

LEAVE NO ONE BEHIND

Voices of Women,
Adolescent Girls,
Elderly and Disabled
People, and Sanitation
Workers





SANITATION AND HYGIENE IN SOUTH ASIA

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Adolescent Girls,
Elderly and Disabled
People, and Sanitation
Workers

FRESHWATER ACTION
NETWORK SOUTH ASIA



WATER SUPPLY AND SANITATION
COLLABORATIVE COUNCIL



Freshwater Action Network
South Asia



WSSCC
WATER SUPPLY & SANITATION
COLLABORATIVE COUNCIL

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FOREWORD



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On 22nd March, 2004, the Water Supply and Sanitation Collaborative Council (WSSCC) launched a new report entitled “Listening”¹ because it believed that this simple but fundamental step is the key to ensuring that billions of dollars are not misspent in the name of development. The report emphasized that the world’s severe water and sanitation problems would not be solved by “business as usual” —delivering solutions from the outside to communities that have had no involvement in, or ownership of, the process. It called for an approach that offered more than taps and toilets, an approach that will offer dignity, pride and hope.

On September 25th, 2015, 193 world leaders, including Afghanistan, Bangladesh, Bhutan, Maldives, Nepal, India, Pakistan and Sri Lanka, committed to 17 Global Goals. Goal 6, which aims to ensure availability and sustainable management of water, sanitation and hygiene for all, is an indispensable and interdependent element to achieving the three main aims of ending extreme poverty, fighting inequality and injustice, and fixing climate change.

Today, as the South Asian Conference on Sanitation (SACOSAN) returns to Dhaka, Bangladesh, where it was born over a decade ago, WSSCC in partnership with the Freshwater Action Network South Asia (FANSA) launches a fresh call to “listen” in order to avoid the mistakes of the MDG period, which often left the poorest, most vulnerable without safe sanitation and hygiene, yet again. It is a call to “listen and learn” where success was achieved by asking people what they need, putting them at the centre and valuing individual and different needs in addition to those of whole communities. It is also a call to “see and recognize” the unseen and to “make visible” the invisible.... by putting human faces and names to sanitation workers, and waste pickers— those who empty out our pits, clean our drains, sweep our streets and segregate our waste. Along with the eight South Asian countries that have signed these commitments, and as we prepare to work differently and more sensitively over the next 15 years, it is fitting to reflect on the powerful words of past commitments and recognize sanitation as a matter of justice and equity. Sanitation has a powerful multiplier effect that unlocks measurable benefits in health, nutrition, education, poverty eradication, economic growth and tourism, while also reducing discrimination and

empowering communities, especially infants, children, adolescent girls, women, elderly and disabled people in rural and urban areas.

This report summarizes the hopes and aspirations of individuals and groups who are often there, but seem to fade into the background; who are barely visible; who rarely speak, decide or sign anything. They are the silent who continue to defecate in the open, use unclean, unsafe toilets or are unable to wash their hands with soap or manage their menstruation with confidence, dignity and pride every day. They are those without the right words, or those in their twilight years simply too weak to articulate forcefully their daily agony and struggle. They are also those who fear to use a toilet because they may be harmed for being of the wrong gender, or to defecate at all because they might be seen, followed, touched or sexually abused. This most basic and routine of all human needs and rituals becomes a complex, creative endeavour for hundreds of millions of people across South Asia simply because they are unable to access this most basic of human rights- the human right to sanitation and hygiene.

FANSA has worked tirelessly in the run up to SACOSAN VI to mobilize and listen to thousands of voices, hitherto unasked and unheard, about their sanitation and hygiene needs. Across all eight SACOSAN countries, hundreds of adolescent girls, and disabled people, transgender people and sanitation workers and waste pickers spoke of the fear, discomfort, stigma, discrimination, abuse and total neglect they experience in sanitation and hygiene related tasks, every day of their lives. Some of those consulted will travel to Dhaka to participate in SACOSAN VI. They will speak directly, without intermediaries, of their trials and successes, their demands and hopes, offering suggestions on how we might do business differently over the next decade, as we seek to build a cleaner South Asia. Their testimonials and discussions in the plenary session on grassroots voices² at SACOSAN VI will also provide a valid and credible foundation for achieving safe, decent and sustainable sanitation and hygiene for everyone in the region, thereby contributing to eliminating exclusion, stigma and discrimination in South Asia.

1 - http://esa.un.org/iys/docs/san_lib_docs/Listening_English_full_pages.pdf.
2 - Plenary session 3 on 13th January, 2016. ‘Voices’: Elderly People, Women, Adolescents, Differently-Abled, Children and Sanitation Workers

EXECUTIVE SUMMARY

This report is the culmination of 55 consultations, which were jointly conceptualized, facilitated, analysed and summarized by the WSSCC, FANSA and partners across South Asia. Consultations were organized between 10th October and 9th December, 2015 in Afghanistan, Bangladesh, Bhutan, India, Nepal, Maldives, Pakistan and Sri Lanka with a dual purpose: i) to provide an opportunity for women, adolescents, elderly and disabled people, transgender people and sanitation workers to reflect on their access to safe and satisfactory sanitation in the backdrop of the SACOSAN V commitments and; ii) to facilitate the direct participation and representation of voices of these constituencies at SACOSAN VI.

Co-organized by some 70 organizations (local governments, CBOs, NGOs, FANSA local chapters, activist networks and academia), the consultations involved more than 2,700 adolescents, women and men – young and old, transgender people, sanitation workers engaged in the design, delivery and management of sanitation and disabled people of different age groups, gender and caste in rural, urban, peri-urban, slum and tribal settings. This report provides the backdrop against which eight representatives from this regional consultation process will share the aspirations and hopes of the constituencies they represent with participating governments, practitioners, academics, civil society and private sector agencies at SACOSAN VI.

This report summarizes the sanitation and hygiene hopes and aspirations of thousands of women and men of different ages and physical ability, across rural and urban areas in eight South Asian countries. They represent individuals and groups rarely heard because they are rarely asked what their constraints are, what they need, how they cope and how they might design services differently to enable universal access and use.

- ◇ Nobody asks us or cares—this is the first time we have ever been asked properly about our needs, concerns and coping strategies.
- ◇ Community toilets are poorly maintained, if available at all.
- ◇ Toilets in public institutions, stations, bus stands and marketplaces are unclean, unsafe and not usable. As women, we cannot use them and have to defecate in the open.
- ◇ Those of us who do not have toilets or bathrooms at home, defecate and bathe in the open – we fear for ourselves as we have no privacy or safety.

Co-organized by some 70 organizations (local governments, CBOs, NGOs, FANSA local chapters, activist networks and academia), the consultations involved more than 2,700 participants.

This is what they said

This is what they said



- ◇ We have to collect water from far away, for drinking, bathing and hand-washing for the whole family. This takes several hours a day and we have to walk long distances.
- ◇ We are not invited to discussions on how toilets will be designed, where they will be located or how they will be financed. As a woman, I do not make the final decision on whether we will build a toilet or handwashing facility.
- ◇ For me, my sisters and mother, managing my sanitation and hygiene while menstruating is a challenge every single month. There is no privacy, insufficient water, no place to change and nowhere to throw my used cloth or pad.
- ◇ Sometimes, I stay away from school all day, as without proper places to change and wash, my classmates and teachers will know when I'm having my period.
- ◇ I have motor and hearing, visual impairments, which make me especially vulnerable to inaccessible and unclean WASH facilities. These are usually not designed with any of my needs in mind. I have to rely on the help of family members to attend to my sanitation and hygiene needs. I am also constantly worried about not being able to clean the toilet properly when I use public toilets.
- ◇ I am 80 years old. I have to go out in the open, using my stick for support, a water pail in the other hand. I often stumble and hurt myself. I have just enough water for anal cleansing after defecation but not for washing my hands. I cannot bend fully and have to defecate half squatting—and am always scared of falling and getting injured particularly when both my hands have to be used for cleaning and can't hold any support.
- ◇ As sanitation workers and waste collectors we work in the most hazardous conditions at odd hours, with no safety equipment, job security, respect or dignity. We are shunned and called unclean.
- ◇ As a female sanitation worker, I get paid less than men yet I also have to take care of my household duties, travel long distances to get to work sites while having to endure abuse and harassment from strangers. There is no dignity or security for me in this work.
- ◇ I am a transgender person—I live in a dense slum and have to try to use community toilets which are meant for either men or women. Men harass and abuse me in men's toilets and women are frightened of me in women's toilets.

EXECUTIVE SUMMARY

- ◇ Include us, ask us, listen to us when designing WASH facilities and planning their construction, location and future management.
- ◇ If you ask us we can save money and ensure that all people use sanitation facilities, eradicating open defecation, improving general hygiene practices and eliminating disease.
- ◇ Sanitation and hygiene facilities without adequate washing, changing, drying and disposal facilities for menstruating women and girls ignore our very real, practical needs, making us feel ashamed and impure; it inhibits us from participating in many essential aspects of our daily lives.
- ◇ Provide us with flexibility to design our WASH facilities within schemes/policies, so that we can choose a facility that suits our needs, - such as high commodes, handlebars for support, disposal bins and so on.
- ◇ We work for long hours cleaning the entire city but we do not have any toilet facilities at work or in our homes. Please give us respect for the work we do, some level of job security and sanitation facilities at work. Please also ensure proper segregation of waste, and do not force us to be exposed to unsafe waste, such as hospital and chemical waste, which is often mixed in domestic waste.
- ◇ We have lost many of our colleagues while clearing blocked sewerage lines and drains, colleagues hit by vehicles while sweeping roads in dark and most of the times we are sick. We want machines that can save us from the drudgery and risk, and also make working conditions better. Now that machines are available, please use those to clear out the choked gutters. We also request the public not to throw their waste and used menstrual material in the drains or toilets.
- ◇ Many new facilities are built, but very soon they become unusable—dirty, poorly maintained or not functional. In places, these facilities have ramps (thanks to enforcement by governments) but the doors are too narrow for wheelchairs to go in or the level of taps is too high for us to reach. Involve us with the planners and builders to design the management of these facilities, even before they are built, with clear roles and responsibilities from all sides.
- ◇ Remove stigma and discrimination towards transgender people in society. We are also human. Please recognize our legal and civil rights to clean, hygienic and secure WASH facilities in all public places and at home.
- ◇ Ensure that our WASH facilities are designed and equipped to withstand calamities such as floods, cyclones and heavy rains.
- ◇ Financing mechanisms need to be put in place to help us construct and use hygienic toilets, and maintain them properly.

What they asked for



SACOSAN VI and beyond

At SACOSAN VI, eight speakers will represent adolescent girls, women, elderly and disabled people, sanitation workers and waste pickers at the plenary session, “Voices”. They represent 2700 people across eight countries who discussed their day-to-day needs, their coping strategies and sanitation and hygiene demands. They are the very people that SACOSAN aims to reach but has been unable to systematically listen to and learn from. Commitment X in Kathmandu marked a very important step – to bring to the regional meetings – those who are traditionally left behind. For policy makers, practitioners, civil society, donors, academics and the private sector—providing them a platform to speak for themselves and listening to what they have to share will be the first important step to changing the shape and tone of this important regional meeting and its outcomes.



South Asia has committed to eliminating open defecation by 2020 and achieving universal sanitation by 2030. This is impossible without a reorientation of programmes and approaches to put those that are usually unreached, first. It will also require a redefinition of success so that each and everyone, regardless of their age, gender, state of well-being or sexual identity has safe and easy access and hygienic sanitation practice every day, irrespective of where they live, what work they do or what community they belong to.

It is also impossible and unsustainable without respect, safety and attention to those who undertake the important task of cleaning, maintaining, repairing and upgrading water, sanitation and hygiene facilities. These sanitation workers and waste pickers have been invisible and silent for too long and need to be full partners in achieving a clean South Asia.

It is our hope that these voices at SACOSAN VI will pave the way to a more inclusive and empowering discussion towards sanitation and hygiene efforts in South Asia that will leave no one behind.

BACKGROUND

SACOSAN, is a ministerial conference organized in rotation every two years by one of its eight member countries in South Asia.² The very first SACOSAN was held in 2003 in Bangladesh, and has grown in strength over the years as a key inter-country governmental platform for learning, sharing and renewing commitments to sanitation and hygiene in the region. As with the regional conferences in Africa, SACOSAN has helped to raise the profile of sanitation nationally and regionally along with the shared commitment to implementing the UN resolution on the Right to Sanitation³ – a resolution that all countries in the South Asian region have officially endorsed. Having recognized the importance of marginalized communities achieving universal access to sanitation facilities by 2020, successive SACOSANs have made various commitments toward a more inclusive approach.

Key commitments

Making the region open defecation-free (ODF) through “people-centered, community-led, gender-sensitive and demand-driven” approaches (Dhaka 2003).⁴

Recognizing the need for promoting active participation of women and children in all activities relating to the sanitation sector (Islamabad 2006).⁵

Recognizing access to sanitation and safe drinking water as a fundamental human right, prioritizing sanitation as a development intervention and reiterating the commitment to make the process of sanitation development inclusive with involvement of local governments and grass root communities (Delhi 2008).⁶

Calling for separate toilets for boys and girls in schools and increased facilities for menstrual hygiene management (Colombo 2011).⁷

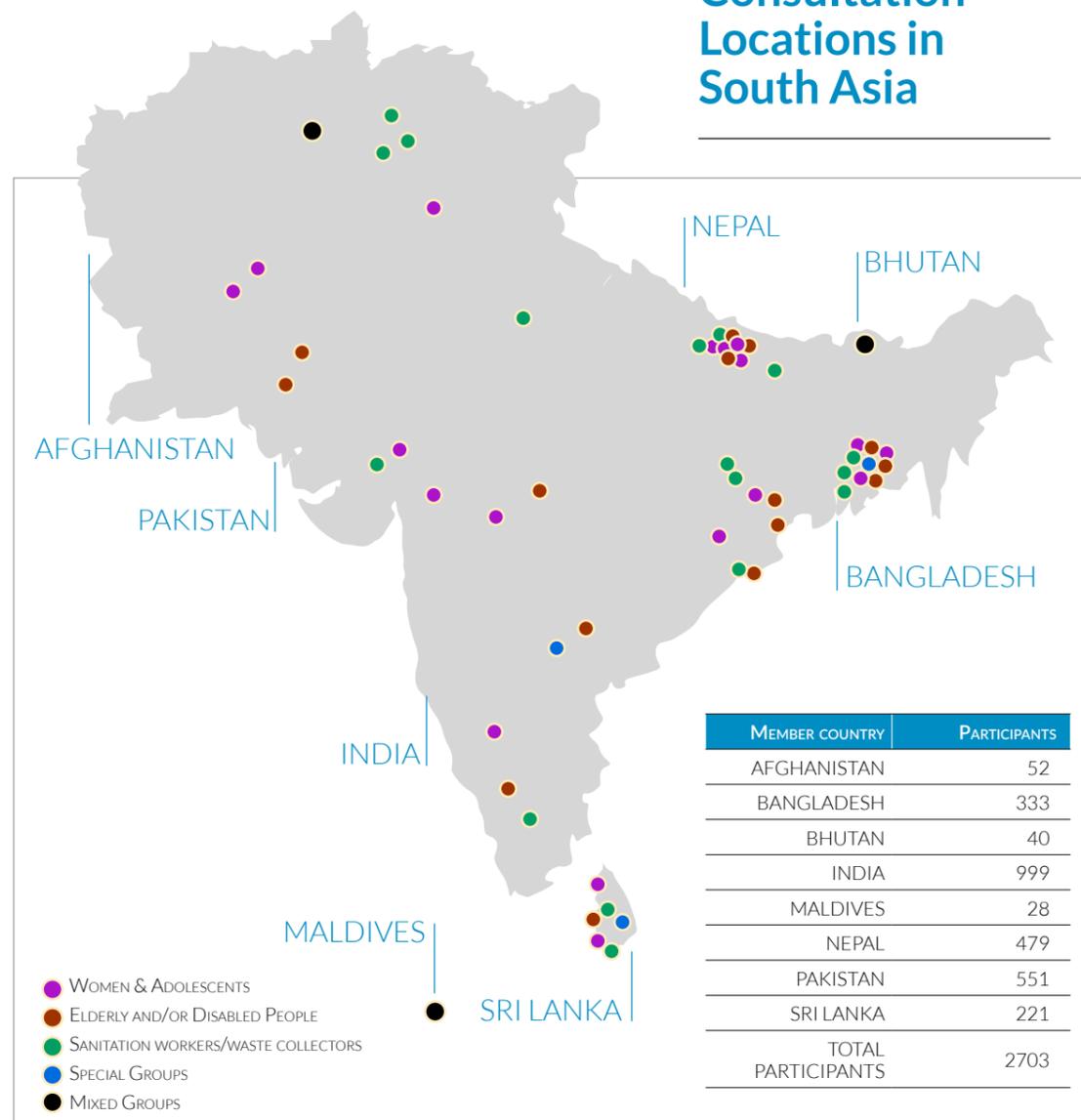
In SACOSAN V, Kathmandu (2013), it was recognized that progress on MDG 7 is inequitable and many marginalized groups are excluded from decision-making processes, even though they face specific challenges with regard to access to water and sanitation.

The Kathmandu Declaration committed to the “significant and direct participation of children, adolescents, women, the elderly and people with disabilities, ... to bring their voices clearly into SACOSAN VI and systematically thereafter” (Commitment X).⁸

2- The 8 member countries are Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka.
3 - http://www.un.org/waterforlifedecade/human_right_to_water.shtml.
4 - <http://watsan.moenv.gov.pk/Documents/SACOSAN/SACOSAN%201/1.proceedings.pdf>.
5 - http://www.unicef.org/pakistan/SACOSAN_Dec.pdf.
6 - www.wateraid.org/~media/Publications/delhi-declaration.pdf.
7 - [http://www.unicef.org/srilanka/Colombo_declaration_\(4_pages\).pdf](http://www.unicef.org/srilanka/Colombo_declaration_(4_pages).pdf).
8 - Kathmandu Declaration: 5th South Asian Conference on Sanitation, Kathmandu, Nepal, October 2013.

BACKGROUND

Consultation Locations in South Asia



Reflecting on the past five SACOSAN conferences, the 7th and 8th Inter-Country Working Group (ICWG) meetings in Dhaka and Bhutan both agreed that despite past efforts, women’s participation has been below 30 per cent, and the voices of groups with low sanitation coverage, groups with special needs and groups working on sanitation has been absent. Young people, who make up a large part of South Asia’s population, are also missing. Creating an opportunity for these groups’ direct participation at SACOSAN VI, and ensuring their voices are heard, is the first step towards their inclusion in developing future commitments and strategies for achieving sanitation goals in South Asia. Consequently, the 8th ICWG decided to include a plenary session in SACOSAN VI to listen to the voices of women, adolescent girls, elderly and disabled people, and sanitation workers.

Consultation Process

FANSA and WSSCC have worked together to support the most marginalized communities in all eight SACOSAN member countries to share their concerns during the run up to SACOSAN VI. These groups include adolescent girls, women, elderly and disabled people, sanitation workers, waste collectors and transgender people. Fifty-five consultations were held between 10th October and 9th December, co-facilitated by more than 70 organizations (local governments, CBOs, NGOs, FANSA local chapters, activist networks and academia). The locations were selected based on availability and the presence of available network member organizations for facilitating consultation meetings. More than 2,700 community members participated in these consultations. Largely from poor socio-economic backgrounds, they included men and women from rural, urban, peri-urban, slum, tribal, Dalit and other sub-groups. For most of these sanitation users and sanitation workers, it was the first time they had ever been asked to share their aspirations, concerns, demands and suggestions on sanitation and hygiene issues, in a structured manner. Senior government officials attended several of the consultations, listened to the concerns of the participants, engaged in a dialogue and offered their support. Thirty-five individuals representing these diverse groups were selected and their names were shared with their respective national governments for inclusion in the national delegation list to SACOSAN VI. Full support for their participation in SACOSAN VI was assured by WSSCC and FANSA.



KEY ISSUES

WOMEN AND ADOLESCENT GIRLS

“Imagine a college, a big college, thousands of students study there, but there are only one or two toilets. There is always a long queue of girls and boys waiting in front of the toilet. And in the toilet it stinks very badly and it is very dirty. Often, when girls get their periods at college or school, they are unprepared and cannot manage”—*Young girl, Shariatpur, Dhaka, Bangladesh*

< Photo: A group of adolescents in a school in Jharkhand, India.

Current practices related to defecation, bathing, handwashing, and menstrual hygiene among women and adolescent girls across the eight countries in South Asia have several similarities, and some important differences. Existing gender inequalities, the lack of participation in decision-making and inadequate and inappropriate sanitation facilities have left the “right to sanitation” out of women and adolescent girls’ reach.

Most women and girls in these countries are responsible for collecting water, cooking and other household chores. Despite being the de facto water and sanitation managers at the household and community level, women are denied a seat at the table when it comes to design and siting of facilities, financing or maintenance decisions. When gender is further nuanced by age, illness, disability and/or sexual preference, these users become simply invisible. These “special needs” groups do not really exist for practitioners and service providers who are too busy making services work for the perceived majority.

Open defecation is still widely practiced in most countries, particularly in the rural, tribal and urban slums of India, Pakistan, Afghanistan and parts of Nepal. In Bangladesh, while most households have access to shared or community toilets, these are usually located far away from the home. Large number of users act as a deterrent because of the long lines and dirty toilets stemming from improper maintenance.⁹ Moreover, in many parts of South Asia, women and girls are scared to go alone to the toilet, especially at night, for fear of being sexually harassed. They use several coping strategies to address this problem, including delaying going to the toilet, drinking less water and eating less to avoid going to the toilet at night.¹⁰ Most households in Sri Lanka and the Maldives are better off than their neighbours: sanitation and water facilities are available in the home. However, the situation in schools is no different from other South Asian countries. Even when separate toilets for girls exist, they lack water, soap and menstrual hygiene management facilities.¹¹ Most girls across South Asia reported waiting until returning home to relieve themselves.

Children often prefer to defecate in the open because toilets are not designed for them. The hanging latrines in Bangladesh, for example, deter children from using toilets, as they are scared of falling in.¹²

Across South Asia, toilets in public places, such as in markets, bus stands, health centres, and government buildings, are either not available or poorly maintained. Women and adolescent girls avoid going out for long periods due to inadequate facilities. Women who work in these public spaces have to defecate in the open or relieve themselves only when they have the time to find a toilet. Lack of sufficient water in these toilets exacerbates the problem.

9 - Consultation with adolescent girls in Shariatpur, Dhaka, Bangladesh, 8th November, 2015; Consultation with women slum dwellers Dhaka, 4th November, 2015.

10 - All consultations with women and adolescent girls in Bangladesh, India, Pakistan, Afghanistan and Bhutan.

11 - Consultations with women and adolescent girls in CWF Office, Kathmandu, 11th October and 8th November, 2015 and Consultations with women and adolescent girls in Maldives National University, 17th November 2015.

12 - Consultation with women slum dwellers and adolescent girls in Dhaka Caritas Silk Center, Bangladesh, 4th November, 2015 and with adolescent girls in Shariatpur, Dhaka, 8th November, 2015

WOMEN AND ADOLESCENT GIRLS

In many places, private bathing facilities for women and adolescent girls at their homes are either absent or inadequate. Whereas women in rural India, Bangladesh and the Chepang community in Nepal reported bathing near a river, pond or stream after washing their clothes,¹³ those in plantation estates in Sri Lanka and the slums of Bangladesh, India and Nepal had to use inadequate public facilities or makeshift bathrooms at home. Due to the lack of privacy, it is often a hurried affair and some women are forced to bathe with their clothes on so that they do not attract any unwanted attention from men passing by.¹⁴ As a result, they are unable to wash themselves properly or enjoy cleaning themselves at leisure.

Handwashing with soap, as a practice, is often absent among rural women and adolescent girls across all eight countries, except in Sri Lanka, where participants stated they wash their hands with soap before meals. In some parts of India, ash or mud is used instead of soap to wash hands.

Due to social taboos and the silence around menstruation, most of the women and adolescent girls are ashamed of this natural phenomenon and do not know how to manage their menstruation in a hygienic manner. Women, especially in the rural areas, use cloth to manage their menstruation. Cloth pads and sanitary napkins are popular among adolescent girls or women who can afford them. However, with the exception of Sri Lanka, sanitary napkins were unaffordable for most participants across all eight countries. Many adolescent schoolgirls reported waiting until they returned home before changing sanitary materials, since schools did not have appropriate and clean facilities for changing and disposing of soiled materials or handwashing. Missing school during menstrual periods is a common coping strategy among adolescent girls, especially across Afghanistan, as well as in India, Bangladesh and Nepal.

Challenges associated with the access and use of WASH services among women and adolescent girls are rooted in gender inequalities and discrimination in these countries. Women and girls enjoy few facilities to meet the needs of defecation, bathing, handwashing and menstruation hygiene management; consequently, they are unable to prioritize their own health and hygiene. Women also do not have a say in the financial decisions of their homes, so in most countries, they are unable to ensure the presence of a toilet, even if they feel the need for it.

The participants in all eight countries cited the lack of awareness on health, hygiene and menstrual hygiene management as a key challenge. For instance, adolescent participants from rural Afghanistan stated that it is not

“I become depressed when I get my period while in school. Once, my clothes got stained. The toilet was stinking. There was no water. I felt helpless. I borrowed a gown from a girl and wore it to go home. I became frightened and embarrassed. I cried. If you make schools, there should be cleaners, and water”—*Young girl, Mahpara, Quetta, Pakistan.*

“During my school days I used to stay in a hostel. Most of the students were from the upper caste community. So whenever we were menstruating, we were asked to have our meals outside on the terrace. We were not allowed to participate in any class activities or come near the male teachers. They treated us like untouchables”—*Binita Shrestha, Machhegaon, Kathmandu, Nepal.*

13 - Consultation with women and adolescent girls, Angul, Orissa, India; Chepang community, Siddhi, Korak and Lothar, Nepal, 10-12 October, 2015.

14 - Consultation with women and adolescent girls, Jamshepur, Jharkhand, India, 7th November, 2015.

KEY ISSUES

“Earlier, we didn’t have a toilet or a bathroom, and I faced many difficulties during my pregnancies. We used to go out in groups after dark to relieve ourselves. If we could not find an escort, we would go to sleep without relieving ourselves. It used to be so painful, holding on for so long. I never wanted my daughter to face the same difficulties I went through. So, when she turned 18, I got a toilet constructed for her without any government support. I now use phenyl (disinfectant) to make sure that the toilet and the bathroom are clean. The whole family is happy and feels safe now that we have a toilet at home”—*Neelaben, Palanpur, Gujarat, India.*

uncommon to change sanitary napkins only once in one to two days. These issues have not been made a priority and are shrouded in silence. Where sanitation facilities exist, their maintenance and reliability have posed major challenges. Women and young girls are also not consulted when designing and constructing these facilities, so their specific needs and preferences are not taken into account. As a result, safety, privacy, security and convenience – all critical factors for women and adolescent girls—are not ensured across the board in the SACOSAN region.

Some communities have found ways of addressing their sanitation needs by installing water facilities, building community toilets and providing free sanitary napkins with the support of NGOs, CBOs and local self-government bodies (panchayats) in India, Bangladesh, Nepal, Afghanistan and Pakistan.



KEY ISSUES

ELDERLY AND
DISABLED
PEOPLE

“Once, I fell on my back while going to the toilet behind my house and dislocated backbone bone. I have had pain ever since. Now, I tie a cloth around me and pass urine standing like a man does. What else can I do?”—*Yellemma, Warangal, Telengana, India*

“None of the meeting venues had a disabled-friendly toilet. By afternoon, my belly got swollen and legs started to pain and at last I was compelled to tell my companions that I badly needed to go to the washroom. They looked around for a toilet but could not find one. Finally, we decided to go to the Bangabondhu Medical Hospital. But even there the toilet had a step and it was not possible to go in with a wheelchair”—*Nasima, Rangpur, Bangladesh*

15 - Consultation with women and adolescents, Dhulikhel and Kathmandu, Nepal, 11th October, 2015; consultations with elderly people in India, Bangladesh, Pakistan and Afghanistan.

WASH facilities for elderly people and people with disabilities (PWD) across the eight countries are to a large extent inappropriate, inaccessible and inadequate. In both urban and rural areas, people with disabilities use the same toilets as other users. None of these facilities are designed with illness, disability or old age in mind. In Nepal and India, some of the participants from urban areas stated that they were able to bring about simple modifications to their private household toilets to make them usable but they still find it difficult to use public toilets. In the Maldives, modern toilets and bathrooms with suitable toilets for elderly and disabled people are available on some of the islands.

In countries other than Sri Lanka, and Maldives, most elderly men and women in rural areas reported resorting to open defecation.¹⁵ Walking to the fields is a daily struggle for elderly people and there is a real risk of falling and hurting themselves. Squatting is not possible due to stiff joints and many old people end up relieving themselves in a half-standing, half-squatting position, leaning on a stick for support while washing themselves after defecation.

Elderly and disabled people usually depend on another family member to help them bathe and clean themselves after defecation, including managing menstrual hygiene in the case of young girls with disabilities. In rural areas, many of the younger household members migrate to cities in search of jobs, leaving behind old and disabled parents to fend for themselves or depend on the kindness of neighbours. Elderly people reported a sense of insecurity, fear and neglect.

Elderly men and women with various age-related illnesses and constraints, as well as, people with chronic or accident-related disabilities, report real discomfort using toilets, tap stands, and buildings without ramps. Almost all public places, especially railway and bus stations across the eight countries, do not have toilets that are accessible to physically-disabled people. The doors to toilet entrances are usually too small for persons using wheelchairs. The toilets are wet and slippery, enhancing the risk of a fall and injury. The lack of signs in Braille or tactile paths makes it difficult for the blind to locate toilets; for those with impaired hearing and speech, the fear of being ridiculed acts as a barrier to accessing public toilets. The physically disabled also avoid using public toilets because they are embarrassed about leaving a dirty facility behind after use.

Even if there is a household toilet, elderly and disabled people often find it difficult to use. Some of the toilets can only be accessed by climbing stairs or climbing up a slope. Most facilities do not have commodes, raised toilet seats or handlebars to hold while squatting and getting up.

ELDERLY AND DISABLED PEOPLE



Women with disabilities feel more vulnerable during pregnancy and menstruation. They depend on other people to help them with cleaning and changing of pads/cloth, which leads to irregular and poor hygiene management. They are also more vulnerable to sexual and verbal abuse. One of the participants in Warangal, Telengana, India narrated the case of a mentally-challenged woman, who was unaware of men staring at her while she was defecating in the open.¹⁶

The lack of water in the toilets is a major challenge for elderly and disabled people.¹⁷ They have to collect water from a distance, which due to their disability or old age is difficult. When there is a shortage of water, it is the women who have to forgo bathing. The task of carrying water to the toilet or bathroom falls on women. Women are prone to osteoporosis and run the risk of fracturing a bone while carrying heavy loads. Some women also said that when they are very tired, they avoid bathing.

To address the lack of appropriate sanitation facilities, elderly and disabled people have installed commodes or simply a chair with a hole cut in the seat, and handlebars in toilets at home that enable them to support themselves while defecating. One of the participants from India shared that he made a special ply board section, which he places on his wheelchair in lieu of the

“I need a bathroom which has support I can hold on to, otherwise I will lose my balance. A one inch wall will easily collapse if I fall on it. That is why I want a bathroom to suit my needs”—*Suman, Ranchi, Jharkhand, India*

“I fetch water from the courtyard to the bathroom for washing and bathing. I do it everyday for my husband but some days I give my bath a miss to avoid carrying a heavy bucket”—*80-year old woman participant, Warangal, Telengana, India*

“When my sister had a surgery, she faced a lot of difficulty in going to toilet. The toilet in our house is in one corner on the other side. First, she could not go up the steps and then had difficulty in sitting down”—*Anisa Arbzada, Kabul, Afghanistan*

16 - Consultation with elderly and PwD, Warangal, India, 30th October, 2015.
17 - All consultations in India, Nepal, Pakistan, Afghanistan, Sri Lanka and Bangladesh.

KEY ISSUES

“When my husband fractured his leg, he had to be carried outdoors by the neighbours whenever he needed to defecate. So I sold my jewellery to have a toilet constructed in our house. At least now he does not have to worry about morning routines”—*Marapaka Yellamma, Warangal, Telangana, India*



seat, whenever he needs to defecate.¹⁸ A participant from Bhutan shared how he designed a special ramp and a toilet for a friend's child who was physically disabled and could not access the toilet; the toilet seat was fixed at a level that the child could easily access.¹⁹ Participants also shared stories of building toilets without any subsidy to support their partner or family members with disabilities.



18 - Consultation with elderly and PwD, Bhopal, India, 4th November 2015.
19 - Consultation with elderly and PwD, Thimpu, Bhutan, 12th November, 2015.

KEY ISSUES

SANITATION WORKERS AND WASTE COLLECTORS

“We do not have sanitation and water facilities at work. Since we work from early morning to late in the evening, we are unable to wash our hands even for eating lunch. We just buy bread and eat with our dirty hands”
—*Mohammad Ibrahim, Kabul, Afghanistan*

The WASH practices of sanitation workers and waste collectors are determined largely by their working conditions as they spend many hours of the day and night clearing garbage, maintaining the cleanliness of streets, roads and other public areas. The responsibility of ensuring that the city is clean falls on their shoulders. Sanitation workers are employed by a municipal corporation or by any private contractor responsible for the collection and disposal of garbage. Waste collectors or rag pickers, as they are commonly known, are involved in the collection of rags or recyclable materials that can be found at dumpsites, landfills, riverbanks, street corners, or in residential areas. They usually collect materials such as plastics, bottles, cardboard, tin, aluminium, iron, brass, and copper, which can be sold for money.

The lack of water and sanitation facilities at the workplace forces waste collectors to defecate in the open. They also do not have any handwashing facilities and need to carry their own water for drinking and cleaning purposes. Many reported having to eat with dirty hands amidst the garbage or staying hungry the entire day until they return home and can wash up.

The situation is no different in their homes, especially in India, Pakistan, Nepal and Bangladesh. Most of them live in slums with community toilets, plagued by poor drainage, erratic water supply and poor maintenance. Due to irregular water supply, many of them are unable to take a bath daily, making it difficult to practice good hygiene regularly. Maintaining menstrual hygiene for women is especially challenging due to lack of space and privacy for changing their sanitary material. In Gandhinagar, India, waste collectors often live on illegally occupied land and do not want to invest scarce resources in toilet construction as the land does not belong to them. However, women waste collectors in the same city prioritized their sanitation needs and used their savings in constructing a toilet even though they run the risk of being relocated.

Challenges related to poor WASH services are exponentially higher for sanitation workers and waste collectors than the average citizen, as they usually work in extremely unhygienic and toxic environments, such as landfills, latrine pits, septic tanks and blocked drains in cities and towns. Across the region, with the exception of the Maldives, sanitation workers and waste collectors faced problems of inadequate safety and protection measures, such as face masks, gloves, boots and even cleaning equipment like shovels, brooms and bins. In Afghanistan, sanitation workers reported receiving gloves and boots; however, they still did not have facemasks and were frequently exposed to toxic gases from decomposing garbage.

< Photo: Waste collector carrying her lunch at Bhalaswa landfill in Delhi, India.

SANITATION WORKERS AND WASTE COLLECTORS

Across the eight countries, sanitation workers tend to travel in the same trucks that carry garbage, include dead animals and other decomposed, foul-smelling waste. There is no protection from injury, which often occurs while sorting through various hazardous materials like broken glass, sharp objects and even infected hospital waste that is mixed with the general waste. Waste collectors also handle soiled sanitary napkins and babies' nappies that are often thrown unwrapped into the garbage. Collection of waste in the rainy season is especially problematic, as the wet and moist environment provides fertile ground for maggots and other worms to flourish, making it extremely difficult for sanitation workers and waste collectors to conduct their jobs. The stench is often so overwhelming that the men sometimes take refuge in cheap alcohol.²⁰

Apart from the indignity of such work, it can also be extremely dangerous. Climbing into blocked gutters and drains in order to clean them manually exposes sanitation workers to high pressure methane gas and the risk of explosions and fatal accidents.

Skin diseases, respiratory disorders, diarrhea, fevers, headaches and other frequent bouts of illness are common among sanitation workers and waste collectors. The excessive weight of handcarts, bags and manual transportation of these wastes also causes back pain and joint aches.

Not only do they work under hazardous conditions, they also do not have any financial and social security. Wages are low, work hours long and irregular, and there is an extra workload due to shortage of manpower, especially in India, Nepal, Pakistan and Bangladesh, where sanitation workers are employed on a contract or temporary basis. Literacy rates of sanitary workers are very low, with the majority of them illiterate. In India, Nepal, Bangladesh and Pakistan, most people dealing with waste are Dalit (the lowest caste) and face discrimination and humiliation on a daily basis. They are seen as dirty and polluting, and treated with disrespect. As for waste collectors, there is no recognition for the work they do by municipal corporations or the general public; instead, they are seen as an "eyesore" and harassed by the police and society.²¹

Women sanitation workers are especially vulnerable as their wages are even lower than those of their male peers. In Bangladesh, they are paid half of what male sanitation workers get. As women who have to look after their homes and family, their work hours are also much longer than men. For instance, women in Delhi and Gandhinagar in India said they wake up early in the morning, cook food for their children and husbands, collect water and go to work usually at places that are three to four kilometers away from their homes, returning late in the evening and resuming their household chores.

"We inhale the dust and other filth lying in the city streets. We should be given masks to protect ourselves. We are not given uniforms for work during the winter, rains or snowfalls. We should be provided with uniforms" —Sanitation Worker, Mansehra, Pakistan

"As part of our work we sweep, pick up garbage, clean drains and pick up dead animals. The dead animals smell real bad. We don't get a mask, gloves or shoes to cover ourselves. If people can't bear the dirty smell, imagine what we have to bear while picking up a dead dog" —Shankar Mukhi, Saraikela, Jharkhand, India



20 - Consultation with sanitation workers/waste collectors Galle, Sri Lanka, 23rd October, 2015; consultation with the Harizon community, Khulna, Bangladesh, 28th November, 2015, Delhi.

21 - Consultation with sanitation workers and waste collectors, Delhi, India, 3rd November, 2015, and Rawalpindi, Pakistan, 11th November, 2015.

KEY ISSUES

"Because we do a dirty job and belong to the harijan caste (low caste), we are looked down upon as untouchables. People don't take anything given from our hands"—Shankar Mukhi, Saraikela, Jharkhand, India

"The drains are dirty. People do not drop the garbage in the dustbin where they should. They just leave it beside the dustbin or dump it in the drain. The drain becomes jammed, dirty and smelly. Water flows over the drains and reaches up to the roads. We clean the drains, clear the water and the filth"—Sanitation worker, Faridpur, Bangladesh

"Earlier we used to work with bare hands and ran a risk of getting injured by sharp objects like syringes, broken glass pieces etc. but now we wear a mask, gloves and other protective gear"—Jaya Prakash Chaudhury, Secretary of Safai Sena, Delhi, India

Even if their lives are miserable, waste collectors have aspirations for their children and are sending them to school so that they can find a more dignified livelihood and do not have to spend their lives sorting other people's waste. As one of the women at the consultation in Gandhinagar, India said, *"We cope because we have been doing this for years and have no choice, but we do not want our children to do the same."*

Some waste collectors, as seen in Sri Lanka, have begun to purchase safety gloves and soap for handwashing and bathing, as they understand the risks. They also tend to use toilets in houses near their working area. In Gandhinagar, India waste collectors reported using remains of soap found in the garbage. In the absence of facemasks, women use their dupatta (scarf worn on the heads and shoulders), sari ends or pieces of cloth to cover their faces to avoid the stench and toxic gases. Sometimes, workers make their own cleaning equipment, such as brooms, when they have run out of equipment.

"A sanitation worker collapsed inside a 15-foot concrete sewage pit due to the high concentration of gas. His colleague climbed in to rescue him and was carrying him up the ladder when both of them collapsed and fell to the bottom of the pit. Fortunately, they were rescued by a third worker who used a safety rope to haul them up with the assistance of passers by"—Ahmad Naeem, Male, Maldives



It is possible to minimize waste dumped at landfills and save resources, as demonstrated by Chintan, an organization working with waste collectors in New Delhi. Chintan has taken up solid waste collection and management projects with the Northern Railways, big hotels such as the Taj Group and the Oberoi, and malls such as Select City Walk in New Delhi. It works in partnership with Safai Sena, a registered group of waste collectors, itinerant buyers, junk dealers and other recyclers based in New Delhi and its surroundings, and collects solid waste from these organizations and sends it to the material recovery facility (MRF) in different locations in the city. The waste at these centres is segregated and then sent to authorized recyclers.

THE INVISIBLE AND UNHEARD:

TRANSGENDER COMMUNITIES, PLANTATION WORKERS AND FISHERFOLK

The transgender community in both Bangladesh and India is highly vulnerable due to social prejudices that deny them their human rights. They are subjected to discrimination, harassment, sexual and physical violence. They are often rejected by their own families and have to live on the streets. Some of them leave home of their own accord since they do not want to cause their family members any social embarrassment.

The WASH practices of the transgender community in India vary depending on whether they are living in their adopted family with a guru (head of the group), with their own family or independently. Due to social prejudices, it is difficult for transgenders to find rental housing and they end up living in highly congested areas with few toilets. Those who find shelter with a guru share a toilet with over 30 people and thus prefer defecating in the open. Transgenders living with their families usually have access to a toilet, but in rural areas some of them continue to practice open defecation.

The challenges faced by the transgender community in India and Bangladesh are quite similar. They report harassment, discrimination, prejudice and violence at the hands of the police, their own family members, community members and their clients, since they are mostly engaged in sex work or beg at traffic lights for a living. They cannot find accommodation and are forced to live in remote, slum areas, where access to water and sanitation facilities is poor. Since their work is often considered illegal it usually takes place in deserted places, such as graveyards and dump yards where there are no toilets. Participants reported defecating under trees, behind bushes or parked vehicles.²²

Even when there are public toilets, the transgender community is not allowed to use them. Public toilets are either for men or women and transgender people are not welcome in either, since it is widely believed that they are seeking sex work when they visit public toilets. When they use the men's toilet, they are subjected to sexual harassment and sexual violence. Most transgender women prefer to use the ladies' toilet; however, they report that women get scared when they see a transgender in the toilet and start abusing them.²³ To avoid such situations, many of them cover their faces with a dupatta (scarf worn on the head and shoulders) when they enter a women's toilet or they delay going to the toilet till they can find a more private place. To address this issue, the government of Tamil Nadu in India has made provision for separate toilets in public spaces for the transgender community.

Many transgender people have frequent episodes of various skin infections and urinary tract infections due to lack of adequate water and sanitation facilities. Urinary problems are particularly common among those who have

< Photo: A transgender resident, Dhaka, Bangladesh.

22 - Consultations with transgenders, Dhaka, Bangladesh, 4th November, 2015 and Hyderabad, India, 12th October, 2015.
23 - Consultation with transgenders, Hyderabad, India, 12th October, 2015.

THE INVISIBLE AND UNHEARD

undergone castration or sex reassignment surgery. They cannot afford proper medical care and rely on quacks and traditional medicine for treatment, which sometimes exacerbates the condition, especially in the case of post-castration complications and sex reassignment surgery.²⁴



Other Groups (Plantation Workers and Fishing Communities)

Consultation meetings were also organized with specific marginalized groups, such as fishing communities and plantation workers in Sri Lanka, and in locations with special geographical characteristics, such as the Maldives.

In Kalpitiya, Sri Lanka, the fisherwomen do not have access to toilets on the beach or the market place where they sell fish. Because the soil is sandy, it is difficult to construct toilets and the side walls of the pits tend to collapse. During the rainy season, the pits overflow. The toilets also do not have water and disposal bins.

In Badulla district in the mountainous Uva province of Sri Lanka, plantation workers living on the estates practice open defecation because there are no toilets in the fields. While most of them do have pour flush toilets at home, there are a few that do not have enough space to construct a toilet. Since they do not own the land, it is difficult for them to get a loan for constructing a toilet. Although there are community toilets there are very few public taps and showers for washing and bathing. Maintenance of community toilets is also an issue. Previously, the estate manager used to get the toilets cleaned, but now the workers are expected to clean the toilets themselves.

“I used to live with friends near Karimnagar town. About 15 of us were living in one room without any toilet facility. In order to relieve ourselves in the mornings, we used to go to the toilets in the Apsara theatre next door. However, after a while, the security guard realized we were using the theatre toilets and brought this to the notice of the owner. The owner had the toilets locked during the morning hours. When we confronted him, he replied that he did not want the public to think the theatre was a ‘transgender *adda* (den)’ and told us to stop coming. Often we are mistaken for seeking sex work when we visit public toilets”—*Sheila, Hyderabad, Telangana, India*

²⁴ - Consultations with transgenders, Dhaka, Bangladesh, 4th November, 2015 and Hyderabad, India, 12th October, 2015.

KEY ISSUES

“We face difficulties when we want to urinate during work hours, as there are no toilets or privacy. It is difficult to urinate in the field. We have to watch carefully if anyone is around us (for our safety). We have to go far away for bathing and washing clothes with our children. We don’t have drinking water facility”
—*Ms. Dhanalaksmi, Tea Plantation - Badulla, Sri Lanka*



In the Maldives, boats are the main form of transportation. Although the large boats traveling long distances do have toilets, they do not have any soap or tissues for anal cleaning and handwashing. The smaller fishing boats do not have any sanitation facilities. There is also no guarantee that the water collected from the islands to refill water supply on board fishing boats, is safe and hygienic.

Faecal sludge and wastewater disposal is another challenge in the Maldives. Most households use septic tanks where the wastewater leaks through the soil and contaminates the groundwater. A sewage system is now under construction on the islands but safety standards are not being maintained. In H.Dh. Hanimaadhoo, the new sewer system pumps the waste water from the septic tanks and empties it into the bush. Although this is a temporary measure it compromises environmental safety. Instances of sewer flooding and overflowing septic tanks were also reported. There is no wastewater treatment plant to ensure that all effluents being released into the ocean are treated.

KEY DEMANDS

All Groups

1. Adolescents, women, the infirm, elderly and disabled people, transgender individuals, sanitation workers and waste collectors consulted were unanimous that users should be consulted by the organizations responsible for building WASH facilities, so that they can take into account the specific needs and concerns of marginalized groups.
2. In the case of community toilets, the community must be involved not only in giving design inputs, but also in developing operation and maintenance plans. Consultation participants felt that community ownership is imperative to ensure sanitation facilities remain clean and usable. Moreover, they demanded a budget provision at local level for maintenance of these facilities.
3. Consultation participants highlighted the importance of raising community awareness on the need for sanitation, and hygiene, as well as menstrual hygiene management, so that they can demand their rights to water and sanitation.
4. All the different groups consulted spoke about stigma and discrimination: Stigma because they were old and infirm, could not walk far and fast. Stigma because they were women or girls bathing or defecating in the open because they had no toilets. Stigma because it was difficult to properly use or clean toilet seats if hearing or visually impaired. Stigma because one's livelihood means long days in rubbish dumps, inside drains or in dusty streets. Stigma for one's gender and sexual orientation. Stigma for being poor, from another caste, gender or age. All groups spoke in their own way about the need for respect, in order to live and work with dignity and security.

Women and Adolescent Girls

The key demands by women and adolescent girls included:

1. Access to clean, safe and functional individual household toilets with adequate water supply.
2. An adequate number of community toilets with access to water and good drainage systems especially in highly congested slum settlements.
3. Shorter distances between the home, water source and toilet to minimize the risk of injury, violence and burden on women and adolescent girls.
4. Functional toilets in schools, colleges and workplaces, as well as in public institutions and market-places, with adequate water, lighting and good drainage systems, so that they are clean, safe and offer privacy and dignity to their users.
5. Separate toilets for girls in schools, with facilities for menstrual hygiene management, including safe disposal of sanitary materials.
6. Greater awareness of the need for sanitation, and hygiene, including menstrual hygiene management, so that women and adolescent girls can adopt hygienic practices and the community can keep the facilities clean.



Elderly and disabled people

The key demands made by elderly and disabled people included:

1. Toilets with handlebars, a high commode, jet system, and slip resistant floors to ensure easy access and safety for elderly and disabled people.
2. Signs in braille for the blind.
3. Flexibility in design while constructing WASH facilities so that community members can choose a facility that suits their needs, such as high commodes or handlebars for support.
4. Dissemination of alternative designs and models of disabled-friendly facilities.
5. Employment opportunities and financial security.
6. Medical insurance and old age pension.
7. Training for people with disabilities and their care givers on the use and maintenance of sanitation facilities.

Sanitation workers and waste collectors

Sanitation workers and waste collectors emphasized the need for:

1. Financial security, regular jobs and employee benefits, which many are not entitled to under the contract system.
2. Fair and equal wages for both men and women sanitation workers and for contract workers and government employees.
3. Accident and medical insurance, as they are constantly exposed to health risks as well as accidents in their daily work, resulting in huge out-of-pocket expenses on medical bills.
4. Water and sanitation facilities at the workplace (landfills and garbage dumps) so they do not have to defecate in the open and can wash their hands especially before eating.
5. Safety equipment, such as masks, boots and gloves.
6. The use of machines (instead of people) for cleaning drains and manholes.
7. Identity cards to prevent harassment by the police.
8. Public education about the value of segregating waste and wrapping soiled and sharp objects to prevent injury and infection to the waste collector.
9. Acknowledgement of the valuable work they do segregating and recycling waste and cleaning cities/towns.

RECOMMENDATIONS

The following recommendations are for government and nongovernmental agencies designing and planning sanitation and hygiene projects, and for sanitation service providers.

1. Listen to the user

Many individuals are simply invisible within the community. Excluded from discussions by default or design due to age, gender, occupation, class, caste or ethnicity, they have no interface with planners, policymakers, public opinion makers and financiers. As a result, there is a yawning gap between discussions in sanitation meetings and well-meaning delivery schemes and how everything actually works or does not work in the long run. While demands may differ based on current service levels, the ability to afford and access safe, adequate sanitation and hygiene services all year around remains out of reach for many across the region. Listening to them, not just every two years at SACOSAN, but systematically, would transform sector discussions and positively inform the delivery of services across the region.

2. Create smaller, frequent regional platforms for participation and dialogue

People cope. They have to when it comes to water, sanitation and hygiene. These are daily, human needs. They cope regardless of age, gender, particular illness or disability. How can we learn from their strategies, innovations and resilience in order to dramatically improve services within and across villages, blocks, *upazillas*, provinces, municipalities, states and regions? Complimenting large regional SACOSANs with smaller, deeper constituency-driven discussions focussing on shared needs by disabled people, people living with HIV, adolescent girls and boys, children, expecting women and young mothers, elderly men and women across countries would reinvigorate the behaviour change discourse.

3. Build capacity to respect diversity, listen and learn.

A key lesson from these consultations is how difficult it is to listen and learn. The temptation to instruct and inform is all pervasive in a region characterized by heavily centralized administrations, top-down schemes and technocratic approaches. Civil society and community-based organizations working with marginalized groups need to unlearn, to question assumptions, seek out the silent and invisible and bring these voices directly to planners and policy-makers. Listening and learning from these individuals and groups will help forge partnerships to achieve not just sanitation but wider development goals.

4. Build information, public opinion and new media partnerships

The divide between the tech savvy, conference present, connected practitioner and the remote, unconnected underserved user of sanitation, water and hygiene services is very wide and real. This must be urgently bridged. Rather than a handful of journalists covering SACOSAN as an event, new and old media need to be key partners in building a meaningful dialogue between users and policy-makers, practitioners and academics.

5. Call for basic action research on services for everyone, everywhere

South Asia is home to some of the most cutting edge research and innovation in sanitation and hygiene. However, there seems to be a crucial missing piece about action research in every country in South Asia on understanding how simple, affordable sanitation and hygiene services can be tailored to satisfy the daily needs of young and old across the human life course. Elderly people across the region said that no one had ever talked to them before about their sanita-



tion and hygiene needs; transgender people said that they were simply not considered human enough to have these daily sanitation and hygiene needs; hundreds of millions of menstruating women and girls continue to have to hide this natural phenomenon every month without proper sanitation and hygiene provisions; and women and girls in some countries fear to eat or drink too much lest they have to relieve themselves during the day, in the open, in full sight of leering eyes.

6. Should SACOSAN become a regional advisory board and regulator?

The complete violation of human rights and any type of decency in work conditions is illustrated by the conversations with sanitation workers and waste pickers. The degree changes from location to location, but the pattern is shared across South Asia. The silence on these issues is also shared across the region. Can SACOSAN afford to remain delivery and user focussed if sustainability is at the core of the sanitation discussion? All eight countries are signatories to the human rights to water and sanitation and are therefore duty bound to ensure safety and decency in delivery and use. What is the best way to respond systematically to the rightful demands made by sanitation workers including but not limited to:

- Better working conditions, including better remuneration, safety equipment, identity cards, uniforms and public awareness on solid waste management.
- Instead of recruiting them as contract labour, their work should be acknowledged and regularized through legislation.
- Washing and bathing facilities, including soap and disinfectants.
- Women sanitation workers must be provided equal pay and safe conditions of work, including during pregnancy and motherhood.
- Medical and accident insurance to reduce the burden of medical expenditure and loss of wages.

7. Change the shape and form of regional meetings

Six regional meetings over almost one and a half decade in South Asia, together with their counterparts in Africa, South East Asia and Latin America have raised the profile of sanitation politically, attracted more investment and contributed to the recognition of sanitation and hygiene as important development goals. It may be the right time to move from the traditional mix of plenaries and short sessions to include core substantive non-negotiable elements to the design such as evidence (voices, action research and scientific evidence); accountability (specific groups, climate affected regions, hard to reach areas); cross-regional learning and sharing.

8. Revise the mandate of the Inter - Country Working Group

The two years between SACOSANs provides the perfect time and space to listen and learn, and share and develop agreed guidance to push key issues, without which universal sanitation will remain an elusive goal. To achieve this the mandate of the ICWG needs to be expanded to take meaningful coordinated action between meetings. A sub-regional platform for key groups, dissemination of research in the region, media advocacy, understanding and piloting new approaches and development of regulatory guidance on human rights approaches are some of the key areas that an active ICWG may build between meetings. The regional meeting would then be a true endorsement of coordinated action and an assessment of progress.

Annex I: Consultations: dates and locations

CONSTITUENCY	MEETING 1	MEETING 2	MEETING 3	MEETING 4	MEETING 5	MEETING 6
AFGHANISTAN						
ALL GROUPS	KABUL 9 TH DEC					
BANGLADESH						
ADOLESCENTS AND WOMEN	KALIAKOIR, GAZIPUR 3 RD NOV	DHAKA 5 TH NOV	SHARIATPUR 8 TH NOV			
ELDERLY AND DISABLED PEOPLE	ABADOR DHAKA 11 TH NOV	BADDA DHAKA 12 TH NOV	DHAKA 12 TH NOV			
SANITATION WORKERS AND WASTE COLLECTORS	FARIDPUR (HARIJON) 8 TH NOV	FARIDPUR (MUSLIM) 9 TH NOV	KHULNA 28 TH NOV			
TRANSGENDER PERSONS	DHAKA 4 TH NOV					
BHUTAN						
ALL GROUPS	THIMPU 13 TH NOV					
INDIA						
ADOLESCENTS AND WOMEN	DEVANAGARI, KARNATAKA 19 TH OCT	BARWANI, MADHYA PRADESH 29 TH OCT	ANGUL, ODISHA 1 ST NOV	PALANPUR, GUJARAT 3 RD NOV	DAHOD, GUJARAT 4 TH NOV	JAMSHEDPUR, JHARKHAND 7 TH NOV
ELDERLY AND DISABLED	BHADRAK, ODISHA 26 TH OCT	PURI, ODISHA 28 TH OCT	WARANGAL, TELENGANA 30 TH OCT	SARAIKELA, JHARKHAND 3 RD NOV	BHOPAL, MADHYA PRADESH 4 TH NOV	
SANITATION WORKERS AND WASTE COLLECTORS	ERODE, TAMIL NADU 17 TH OCT	KHURDA, ODISHA 31 ST OCT	DELHI 3 RD NOV	MYSORE, KARNATAKA 3 RD NOV	GANDHINAGAR, GUJARAT 4 TH NOV	RANCHI, JHARKHAND 5 TH NOV
TRANSGENDER PERSONS	HYDERABAD, TELENGANA 12 TH OCT					

Annex II: Consultations: Partner organizations who supported the process

CONSTITUENCY	MEETING 1	MEETING 2	MEETING 3	MEETING 4	MEETING 5	MEETING 6
MALDIVES						
ALL GROUPS	MALE 17 th Nov					
NEPAL						
ADOLESCENTS AND WOMEN	SIDHI, KORAK, LUTHAR 10 th – 12 th OCT	LALITPUR 11 th OCT	RATNANAGAR 14 th OCT	DHULIKHEL, KATHMANDU 8 th Nov		
ELDERLY AND DISABLED PEOPLE	LALITPUR 16 th OCT	KATHMANDU 18 th OCT	DHUMBARAHI, KATHMANDU 9 th NOV			
SANITATION WORKERS AND WASTE COLLECTORS	RATNANAGAR 15 th OCT	KATHMANDU 17 th OCT	BIRATNAGAR 7 th NOV			
PAKISTAN						
ADOLESCENTS AND WOMEN	NUSHKI, BALUCHISTAN 29 th OCT	QUETTA 4 th NOV	SILLANWALI, SARGODHA 8 th NOV			
ELDERLY AND DISABLED PEOPLE	KHAIRPUR, SINDH 3 rd NOV	NAWABSHAH, SINDH 7 th NOV				
SANITATION WORKERS AND WASTE COLLECTORS	RAWALPINDI 11 th NOV	MARDAN –KHYBER, PAKHTUNKHWA 16 th NOV	MANSEHRA 20 th NOV			
SRI LANKA						
ADOLESCENTS AND WOMEN	GALLE 21 st OCT	BADULLA 17 th NOV	KALPITIYA 18 th NOV			
ELDERLY AND DISABLED PEOPLE	COLOMBO 15 th NOV					
SANITATION WORKERS AND WASTE COLLECTORS	GALLE 21 st OCT	KURUNEGALA 21 st NOV				

Afghanistan:

Afghanistan Civil Society Forum Organization, Kabul
Ministry of Rural Rehabilitation and Development, Islamic Republic of Afghanistan

Bangladesh:

Village Education Resource Center (VERC) – Lead partner in Bangladesh
Add International
Alor Shaya Pritibondhi Unnayaon Shongtha
Bangladesh Society for the Change and Advocacy Nexus (B-SCAN)
CDC, Khulna
Muktir Songram Protibondhi Unnyan Shongtha
Practical Action
Protibondhi Nagorik Shangathaner Parishad (PNSP)
Somporker Noya Setu
Unnayan Shahojogy Team (UST)

Bhutan:

Royal Government of Bhutan
SNV Bhutan

Nepal:

Lumanti – Lead Partner in Nepal
Akriti Cooperatives
Community Women Forum
Development Exchange Center (DEC)
Forum for Social Improvement & Environmental Development (FoSIED)
Guthi
Maitree: Women Alliance for WASH Advocacy
National Federation of Disabled
Nepal Sukumbasi Sudhar Samiti
Ratnanagar Municipality

India:

Modern Architects for Rural India (MARI), Warangal – Lead Partner in India
All India Kabaddi Mazdoor Mahasangh (AIKMM)
Angul Swechhasevi Sangathan Samukshya (ASSS)
Association of Persons With Disability
Avagahana
Center for holistic development Chintan
Delhi Jal Board Majdoor Karamchhari Sangathan
Delhi Municipal Employee Unity Center
Ekal Nari Sashakti Sangathan
Energy, Environment and Development Society (EEDS)
Grassroots Research and Advocacy Movement (GRAAM)
India HIV AIDS Alliance, Hyderabad
Indian Institute of Youth and Development (IIYD)
Jharkhand Viklang Jan Forum
Lok Shakti Vikash Kendra
MADAIT
Naisargik Trust
Prakruti
Pravah
SADHANA
Safai Karamchhari Andolan
Seva Mandir, Bhadrak, Orissa
Shramjivi Mahila Samity
Support for Network and Extension Help Agency (SNEHA)
Swami Vivekananda Youth Movement (SVYM)

Swacchta Karamchhari Union
Udgam Trust
Viswa Yuva Kendra, Bhubaneshwar, Orissa
WaterAid, Delhi

Maldives:

Ministry of Energy and Environment
Watercare

Pakistan:

Punjab Urban Resource Centre - Lead Partner in Pakistan
Alfalah Health Organization
Aurat Foundation, Sirgodha
Confident Disable Welfare Association (CDWA)
Dr. Akhtar Hameed Khan Memorial Trust
Integrated Regional Support Program (IRSP)
National Disability and Development Forum
Participatory Integrated Development Society (PIDS)
Poverty Alleviation Organization, Balochistan
Saibaan Development Organization
Sanitary Workers' Union

Sri Lanka:
Centre for Environmental Justice (CEJ) – Lead Partner in Sri Lanka
Human & Environment Links Progressive Organization (HELPO)
Plantation Community Development Forum
Practical Action
REHAB Lanka (Sri Lanka Foundation for Rehabilitation for Disabled)
Semuthu Fisheries Society



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NO ONE
BEHIND**

About FANSA

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

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About WSSCC

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

Learn more at www.wsscc.org

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