

INDIA
WATER, SANITATION, HYGIENE (WASH)
Sectoral and OR+ (*Thematic*) Report

JANUARY – DECEMBER 2016



Lady giving drinking water to Schoolboy.
Village: Purkela, Dist: Sarguja
Chhattisgarh – Dayel Singh

Prepared by

UNICEF India

23 March 2017

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List of Acronyms

BMGF	Bill and Melinda Gates Foundation
CATS	Community Approaches to Total Sanitation
CEO	Chief Executive Officer
DC or DM	District Collector / District Magistrate
DRR	Disaster Risk Reduction
FBO	Faith Based Organisation
GIWA	Global Inter-faith WASH Alliance
GOI	Government of India
GP	Gram Panchayat
JMP	Joint Monitoring Programme (WHO / UNICEF)
KRCs	Key Resource Centres
MDG	Millennium Development Goal
MDWS	Ministry Drinking Water and Sanitation
MHM	Menstrual Hygiene Management
MIS	Management Information System
NFHS	National Family Health Survey
NRWDP	National Rural Drinking Water Programme
ODEP	Open defecation free
ODF	Open defecation elimination plan
PGC	Parliamentarians' Group for Children
PHED	Public Health and Engineering Department
PRI	Panchayat Raj Institutions
RALU	Rapid Action Learning Unit
RSOC	Rapid Survey of Children
RMNCH+A	Reproductive, Maternal, New-born, Child Health and Adolescents
RTE	Right to Education
SBCC	Social Behaviour Change Communication
SBM	Swachh Bharat Mission – Gramin
SBSV	Swachh Bharat Swacch Vidyalaya
SC	Scheduled Caste
ST	Scheduled Tribes
SVP	Swachh Vidyalaya Puruskar
UNICEF	United Nations Children Fund
UNPSA	United Nations Public Services Award
WASH	Water, Sanitation, Hygiene
WHO	World Health Organization

EXECUTIVE SUMMARY

The year 2016 marked the first year of the SDG era. India need to ensure that all of its population has access to and using basic sanitation as it embarks on the challenge of moving towards safely managed sanitation services. For this reason, it is critical that there is acceleration in coverage with quality that leads to sustainable toilet use by all. The SDG baseline estimate is that the prevalence of open defecation in India is 41.5%.

In light of this need to rapidly attain the ambition of all India having at least basic sanitation, the Government of India has embarked on a district-focused approach to the implementation of its sanitation programme. It believes that it will only by adopting district-wide planning that incorporates actions for SBCC, construction, and monitoring, that India will be able to achieve scale rapidly.

Given this context, in 2016, UNICEF continued to support the Government of India, 16 state governments, and development partners within the following result areas:

- Infants, young children and their mothers have equitable access to and utilise quality services for child survival, growth and development; and
- Boys and girls live in a protective environment and have equitable access to and utilise quality education and protection services.

In the priority area of reducing open defecation, UNICEF put an overall emphasis on:

- Government monitoring and accountability: coverage and use of latrines and performance analysis.
- Aggregating results through partnerships: leveraging global influence through UNICEF's role as interlocutor.
- Shifting approaches for scale: informing how to achieve scale; dissemination and capacity building.

Headline results in 2016 include: technical support to 82 districts across 15 states focusing on the development of open defecation elimination plans that include detailed planning for SBCC, toilet construction and monitoring and support to identify implementation bottlenecks and provide solutions to those bottlenecks; the development of comprehensive SBCC guidance tailored specifically for use by district authorities to guide their development of behaviour change programming activities. This guidance provides the context and complements the national Sanitation and Hygiene, Advocacy and Communication guidelines; The provision of quarterly performance analysis of the Government of India's *Swachh Bharat* mission to enable the Government to make informed decisions and course correction; the amplification of child rights through strengthened partnerships, including inter-faith, media, and youth platforms, leading to the launch of a new umbrella initiative, *Team Swachh*; agreement with the Government to intensify the focus on water safety planning, including collaborative research with academia.

The above summarize UNICEF's contribution to the national and state governments which made the following progress in 2016:

- 10.3 million new toilets equivalent to 46 million new users of improved sanitation
- 36 new ODF districts
- Two additional ODF states in addition to Sikkim, Himachal Pradesh and Kerala
- 124,391 additional ODF villages; of which
- 69,765 verified ODF villages

Convergent work saw the establishment of the national Swachh Vidyalaya Puruskar, a national benchmarking scheme for schools to encourage full implementation of the national WASH in Schools guidelines; in health centres, the momentum built up by the pioneering work in Rajasthan, Tamil Nadu and Gujarat has come to fruition. All states with a UNICEF presence began to undertake assessments of WASH in compliance in health centres initially in the GoI designated high priority districts (HPDs). This programming will continue into 2017 to ensure that state governments' capacity has been adequately built to allow mainstreaming of WASH compliance in health centres across all states.

New developments and ongoing issues

National context

India's 12th Five Year Plan (2012-17) calls for considerable investments in infrastructure, including water and sanitation, as a means of contributing to poverty reduction and the nation's increased growth. For that reason, in December 2014, the Government of India launched its revised national guidelines for sanitation - the "Swachh Bharat Mission" (Clean India Mission). The aim of the guidelines is to enable states to accelerate sanitation coverage, improve cleanliness and end open defecation in India by October 2, 2019. The target to end open defecation is ambitious and will need concerted efforts by all stakeholders if it is to be met.

During 2016, the administrative leadership of the Ministry of Drinking Water and Sanitation (MDWS) changed with the appointment of a new Secretary. The Secretary is seconded from outside of the Indian Administrative Services and brings a fresh perspective to the running of the ministry. The race to meet the target to eliminate open defecation has escalated. In May 2016, the ministry identified 185 districts for which it sought the direct support of development partners to work hand in hand with the district authorities to prepare and implement plans to eliminate open defecation. This move has seen many districts self-declare open defecation free (ODF) status. In a welcome move though, water is now receiving greater attention by the ministry most notably resulting in the establishment of an arsenic and fluoride sub-mission with the National Rural Drinking Water Programme. As in 2015, the role of UNICEF in 2016 remained to provide upstream technical advice and drive public advocacy in support of: *reducing open defecation; reducing neo-natal deaths; reducing stunting; and enhancing quality education and learning outcomes.*

The status of goals and indicators for children in 2016

The year 2015 marked the end of the Millennium Development Goal (MDG) era. While India made progress towards reaching the MDGs, achievement across the Goals varied. Further, the SDG era beginning January 2016 ushered in a set of ambitious goals premised on universality with the water, sanitation and hygiene goals SDG 6.1 and 6.2 being no different in this respect.

Consequently, the following sections describe the status of WASH in India in 2016 and provide a discussion of the constraints and opportunities against which UNICEF programming was positioned.

The following sub-sections describe the status of WASH in India in 2016 and detail the constraints, obstacles and opportunities against which UNICEF programming is positioned.

Sanitation

The MDWS maintains a management information system (MIS) which it relies upon as providing the definitive status of sanitation coverage in India. This is linked to the race to achieve the target of an ODF India by October 2, 2019. Consequently, the findings of household surveys which are invariably released a year or two after data collection are viewed by the MDWS as under-representative of the true picture of sanitation coverage.

Though significant progress has been made, the latest JMP update and MDG assessment (2015) shows that significantly more investment is required for India to reach ODF status.

Table 1: Joint Monitoring Programme estimates for sanitation in rural India - 2015

Estimated coverage 2015 update				
Year	Improved	Shared	Other unimproved	Open defecation
1990	6%	1%	2%	91%
1995	10%	2%	2%	86%
2000	15%	3%	3%	79%
2005	20%	4%	3%	73%
2010	24%	4%	6%	66%
2015	28%	5%	6%	61%

WHO/UNICEF JMP 2015

An analysis of the WHO/UNICEF Joint Monitoring Programme (JMP) data for the prevalence of open defecation from 1990 (Table 2) shows that the growth in sanitation coverage has only occurred marginally, though consistently, at just over 1.2% on average. For India to achieve the government target of Open Defecation Free (ODF) status by 2019, states must accelerate coverage to reach 12% per year.

Table 2: Situation of open defecation - India 1990 – 2015

Country	Year	x1000	Sanitation							
			Population		Urban		Rural		National	
			Open Defecation (x1000)	Open Defecation (%)	Open Defecation (x1000)	Open Defecation (%)	Open Defecation (x1000)	Open Defecation (%)		
India	1990	868,891	64,237	28.9	588,331	90.9	652,568	75.1		
	1995	955,804	65,118	25.6	601,756	85.8	666,873	69.8		
	2000	1,042,262	61,822	21.4	598,064	79.3	659,886	63.3		
	2005	1,127,144	56,915	17.3	581,287	72.9	638,203	56.6		
	2010	1,205,625	48,872	13.1	553,131	66.4	602,004	49.9		
	2015	1,282,390	41,040	9.8	528,358	61.3	569,397	44.4		

WHO/UNICEF JMP 2015

A recent analysis based on the results of household and Gol surveys, censuses, the UNICEF India Rapid Survey of Children (RSOC, 2014), and administrative data from the MIS, shows that there has been significant acceleration in the rate of coverage since the launch of the SBM in August 2014. Figures 1 and 2 below show the best case open defecation prevalence (%) by sub-district for Gujarat and Bihar.

Figure 1 – Gujarat open defecation prevalence (%)

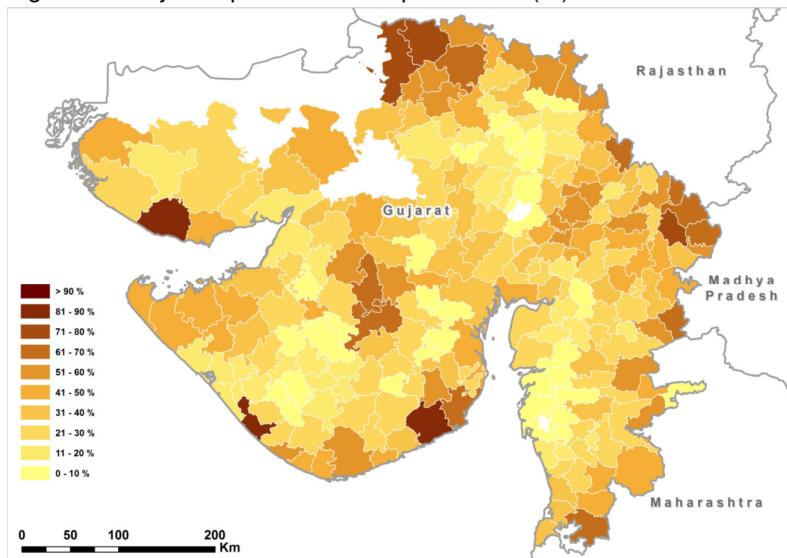
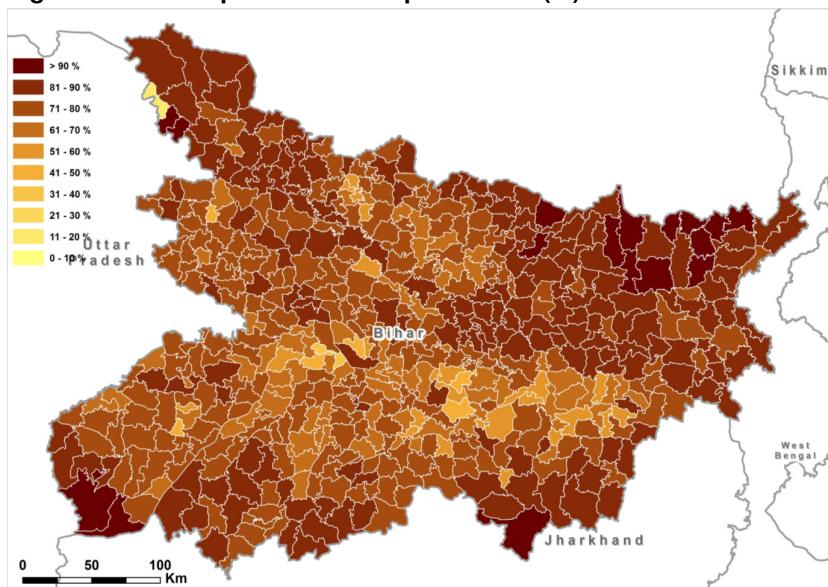


Figure 1 shows that there has been a remarkable reduction in open defecation prevalence in Gujarat. This is to be welcomed as it indicates that there is good progress in the installation of toilets. The picture around use is unknown. The success in Gujarat is representative of states where governments have made a concerted effort to reduce open defecation.

Figure 2 below on the other hand shows Bihar where there has been little progress in the reduction of open defecation prevalence. If India and the world are to achieve deep reductions in open defecation prevalence, the states of Bihar and Uttar Pradesh will need to take concrete steps to bring down open defecation. The magnitude of financial and human resources required to achieve this is significant as alongside the construction effort, there also needs to be a sustained push for the establishment of a new social norm that rejects open defecation and enduring behaviour change in WASH practices among communities.

Figure 2 - Bihar open defecation prevalence (%)



The SDG baseline estimate puts the national prevalence of open defecation at 41.5 which represents a 2.5% drop from the 44% in the MDG assessment of 2015.

Drinking water

India remained on-track to achieve the MDG target for sustainable access to safe drinking water. The overall proportion of households having access to improved water sources increased from 68.2% in 1992-93 to 93% in 2015.

Table 3: JMP estimates for drinking water in India – 2015

Estimated coverage 2015 update					
Year	Total improved	Piped onto premises	Other improved	Other unimproved	Surface water
1990	64%	6%	58%	32%	4%
1995	70%	8%	62%	27%	3%
2000	76%	10%	66%	21%	3%
2005	82%	12%	70%	16%	2%
2010	88%	14%	74%	11%	1%
2015	93%	16%	77%	6%	1%

WHO/UNICEF JMP 2015

However, deteriorating water quality threatens the gains made in improving access to drinking water. While India has achieved its MDGs for drinking water supply, with over 93% of the population with access to improved water sources¹, not all of the new sources are necessarily safe. Unsafe operation and maintenance of water sources compounds the problem. Water drawn from safe sources may also be contaminated by the time it is ultimately consumed in households.

In India, chemical contamination of water supplies – both naturally occurring and from pollution – is a serious problem, as most drinking water sources in rural areas are ground water based and prone to geogenic contamination. Of the 1,713,303 rural habitations in the country, more than 66,700 are exposed to contamination from one of the five major contaminants: arsenic, fluoride, nitrate, iron and salinity (MDWS-MIS).

The microbial contamination of water remains a serious issue too and faecal contamination of water can undermine the gains made from improved sanitation in terms of reducing diarrhoeal disease. The GoI estimates that 10% of water sources are subject to microbial contamination though these estimates are based on very small samples and the true figure is almost certain to be much higher.

Ensuring that drinking water sources remain safe for consumption is crucial and needs to happen at the lowest, grassroots level with wide participation and a primary focus on developing Water Safety Planning in a participatory manner. The Government of India has also now stressed the need for Water Safety Planning as part of the National Rural Drinking Water Programme (NRDWP). However, the Government's capacity to implement this remains weak or non-existent, especially at the field level.

Neo-natal and maternal deaths

India is home to 17.5% of the world's population and an annual birth cohort of 26 million. The country also accounts for more than a quarter of new-born deaths worldwide. In terms of absolute numbers, India accounts for the highest number of maternal deaths, still births as well as new-born deaths in the world with nearly 45,000 maternal deaths and 670,000 neonatal deaths annually. India alone accounts for more new-born deaths than the other top four countries combined.

¹ UNICEF/WHO JMP 2015 Update and MDG assessment

In India, the share of neonatal to under five deaths is not only high but has increased from 46% in the year 2000 to 56% in 2013. This is mainly because major gains in child survival in the last decade have come primarily from reduction in deaths due to infections like pneumonia, diarrhoea, measles and neonatal tetanus while progress has been negligible for reduction of prematurity-related deaths. The share of prematurity for under five deaths increased from 15% in 2000 to 24% in 2013².

Stunting

India is the largest contributor of stunted children globally with 38% of Indian children suffering from stunting according to the latest available evidence³. Tribal children are among those most affected, with stunting prevalence as high as 54%; some 75% live in nine tribal states⁴, and 55% are from just three states. Furthermore, children from the poorest families and rural areas are more likely to be undernourished as compared their counterparts from the richest quintile and urban areas respectively while access to the essential nutrition-related actions needed to alleviate the problem remain limited.

Quality education and learning outcomes

While significant progress has been made towards achieving universal primary education in India, there are still approximately 6 million children out of school, and 36% of girls and boys drop out before achieving the full cycle of elementary education. The majority of these children belong to disadvantaged groups, such as scheduled caste (SC) and scheduled tribe (ST)⁵, linguistic, ethnic and religious minority groups, as well as children with disabilities. Those who are in the classroom are often not learning, with the poor quality of education they are receiving leading to poor learning outcomes. Even if children complete the full cycle of elementary education, the transition to secondary education, especially for girls, remains low. Children are ultimately being pushed out of the education system making them vulnerable to child labour, child marriage, abuse and violence. Another critical factor is the lack of preschool education. When children enter primary school directly without quality preschool education – and thus, without school readiness – it increases the likelihood of them dropping out and not learning to their potential.

Changes in the national sanitation programme and programmatic implications

The Swachh Bharat Mission (SBM) was in its second year of implementation in 2016. The GoI accepted advocacy by UNICEF and other development partners that the existing focus on an approach that was GP-led would not realise results at scale that the GoI was determined to see. Besides, the SBM guidelines issued in December 2014 advocate for an implementation approach that is district-led with the full support of the district magistrate.

Therefore in May 2016, the GoI accepted that a district-wide planning and implementation of the SBM was required and it identified an initial 185 districts (Phase 1) to be made ODF by March 2017. The district magistrates in these districts were each allocated a development partner to provide technical assistance in planning and to troubleshoot implementation challenges. UNICEF was tasked to support 64 districts initially and this number increased to 82 districts by the close of 2016. The move by the GoI was welcome and received the support of state governments too.

The results of the GoI initiative have been patchy. In some districts, the leadership has fallen behind the challenge and taken full ownership to ensure that the SBM is implemented with quality and due attention is paid to promoting behaviour change in communities. In many others, the district leadership is less committed to addressing sanitation. District magistrates are responsible for over 30 programmes of which one is sanitation and many district magistrates have identified other programmes as their priority.

² Lancet 2015, causes of child mortality 2000 to 2013

³ NFHS 4, 2015/16

⁴ Andhra Pradesh, Chhattisgarh, Gujarat, Jharkhand, Madhya Pradesh, Maharashtra, Odisha, Rajasthan and Telangana

⁵ The **Scheduled Castes** (SCs) and **Scheduled Tribes** (STs) are official designations given to various groups of historically disadvantaged people in India. The terms are recognised in the Constitution of India and the various groups are designated in one or other of the categories.

In some districts, progress in accelerating coverage has been good due to the construction-led approach that the districts have taken attributable to the race for ODF. This has led to record numbers of toilets being constructed in the absence of any behaviour change programming. As a consequence, it is safe to conclude that many of the new toilets will not be used. For many district authorities, ODF means only that all households in the MDWS baseline in that district have been provided with a toilet. Therefore there is urgent need for capacity development of district authorities focused on the SBM so that they can understand key terms such as ODF and comprehend the responsibility that comes with their personal leadership of the programme.

The implications of the above are as follows:

- In a few districts, the leadership implemented the programme with quality, paying adequate attention to the need for behaviour change programming and ensuring that monitoring and sustainability mechanisms were in-built in programme implementation;
- Some districts showed tremendous increases in 2016 in the number of household toilets but this increase was due to a construction-led approach rather than demand-based. In these cases, there is a realistic prospect that some of the toilets that have been constructed will not be used and therefore the coverage figures will be overstated; and
- A balance needs to be struck between meeting targets and quality implementation. This would inevitably mean that the overall 2019 target would fail to be met, but India would be able to show a growing trend whereby sanitation coverage is increasing at an increased rate accompanied by toilet use by all.

National monitoring

Sanitation coverage in India is now reported and monitored through the MDWS MIS. This database contains the details of over 180 million rural households and is used as the starting point for the 2019 sanitation target. However, there are systemic flaws in the use of the MIS data for planning and monitoring purposes as follows:

- The data in the MIS is self-reported and there are no mechanisms in place to verify the veracity of the data relating to coverage uploaded from the field;
- The overall baseline is not adjusted to take into account new households and the growth in population. Consequently, the gap remains constant and once all households in the database will be covered, India will be presumed to be ODF. The reluctance to review the baseline is that a review would result in an increase in the financial outlay under the SBM as more households are added who would be eligible for a financial incentive payment; and
- The capacity to use the data within the MDWS is limited for two reasons. The ministry has few staff and therefore data mining is not a priority. Second, sanitation is a state subject and the MDWS has limited scope to influence states to review the data to inform programme planning and implementation.

RESULTS IN THE OUTCOME AREA

UNICEF's programmatic response in 2016

Results assessment framework

In 2016, UNICEF continued to support the Government of India, 16 state governments, and partners within the following two result areas:

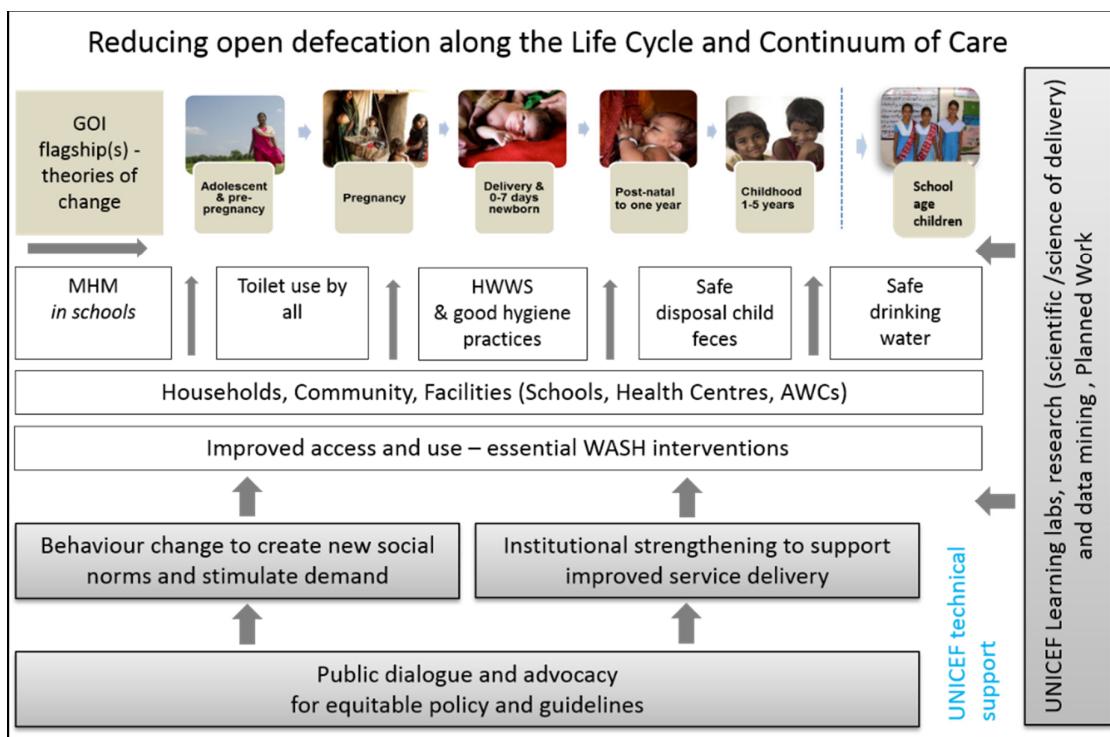
- Infants, young children and their mothers have equitable access to and utilise quality services for child survival, growth and development; and
- Boys and girls live in a protective environment and have equitable access to and utilise quality education and protection services.

UNICEF built on work to support achievement of the country programme results and the following main indicators:

- The proportion of children who live in households that use improved **sanitation** facilities (JMP 2015 Update) = 40%, Baseline: 33%; 2014 projection 43.8% = *On track*
- The proportion of mothers who live in households that use improved **drinking water** sources (JMP 2015 Update) = 94%, Baseline: 86%; 2014 projection 91.6% = *Achieved*
- The number of states with Right to Education (RTE) plans that reflect the essential elements of the 3-Star Approach⁶ including the institutionalising of **handwashing with soap** before the mid-day meal in schools = *On track*

These results are part of UNICEF's contribution to the Government of India targets for sanitation which are measured at key times during the country programme cycle. The programmatic framework guiding the WASH programme remained unchanged (Figure 3 below).

Figure 3: WASH programmatic framework – THEORY OF CHANGE



⁶ The 3-Star Approach for WASH in Schools is designed to improve the effectiveness of hygiene behaviour change programmes and help to ensure the availability of functional WASH facilities. The approach ensures that healthy habits are taught, practiced and integrated into daily school routines.

The framework provides greater focus for results for children and mothers and reflects a shift away from project implementation to upstream programming.

Throughout the remainder of this report, 2016 progress is demonstrated through the use of selected examples from across WASH programme states and at the national level. While the programme was delivered using a combination of six key strategies⁷ the emphasis in 2016 remained on the following three key areas of focus:

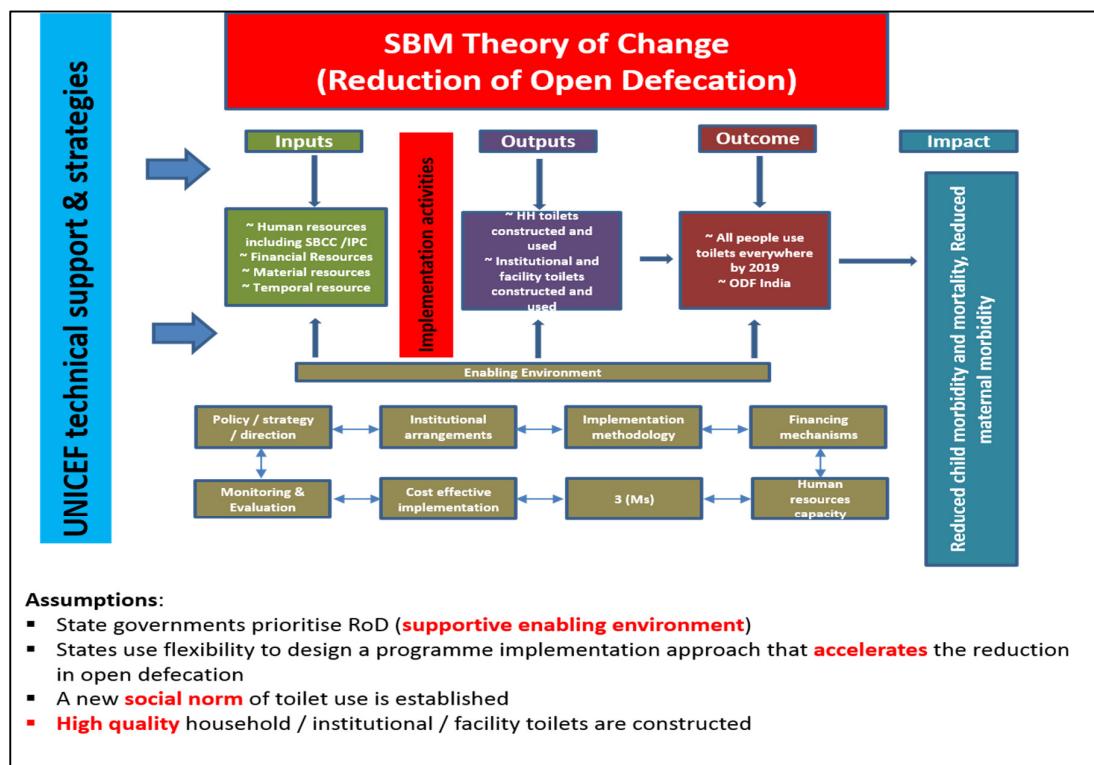
- Government monitoring and accountability: coverage and use of latrines and performance analysis;
- Aggregating results through partnerships: leveraging global influence through UNICEF's role as convenor; and
- Shifting approaches for scale: informing how to achieve scale; dissemination and capacity building.

The following sections highlight areas of work undertaken by UNICEF in 2015 and the progress made.

Sanitation

In 2016, UNICEF's upstream work continued to be guided by the Swachh Bharat Theory of Change with its focus on the enabling environment and within that specifically, institutional development.

Figure 4: Swachh Bharat theory of change



⁷ (1) Improve demand, use and practice; (2) Improve training and capacity; (3) Convene and strengthen partnerships with the public and private sectors; (4) Foster advocacy for positive change; (5) Foster thinking, innovation and evidence; and (6) Strengthen management information systems.

Recognizing that institutional alignment and capability is one of the key requirements for sustainable sanitation at global, national and local levels, UNICEF hired the services of a senior team of WASH consultants through IOD PARC to develop UNICEF India's capacity to address this issue. The outcomes of this contract will be mentioned further into the report.

Government monitoring and accountability

During 2016, UNICEF continued its partnership with Riddhi Foundation to undertake disaggregated performance analysis of the Government of India's *Swachh Bharat Mission* MIS data. The national database holds information about 180 million households and provides the baseline for the SBM 2019 target. UNICEF provided quarterly analysis for the following set of indicators: coverage of household toilets; the tracking of targets and pace; district and gram panchayat status; availability and utilization of funds; incentive expenditure; and information about IEC and administrative expenditure. The partner produces a 13 page quarterly factsheet for each state and union territory providing the latest updates on the indicators above based on the previous three months' data extracted from the MIS. These factsheets are shared with UNICEF field offices for onward transmission to the respective state governments which use them in their reviews of the SBM progress. The national government in Delhi uses the state factsheets to guide their state reviews. The chart below is an example of the analysis performed in respect of states' progress in the last quarter of 2016.

Figure 5: Individual household latrine coverage over time across states

IHHL coverage over time across states



Though this analysis is very useful for both the national and state governments, it only focuses on the GoI's administrative data. A major gap felt in India is the lack of JMP-based estimates for states. Given this gap, ROSA employed a consultant to develop sanitation snapshots for all ROSA countries using the JMP methodology. This analysis was particularly valuable for India as the JMP national estimate for India masks considerable variation among states. Further, the modelling used to calculate estimates also takes into account the MIS data. The snapshots for India show a dramatic increase in sanitation coverage that coincides with the launch of the SBM. The snapshots also include an open defecation forecast out to 2030 for each state.

Figure 6 – South Asia open defecation snapshot 2016 – Gujarat State

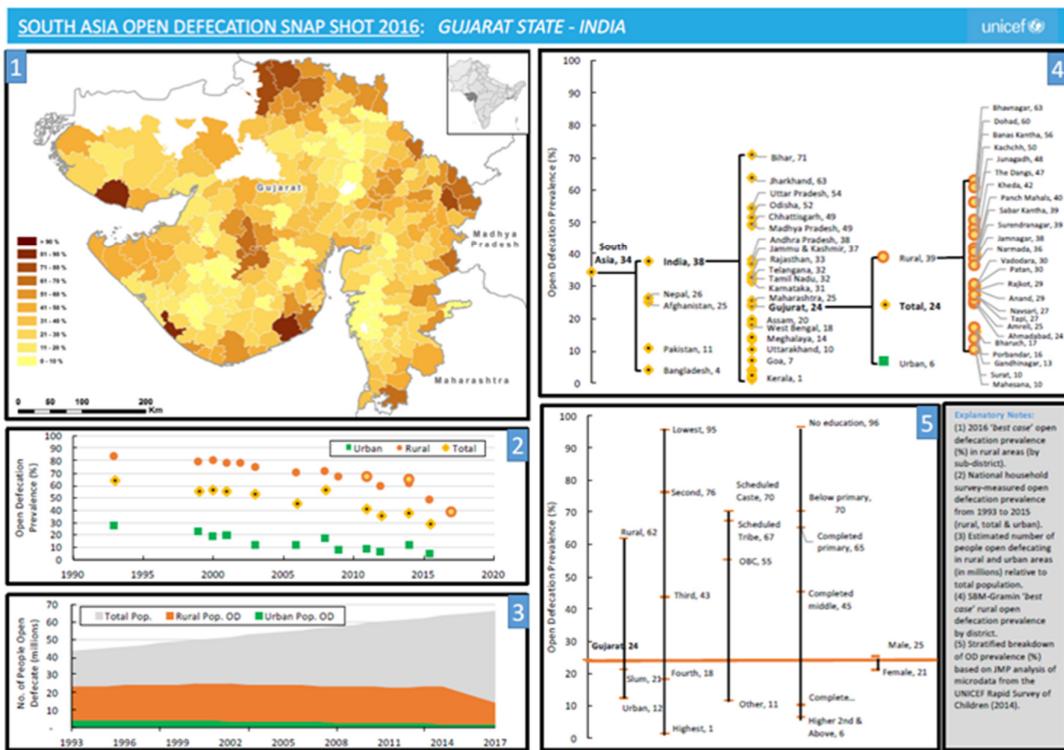
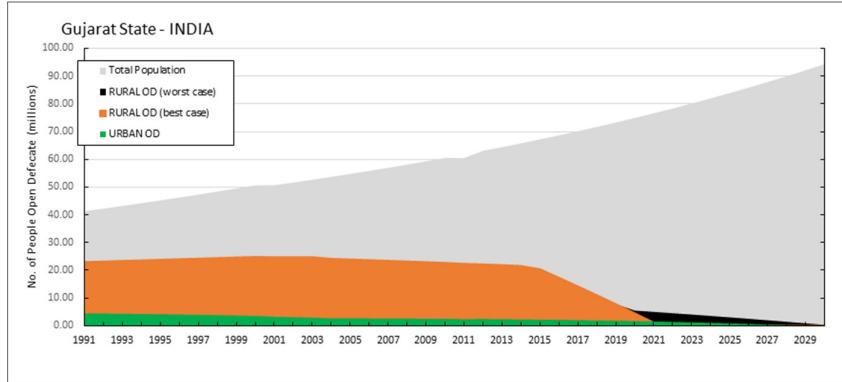


Figure 7 - Gujarat State 2030 open defecation forecast



Aggregating results through partnerships

Through its WASH programme, UNICEF aims to promote the equal rights of women and girls and to support their full participation in the political, social and economic development of their communities⁸. UNICEF believes that no child should face the consequences of social exclusion; where livelihood, development potential or equal citizenship is compromised due to exclusionary power-based relationships. Social exclusion is thus a result of a process and a state that prevents individuals or groups from full participation in social, economic and political life and from asserting their rights⁹ and hence UNICEF's equity strategy places an emphasis on ensuring access to positive change for the most disadvantaged and excluded children and families¹⁰.

In 2016, UNICEF networked, harnessed capacity, and strengthened a number of key national and state partnerships as a contribution to the country office's overall advocacy and external communication

⁸ UNICEF Mission Statement

⁹ DFID 2005

¹⁰ UNICEF Equity Strategy

strategy of building a social consensus for policies, programmes and resource allocation. Key among these activities was the Team Swachh campaign built around the International Cricket Council's T20. The aim of the partnership with the ICC was to reach out to Indian society through the medium of cricket to rally supporters to come together in support of the Swachh Bharat mission, as one team, with one goal - to help make India a clean nation where everyone uses a toilet regardless of caste, religion, gender, age or social status. Examples of activities undertaken are given below.

Team Swachh

Figure 8 – Team Swachh at the T20 World Cup



The campaign during the T20 World Cup had a number of facets to it. Team Swachh and its logo were incorporated into the advertising loop in the kickboards around all the cricket grounds during matches. Before each match, clinics were held with one of the national teams during which team members interacted with children from the Nine-is-mine coalition on issues to do with WASH. The children were also coached in aspects of cricket such as bowling, fielding etc. by the team members. During matches, a public service announcement (PSA) recorded by Sachin Tendulkar was aired on the giant screens used as score boards during which Sachin spoke to the need for everyone to use a toilet, all of the time. This message was shown before, in the middle, and after every of the world cup matches. Overall, the T20 World Cup campaign leveraged over USD 112 million in media coverage provided to Team Swachh by the ICC and media partners. There was a parallel online campaign on both the Team Swachh website and on social media. An innovative aspect of the Team Swachh initiative was that it was designed to run over three parts with a digital component (described above), a state-level campaign and a third component which was engagement of school children through the medium of games. WASH United in partnership with UNICEF developed a school action kit which is a physical box with a number of games in it along with instructions for teachers on how to organise teams to play the games. The kits were designed and produced in 2016 ready for a rollout in 2017.

Ganga Sagar Mela

Ganga Sagar situated on the southern tip of the Sagar Island in the Ganges delta is home to the annual Hindu pilgrimage, the Ganga Sagar Mela (GSM), where every year on 14 January, hundreds of thousands of Hindus gather to take a holy dip at the confluence of river Ganges and the Bay of Bengal and offer prayers in the Kapil Muni Temple. In 2016 under the leadership of the South 24 Parganas district Magistrate, the GSM was held with a *difference* – it was *Clean and Green*. As a first step dedicated actions were taken by the district administration to make the Sagar Block open defecation free

and on 7th January 2016 the entire block was declared ODF. To retain the momentum of the ODF status the district administration organized multiple cleanliness drives which included the mela grounds and ensured that WASH facilities required during the mela were created and functional. UNICEF partnered with RedR to develop designs for hand washing facilities as well as toilets to be constructed in sufficient numbers to cater for over 1.5 million pilgrims.

GSM provided an excellent opportunity to engage, to create awareness, motivate changes in attitudes and influence millions of pilgrims coming from across India on water, sanitation and hygiene (WASH) practices, and most specifically on stopping open defecation. In addition, it provided a unique opportunity to engage with religious leaders/saints and gurus visiting the Mela to spread the message of stopping open defecation and hygiene practices to the pilgrims and their congregations as faith leaders are instrumental and influential in changing attitudes and socio-cultural norms especially around WASH. Their role as influencers goes beyond the Mela as they take these messages to their communities and congregations when they return to their respective states.

To make GSM clean and green a massive mobilization of partners and stakeholders, including several government departments, NGOs, CSOs, faith leaders and FBOs and development partners was initiated to make the 2016 Ganga Sagar Mela a Clean and Green Mela. UNICEF India (C4D) supported the South 24 Parganas District Administration in the development and implementation of a comprehensive social and behavior change communication action plan - a key WASH interventions at the GSM.

National Events

During 2016, UNICEF supported the MDWS in arranging a number of events to publicise the SBM as well as providing an opportunity to engage with a variety stakeholder groups. In November, the MDWS held a women's conclave in Delhi which brought together over 350 women leaders from across the country to reflect on their contribution to the implementation of the SBM and to advise the ministry on ways that women can be supported to do more for the SBM. Topics discussed included menstrual hygiene management, women's participation in the SBM through formal village and community structures and the constraints and opportunities for better targeted SBCC initiatives. UNICEF provided technical support to the MDWS including developing the programme, panel discussions, selection of panellists and preparing them for their roles, documentation and the preparations of recommendations for the MDWS to take forward based on the discussions in break-out sessions and in plenary. In September, UNICEF along with other development partners supported the MDWS to hold the first ever national conference on sanitation (INDOSAN) which was opened by the Prime Minister of India, Narendra Modi.

Global Citizen Festival India

In November, UNICEF through the UN Resident Coordinator's office in Delhi collaborated with the Global Poverty Project to provide support to the Global Citizen Festival in Mumbai. This year, the festival was aligned with Goals 4 (quality education), 5 (gender equality) and 6 (WASH) of the SDGs, a tradition started in 2015 whereby festivals will be closely aligned with a number of SDG goals. UNICEF provided technical support on the design of actions on the website related to Goal 6. By committing to a number of actions, fans could win free tickets to the festival. UNICEF also provided support in designing a quiz on sanitation administered during the festival and replied to in real-time through SMSs. In addition, the organizers are striving to make the event "global" by live-streaming events in public locations. Within two months of launching Global Citizen Festival India, the organizers garnered more than 500,000 registered users (Global Citizens) to take up 2,000,000 'actions' to earn their tickets. Overall, corporates pledged an investment commitment estimated at USD \$5.93 billion during the festival.

Faith-based organisations (FBO)

The partnership with the Global Interfaith WASH Alliance (GIWA)-India continues with the core group of faith leaders and the GIWA secretariat to position the voice of faith leaders at different levels of influence. Faith and the media were brought together in two senior editors' roundtables (national in September in Mumbai). The roundtables were organised with members of GIWA to initiate a dialogue between these

two key influencing forces in India – the media and faith – in order to create a platform for mutually reinforcing messages, stories and reach.

Examples of actions in 2016 include:

- A meeting of the newly constituted Bihar Inter-Faith Platform bringing local and national faith leaders round one table to discuss how they can support the SBM together.
- Participation in the 5th International Festival of Buddhist Heritage held in Ladakh where hundreds of thousands of faithful gathered.
- Outreach at **Simhastha Kumbha Mela** in Ujjain, Madhya Pradesh - the festival sees a footfall of over 50 million people over a period of 30 days. Eight local and regional newspapers covered the participation of GIWA which included over 20 faith leaders from the five major religions. An estimated 1,747, 800 people were exposed to WASH messages through talks, sermons, and sessions.
- **GIWA Roundtable at New Delhi** saw eight faith leaders from four major religions, three top corporate leaders and 21 senior media persons came together to discuss WASH with some important key takeaways and action points.
- Outreach at **GIWA Ladakh Summit**- Over 1000 people reached, two Union Cabinet Ministers (Drinking Water and Sanitation and Science and Technology, local MLAs (including one State Cabinet Minister), local traders' associations and religious leaders and NGOs also participated in the Summit. The Summit was commended by the prime minister on his official twitter channel. A total of five tweets went out from the handle @PMOIndia, garnering 8492 likes and 2693 retweets (as of 29 Nov 2016). The event also received wide coverage by seven leading publications and portals.
- **GIWA Roundtable at Mumbai**- Eight faith leaders from five major religions of India, 13 corporate leaders from leading corporates in industry, 17 media persons from national outlets attended the roundtable event. The event was covered by IANS and published in nine online news portals.
- GIWA Core members featured in the **Global Citizen Festival** in Mumbai on November 19, 2016 and took a historic pledge before an audience of 80,000 people (Hindustan Times) to reach out to 400 more faith leaders and two million people by December 2019.
- The recently inaugurated WASH-on-Wheels program has reached out to over 15,000 people in two months through videos, street plays and other visuals in rural areas.

Other activities included:

- A WASH media roundtable hosted by the Parliamentarians Group for Children with a focus on rural Sanitation. About 37 distinguished members from both houses of Parliament participated in the round table and put forward their suggestions to strengthen the Swachh Bharat Mission in India.
- UNICEF hosted an MHM Event in Lucknow with the UNICEF India ambassador, Kareena Kapoor
- Team Swachh Bharat – the MDWS hosted an event with UNICEF during which Sachin Tendulkar interacted with champion District Collectors and congratulated them for their in promoting sanitation.
- A WASH Talk (based on the Ted-X format) by a WASH reporter from Maharashtra and a representative of Nine Is Mine (an NGO) at an event named Converge 2017 hosted by Youth Ki Awaaz.

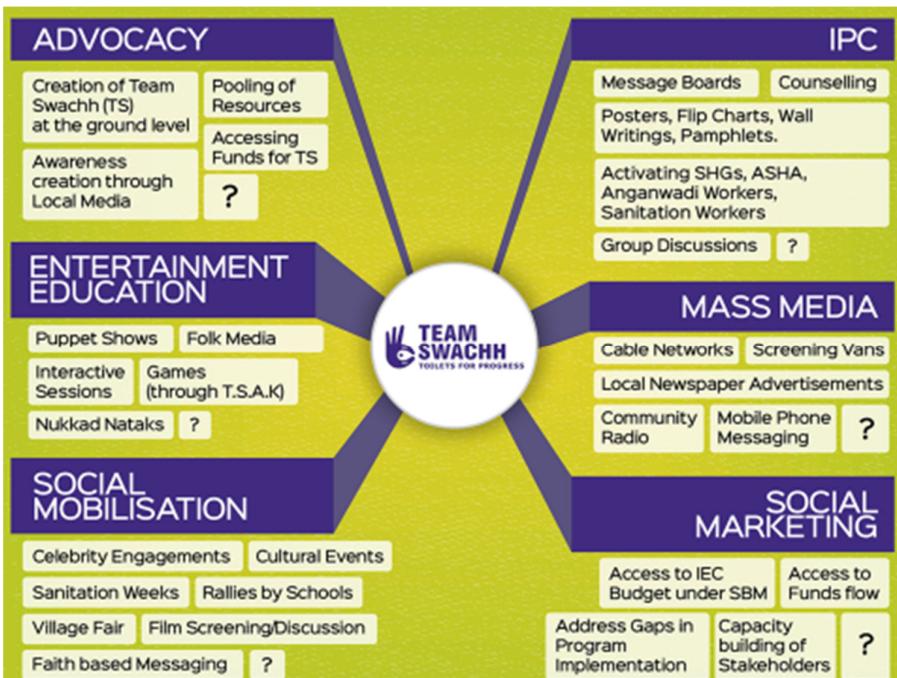
Shifting approach for scale

Swachh Bharat SBCC Guidelines

Following the request by the GoI to UNICEF to provide technical support to 82 districts, it became clear that UNICEF needed to codify its knowledge so as to be able to hand over to district authorities guidance in key areas to support their planning. A major gap that was identified in programme implementation was the lack of adequate guidance on implementing SBCC programming. As a result, UNICEF undertook a

thorough analysis of the social mobilisation and inter personal communication activities that were undertaken in districts that achieved rapid and sustainable ODF to identify good practice. This learning was supplemented by a literature review and interviews and focus group discussions with a variety of stakeholders. The result was the development of a set of SBCC resource tools that:

- Identify strategies for social and behaviour change with a focus on ODF;
- Provides guidance on creating a district level platform (TSB) identifying key stakeholders /strategic roles/ responsibilities defined by their respective strengths;
- Provide step-by-step guidance on process and interventions for behaviour change and sustained sanitation at the district level; and
- Identifies monitoring and evaluation processes with relevant tasks, results, indicators, and means of verification.



Dynamic Programme Management Tool

A second key weakness identified by UNICEF was district capacity to create credible, time bound plans for the elimination of open defecation. Consequently, UNICEF prepared a toolkit that identified the key dimensions that need to be taken into account while planning to ensure that plans are equity-based, risk informed, and gender responsive as well as outlining the 4 key pillars and the respective individual action plans within each pillar that would need to be produced by each district. To enhance the availability of the toolkit, UNICEF prepared an online version of the tool designed for UNICEF India to plan and track its support for a District Wide Approach to sanitation. The tool stores and displays data on key components that need to be in place for ODF to be achieved and the actions being undertaken by UNICEF to address identified challenges. The tool provides a visual representation of the status in each district UNICEF is supporting, enabling one to see, at a glance, where things are progressing and specific areas that need more attention.

The tool also has the added benefit of being a research tool. By having a common core set of dimensions, tracked across all districts, it will provide data on common challenges and solutions and allow UNICEF to reflect on what interventions/processes get results in different contexts. It will therefore help refine UNICEF's understanding of what is required for an effective district-wide approach.

Drinking water

Water safety planning (WSP) now has the attention of the Ministry of Drinking Water and Sanitation (MDWS) through sustained advocacy at national and state levels leading MDWS to accept the need for WSP. A sub-mission on arsenic and fluoride has been launched with clear guidelines for states' ownership. Progress in WSP varies among states. UNICEF conducted a national level workshop on WSP with WHO and the MDWS in which state secretaries and chief engineers were sensitized. States such as Odisha, Uttar Pradesh, Assam, Karnataka and Madhya Pradesh have organised state-level workshops to increase awareness of WSP in districts.

Maharashtra has developed district water safety plans for 34 districts through a core team of water experts, engineers and hydrogeologists. UNICEF Maharashtra supported the Groundwater Surveys Development Agency (GSDA) and the Maharashtra Remote Application Centre (MRSAC) to scale up real time water scarcity prediction in all the 152 Drought Prone Area Programme (DPAP) blocks. Sanitary surveillance, pollution hot spots and *Gram Panchayat* (GP), rural local governance body level score cards have been integrated with water quality monitoring and surveillance protocol for all the 34 districts.

In Bihar, the Chief Minister has prioritised universal piped coverage for drinking water in rural areas within a timeframe of five years. UNICEF provided technical support in the development of the operational guidelines, involving communities from the planning to the commissioning stage. The scheme has introduced a paradigm shift towards community managed-rural water supply service delivery. UNICEF supported the development of strategies for universal piped water coverage and water quality mitigation; advocated with the Public Health Engineering Department (PHED) in framing rules for private water sample testing; and facilitated the assessment of 38 district water testing laboratories.

UNICEF has supported arsenic mitigation activities in West Bengal, Bihar, Jharkhand and Assam and fluoride mitigation in Chhattisgarh, Bihar, Andhra Pradesh and Telangana. Water quality laboratories of Bihar, Jharkhand, West Bengal, Maharashtra, Madhya Pradesh and Gujarat have received National Accreditation Board for Testing and Calibration Laboratories (NABL) accreditation with UNICEF support. In Gujarat, the Water and Sanitation Management Organisation (WASMO) network is using field test kits for awareness and assessment of water quality status, Gujarat Industrial Training Institute (GJTI) is using the water quality laboratories' network for pre- and post-monsoon testing of drinking water sources.

Drought impact-assessments were conducted in eight drought-affected states. Following that, a Climate Risk Assessment Index was developed in Maharashtra to plan, design and build climate-resilient water and sanitation systems converging with existing national and state flagships on rural water and sanitation and the associated sectors of water resource management in two distinct regions of the State (Marathwada and Vidarbha). The drought assessment findings were disseminated and used to advocate for mainstreaming disaster risk reduction (DRR) into WASH programmes at state levels. UNICEF is also supporting State Disaster Management Authorities and the Innovations Advisory Group (IAG) in Assam, Bihar, West Bengal, Madhya Pradesh and Gujarat for coordination and technical support on planning and provision of WASH services during disasters. School safety planning is being supported in Bihar, Andhra Pradesh and Gujarat.

Convergent work areas

WASH in Schools - contributing to improving quality education and learning outcomes

The national *Swachh Bharat Swachh Vidyalaya* (SBSV Clean India – Clean Schools) Mission was in its second year of implementation in 2016. The availability of financial resources to implement all the interventions under the ‘essential package’ for WASH in schools has emerged as a major barrier to *Swachh Bharat Swachh Vidyalaya*, including funds for operation and maintenance. At a higher political level, the governmental prioritisation at national and state levels for achieving numerical targets for toilet construction is potentially compromising quality and functionalist of latrines, as well as reducing focus on hygiene and behaviour change which are essential for sustainability.

At the request of the Union Government, UNICEF has prioritised the capacity development of state governments to roll out the *Swachh Bharat Swachh Vidyalaya* campaign. The capacity building has involved strengthening the institutions responsible for delivering WASH services in schools at the national, state and district level, politicians and local government institutions, like SMCs. UNICEF also supported the establishment of evidence-informed policies and procedures, and setting up information systems for programme monitoring.

With UNICEF support, the Ministry of Human Resource Development announced a major policy drive, to benchmark all the one million government elementary and secondary schools in the country on a set of 39 WASH indicators, based on an incremental star rating framework. This scheme was launched in July 2016, and named the *Swachh Vidyalaya Puraskar* (SVP). The SVP involves a process of objective assessment at different levels, benchmarking and rating of schools along a star rating framework and finally incentivizing good performance. This award will thus recognize accomplishments and inspire schools to better their performance gradually towards achieving higher standards. It is expected that this Star Rating Approach will change the way WASH in Schools is perceived by schools, communities, and decision makers in government. By prioritizing the most essential actions for achieving goals, this approach will help schools with a clear road map to progressively improve performance. The details of the scheme and the concept can be found in the web link <http://103.7.128.243:8080/index.aspx>

This resulted in substantial scaling-up of school WASH interventions as revealed by the 2016 Annual Status of Education Report

- % of schools where girls’ toilets were available and useable has gone up from 55.7% in 2014 to 61.9% in 2016
- Drinking water was available in 74.1% of the schools.

However, hand washing with soap remains an area of focus as progress is less: findings of an assessment conducted in 540 schools in nine states in India on the Mid-Day Meal (MDM) programme reveals that only (51%) of schools have a designated handwashing space and in 44 percent of the schools observed, the handwashing space was being used; moreover, only close to one in ten (12%) of schools had soap-detergent available at the handwashing space.

A national consultation on menstrual hygiene management (MHM) in October 2016, led by the Ministry of Human Resource Development, GOI, brought together officials from several concerned GoI ministries, and stakeholder groups, to reflect, collectively strategize and envision the way forward in respect of MHM programming in states and districts. Participants listened to the evidence, including that of adolescent girls’ views generated from research, to agree on the basic package for MHM programming in schools and consider key actions for mainstreaming MHM interventions within the WASH in Schools program. The consultation explored areas of convergence across existing national flagship programs aimed at interventions with adolescents, and other related state led initiatives. Importantly it explored insights into the range of approaches and good practices adopted for promoting MHM by various stakeholders across the country. The national consultation asked key questions to maximize the chance of effective scale-up:

- How to work across sectors to increase investments in MHM-friendly schools, including gender friendly WASH facilities
- How to work across sectors to strengthen and deliver quality implementation of the MHM interventions at the school, local, and district level
- Understanding key aspects of a MHM-friendly school and other stakeholders involved
- What kind of communication is needed to address this issue at various levels and also how to effectively use IPC to reach out to girls?

WASH in Health Centres – contributing to the reduction of neo-natal deaths

WASH programming in health centres gained momentum in 2016. Working closely with colleagues in the Reproductive and Child Health Section, assessments of WiHCs in high priority districts were undertaken in Rajasthan, Assam, Gujarat, Jharkhand, Maharashtra, Tamil Nadu, Odisha and West Bengal. Chhattisgarh, Gujarat, and Madhya Pradesh. Thus the programming now cuts across all states with a UNICEF presence. Rajasthan and Tamil Nadu which were the pilot states for WASH in health centres have developed WiHC Improvement plans. Going forward, with inputs from RCH, interventions are planned by state governments in 1,105 health facilities across 107 high priority districts in 24 states. The following paragraphs give a flavour of the interventions that have been undertaken in a number of states.

In West Bengal, UNICEF is facilitating technical support to the State health department in maintaining the WASH infrastructure in health facilities in line with the norms in the Kayakalp – the GoI public health guidelines released in 2015 as the Ministry of Health and Family Welfare's contribution to the SBM. The State health department issued an order to develop model labour rooms across the State to ensure that WASH facilities especially in the labour and delivery rooms are mandatory and satisfactorily operated and maintained.

In Assam, a rapid re-assessment was completed in 40 delivery points of six high priority districts (HPDs). This has been done in collaboration with the national health mission (NHM) and with UNICEF support. The assessments will inform the improvement plans that have been drawn up and which are scheduled to be implemented beginning in 2017. As part of district ODF plan implementation, doctors and technicians from 80 health centres in Dibrugarh district were trained on WASH in Health Facilities under the WASH cell supported by UNICEF in this district. The training ensured that the technicians have the requisite skills to undertake WASH assessments of health centres and develop credible improvement plans.

In Chhattisgarh, the State took the decision to prioritise functional WASH facilities in delivery points in HPDs. Budgetary allocations were made in the annual implementation plan (AIP) for health, 2016-17 for improvement of WASH facilities in health centres in five HPDs. The gap analysis of delivery points in line with the Indian Public Health Standards (IPHS) was done in 492 delivery points, spread across the State. As a consequence, the availability of clean and functional toilets attached to labour rooms improved to 82% at all the 3 levels of facilities. The data of gap-assessment and follow-up on RMNCH+A showed that the availability of 24*7 running tap water had improved from 29% to 36% at sub-health centres (SHC), 56% to 86% at primary health centres (PHC/Non-FRU) and community health centre (CHC) level. Ongoing progress is monitored regularly through district level consultants supported by the UNICEF RCH section. A session on WASH in Health Centres formed a part of the refresher training on the upgrading of health facilities as per RMNCH+A proposed in August 2016. Plans were also put in train to ensure that water supply in labour rooms and delivery wards increases to 65%.

Knowledge management

The WASH continued its focus on developing a range of knowledge management products that adequately capture the range of activities and upstream work that UNICEF is supporting both at national and state level.

Process documentation: During the year, a number of UNICEF supported initiatives were documented to enable the sharing of good practice. These include the documentation of CATS in Chhattisgarh, and the Indore journey to ODF in Madhya Pradesh. Also documented was the 100 GPs ODF in 100 days in Dungapur district, Rajasthan which was released by the Chief Minister and is also uploaded on the MDWS website. In Maharashtra, a compendium of UNICEF Maharashtra's technical assistance since 2011 including briefing notes on IPC, ODEP, M&E, and institutional strengthening were documented. In Bihar, the Sitamarhi district soak pit initiative was documented and in Tamil Nadu, a concurrent monitoring initiative in eight districts. These documentation projects were selected for their relevance countrywide in the hope that they will provide replicable learning for use by states interested to pursue similar initiatives. They were also selected to represent the depth and breadth of demonstrations undertaken by UNICEF across the WASH programme.

Events: UNICEF is often called upon by governments, both national and state to support events. In Bihar, UNICEF supported a state consultation on scaling up 'ODF Bihar' in Patna and in Tamil Nadu, UNICEF supported a WASH Expo intended to showcase new WASH technologies from the state. In Delhi, UNICEF supported the national government to host INDOSAN, a women's conclave, and a national consultation on SBCC. Whereas it is important to support governments where they seek to hold events that advance programme objectives, UNICEF faces a challenge whereby it is increasingly being asked to support events which may have less merit. The response remains firm, and is to work to governments requesting such events to shape the objectives in a way that will add value to programme objectives.

Technical assistance: Chhattisgarh – with the Policy Planning, and Evaluation Section (PPE) produced district sanitation fact sheets from an analysis of secondary data for advocacy with government and partners. In Rajasthan UNICEF supported the identification and drafting of indicators to measure GP's progress in achieving ODF status and in Assam, supported the development of a planning matrix to inform open defecation elimination plans (ODEPs) development which is now being used by districts. In Maharashtra UNICEF supported the development of SBM operational guidelines, state MHM guidelines, and the design of a state award scheme for ODF GPs. In Telangana, UNICEF supported the preparation of the state annual implementation plan (AIP). UNICEF also supported the state Rapid Action Learning Unit (RALU) in Andhra Pradesh to develop 20 case studies on sanitation, four in Karnataka, and five in Telangana. A FAQs document for masons was prepared in Jharkhand and UNICEF facilitated the updating of the department's website and developed the state verification and validation protocol, accepted by the state in July 2016. Water quality testing manuals and protocols for staff in water quality labs were also developed. In Bihar, UNICEF supported the development of a strategy for scaling-up rural water supply and in West Bengal, UNICEF provided support to develop and maintain the state departmental website and social media activity and support in the maintenance of the MIS and uploading of data. The Madhya Pradesh office supported Jal Nigam (the state water mission) to undertake a social assessment to inform planning of a piped water supply programme.

Capacity Development: UNICEF in Jharkhand developed a technical note for the identification and selection of Key Resource Centres (KRCs) and Odisha, prepared a conference paper jointly with the rural development Secretary for the WEDC conference held in Kumasi, Ghana, in July 2016.

Evaluation: the Assam office undertook an impact evaluation of hand washing with soap before the mid-day meal which was completed in June. The findings have been shared with the reference group for validation and are uploaded to the evaluation portal.

Films: finally, a number of films were prepared in 2016 as follows: three training and advocacy films on community approaches, MHM, and on WASH in residential schools (Ashramshallas) in Maharashtra. In Odisha, the Advocacy and Communication Section and WASH jointly collaborated with Doordarshan to prepare a programme on ODF Odisha and separately, prepared a film on CATS for use by CLTS motivators as a job aid during triggering.

Studies

During the year 2016, a number of studies were under implementation as follows:

- A study of the factors that influence ODF sustainability in GPs in India: given the current pace of self-declarations of ODF status by districts across India, it is imperative that UNICEF is able to provide technical assistance on measures to sustain ODF status. The guidance provided by UNICEF needs to be evidence-based and experience shows that evidence generated within India on the basis of the Indian context is generally better received and acted upon by the national and state governments.
- A study of WASH compliance in health facilities in selected states – Rajasthan, Bihar, Jharkhand and Karnataka: The SDGs include WASH compliance in health facilities as a key plank of the provision of WASH services. WASH compliance in health centres is also important to ensure that gains made in enhancing institutional deliveries and the early initiation of breastfeeding are not undermined by neo-natal and maternal mortality attributed to poor WASH conditions. The findings of this study will be used by UNICEF and partners to advocate for at scale interventions in health facilities to ensure WASH compliance.
- A scoping study to define the methodology to be employed in a WASH Nutrition demonstration to be undertaken jointly by the WASH and Nutrition Sections in late 2017: this demonstration will be key in providing evidence-based guidance on what works to improve and facilitate integrated WASH /Nutrition programming. There is growing acceptance that the two flagship programmes of the GoI for sanitation and nutrition should integrate programming implementation where possible but there are no models for how this can be achieved. This demonstration therefore would fill a gap in the practical guidance that is available in this field.

The first two studies submitted draft reports at the end of 2016 and the final reports will be available for dissemination in early 2017.

RESOURCES

See tables below.

FINANCIAL ANALYSIS

Output	Output Planned (USD)	Allocation (USD)
1.10 WASH KNOWLEDGE MANAGEMENT	1,485,000	626,203
Other Resources - Regular	732,000	135,526
Regular Resources	753,000	490,677
1.11 ELIMINATE OPEN DEFECATION	0	3,658
Other Resources - Regular	0	-22,578
Regular Resources	0	26,236
1.12 SAFE WATER	1,256,000	672,560
Other Resources - Regular	576,000	212,048
Regular Resources	680,000	460,512
2.8 WASH AND NUTRITION IN SCHOOL'S	1,725,000	1,663,063
Other Resources - Regular	1,003,000	1,079,291
Regular Resources	722,000	583,772
1.21 SANITATION	5,680,000	5,400,930
Other Resources - Regular	2,638,000	2,385,122
Regular Resources	3,042,000	3,015,808
TECHNICAL SUPPORT TO WASH (STAFF COSTS)	1,952,037	1,952,037
Other Resources - Regular	1,255,847	1,255,847
Regular Resources	696,190	696,190
Grand Total	12,098,037	1,0318,451

Table 2 : Expenditures by Key Result Areas

Output/Funding Source	Allocation (USD)	Utilized (USD)	Utilized %
1.10 WASH KNOWLEDGE MANAGEMENT	626,203	625,729	99.92%
Other Resources - Regular	135,526	135,526	100%
Regular Resources	490,677	490,203	99.90%
1.11 ELIMINATE OPEN DEFECATION	3,658	3,658	100%
Other Resources - Regular	-22,578	-22578	100%
Regular Resources	26,236	26,236	100%
1.12 SAFE WATER	672,560	672,536	100%
Other Resources - Regular	212,048	212,048	100%
Regular Resources	460,512	460,488	99.99%
2.8 WASH AND NUTRITION IN SCHOOL'S	1,663,063	1,661,765	99.92%
Other Resources - Regular	1,079,291	1,079,291	100%
Regular Resources	583,772	582,474	99.77%
1.21 SANITATION	5,400,930	5,398,349	99.95%
Other Resources - Regular	2,385,122	2,385,122	100%
Regular Resources	3,015,808	3,013,227	99.91%
TECHNICAL SUPPORT TO WASH (STAFF COSTS)	1,952,037	1,952,037	100%
Other Resources - Regular	1,255,847	1,255,847	100%
Regular Resources	696,190	696,190	100%
Grand Total	1,0318,451	1,0314,074	99.96%

Table 3: Country Level Thematic Contribution

Donor	Contribution Amount	Programmable amount
Global WASH Thematic Fund	60,369.19	57,494.47
Total	60,369.19	57,494.47

FUTURE WORKPLAN

In 2017, UNICEF will begin mapping its approach to the new India Country Programme 2018-2022. This will include an assessment of how UNICEF can contribute to the urban environment in the context of district-wide approaches. At the same time, the current programme will continue to build upon and deploy the strategies used in 2015. The aim is to make contributions to the country programme priorities and promote approaches at scale – particularly reducing open defecation. The main strategies are:

- Government monitoring and accountability: coverage and use of latrines and performance analysis.
- Aggregating results through partnerships: leveraging global influence through UNICEF's role as interlocutor.
- Shifting approaches for scale: informing how to achieve scale; dissemination and capacity building.

One organisation alone cannot make the difference needed. Efforts to reduce open defecation require UNICEF to continue successfully convening, leveraging and influencing those who can assist in bringing about the desired change. Therefore, the overall approach to partnership will continue to be based on:

- Strengthening **partnership with government beyond the water and sanitation sector** to include those sectors where convergence of high impact WASH interventions is essential.
- **Working closely with a range of development and implementing partners** in the sector and associated sectors and related organizations, for example **academia**, to improve coordination, inter-agency learning, and the efficiency and effectiveness of UNICEF resources and voice, including its technical advice to government and other stakeholders.
- Using the model developed by Resource Mobilization and Partnerships (below) to find optimal ways to work with **corporates and business leaders**, and the Corporate Social Responsibility domain. UNICEF will also strengthen public-private partnerships to accelerate scaling-up of quality WASH services, notably for the deployment of small scale-service providers for improved fecal sludge management for the urban poor, and the mobilization communication agencies to scale-up public outreach for WASH.
- Harnessing social movements by mainstreaming across the states the application of **Spheres of Influence for Equity** to reach out more directly to a broader range of stakeholders to understand and maximise their influence and leveraging around WASH issues and causes; and building relationships, alliances and platforms that connect with and support the rights of vulnerable communities and children.
- Understanding that India's social and political conditions provide a fertile foundation for **youth and citizen engagement and civic accountability**. This requires a careful analysis of who has effective decision-making authority, who can influence them, and what approaches have impact. It calls for flexibility in approaches and a willingness to identify and act on opportunities as they arise.
- Prioritization of UNICEF's support to the WASH sector

Considering the needs, current trends in the WASH sector, and UNICEF's comparative advantages, it is proposed to focus on 4 components by order of priority as follows:

1. **Scaling-up the sanitation programme in high burden states and districts** which are lagging behind, notably UP (54% open defecation prevalence) and Bihar; (71% open defecation prevalence) where the accelerated scaling-up initiated in India through the SBM is not taking place. This will be the top priority for UNICEF with strong convergence of resources, partnerships and advocacy. It is envisaged to work in *emergency mode* in these states; this means that beyond institutional capacity development and system strengthening, to accelerate scaling-up on the short term,

- a. alternative service delivery approaches mobilizing not just the public institutions, but also alternative partners including the private sector
- b. professionalization of and accelerated direct support to community based actors (self-helped groups, GP committees, motivators..)

This also means that UNICEF will need to operationalize its support on fast track mode with the support of Management and Operations as necessary.

- 2. Strengthening SBCC approaches** focused on toilet usage and maintenance, hand washing with soap and water safety planning as a way to improve the quality and sustainability of the sanitation programme. SBCC component needs to be scaled-up in an accelerated manner, so beyond technical support for interpersonal communication and public outreach approaches, the focus will be to support Government (states and districts notably) for the operationalization of SBCC, notably through the professionalization of SBCC trainers and grassroots actors and through partnerships, including with the private sector as a service provider.
- 3. WASH in institutions:** In addition to the continuous support for scaling-up of School WASH Programmes, in the new country programme, WASH will extend its scope of interventions to WASH in Health facilities and in pre-schools. The focus will be on the cleanliness of these institutions, hygiene promotion for children, their parents and staff, and outreach activities towards inpatients and surrounding communities. This will be established through close collaboration with the Education, Health and Nutrition Programmes and it will favour integration for these 3 programmes
- 4. Water safety and security planning;** the focus here will be on building the capacity of stakeholders and communities for water safety planning to strengthen resilience to disasters and mitigate issue of water contamination; at institutional level, UNICEF will focus on the development of improved water quality monitoring systems, strengthening Operational Maintenance of water supply infrastructures; finally, UNICEF will have to support the regulation of the sub-sector (including legal enforcement) for improved water resource management.

EXPRESSION OF THANKS

Thematic funding is a reflection of donors' understanding that increased flexibility and less earmarking allows UNICEF to prioritize fund allocations according to where they are needed most. It also acknowledges UNICEF's position in providing upstream technical advice which can only effectively be done with the backing of flexible funding. In return, UNICEF India is committed to achieving high implementation levels, innovative programming and high quality reporting on results.

Annex 1: Case study: Tracking progress in sanitation in Jharkhand

School Management Committee takes lead to ensure sanitation for students

The upper primary school at village Vishambharpur in Sridattganj block of district Balrampur with a student strength of 141 including 61 girls and 80 boys is located in flood prone area resulting damage to the school infrastructure frequently. The floods damaged the school toilets due to siltation of the soakpits. Students and the girls in particular had to face great difficulty without a functional toilet. The Principal of school Mr. Vishwa Mohan Srivastava, being sensitivity towards sanitation and hygiene in school was perturbed by the situation and after not getting attention on priority bases from his supervisors thought of trying for the support from the parents and gram panchayat. The matter was brought to the notice of school management committee (SMC). SMC, with a tenure of two years, is a body of parents, school head master and local panchayat leaders responsible for overall smooth functioning of school ensuring quality education for the students.



Md. Tassawar Ali, secretary of SMC who's niece and nephew are the student of UPS Vishambharpur and who runs a grocery shop near the school, took lead to motivate the SMC members for contributing money to reconstruct the damaged toilet. It was decided through a consensus during the SMC meetings that SMC members will contribute funds for the purchase of door. SMC members Godhram and Bachai, masons by professions, agreed to provide the labour. Gram Pradhan provided the construction materials and the principal contributed for the cost of seats and other fittings. With these efforts one urinal was made functional in 3 days' time. The toilet is functional today also.

SMC secretary and members got a 3 days training at the NRPC is proactively facilitating the day to day maintenance, particularly watching the intrusion of any outsiders or miscreants thus saving the infrastructure from any kind of damage or misuse. This school got support for a complete toilet unit in 2014-15 under the Swachh Vidyalaya Abhiyan. Md. Tassawar Ali supervised the construction and kept a vigil on the proper utilization of the construction materials.

The Principal and staff of the school take care of day to day cleaning as the panchayat sweeper does not come to clean the school and toilets. School has 3 toilets, one India Mark II hand pump and a table top drinking water filter. Through the motivation and active participation of Principal and staff, children actively participate in keeping the school premises and infrastructure clean. Although the school does not have a group hand washing facility yet, but a supervised hand washing with soap before mid day meal is practiced in the school. Soap is also available in the toilets and children are practicing good hygiene behaviours.

Group Hand Washing Solutions at PS Gondipur

Parvez, student of 5th standard proudly supervises hand washing with soap by all children of his school prior to the midday meal every day. It's a fun activity for these toddlers now. With student strength of 107 children, Primary School Gondipur had only one hand pump where all children used to wash their hands before mid-day meal. This used to result in chaos and many children, especially the younger ones, escaping from washing hand. The matter was brought to the notice of Gram Pradhan Shri Sant Ram Verma who was oriented on WinS during one of the capacity building programmes. Realizing the importance of hand washing by all children before mid-day meal for good health of village children, he agreed to provide enough hand washing points in the school. Five wash basins with running were installed inside the additional room at an approximate cost of Rs 15,000/. The basins were fixed inside

the room to protect those from any kind of vandalism. All children now enjoy washing hands with soap conveniently making it a daily practice before mid-day meal and after the use of toilet.

Child cabinet was formed in this school in the month of July 2015 through a democratic election process. Members of the child cabinet have been oriented about their roles as member of different committees and how should they lead to motivate their fellow children about good practices in schools like habits related to personal hygiene and keeping their school clean and beautiful. A check list for daily WASH activities has been prepared in consultation with the children, WASH nodal teacher and the principal and the members of different committees perform their duties every day on their arrival at school shared Mrs. Shashi Mishra, Officiating Principal of the school. Enough soap is purchased through school development grant to ensure that all children are washing hands.

