CLTS - A case study of Bangladesh

Ammar Fawzi, Hazel Jones

WaterAid; 2010

Keywords: *equity*

Despite the significant impact CLTS has had in Bangladesh, as with all development initiatives, it is confronted with the social realities that characterise communities. One of these challenges concerns the inclusion within the CLTS process of people in vulnerable situations. This study aims to explore the suitability of methods used to identify and support the most disadvantaged members of communities that are participating in CLTS, to assess their participation levels in the CLTS process and, where possible, to make recommendations of best practice.

http://www.wateraid.org/documents/plugin_documents/bangladesh_clts_report_09_2010.pdf

709 KB (last accessed February 2011)

(3) Sanitation Fact Sheets

WSSCC-B; 2009, 2010

Keywords: *participation*

The two factsheets present the work of the WSSCC Bangladesh Coalition (WSSCC-B) in implementing their annual programme, focusing strongly on grassroots' engagement.

http://www.wsscc.org/sites/default/files/bangladesh_sanitation_fact_sheet_2009.pdf 409 KB (last accessed February 2011)

(4) Sustainability and equity aspects of total sanitation programmes - Study of recent WaterAid-supported programmes in Bangladesh

WaterAid; 2009

Keywords: **equity**

Bangladesh is the birthplace of Community-Led Total Sanitation (CLTS), and some principles of which have been adopted within national strategy. WaterAid in Bangladesh provides support to the national sanitation campaign via the DFID-funded ASEH (Advancing Sustainable Environmental Health) programme and uses CLTS under the sanitation component. This report presents the findings of research carried out in Bangladesh, as part of a study into the equity and sustainability of WaterAid's CLTS programmes in Bangladesh, Nepal and Nigeria. The study's main focus was to explore the extent to which CLTStype approaches have collectively led to a change in behaviour from open defecation to fixed place defecation, resulting in the long-term use and maintenance of hygienic latrines by the entire community. Information was gathered through key informant interviews, community meeting, transect walks, focus group discussions withselected groups including children and a series of household visits involving interviews and observation of toilet facilities.

http://www.wateraid.org/documents/plugin_documents/bangladesh_clts_synthesis_report.pdf

533 KB (last accessed February 2011)

(5) Equity in School Water and Sanitation - Overcoming Exclusion and Discrimination in South Asia. Bangladesh Country Report

UNICEF; 2009

Keywords: **schools**

This is a series of five publications is the outcome of a South Asia regional study into Equity in School Water and Sanitation. The study examines the issues of exclusion and discrimination in schools

in South Asia and to consider the potential for schools being able to act as agents of change in combating this exclusion and discrimination. The country studies for Bhutan, India and Nepal can be found in the respective country section.

[http://www.unicef.org/rosa/WASH_Report_Bangladesh_\(Final_Version\)_10_Dec_09.pdf](http://www.unicef.org/rosa/WASH_Report_Bangladesh_(Final_Version)_10_Dec_09.pdf) 408 KB
(last accessed February 2011)

(6) Report on piloting of appropriate sanitation options for differently abled people (DAP)

Dushtha Shasthya Kendra (DSK); 2008

Keywords: **disabilities**

This report describes the implementation of a pilot project in urban slums in Dhaka, Bangladesh, that introduced appropriate and user-friendly sanitation options for differently abled people (DAP) including pregnant women, disabled and older people. The report outlines the project which focused upon adapting existing communal facilities to include DAP. It would be useful for people interested in inclusive water, sanitation and hygiene in Bangladesh. The project was implemented by WaterAid Bangladesh's partner Dushtha Shasthya Kendra (DSK) in collaboration with Action on Disability and Development (ADD).

http://www.asksource.info/pdf/35890_appropriatesanitationoptions_2008.pdf 353 KB (last accessed February 2011)

(7) Pilot project on activities with differently able people (DAP) in Varshaw union under Manda upazila in Naogaon district and in Ouchpara union under Bagmara upazila in Rajshahi district

Village Education Resource Center (VERC); 2008

Keywords: disabilities

This report describes the implementation of a pilot project in two areas in rural Bangladesh, to target differently able people including elderly, pregnant women, disabled people and children. The report highlights the challenges, lessons learned and recommendations, and gives a case study. Individually designed household latrines, rather than standard designs are emphasised, and photos show toilet seats that are presumably placed over a toilet hole. This project was implemented by WaterAid Bangladesh's partner Village Education Resource Centre (VERC), with involvement of local government staff (Union Parishad officials)

http://www.asksource.info/pdf/35889_pilotprojectvarshawunion_2008.pdf 271 KB (last accessed February 2011)

(8) Poor Targeting of Sanitation Subsidies

WaterAid; 2008

Keywords: economics, poverty

WaterAid Bangladesh research into sanitation subsidies and their efficiency in Bangladesh.

For internal use, not published.

(9) Reaching the Poorest and Most Vulnerable: Case Study of Baganbari Slum at Mirpur in Dhaka

WaterAid; 2005

Keywords: poverty

In Bangladesh, the poorest face severe difficulties in gaining access to the resources needed to substantially improve their livelihoods. The prevailing highly stratified, hierarchical and patriarchal social system systematically marginalizes the poorest and especially poor women and girls who are ascribed low social status. ASEH focuses on the provision of basic water and sanitation services using empowering approaches and is guided by core principles of participation, equity, gender sensitivity and a livelihoods approach to poverty reduction. It specifically seeks to target the poorest and least well-served residents in poor communities including the most vulnerable, women and children.

Not accessible via internet 321 KB

Bhutan

(10) Equity in School Water and Sanitation - Overcoming Exclusion and Discrimination in South Asia. Bhutan Country Report

UNICEF; 2009

Keywords: schools

This is a series of five publications is the outcome of a South Asia regional study into Equity in School Water and Sanitation. The study examines the issues of exclusion and discrimination in schools in Bhutan and to consider the potential for schools being able to act as agents of change in combating this exclusion and discrimination. The country studies for Bangladesh, India and Nepal can be found in the respective country section.

[http://www.unicef.org/rosa/WASH_Report_Bhutan_\(Final_Version\)_11_Dec_09.pdf](http://www.unicef.org/rosa/WASH_Report_Bhutan_(Final_Version)_11_Dec_09.pdf) 415 KB (last accessed February 2011)

India

(11) The Economic Impacts of Inadequate Sanitation in India - Inadequate Sanitation Costs India Rs. 2.4 Trillion (US\$53.8 Billion)

Anupam Tyagi (lead), Guy Hutton, Somnath Sen

Water and Sanitation Program (WSP), Asia Development Bank (ADB), AusAid, Department for International Development (DFID); 2010

Keywords: economics

The study assesses the total economic impacts due to inadequate sanitation in India. A part of Water and Sanitation Program's (WSP's) Global Economics of Sanitation Initiative (ESI), the study analyzed the evidence on the adverse economic impacts of inadequate sanitation at the national level using information on health (deaths and diseases) and other impacts including those on availability and quality of drinking water, welfare losses, tourism, and so on. The study estimates that the total economic impacts of inadequate sanitation in India amounts to Rs. 2.44 trillion (US\$53.8 billion) a year—this was the equivalent of 6.4 percent of India's GDP in 2006.

<http://www.wsp.org/wsp/sites/wsp.org/files/publications/wsp-esi-india.pdf> 1.59 MB (last accessed February 2011)

(12) Freedom of mobility: experiences from villages in the states of Madhya Pradesh & Chhattisgarh India

Maria Fernandes

IRC, WaterAid, WSSCC, BRAC; 2010

Keywords: menstrual hygiene

WaterAid India in partnership with local NGOs has carried out a survey on existing behaviors, misconceptions and the status on availability and accessibility to Menstruation products, and responded modestly to the need, by developing menstrual hygiene communication tools and linked the demand to entrepreneurship. The paper highlights the survey findings and the interventions presenting best practices from across the country. Paper written for the South Asia Hygiene practitioners' workshop February 2010, Dhaka, Bangladesh.

<http://www.irc.nl/page/51700> 182 KB (last accessed February 2011)

(13) Study on Perception and Practice of Hygiene and Impact on Health in India

Kumar Jyoti Nath, Barenyo Chowdhury and Anish Sengupta

IRC, WaterAid, WSSCC, BRAC; 2010

Keywords: poverty, data

The central theme of the research paper is to assess the level of health awareness and hygienic practices and its health impacts in urban vis-à-vis rural areas in the five select states of Eastern India. It is seen that there are some basic socio-economic factors like religion, education and level of economic status which play a pivotal role in conditioning the perception and practice of hygiene. Paper written for the South Asia Hygiene practitioners' workshop February 2010, Dhaka, Bangladesh.

<http://www.irc.nl/page/51614> 869 KB (last accessed February 2011)

(14) Equity in School Water and Sanitation - Overcoming Exclusion and Discrimination in South Asia. India Country Report

UNICEF; 2010

Keywords: schools

This is a series of five publications is the outcome of a South Asia regional study into Equity in School Water and Sanitation. The study examines the issues of exclusion and discrimination in schools in Bhutan and to consider the potential for schools being able to act as agents of change in combating this exclusion and discrimination. The country studies for Bangladesh, Bhutan and Nepal can be found in the respective country section.

http://www.unicef.org/rosa/education_1486.htm (last accessed February 2011)

(15) Improving lives of people living with HIV through WASH services

WaterAid; 2010

Keywords: HIV/AIDs

In 2008 WaterAid India entered into a partnership with Uttar Pradesh State AIDS Control Society for a project called Programme on Arresting Opportunistic Infections for People Living with HIV/AIDS (PLHA) . The project aims to help improve the quality of life for people with HIV/AIDS through water and sanitation

<http://www.irc.nl/page/53176> (last accessed February 2011)

(16) The Right to Water and Sanitation – Moving towards a Constitutional Guarantee

India WASH FORUM; 2009

Keywords: human rights

Report on a workshop convened by India WASH Forum, Water Aid, Freshwater Action Network South Asia (FAN-SA) and the Forum for Policy Dialogue on Water Conflicts in India (FORUM) on the Right to Water and Sanitation. The workshop aimed at developing our understanding and commitment towards jointly working for and securing Water and Sanitation – as a justiciable Right through an Act.

http://www.wsscc.org/sites/default/files/india_iwf_right_to_water_and_sanitation_2009.pdf 489 KB
(last accessed February 2011)

(17) From the Fringes to Center Stage

WaterAid; 2009

Keywords: equity

Section 1 of this report introduces social exclusion in the context of India, enumerating the various forms of and factors leading to exclusion, and the effects of exclusion in relation to access of safe water and sanitation. Section 2 examines the most marginalized communities in the society, dalits and tribals, the problems they face in accessing safe water, and how this affects their livelihoods, for example, in the face of natural disasters. Section 3 provides a series of snapshots--case studies of various problem sites and approaches to resolve sanitation and safe water issues.

Not accessible via internet

(18) Burden of Inheritance – WaterAid India Report on Manual Scavenging

WaterAid; 2009

Keywords: human rights

This report outlines how over one million people in the country continue to scrape an existence through manual scavenging, forced largely by social convention and caste prejudice, and calls for strong action to eradicate this practice. A violation of human rights, this discriminatory and demeaning practice was outlawed by the Indian Parliament in 1993 but still continues today. India has missed three deadlines to make the country 'manual-scavenger free'. India's booming cities help keep the practice alive, as there is often little infrastructure for sanitary sewerage and waste disposal systems.

http://www.wateraid.org/documents/plugin_documents/burden_of_inheritance.pdf 1.1 MB (last accessed February 2011)

(19) WaterDrops 13 and 14 – Water and Sanitation as Right

WaterAid; 2009

Keywords: human rights

The issue 13 and 14 of the newsletter focuses on the issue of water and sanitation as rights.

http://www.wateraid.org/documents/plugin_documents/waterdrops_1314.pdf 1.2 MB (last accessed February 2011)

(20) WaterDrops 12 – Women: Water , Sanitation and Hygiene

WaterAid; 2009

Keywords: gender

The issue12 of the newsletter documents water, sanitation and hygiene from a women's perspective.

http://www.wateraid.org/documents/waterdrops_12.pdf 1.2 MB (last accessed February 2011)

(21) Poverty Mapping: A situation analysis of poverty pockets in Jabapur

UN-Habitat, WaterAid, Jabalpur Municipal Corporation; 2008

Keywords: poverty

UN-HABITAT and Water Aid India in Partnership with Municipal Corporation carried out a city wide Poverty Pocket Situational Analysis (PPSA) for mapping the poverty and environmental infrastructural deficiencies in each poverty pocket for prioritizing interventions in the cities in Madhya Pradesh. This has resulted in the identification of a large number of Poverty Pockets which are still not notified and presently therefore not entitled for municipal services provisions. There is a large concentration of the poor in these areas, which underscores the importance of formalizing the non-notified and the urgent need to take the facilities and entitlements to the large concentrations of poor in these pockets.

<http://www.unhabitat.org/pmss/listItemDetails.aspx?publicationID=2394> 780KB (last accessed February 2011)

Nepal

(22) WaterAid Nepal Equity and Inclusion Strategy and Position Paper

WaterAid Nepal; 2010

Keywords: equity

WaterAid's Global Strategy places emphasis on equity and inclusion issues and the framework is based on the premise that people are different and face various levels of inequities. To contextualize action as stipulated in the strategy and framework in the Nepalese context, a country specific position paper on equity, inclusion and rights is developed in line with WaterAid Nepal's Country Strategy 2010-2015.

For internal use, not published (last accessed February 2011)

(23) Access to water, sanitation and hygiene for people living with HIV and AIDS: A cross-sectional study in Nepal

WaterAid; 2010

Keywords: HIV/ AIDS

In order to increase the understanding of People Living with HIV/AIDS's access to WASH and its impact on their daily lives thereby to inform the health, HIV/AIDS and WASH sectors, WA Nepal conducted a small scale cross-sectional study on 'Access to WASH for PLHIV' in Nepal. The findings show the importance of addressing HIV/AIDS issues in WASH programmes, and the importance of incorporating WASH into HIV/AIDS programmes.

http://www.wateraid.org/documents/plugin_documents/wa_nep_plhiv_report_september2010_1.pdf 366 KB (last accessed February 2011)

(24) Hygiene Promotion for Men – Challenges and Experiences from Nepal

Ingeborg Krukkert, Carmen da Silva Wells, Yubraj Shrestha and Mangal Dash Duwal; IRC, WaterAid, WSSCC, BRAC; 2010

Keywords: gender

Inclusive hygiene promotion is recognized widely: all gender groups, women, children and men have to be included in hygiene promotion activities. However, most hygiene promotion programmes focus on women only. Specific examples on how men are targeted are difficult to find. Involving men and encouraging their responsibility in hygiene and sanitation improvements is important for many reasons. This paper is based on the experience of NEWAH, a national NGO based in Nepal, as a case to describe the challenges, but also the benefits and the lessons learned while focusing hygiene promotion on men. Paper written for the South Asia Hygiene practitioners' workshop, February 2010, Dhaka, Bangladesh.

<http://www.irc.nl/page/51659> 281 KB (last accessed February 2011)

(25) NEWAH's Gender and Poverty Approach in Water, Sanitation and Hygiene Education Projects in Nepal

Nepal Water for Health (NEWAH); 2010

Keywords: gender, poverty

Since 1999 NEWAH has been mainstreaming a Gender and Poverty (GAP) approach at the programme and institutional level. The approach recognises that without agency intervention women and the poorest are automatically excluded from project benefits. The GAP approach aims to ensure that equitable access to benefits is achieved through improved water supply and sanitation services by including women and poor men, which leads to more just and sustainable outcomes.

<http://www.newah.org.np/pdf-file/findings.pdf> 309 KB (last accessed February 2011)

(26) Seen but not heard? A review of the effectiveness of gender approaches in water and sanitation service provision

WaterAid; 2009

Keywords: gender

A review of the effectiveness of gender approaches in water and sanitation service provision used by WaterAid's partner organisation NEWAH in Nepal. This review finds that policies of affirmative action, financial support for poorest households and gender awareness training have promoted greater equality in accessing resources and services, and participation in user management committees. But training is only effective if the views of both men and women on gender are considered, focusing on women can marginalise gender as a women's issue. It is also important to understand the community-level decision-making process and local social and political context in developing an inclusive approach.

http://www.wateraid.org/documents/plugin_documents/wa_nep_gender_study_report_july_2009.pdf

1.7 MB (last accessed February 2011)

(27) Equity in School Water and Sanitation - Overcoming Exclusion and Discrimination in South Asia. Nepal Country Report

UNICEF; 2009

Keywords: schools

This is a series of five publications is the outcome of a South Asia regional study into Equity in School Water and Sanitation. The study examines the issues of exclusion and discrimination in schools in South Asia and to consider the potential for schools being able to act as agents of change in combating this exclusion and discrimination. The country studies for Bangladesh, Bhutan and India and can be found in the respective country section.

[http://www.unicef.org/rosa/WASH_Report_Nepal_\(Final_draft\)_17_Dec_09.pdf](http://www.unicef.org/rosa/WASH_Report_Nepal_(Final_draft)_17_Dec_09.pdf) 309 KB (last accessed February 2011)

(28) Is Menstrual Hygiene and Management an Issue for Adolescent School Girls: A comparative study of four schools in different settings in Nepal

WaterAid Nepal; 2009

Keywords: schools, menstrual hygiene

The study shows that adolescent girls face restrictions during menstruation due to widely held beliefs and due to physical conditions. These affect quantity and quality of their school attendance. There is an urgent need to address entrenched and incorrect menstrual perceptions and enable proper hygiene management in schools.

http://www.wateraid.org/documents/plugin_documents/wa_nep_mhm_rep_march2009.pdf 2.2 MB
(last accessed February 2011)

(29) Sustainability and equity aspects of total sanitation programmes in Nepal - Study of recent WaterAid-supported programmes

WaterAid Nepal; 2009

Keywords: equity

This report presents the findings of research carried out in Nepal, as part of a study into the equity and sustainability of WaterAid's CLTS programmes in Bangladesh, Nepal and Nigeria. The study's main focus was to explore the extent to which CLTStype approaches have collectively led to a change in behaviour from open defecation to fixed place defecation, resulting in the long-term use and maintenance of hygienic latrines by the entire community. Five communities were included in the study – two from the hills and three from the Tarai. Data was collected through a combination of focus group discussions, household and key informant interviews and direct observation of latrines.

http://www.wateraid.org/documents/plugin_documents/nepal_clts_synthesis_report.pdf 2.1 MB
(last accessed February 2011)

(30) Creating user-friendly water and sanitation services for the disabled: the experiences of Wateraid Nepal and its partners

WaterAid; 2008

Keywords: disabilities

Traditional attempts to increase coverage of basic services such as water and sanitation have marginalised or excluded the needs of disabled people. This is despite the fact that some 10% of the Nepali population, including one in six poor people, can be considered to have some kind of impairment. This paper reviews the social, technical, financial and policy barriers to meeting the needs of disabled people. It considers the consequences of this neglect on health, dignity and economic and social exclusion, and especially the impact on women. The experiences of WaterAid Nepal and its partners in supporting differently able people without access to water and sanitation are set out and solutions to overcome the barriers are put forward. The document concludes by recommending improved coordination and collaboration in the sector to increase focus on and improve delivery of water and sanitation services to disabled people.

http://www.wateraid.org/documents/ch24_creating_userfriendly_water_and_sanitation_services_for_the_disabled_the_experience_of_wateraid_nepal_and_its_partners.pdf

658 KB (last accessed February 2011)

Pakistan

(31) Propping up the marginalized: Equity and Inclusion. An initiative for including the excluded people of village Akli taluka Mithi District Thar

Mukesh Radja;

Sukaar Foundation, WaterAid; 2011

Keywords: equity, cast

In Akli, a village 70km to south of Mithi city, 71 households of the scheduled caste Meghwar community were forcefully evicted by the feudal lord after a schedule caste girl was abducted, forced to marry and converted to be Muslim. The evicted community was settled in the open near Mithi city without any basic services.

With the support of WaterAid Pakistan they provided 40 toilets and 71 water tanks. Sukaar Foundation's involvement in the community's reintegration and rehabilitation has raised important lessons for future work with scheduled caste minorities. They identify the following priorities: to support the organization into groups that can engage in regular development programmes; taking special measures to empower through social mobilization, capacity building and awareness raising programs focused on their rights; helping them access alternative income generating opportunities; supporting them to get access to their water and sanitation services, education, health and other basic necessities of life; and finally, to conduct further research into the conditions faced by schedule caste minorities when they migrate.

For internal use, not published

(32) Equity Inclusion in Pakistan: An initiative for including the excluded people of village Akli tal, WAP

Mukesh Radja; 2010

Keywords: equity, cast

District Tharparkar is distinct among other areas of Pakistan where Hindu minorities generally and the schedule cast Hindu communities particularly are in abundance. Since, the cast based discrimination is commonly prevailing with all schedule cast communities by upper cast Hindus and the Muslims in this district. Rather, schedule cast communities mostly work as laborer for the upper cast Hindus and Muslims in the villages. They are generally treated as politically disfranchised, socially excluded and religiously untouchables. The involvement of the Sukkar Foundation in the reintegration and rehabilitation of these schedule cast minorities enabled SF to learn lot about the issues of the schedule casts minorities to be considered in future course of time. All these learning led Sukkar Foundation to envisage following actions to be taken in line of Equity and Inclusion in order to help these displaced communities of Akli particularly and excluded Hindu schedule caste minorities' generally in Tharparkar.

For internal use, not published

(33) A Participatory Model for Low-Cost Sanitation - The Lodhran Pilot Project Implementation Toolkit

Water and Sanitation Program (WSP); 2009

Keywords: participation, low cost sanitation

The Lodhran Pilot Project (LPP) was initiated in 1999 and involved the construction of low-cost sewerage networks in towns in southern Punjab. Social mobilization was used as both an approach and a tool that enabled people to organize for collective action by pooling resources and building solidarity. The project innovated with the technical design of its sanitation model to reduce costs, and attain higher working efficiency to achieve better environmental results such as wastewater reuse. The primary aim of this study is to draw out knowledge, experience, and lessons from the best practice of the Lodhran Pilot Project (LPP), and document this learning in a user-friendly format to promote easy replication and scaling up. The findings of the study have been compiled into a toolkit to provide step-wise guidelines to practitioners, politicians, technocrats, communities, social mobilizers, and local governments.

http://www.wsp.org/wsp/sites/wsp.org/files/publications/lodhran_pilot.pdf 2.8 MB (last accessed February 2011)

(34) Bridges or Barriers to Local Development? – Citizen Community Boards, Lessons from the Field

Water and Sanitation Program (WSP); 2007

Keywords: participation

In an endeavor to encourage community participation, a Devolution Plan in Pakistan has formalized the incorporation of the citizens' role in service delivery and dispute resolution through institutions such as Citizen Community Boards (CCBs). This field note analyzes the pivotal role that CCBs can play in bridging the gap between well-intentioned policies and effective results for the community. This note emphasizes that lessons from the field be brought forward and absorbed into the spotlight to rectify and improve what can be the way forward for poor people and vulnerable sections in Pakistan.

Not accessible via internet

(35) Empowering Citizens' Participation and Voice - Fieldnote

Water and Sanitation Program (WSP); 2007

Keywords: participation

In Pakistan, the Local Government Ordinance of 2001 initiated a process of devolution of power through which many opportunities have been created for effective and responsive service delivery. This field note explores the dynamics of voice mechanisms that enable citizenry to engage with the service provider, especially on grievance redressal.

http://docs.watsan.net/Downloaded_Files/PDF/WSPSAs-2007-Empowering.pdf 281 KB (last accessed February 2011)

Sri Lanka

(36) Poverty Dimensions of Water, Sanitation and Hygiene in Southwest Sri Lanka- Water Supply and Sanitation Working Notes

Subhrendu K. Pattanayak, Jui-Chen Yang, Kelly Jones, Caroline van den Berg, Herath Gunatilake, Chetan Agarwal, Herath Bandara, and Thushara Ranasinghe

Water and Sanitation Program (WSP); 2006

Keywords: poverty

In the early 2000s, the government of Sri Lanka considered engaging private operators to manage water and sewerage services for two separate service areas. To better inform the design of these private sector transactions, WSP surveyed 1,800 households in southwest Sri Lanka and created spatial maps of poverty and network services. The government wants to ensure access and affordability to services for poor households through a combination of incentives for households and contract obligations for the providers. By conducting and analyzing data from a rigorous, quantitative study of the urban poor in the area, the study establish a baseline, supports the information needs for such transactions and evaluate policy instruments.

<http://www.wsp.org/wsp/sites/wsp.org/files/publications/366510Poverty0dimensions0WorkingNoteNo.8.pdf> 662 KB (last accessed February 2011)

South Asia

(37) Raising Visibility and Voices of the Urban Poor Civil Society's Engagement in urban Water and Sanitation Reform – Experiences from WaterAid Country programmes

WaterAid; 2010

Keywords: poverty, participation

This paper shares some notable successes that WaterAid and its partner organisations have achieved in collaborating with service providers and governments to improve inclusive service delivery in Africa and South Asia. The examples show how strategic and operational collaboration between civil society organisations, regulators, policy makers and service providers help to improve pro-poor performance of utilities through the expansion of access to the poor and/or marginalised, making service providers more accountable and opening up decision-making processes. Examples from Bangladesh and Pakistan.

http://www.wateraid.org/documents/plugin_documents/engaging_with_service_providers_final.pdf

113 KB (last accessed February 2011)

(38) Menstrual Hygiene in South Asia - A neglected issue for WASH (water, sanitation and hygiene) programmes

Thérèse Mahon, Maria Fernandes

WaterAid; 2010

Keywords: menstrual hygiene

Women and girls need the necessary knowledge, facilities and environment to manage menstruation hygienically, and with dignity. Yet the importance of menstrual hygiene management is mostly neglected in the WASH sector. This article explores the reasons why menstrual hygiene management is not generally included in WASH initiatives, the social and health impacts of this neglect on women and girls, and provides examples of successful approaches to tackling menstrual hygiene in WASH in the South Asia region. It was originally published in the journal Gender and Development: Oxfam GB and Taylor & Francis

http://www.wateraid.org/documents/plugin_documents/menstrual_hygiene_in_south_asia_1.pdf

429 KB (last accessed February 2011)

(39) Equity in School Water and Sanitation - Overcoming Exclusion and Discrimination in South Asia. A regional perspective

UNICEF; 2009

Keywords: schools

This is a series of five publications is the outcome of a South Asia regional study into Equity in School Water and Sanitation. The study examines the issues of exclusion and discrimination in schools in South Asia and to consider the potential for schools being able to act as agents of change in combating this exclusion and discrimination. The country studies for Bangladesh, Bhutan, India and Nepal can be found in the respective country section.

[http://www.unicef.org/rosa/WASH_report_Regional_Perspective_\(Final_Version\).pdf](http://www.unicef.org/rosa/WASH_report_Regional_Perspective_(Final_Version).pdf) 367 KB

(last accessed February 2011)

(40) Sustainability and Equity aspects of Total Sanitation Programmes in three countries – A Study of recent WaterAid-supported Programmes in three countries. Global Synthesis Report

Barbara Evans

WaterAid; 2009

Keywords: equity

This synthesis report is the final product of a piece of research which has been commissioned and carried out by the Programme Effectiveness Unit of WaterAid (PEU) in collaboration with WaterAid in Bangladesh (WAB), WaterAid in Nepal (WAN) and WaterAid in Nigeria (WANG). This report is a synthesis of three individual country studies carried out in Bangladesh, Nepal and Nigeria in 2008-2009 exploring sustainability and equity aspects of total sanitation.

http://www.wateraid.org/documents/plugin_documents/clts_synthesis_report.pdf 401 KB (last accessed February 2011)

(41) Asia Listening – Stories on Sanitation

India WASH Forum, WaterAid; 2008

Keywords: participation, schools

The magazine was published in time for the third South Asian Conference on Sanitation (SACOSAN 3). Asia Listening features 21 journalist accounts of successes and failures throughout the region. The Forum wishes to focus attention to this area of human development that often suffers in the failure to make people aware of the need for proper sanitation and hygiene.

http://www.wsscc.org/sites/default/files/india_iwf_asia_listening_stories_on_sanitation_2008.pdf

2.21 MB (last accessed February 2011)

(42) Beyond Construction - Use by All

IRC, WaterAid, WSSCC; 2008

Keywords: participation, economics

A collection of case studies from sanitation and hygiene promotion practitioners in South Asia compiled for a 3 days learning and sharing workshop held in 2008 in Bangladesh. Papers can be downloaded separately.

http://www.wateraid.org/international/what_we_do/documents_and_publications/6675.asp 5 MB (last accessed February 2011)

Global

(43) Inclusive WASH and Disability Resources

International Information Support Center – website

Keywords: equity, disabilities, gender, menstrual hygiene, HIV/AIDS, schools, human rights

This key list of resources around equity and inclusion, with focus on disabilities, has been produced in partnership with WaterAid and builds on the Dewpoint study carried out by Ms Hazel Jones of the Water, Engineering and Development Centre (WEDC) at Loughborough University.

http://asksource.ids.ac.uk/cf/keylists/keylist2.cfm?topic=dis&search=QL_WASH10 (last accessed February 2011)

(44) Narrowing the Gaps to meet the Goals

UNICEF; 2010

Keywords: equity

A special report on a new study by UNICEF shows that an equity-focused approach to child survival and development is the most practical and cost-effective way of meeting the health Millennium Development Goals for children.

http://www.unicef.org/publications/files/Narrowing_the_Gaps_to_Meet_the_Goals_090310_2a.pdf
317 KB (last accessed February 2011)

(45) Equity Fact Sheet: MDG 7 Ensure Environmental Sustainability

UNICEF; 2010

Keywords: equity, data

The graphics in the fact sheet illustrate different equity aspects in regard to access to safe water and improved sanitation, and the progress towards the Millennium Development Goals.

<http://www.childinfo.org/files/MDG7.pdf> 317 KB (last accessed February 2011)

(46) WSSCC Reference Note- HIV/AIDS & WASH

WSSCC; 2009

Keywords: HIV/Aids

This Note highlights the links between WASH (water supply, sanitation and hygiene) and HIV/AIDS. It also identifies implications for practitioners, presents brief case studies and suggestions for further reading.

http://www.wsscc.org/sites/default/files/publications/WSSCC_Reference_Note_HIV_AIDS_2009.pdf

316 KB (last accessed February 2011)