

INDIA

WATER, SANITATION, HYGIENE (WASH)

Thematic Report

JANUARY – DECEMBER 2018



Children practicing hand washing in a rural school in Odisha, India

Prepared by

UNICEF India
March 2019

B. Table of Contents

Abbreviations and Acronyms.....	3
Executive Summary	4
Strategic Context of 2018.....	7
Results Achieved in the Sector	14
Resources and Financial Analysis.....	19
Future Work Plan	25
Expression of Thanks.....	27
Annex 1: Human Interest Stories	28
Annex 2: Donor Feedback Form	31

C. Abbreviations and Acronyms

BMGF	Bill and Melinda Gates Foundation
CATS	Community Approaches to Total Sanitation
CEO	Chief Executive Officer
CPD	Country Programme Document
DC or DM	District Collector / District Magistrate
DRR	Disaster Risk Reduction
FBO	Faith Based Organisation
FSM	Faecal Sludge Management
GIWA	Global Inter-faith WASH Alliance
GOI	Government of India
GP	Gram Panchayat
HWWS	Handwashing with Soap
ICDS	Integrated Child Development Scheme
JMP	Joint Monitoring Programme (WHO / UNICEF)
KRCs	Key Resource Centres
MDG	Millennium Development Goal
MDWS	Ministry of Drinking Water and Sanitation
MHM	Menstrual Hygiene Management
MHRD	Ministry of Human Resource Development
MIS	Management Information System
MoHFW	Ministry of Health and Family Welfare
NFHS	National Family Health Survey
NRWDP	National Rural Drinking Water Programme
ODEP	Open Defecation Elimination Plan
ODF	Open Defecation Free
ODF-S	Open Defecation Free - Sustainability
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 (Clean India Mission)
SBSV	Swachh Bharat Swachh Vidyalaya
SC	Scheduled Castes
SLWM	Solid Liquid Waste Management
SSS	Swachh Swastha Sarvatra
ST	Scheduled Tribes
SVP	Swachh Vidyalaya Puraskar
TISS	Tata Institute of Social Sciences
UDISE	Universal District Information System for Education
UNICEF	United Nations Children Fund
UNPSA	United Nations Public Services Award
VWSC	Village Water and Sanitation Committee
WASH	Water, Sanitation, Hygiene
WHO	World Health Organization
WQM	Water Quality Monitoring

D. Executive Summary

Considering the needs, current trends in the WASH sector, and UNICEF's comparative advantages, UNICEF focuses on the following four components as part of its country programme 2018-2022:

1. **Scaling-up the Clean India Mission in high burden states:** this includes districts that are lagging, notably in Uttar Pradesh and Bihar; they contribute the largest numbers of open defecators nearly 120 million (SBM MIS 3.4.2017), thus requiring work to be conducted in emergency or mission mode. These two states will be the top priority for UNICEF with strong convergence of resources, partnerships and advocacy. This means that beyond institutional capacity development and system strengthening, to accelerate scaling-up in the short term, UNICEF is:
 - a. Supporting the development of alternative service delivery approaches mobilizing not just the public institutions, but also alternative partners including the private sector; and
 - b. Strengthening the professionalization of and accelerated direct support to community-based actors (e.g. self-help groups, Gram Panchayat committees, motivators, and faith leaders).
2. **Strengthening social behaviour change communication (SBCC) approaches:** attention is given to toilet usage and maintenance, hand washing with soap and water safety planning to improve the quality and sustainability of the sanitation programme. As the SBCC component needs to be scaled-up in an accelerated manner, UNICEF focuses on supporting government 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 WASH in School programmes, UNICEF extends its scope of interventions to WASH in Health facilities and in pre-schools. Notably, WASH in pre-schools is a new key area of focus as this is potentially a strong area of convergence to reach young children and mothers, though it is not yet prioritized in flagship programmes led by the Government of India. To improve hygiene in these institutions, hygiene promotion for children, their parents and staff, and outreach activities towards inpatients and surrounding communities needs to be prioritized. This is achieved through close collaboration and convergence with the Education, Health and Nutrition programmes.
4. **Water safety and security planning:** the focus is on building the capacity of stakeholders and communities for water safety planning to strengthen resilience to disasters and mitigate the issue of water contamination; at institutional level, UNICEF supports the development of improved water quality monitoring systems and strengthening operational maintenance of water supply infrastructures.

Overview of Progress Made and Achievements in 2018

Programmes led by the government rapidly scaled-up and expanded in reach in 2018, in large part due to UNICEF's focus on supporting programmatic development and implementation, fostering coordination through partnerships, investing in innovation, amplifying impact through advocacy, leveraging government funds, and data analysis that informed programming at central, state and district levels and leveraged government funds adequately for scale-up and replication.

Supporting Programmatic Development and Implementation

In 2018, UNICEF through its technical assistance and leadership for the Swachh Bharat Mission-Gramin (SBM-G), or Clean India Mission, accelerated attainment of ODF status in an additional 18 (out of 31) states, 282 (out of 697) districts and 237,000 (out of 606,045) villages. A cumulative 92 million households gained access to toilets, according to the Ministry of Drinking Water and Sanitation (MDWS) Management Information System (MIS)¹ since the Mission's launch in 2014.

Programmatic support was given to MDWS to revamp the National Rural Drinking Water Programme (NRDWP) with greater focus towards water safety and security planning. The Ministry had thus launched the Swajal initiative, which seeks to empower communities to manage piped water supply schemes using renewable energy options. UNICEF developed the Swajal guidelines and training modules, supported training state-level master trainers in 65 aspirational districts, and in particular encouraged female membership in local water committees. Furthermore, UNICEF helped revise the Uniform Drinking Water Quality Monitoring (WQM) Protocol and establish a national level ranking system of WQM laboratories to encourage states to improve. UNICEF is also supporting the development of national guidelines for WASH in pre-schools to support further scaling-up in 2019. This will contribute to improved early childhood development for both boys and girls and better awareness on key hygiene behaviours amongst mothers.

Most notably, in terms of policy development, UNICEF supported the government in developing a 10-year rural sanitation strategy, focused on sustaining achieved results and better mainstreaming of women and their contributions in future programming. In terms of influencing programmatic priorities, UNICEF also supported the development and roll-out of the national ODF-Sustainability agenda, which included: continuous behaviour change; faecal sludge, solid and liquid waste management (SLWM); and operation, maintenance and rehabilitation of sanitation facilities.

Fostering Coordination Through Partnerships

Partnerships were strengthened through harmonization efforts for programming and funding. UNICEF chaired the coordination amongst development partners (World Bank, WaterAid, BMGF, USAID, WHO and Tata Trust) and fostered strategic partnerships with corporates (e.g. Unilever, Johnson & Johnson) keen to support scaling-up and evaluating the outcomes of SBM-G. UNICEF's partnership with Tata Institute of Social Science sought to creatively address the gap in human resources for the sanitation sector, by providing relevant curricula that realized 81 post graduates, 35 per cent being women. It also trained over 55,000 female masons, who remain engaged in the sanitation sector and are able to utilize this livelihood potential for subsequent opportunities. In addition, UNICEF and World Bank are partnering to develop capacity pan-India to enable efficient roll-out of ODF-Sustainability (ODF-S) interventions aiming to maintain the mobilization of stakeholders at the grassroots level required to sustain toilet access, use and maintenance.

Amplifying Impact Through Advocacy

Key advocacy efforts have been realized under the education sector, where budgeted WASH in School improvement plans were included in the state annual budget allocation for education, with a focus on operation and maintenance of WASH facilities, hygiene promotion (hand washing with soap notably), separated toilets for boys and girls toilets, and menstrual hygiene management in support of girls' education. Through this key collaboration with the education sector counterparts,

¹ SBM- Gramin Dashboard: <https://sbm.gov.in/sbmdashboard/IHHL.aspx>

an estimated 1.58 million girls and 1.51 million boys in 46,250 schools across 13 states gained access to basic water, sanitation or hygiene facilities².

UNICEF supported communication campaigns to the break culture of silence on menstruation. West Bengal's #LetsTalkAboutPeriods radio drive demonstrated how advocacy through mass media channels could also influence priorities, reaching more than 1.60 million people through the drive according to the radio station's estimates. UNICEF also supported the Swachh Swastha Sarvatra (SSS) initiative for WASH in health facilities, resulting in increasing the proportion of delivery points with fully functional WASH from 3.1 to 41 per cent in high priority districts. Dedicated components of district plan for WASH in pre-schools reached 80 per cent achievement rates in eight districts.

One of the biggest advocacy efforts of last year went into supporting MDWS in hosting the 3-day Mahatma Gandhi International Sanitation Convention held in October 2018. The Convention was attended by delegates from 70 countries and included 55 ministers responsible for coordinating sanitation programming in their respective nations. Convention was attended by the UNICEF Executive director, who addressed the plenary, and the UN Secretary-General attended the Prime Minister's event the day after MGISC concluded, where he and the Prime Minister both spoke on the importance of sanitation. This resulted in showcasing India's remarkable success under the SBM-G, inspiring other countries to put greater emphasis on sanitation in the framework of the SDGs.

Investing in Innovation

Innovation was highlighted this year by UNICEF's work in Assam, where the proposed disaster resilient toilet models leveraged government funding; a modified version was accepted as the official design by the Gujarat government, as well. Other states explored possibilities for using less water for flushing in drought-prone areas. Maharashtra and Rajasthan, states highly affected by drought, bolstered efforts to address water management through resource budgeting exercises that utilized rainfall and groundwater recharge data. A partnership with Water.org has allowed for promoting alternative credit models that provide WASH loans that are affordable to households; this initiative was scaled in Maharashtra and now is being replicated in Madhya Pradesh and Odisha.

Leveraging Government Funds

Funds were not just allocated, but also raised with support from UNICEF for more comprehensive WASH in School programming. The Revenue Department for WASH O&M provided \$7.5 Million for all Rajasthani schools, and corporates such as TATA Trusts, ONGC, Viacom 18, Rotary Clubs, Private Foundations, etc. invested in urban schools of Maharashtra. UNICEF supported Maharashtra's Tribal Development Department for the roll-out of a scheme for bench marking of WASH facilities and behaviours in residential schools for tribal boys and girls (Ashramshalas) and assisted the National Stock Exchange Foundation to provide WASH packages in the same schools. In Gujarat, Jharkhand, and Rajasthan (INR 760 Mo leveraged), UNICEF carried out a gap assessment to inform the National Inter-Ministerial coordination strategy to scale-up MHM efforts and supported the development of state level plans; district level plans for the same were developed in UP and Maharashtra. In Jharkhand, dedicated funds for behaviour change communication were allocated for MHM counselling in schools to help adolescent girls access absorbents and disposal mechanisms and overcome stigma; it is an exceptional case in the country. Overall, UNICEF's advocacy contributed to increasing MHM funding by at least 28 per cent in four states.

² As per UNICEF estimates via aggregated state data

E. Strategic Context of 2018

Sanitation in Communities

Background

Poor access to sanitation facilities and low usage have affected children in India for decades. This has been particularly true in rural areas, where household access to sanitation had changed from 1 per cent in 1981 to only 32 per cent in 2011³; this is equivalent to a rate of one percent increase per year. In 2015, the country accounted for 90 per cent of the people in South Asia and 50 per cent of the 1.1 billion people in the world who defecated in the open. Thus, according to the Joint Monitoring Programming, approximately 524 million people were defecating in the open in India in 2015, which had consequences for children, reflected in the 117,300 annual diarrheal deaths⁴ and 38 per cent of India's children growing up stunted⁵. Forty-six million children in India are stunted and 25.5 million more are defined as wasted⁶.

Issues of security and dignity, especially for women and children, related to the practice of open defecation have compounded the tricky situation. Recognizing the seriousness of the situation, the Government launched the Swachh Bharat Mission (SBM) with the goal of eliminating open defecation by October 2019. The political and administrative leadership provided to the SBM, the sustained public funding and effective management and implementation of the programme has seen an exponential increase in rural sanitation access since 2015. This coupled with a massive behavioural change communication outreach, has resulted in a significant fall in the extent of open defecation and creation of ODF communities, which is progressively expected to have a favourable impact on the above indicators.

Progress in 2018

In 2018, the rural component of SBM, known as SBM-Gramin (SBM-G), went through an accelerated implementation phase, which was supported through UNICEF's technical assistance that focused on advocacy, policy and programme development, content creation for capacity building for behaviour change, data analysis, monitoring and evaluation to inform programming at central, leveraging government funding, and innovation at state and district levels.

³ Census data for 1981 and 2011, respectively

⁴ One Is Too Many Report by UNICEF, 2015

⁵ NHFS, 2015

⁶ Global Nutrition Report, 2018



Representatives of UNICEF (left) and the Ministry of Drinking Water and Sanitation (right) met in January 2018 to agree upon UNICEF's key technical support areas to the government which will support the latter in bolstering and strengthening its interventions for sanitation, water supply, and hygiene

Given the near proximity to the deadline for SBM, and the success in expanding sanitation coverage by mid-2018, UNICEF advocated with the government to initiate switching focus from just toilet access to sustaining its use and operations. It subsequently worked with the government to transition SBM into a frame of mind concerned with maintaining and strengthening the existing enabling environments; this led to the development of the ODF-Sustainability (ODF-S) package of interventions. In addition, UNICEF led the development of a 10-year rural sanitation strategy for MDWS, focusing on sustaining ODF, reaching universal access to safely managed sanitation and hygiene promotion and which will be

launched in 2019 after the general elections. To operationalize this “beyond ODF” phase, UNICEF and the World Bank established a strategic partnership, involving a USD 1 million grant made to UNICEF, to undertake a comprehensive approach to capacity development for the roll-out of ODF-S interventions. The outcomes and their relevant inputs include:

- Providing sanitation facilities to the newly constructed households unaccounted for in the SBM baseline conducted in 2012, to leave no one behind even if there is no financial incentive provided. Recent advocacy efforts included directives issued to Gram Panchayats (GP) asking them to only allow for construction of new homes if toilets are included in the building plans.
- Ensuring that constructed toilets have sound technical designs and remain functional, which requires retrofitting or rehabilitation of toilets poorly built or defunct. Community volunteers, extension workers, engineers, and masons are working now to spread awareness about the importance of operations and maintenance, as well as promote more sustainable models of toilets, such as the twin pit latrine which allows for users to access a second pit while the first one, when full, can decompose into safe-to-touch fertilizer.
- Promoting safe hygiene practices through continuous SBCC that promotes hand washing with soap at critical time and improving safe sanitation practices for young children such as the use of child-friendly toilets and safe handling of child faeces – the latter of which many still feel is harmless when done incorrectly. This implies keeping well trained field workers like Swachhagrahis⁷ - of which there are approximately 500,000 active⁸ - and working at the GP level, the most decentralized administration level, for a close follow-up at community level in a participatory manner.
- Leveraging funding for sanitation. One example is how funds are being utilized through a strategic partnership with Water.org to promote the provision of affordable WASH loans to households, and by fostering shared value partnerships with the private sector to leverage corporate social responsibility (CSR) funds. UNICEF has seen the positive outcomes gained

⁷ Sanitation motivators, often referred to as the ‘foot soldiers’ of the Jan Andolan, or ‘people’s movement’, behind sanitation

⁸ According to the SBM MIS dashboard

from establishing strategic partnerships with corporates, such as with Unilever for supporting community and school-based sanitation, with Johnson & Johnson for scaling up menstrual hygiene management (MHM) programming, and with Tata Trust to provide technical assistance to the government. UNICEF also supported advocacy efforts by the sector to sustain public funding for sanitation, and just recently, a dedicated committee was formed under the Ministry of Finance for priority sector lending going to the WASH sector.

- Ensuring that sanitation services are Sustainable Development Goals (SDG) compliant, hence more attention is required on the whole sanitation chain, including safe faecal sludge management (FSM). This is to ensure that latrine pits and other containment systems do not affect ground water-based drinking water supply systems, and that faecal sludge are safely disposed.

UNICEF is supporting the MDWS to address most of these challenges. Notably, capacity issues for these emerging areas are addressed in a large scale nationwide training campaign to orient GPs on post ODF interventions, focusing on sustainability. This is being rolled-out in a coordinated manner, with UNICEF leading the coordination of strategic development partners investing in such capacity development efforts (World Bank, WaterAid, BMGF, USAID, and WHO).

Water Supply Monitoring and Management

Background

It is estimated that waterborne diseases have an economic burden of approximately USD 600 million a year in India, and this is considered an underestimation given the dire lack of reliable data on water quality and availability across regions. This is especially true for drought and flood-prone areas, which affected a third of the nation in the past couple of years. If India achieved 93 per cent coverage of improved drinking water services under the MDG era, a majority of the rural population is not using safely managed drinking water as defined in the SDG targets, the latter of which requires that the water is located on premises and available when needed and free of contamination. When those criteria are considered, the SDG baseline for rural water supply comes down to 49 per cent of the rural population accessing safely managed drinking water⁹. The continued need to provide rural India with access to safely managed water comes in a context where India is facing extreme environmental issues. 330 million people from 302 districts were affected by droughts in 2016, and half of Indian states are prone to floods.

In recent years, the rural water supply sector has been neglected due to the competing priority of rural sanitation under SBM-G, which has an imminent and concrete deadline for its vision. The rural water supply budget went down by 42 per cent between 2014 and 2017, as per the Government of India's (GoI) annual budget figures. In contrast, with the construction of toilets, the demand for water is growing, as most toilets in India require water for flushing. Therefore, access to water will play an increasingly crucial role in ensuring that communities are sustaining their ODF status.

⁹ JMP, 2015

Another critical challenge linked to rural water supplies lies in the reduction of the current high microbial contamination of water sources, especially in rural areas. This issue is exacerbated by the lack of reliable data on water quality. Currently, there is no functional water quality monitoring (WQM) system in place, due to outdated WQM protocols, limited capacity of water quality monitoring laboratories and weak surveillance systems that lack a feedback loop to inform and engage communities where water supplies are contaminated. Technical assistance is therefore being provided to revise the Uniform Drinking Water Quality Monitoring (WQM) Protocol and to establish a national level ranking system of WQM laboratories. This will enable all states to improve WQM and surveillance.



By ranking water quality monitoring (WQM) laboratories and making it public, UNICEF has supported the government in encouraging labs to improve themselves to meet the national standards

Progress in 2018

Continued advocacy efforts of UNICEF have contributed to a renewed interest of the MDWS to focus on rural water supply. The sector has seen an increased focus on safely managed water supply, which resulted in the revamping of the National Rural Water Supply Programme, which now prioritizes integrated water safety and security planning, behaviour change and community participation.



States are crucial for driving forward implementation of programmes designed at the central level. Here, government and UNICEF representatives lead a consultation with engineers on improving water quality monitoring in Chhattisgarh

MDWS requested UNICEF for critical and strategic support to shape the water agenda for India in the coming years. UNICEF aims to contribute especially in the areas of community managed water supply, water safety and security planning, and an improved national integrated monitoring and information management system for the rural water supply sector.

This strategic shift is being operationalized through the Swajal Programme aimed at empowering communities to plan, design, implement and monitor single village drinking water supply schemes, notably for marginalized villages in aspirational districts. Swajal employs community ownership for operations and maintenance, with a special

emphasis on the role of women. As lead technical partner for this initiative, UNICEF is mainstreaming water safety and security planning approaches in the National Rural Drinking Water Programme (NRDWP). Dedicated 'Swajal' guidelines and training modules were

developed by UNICEF to build the capacity of grassroots stakeholders and training of trainers from states and 65 aspirational districts.

Swajal is also a fantastic opportunity to explore potential business models (including public private partnerships or PPPs) that will enable community management of water supply scheme construction, operation and maintenance through direct engagement of private sector partners. This will require piloting of feasible business models, capacity building of communities (PRIs and VWSCs) and identifying potential private sector partners. One such PPP intervention is being piloted in Orissa in partnership with Government of Orissa and a technical NGO partner (CIRC).

WASH in schools, pre-schools and health facilities

Background

In 2018, the first Joint Monitoring Plan (JMP) baseline for WASH in schools was established. Data shows that only 69 per cent of schools have drinking water available from an improved source, and 78.4 per cent of schools have useable and segregated (improved) toilets. Only 54.4 per cent of schools have hand washing facilities available with water and soap.

The Status of Education Report (ASER), which is based on recall by children and their parents in relation to various indicators, gives a slightly better picture than the JMP data. However, the report estimates that limited improvements have taken place in access to drinking water and toilets in schools in recent years. There was less than 1 per cent increase in drinking water source availability (85.2 to 86.1 per cent) and functionality (74 to 74.8 per cent) from 2016 to 2018. Similarly, toilet availability (96.5 to 97) and functionality (68.6 to 74.2) showed minimum improvements in the same period¹⁰.

In addition, the Universal District Information System for Education (UDISE), another potential data source to monitor the situation of WASH in Schools, which thorough in its measurement of other sectoral components, does not include hygiene practice related elements (e.g. hand washing, safe water and sanitation, etc.). It also does not consider the pupil to facility ratio for drinking water, gender appropriate sanitation and hand washing facilities, or an indicator to monitor the physical status of WASH infrastructure. Advocacy efforts to include and revise WASH indicators continued in 2018.

Moreover, UNICEF supported the Education Sector to develop and roll-out a national Swachh Vidyalaya Puraskar (SVP), or “Clean School Award” . The SVP is based on a detailed monitoring system covering all WASH aspects exhaustively with 39 dedicated indicators. As more and more schools register under the SVP, an annual awards programme, it provides very useful and detailed information to inform school WASH Programming at central level and in supported states.

¹⁰ ASER Survey, 2018

Field experiences, and SVP data compel that the functionality of water supply and toilets remains a challenge. This is notably due to weak systems for adequate operation and maintenance of WASH facilities in schools. In this context, UNICEF continued its efforts to address the WASH

gaps in schools, through advocacy at various level with stakeholders, supporting situational analysis, capacity building, convergence and resource mobilization.

One of the achievements worth mentioning, is that after years of advocacy efforts, a dedicated fund allocation for WASH in Schools became available as part of the Swachhata (cleanliness) Action Plan (SAP), for all schools in the country. Such SAPs are developed based on gaps identified in the SVP.

The School WASH fund supports the compliance with the basic WASH standards for schools, and it can be used for hardware, software and O&M components. The budget is tied and subject to social audit, preventing any

potential misuse of funds for other activities. However, the amounts provided to schools are generally not sufficient to cover the full WASH needs in schools, but fund allocation may increase in coming years through continuous evidence-based advocacy.

To address the challenges in WASH in schools, UNICEF ventured into a partnership with UNILEVER, through which 150,000 schools will be supported to go from 1 and 2-star SVP ranking to at least a 3 star SVP rank. This partnership will help to leverage approximately 10 per cent of total funding requirement for WASH in Schools program component in India.

Meanwhile, WASH in pre-schools, or anganwadi centres (AWCs), continued to remain a low priority area within the Nodal Ministry of Women and Child Development (MWCD). The lack of orientation and skills of staff of the MWCD related to WASH in pre-schools causes further constraint to improve access to WASH in pre-schools.

Currently, the situation of access to WASH facilities is not officially monitored through an existing monitoring mechanism or MIS. There is a need to strengthen this, so that better data collection and sharing can help inform programmatic improvements.

While the State Department of WCD is responsible for pre-schools, including its WASH facilities, the funding for construction and operation and maintenance of WASH in pre-schools is provided by Ministry of Rural Development, either through the 14th Finance Commission or under the projects within the National Rural Employment Guarantee Scheme.

Many pre-schools are located in their own building or inside the school compound, but unfortunately there are still many pre-schools currently situated in rented buildings, making it challenging to invest in construction of new WASH facilities.



Progress in 2018

To overcome these issues, including the lack of data, poor capacity and uncoordinated roles and responsibilities for WASH in pre-schools, UNICEF supports the development of costed action plans to improve WASH in pre-schools in 21 districts in 13 states. The costed action plans are prepared based on an assessment of the WASH infrastructure and practices, which is conducted by district level functionaries of the Integrated Child Development Scheme (ICDS) with technical support of UNICEF. The implementation of these action plans is entirely funded by the State, with supportive supervision of UNICEF. At the end of 2018, UNICEF estimated that 47 per cent of pre-schools have access to a toilet and 60 per cent have access to water supply, which is a slight improvement as compared to 2017, with 42 and 43 per cent access respectively.

Moreover, UNICEF started the development of National guidelines for WASH in AWCs to support further scaling-up in 2019. This will contribute to improved early childhood development for both boys and girls and better awareness on key hygiene behaviours amongst mothers.

On another note, in 2018, UNICEF continued to support the Ministry of Health and Family Welfare (MoHFW) in the roll-out of the KAYAKALP monitoring/award scheme through UNICEF's WASH in Health Care Facilities programme. During the year, however, the guidelines for KAYAKALP – the Prime Minister's initiative for improving healthcare facility practices and standards - were revised, with inputs from UNICEF, and they now comprise a set of 125 indicators



UNICEF and state department staff in Uttar Pradesh visiting a healthcare facility to ensure that infection prevention control practices are being taken up, in accordance to the government's guidelines on labor room standards

related to status of water supply, general cleanliness of premises and toilets, laundry, and sanitization of equipment. KAYAKALP involves constitution of a facility level committee which is responsible for adherence to standards. UNICEF advocates the use of KAYAKALP data to identify gaps in WASH in health facilities and to inform the development of costed plans for scaling-up WASH in Health interventions. This approach has been successful in Gujarat, Odisha, Assam and MP.

Using the KAYAKALP data available at State level, the Global Joint Monitoring Program of WHO and UNICEF started the development of a baseline for WASH in health facilities. This will inform further programming on WASH in Health/Infection Prevention and Control in health facilities, and serve for advocacy to sustain investment in/accountability for WASH in health.

However, the lack of relevant WASH indicators in the National Management Information System for Health (HMIS) remains an area of concern and UNICEF continues to advocate with the MoHFW for inclusion of WASH indicators within the HMIS.

At operational level, UNICEF continues to support the joint programme of MDWS and MoHFW named Swachh Swastha Sarvatra (SSS). Building upon the SBM and the sanitation achievements, the SSS focuses on capacity development throughout the health service delivery chain to ensure safe and clean care environment at the facility level.

F. Results Achieved in the Sector

2018 was the first year of the UNICEF India's new country programme. UNICEF continued to be the lead technical partner to the GoI in the WASH sector and 2018 saw the following key results in the supported 15 states and 192 districts:

- 83.9 million people gained access to a toilet, and the ODF status was declared in an additional 18 states, 282 districts and 237,000 villages, bringing rural sanitation coverage to 97 per cent
- 3.56 million girls and 3.4 million boys from 46,461 schools across 12 target states gained access to WASH facilities¹¹
- 3.18 million people including 1.58 million adolescent girls were reached with a communication campaign around menstruation¹²
- More than 930,000 people gained access to safe drinking water¹³

Sanitation

Output: By 2022 Government and partners are able to plan and implement the delivery of equitable, gender responsive, and quality hygiene and safe sanitation services at scale, for households in the most vulnerable and deprived communities.

Output: By 2022 Government, partners, and civil society at national and state level have adequate institutional capacity to support social and behaviour change to enable the most deprived to access and use WASH services in selected states.

UNICEF provided robust technical assistance across WASH, Education, Health and Local Governance sectors for the roll-out of the Clean India Mission (SBM). This was achieved through advocacy, policy and programme development, content creation for capacity building focused on Behavioural Change, planning and monitoring and knowledge dissemination.

Technical support to sanitation in rural areas was a felt need, and in 15 states and in 192 districts, support was provided for development and implementation of Open Defecation elimination plans (ODEPs), aiming to reach the last mile and to strengthen the quality and sustainability of sanitation service delivery.

At policy level, UNICEF in collaboration with MDWS developed IEC/BCC guidelines for Swachhagrahis and trainers and training tools on ODF-S and its planned successor, ODF-Plus. One key success driven by UNICEF's advocacy was having the behaviour change framework institutionalized within the Annual Implementation Planning (AIP) process of 2018-19. The framework rolled out in all states of India with UNICEF leading the national consultation and field offices ensuring crucial SBCC planning guidance at state and district levels. This has resulted in systematic and integrated planning of SBCC components within the SBM at various levels. More than 53 districts in the states of Assam, Jharkhand, Gujarat, Madhya Pradesh, Maharashtra, Odisha, Rajasthan, Tamil Nadu, Uttar Pradesh, and West Bengal have evidence based, costed SBCC plans endorsed by the district administration.

UNICEF led the development of the national 10-year rural sanitation strategy focusing on sustaining ODF and reaching universal access of safely managed sanitation, which is expected to be launched in 2019 post-achievement of the SBM target, and contributed to development of the national ODF-S programme focusing on: continuous behaviour change (including on MHM

¹¹ Capture by UNICEF via state aggregates

¹² Capture by UNICEF via state aggregates

¹³ NRDWP MIS

and hand washing with soap), management of faecal sludge, solid and liquid wastes, operation, maintenance and rehabilitation of sanitation facilities.

UNICEF led the coordination of development partners (World Bank, Tata Trust, BMGF, WaterAid, WHO and USAID) on jointly advocating with the government on issues of mutual concern, aimed at improving implementation of the SBM.

Promoting south-south cooperation and cross learning, UNICEF acted as lead technical partner for the Mahatma Gandhi International Sanitation Convention in October 2018, enabling the participation of delegations from 70 countries including 55 ministers. The Convention was attended by the UNICEF Executive Director who addressed the plenary, and the Prime Minister's immediately subsequent event commemorating Gandhi and SBM was attended by the UN SG, who echoed the important role that sanitation played in maintaining access to health. UNICEF organized all the technical sessions, facilitated participation of international experts, and supported organizing exhibitions that showcased sanitation programming from various global regions. This resulted in showcasing India's remarkable success under the SBM-G, placed India on the world sanitation stage and cemented India's leadership role in inspiring other countries to put greater emphasis on sanitation.



Prime Minister Narendra Modi and UN SG António Guterres met with ministerial dignitaries from over 55 countries during the Mahatma Gandhi International Sanitation Convention and the subsequent Prime Minister's Rashtrapati Bhavan Cultural Centre, in 2018

UNICEF supported multi-media products were launched by Hon'ble Prime Minister of India during the Chalo Champaran campaign in Bihar and the Mahatma Gandhi International Sanitation Conference in Delhi.

UNICEF also led several initiatives to promote gender, inclusion and disaster risk reduction in the sanitation programmes, for instance:



Rani mistris, or women masons, are taught livelihood skills related to sanitation, such as constructing toilets, that in tandem support women's empowerment and the economy

- support to the coverage of tribal communities, which required specific adaptation of the SBM approaches i.e. empowerment and support to traditional leaders.
- increasing messaging around MHM for girls in schools, like in Jharkhand, where MHM was a core focus of ODF-Sustainability policies and efforts, and in Gujarat, where child-friendly MHM advocacy was implemented.
- motivating and training 55,000 women in Jharkhand to work as masons, or Rani Mistris, who were in majority from tribal communities, building upon their skills of sanitation communicators.
- development of flood resilient toilet designs in Assam and Gujarat which were adopted by the central government for implementation.
- Designing facilities for the specially-abled in coordinated work with WaterAid in Bihar.

UNICEF's equity focus ensured planned messaging for the most marginalized groups in Assam tea gardens and in Odisha and Madhya Pradesh tribal districts. In Alirajpur, a tribal district in Madhya Pradesh with 89 per cent of its population belonging to the Scheduled Tribe classification, innovative ODF Olympic with local games, outreach at traditional fair Bhagoria, Rupaloo Rajpur competitions, and Gaurav Yatras contributed

to the district achieving its ODF status.

UNICEF established a partnership with Water.org to promote an alternative credit model for the provision of affordable WASH loans to households. This initiative was brought to scale in Maharashtra and is now being replicated in Madhya Pradesh and Odisha.

To address the gap of senior sanitation professionals, especially that of women in particular, UNICEF nurtured and extended its flagship partnerships with Tata Institute of Social Sciences (TISS), to avail trained and skilled human resources, resulting in 81 Post Graduates (35 per cent female) trained in WASH and employed in the sector, and a Young Professional Programme, through which 22 Interns have gained critical WASH experience. A dedicated gender in WASH module is also under development.

Furthermore, as part of capacity building initiatives, UNICEF supported MDWS in the empanelment and orientation of Key Resource Centres (KRCs) at national and state levels. The Community Approaches to Sanitation (CAS) training package, jointly developed by UNICEF and MDWS, used to equip key stakeholders with SBCC competencies essential to aid SBM.

Skilled resource pool of CAS master trainers (MT) created at state and district levels in all UNICEF states and are engaged by the government. In West Bengal, 20 MTs built capacities of 1700 motivators engaged in 170 GPs. In MP, 20 Master Trainers of three districts enhanced interpersonal communication skills of 1,500 frontline functionaries and of panchayati raj institutions. Swachhagrahis in Odisha – 4,500 of them - and UP - 15,140 of them - were trained

to be more effective communicators using established approaches to behaviour change, such as the Community Approaches to Sanitation (CAS) modules, resulting in improved implementation of communication-oriented interventions. In Gujarat, Master Trainers from KRCs trained 552 Nigrani Samitis, or 'monitoring committees', which further mobilized and trained 8,277 community members and 3254 Swachhagrahis. In Rajasthan, a pool of 50 SRGs trained 300 DRGs across all 33 districts. UNICEF's advocacy for nurturing skilled human resource has resulted trainers being supported through SBM funds in Bihar, MP, Gujarat and Jharkhand.¹⁴



Nigrani Samitis are made of village members and are critical in shaping the behavioral practices of defecation within communities, as they often patrol their villages during key times of the day in order to discourage other members from practicing open defecation

This contributed to 18 states, 282 districts and 237,000 more villages in the country becoming ODF during the year. More than twenty-two million new households (or about 110 million individuals) gained access to toilets in their homes for the first time. As a result, the GOI's 2018-2019 report by the National Annual Assessment of Rural Sanitation (NAARS), which surveyed 92,040 households in 6,136 villages across States and UTs of India) has estimated both access and usage of rural sanitation at above 90 per cent.

Water Supply

Output: By 2022 the Government and partners are able to plan and implement the delivery of equitable, gender responsive safe drinking water in selected settings targeting the most deprived families and households

In 2018, UNICEF supported MDWS to prioritize community management of safe drinking water supply through mainstreaming water safety and security planning in the National Rural Drinking Water Programme (NRDWP). The revamped NRDWP focuses on community empowerment and ownership for sustainable operation and maintenance.

In 2018, UNICEF provided technical assistance to the development of the GOI's Swajal guidelines, as advocacy kit, to promote the initiative, and supported capacity development for water supply departmental officials and local government (PRI) members, non-governmental and community-based organisations, and village water and sanitation committees (VWSCs). The trainings brought women's concerns in Swajal planning and implementation to the forefront, and encouraged female water committee membership, inclusiveness of women to ensure that planning, operation and maintenance processes at community level included women's voices, since they are mostly responsible to collect water for the household.

UNICEF's also helped create a pool of resource persons that covers 65 aspirational districts to ensure sustainability of the Swajal programme. These trainers further cascade training and spearhead operationalisation of Swajal in aspirational districts. So far, the states of Jharkhand, Chhattisgarh, Maharashtra, Assam, Gujarat, Andhra Pradesh, Odisha, Uttar Pradesh and

¹⁴ Captured by UNICEF via state aggregates

Madhya Pradesh have created state level resource pools for Swajal. These resources are bridging the gap of skilled HR required to roll out the programme with government ownership.

States like Chhattisgarh, Rajasthan, Odisha, and West Bengal have developed draft state operational guidelines on water safety planning and/or Swajal. Assam has a state action plan on SDG 6 which has incorporated water safety planning. To build capacity of the water sector, UNICEF is supporting establishment of institutional partnerships between water supply department and academic institutions in Gujarat, Jharkhand, Uttar Pradesh and Bihar. 16 district level water safety plans were developed reaching 80% achievement and serve as models to inform scaling-up.

Strategic partnerships and pro-active knowledge management led by UNICEF, resulted in substantial achievements to improve water supply services in rural areas. Notably: the development and dissemination of a technical module on operation and maintenance of piped water supply schemes at national level; the development of a State policy on operation and maintenance of drinking water supply schemes in Jharkhand; and in Maharashtra, UNICEF is partnering with Bridgestone to scale up water safety and security in drought prone districts.

To improve water quality monitoring, UNICEF provided technical support to MDWS to revise uniform drinking water quality monitoring protocols and to establish a national level ranking system of laboratories. Also, the states of West Bengal, Rajasthan, Maharashtra, Gujarat, Bihar, Assam, and Uttar Pradesh conducted reviews and capacity building of lab staff. The microbial contamination in groundwater was mapped by State water supply departments with technical support of UNICEF in 60 high priority districts in 5 States. This informed the financial allocation of the water and sanitation budget, prioritizing the prevention of Japanese Encephalitis/Acute Encephalitis Syndrome (JE/AES).

WASH in Schools, Pre-schools and Health Centres

Output: By 2022 Government and partners are able to plan and implement the delivery of gender responsive and quality WASH package in schools, Anganwadi centres, and health care facilities, in the most vulnerable and deprived.

UNICEF was the lead partner for implementing WASH in School programmes and providing relevant technical assistance, specifically for low-performing areas, through capacity development for teachers, IT Department Officials and State Education Departments. UNICEF supported the launch and roll out of the SVP in the 2017-2018 year. With UNICEF's support and through a model of public recognition and real-time monitoring, the number of schools enrolled in SVP doubled compared to previous year (from 250,000 to 550,000) to cover 35% of schools nationally.

Moreover, UNICEF successfully leveraged public finance for WASH in schools and engaged private sector players to invest in infrastructural support, for instance: US\$ 7.5 million from the Revenue Department for O&M in all schools in Rajasthan; increased investment by corporates like TATA Trusts, ONGC, Viacom 18, Rotary Clubs and Private Foundations in urban schools; and in provision of complete WASH packages in ashramshalas supported by the National Stock Exchange Foundation.

This investment on WASH in schools was further increased through the development of WASH in schools costed improvement plans in supported states and districts, supported by a dedicated annual budget allocation. Plans include funds for ops and maintenance (O&M) of WASH facilities, hygiene promotion (hand washing with soap notably) and menstrual hygiene management (MHM).

UNICEF also supported improvement of WASH services in pre-schools through the development and revision of state guidelines in Tamil Nadu and Gujarat. At district level, a total of 13 dedicated

costed plans for WASH in pre-schools were developed; these serves as model for further scaling-up in target states. UNICEF's advocacy in Jharkhand has leveraged State resources to fund provision of functional handwashing units for 12,000 pre-schools.



In 2018, many of the UNICEF state offices supported their respective state governments in celebrating Global Handwashing Day, through activities in schools (such as here in Odisha) and community awareness campaigns

In support to the convergent effort from UNICEF to address the deprivations of adolescent children, particularly adolescent girls, the WASH Programme intensified its Menstrual Hygiene Management (MHM) component at the national level through advocacy campaigns and a dedicated gap assessment which informs the inter-ministerial

coordination strategy for developing MHM roadmaps with dedicated funding. On this basis, in Rajasthan, Gujarat, and Jharkhand, dedicated funds were allocated for MHM counselling in schools to support adolescent girls in overcoming stigma and access absorbents and disposal mechanism at home and school, while in West Bengal, FM radio channels broadcasted key messaging on MHM Day, which reached out to 1,600,000 listeners. UNICEF's advocacy was major contributory factor for an increase of fund allocation for MHM by 28 per cent in four states.

Finally, WASH in Health programming was supported in 11 states, where 20 districts in 7 states reached 80% achievement rates of model district costed plans, and for which UNICEF supported data analysis using the KAYAKALP award scheme information. This contributed to leveraging substantial funding for WASH in health facilities, notably in Assam (INR 27 million), in Gujarat and West Bengal where State contributes with financial and human resources for water quality monitoring and surveillance and corrective measures in health facilities.

Because of UNICEF's programmatic contribution to state health departments for improving WASH in Health facilities, with a focus on labour rooms, 2018 saw an increase of the proportion of delivery points with fully functional WASH from 3.1 per cent to 41 per cent in high priority districts.

G. Resources and Financial Analysis

The flexi-funds mechanism enabled UNICEF to work at national, state and district level across 15 states and 192 districts and invest in various components through technical assistance and expertise. The support is strategic and allows leveraging of government and private sector resources for sanitation, water supply and WASH in institutions, focusing on reaching the poorest and most deprived. Influencing government policies, guidelines, and budget allocations, training programmes, and WASH standards and management information systems (MIS), allows UNICEF to work with limited resources, while reaching large numbers of people with better access to WASH facilities at home, in the community, at school, and in the health centre.

Sanitation

The central government's budget allocation for SBM has risen from INR 15,000 crores (approx. USD 2.1 billion) in 2017 to INR 18,000 crores (approx. USD 2.55 billion) in 2018. The corresponding share from states has also increased, as the effort to push towards universal sanitation coverage gained momentum. This strengthened the push towards national ODF status.

During the year, the SBM underwent modifications to make it universal and outcome based. UNICEF has supported MDWS with SBCC initiatives, capacity building interventions and evidence-based advocacy and research related to SBM, which has leveraged central and state government funds. UNICEF support at the state and district levels in development and implementation of costed open defecation elimination plans (ODEP), has enabled district administrations effectively implement the SBM at the field level with efficiency and focus. In 2019, the focus will shift to preparing ODEPs with a sustainability component.

UNICEF support has leveraged the use of government IEC resources for promoting use of twin pit toilets and implementing a Media Communication Plan on rural communication mounting to INR 500 crore. Multiple UNICEF products on sanitation, such as films, brochures and publications, have effectively leveraged resources from central and state governments for their transmission and distribution. UNICEF support has also helped leveraged INR 35 crores in Jharkhand state for community mobilisation through Jal Sahiyas (women workers) for monitoring water and sanitation services.

The MDWS had re-structured a High Level Technical Committee in 2018 to recommend innovative technologies in Rural WASH in 2018 and so far, the Committee has examined and suggested 21 sanitation technologies. As a member of the high level technical committee, UNICEF is supporting evaluation of these technologies to enable states/districts to adopt these technologies using government funds. This is aimed at promoting economy cost effective and efficient safely managed WASH technologies.

With respect to equity, the SBM has dedicated funding provisions to ensure coverage of sanitation of the Scheduled Caste (SC) and Scheduled Tribe (ST) population with Household toilets. In the criteria for fund allocation to States under the NRDWP, the rural SC and ST population of the State has a weightage of 10%. Thus, States with higher SC and ST population get a higher allocation of SBM funds. UNICEF state offices support the state departments in development of Annual Implementation Plans (AIPs), that govern what will be the activities to be taken up.

UNICEF at the national level supported MDWS in developing SBCC planning framework, resulting in development of costed SBCC plans at state and district levels integrated with the overall SBM (G) annual implementation plans. The process also led to the acceleration of IEC fund utilization in focus districts which often used to be unspent/underspent. UNICEF focus districts from states reported IEC expenditure ranging from 20% to 80%. Capacity building for implementing the communication plan is one of the key activities which leverages the IEC funds. In addition to conducting planned training activities, UNICEF's advocacy for nurturing skilled human resource has resulted in trainers being supported through SBM (G) IEC funds. The state governments of Bihar, MP, Gujarat and Jharkhand have been successfully influenced to incentivize trainers and ground level motivators with IEC funds.

Water Supply

The government's budget allocation for the National Rural Drinking Water Programme (NRDWP) has increased from INR 6,000 crores to INR 10,000 crores in the last year.

The scheme underwent major modifications to make it competitive, outcome based and aimed at incentivizing the states for maintaining functionality of completed water supply schemes. 50% of the second instalment will be based on functionality status of completed piped water supply

schemes as per a third-party verification. Fifty per cent of the second instalment will also be based on the pre-financing central share by the performing states. Higher earmarked allocation has been provided for JE-AES affected areas. Specially earmarked funds are available for JE-AES affected areas, for which water quality data was collected with support from UNICEF. This data allowed states to access the specific allocation and implement programmes to prevent and mitigate effects of JE-AES.

UNICEF has supported MDWS in developing the national guidelines and capacity building package for Swajal, which has leveraged central and state government funds with community contributions amounting to approx. INR 1000 Crores for operationalizing Swajal schemes in the most deprived areas across the country. Few other examples include leveraging INR 35 crores in Jharkhand state for engaging female grass-root functionaries (Jal Sahiyas) for operation and maintenance of WASH services in villages. UNICEF has provided technical support in terms of preparation of standardized detailed project proposals with designs and costs in states to enable Swajal scheme preparation in target villages.

UNICEF also supports the assessment and capacity building of water quality monitoring laboratories in states and districts, which enabled leveraging 5% of NRDWP funds for supporting water quality monitoring and surveillance activities.

WASH in Schools, Pre-Schools and Health Facilities

UNICEF's continuous engagement with government was aimed at leveraging additional funding for WASH in schools, pre-schools and health facilities. Instead of investing in construction and hardware, UNICEF uses an evidence-based advocacy approach, and invests in data collection and sharing, developing of costed action plans and capacity development of key stakeholders in the sector.

In 2018 under the Swachhata (cleanliness) Action Plan (SAP), MHRD allocated a minimum of 10% of annual Composite School Grant to address WASH priorities in schools across the country. UNICEF's played an important role in this allocation through its advocacy efforts and providing technical guidance for development of SAP templates and model plans.

UNICEF identifies the State high priority districts in consultation with Government to consider the most deprived, hard to reach and excluded area of the states based on official data sources. These districts are mostly characterized by predominance of tribal population, geographically hard to reach terrains having lack of access to basic services. The support for WASH in Schools programs in these districts included capacity development of stakeholders, situational analysis, promoting grass root leaderships and convergence, sharing best practices from other districts, technical support in WASH designs, effective engagement of stakeholders from GPs, School Management Committees (SMCs) and Child Cabinets.

At state level, UNICEF was able to leverage funds, using a similar approach of advocacy, capacity development and technical support. For example,

- In Madhya Pradesh INR 377.37 million was leveraged from "stamp duty fee", collected by the Revenue Department and accessed by the Panchayati Raj Development Department for WASH in schools.
- In Rajasthan, the State is providing dedicated funds for school level WASH operation and maintenance of INR 5000 per school year. Furthermore, \$7.5 Million has been leveraged from the Revenue Department for operation and maintenance of WASH in all schools in the state. In the same state, UNICEF was able to leverage CSR funds for 4,215-day schools and 136 tribal school hostels from 16 corporates for an MHM campaign, which includes the provision of incinerators.

- In Jharkhand, 14th finance commission funds and SBM funds were leveraged for group hand washing platforms, operation and maintenance of WASH facilities and MHM. The state awarded its 4 and 5-star schools with state funds (INR 121 million) as part of the SVP, which will be used to further improve and sustain the WASH priorities in these schools. School with good performing WASH indicators receive an additional incentive of INR 2,00,000 per school from the state department.
- In Uttar Pradesh, the operation Kayakalp (Transformation) for WASH in Schools, was scaled up to the entire state in 2018, with support of UNICEF. The scheme adopts a convergent approach, bringing together Education and Panchayati Raj Departments (SBM-G). Under this scheme, resources are made available from accessed different government sources, including 14th Finance Commission, and the State Finance Commission under the Gram Panchayat Development Plan.
- UNICEF has also worked closely with other states, such as Tamil Nadu, Odisha, Gujarat, and Andhra Pradesh to ensure funding is available from a variety of government budgets for sanitary workers, cleaning materials and operation and maintenance for WASH in schools. In Tamil Nadu State Panchayati Raj & Rural Development Department is ensuring funding for the Sanitary Worker & Cleaning material in Schools besides funding for regular O&M of WinS.
- In Maharashtra, UNICEF leveraged financial contributions from corporates such as TATA Trusts, ONGC, Viacom 18, Rotary Clubs and Private Foundations for Government schools in urban slums which cater to children from impoverished and marginalised communities.

UNICEF continues its efforts to advocate for gender appropriate WASH facilities. This includes gender segregated and private sanitation facilities, provision related to menstrual hygiene management like shortage of sanitary pads in schools for emergency situation faced by girls, changing room/space, safe disposal of used sanitary pads through incinerators awareness generation on MHM amongst adolescent girls (and their mothers wherever possible) to overcome social taboos; through skilled teachers and resource persons.

Furthermore, UNICEF's advocacy supported the WASH in Schools parameters under "Clean India Clean School" and the SVP to include provisions for making the WASH in School facilities suitable for persons with disabilities (PwD). During the year 2018, this was reinforced in the "Accessible India Campaign" which focused on Creation of Accessible built environment for people with disabilities PwD.

Similarly, UNICEF made efforts to leverage funds for WASH in pre-schools through evidence-based advocacy approach, and invests in data collection and sharing, developing of costed action plans and capacity development of key stakeholders in the sector. However, progress in this sector is slower than in for WASH in schools, given the many challenges that are hindering the improvement of WASH in pre-schools. The development of guidelines for WASH in pre-schools, which started in 2018 and will continue in 2019, along with increased efforts to coordinate the different government departments engaged in WASH in pre-schools, will hopefully improve the situation in coming years.

The concept of value for money has been central to the work of WASH in health facilities. UNICEF has focused on technical support to the nodal departments in close coordination with the UNICEF health team. UNICEF's support includes identification of key districts for interventions based on agreement of the State Government, followed by conducting a gap assessment in all the tiers of health facilities jointly with staff of the health facility. Based on the gap assessment, costed facility improvement plans (FiPs) are prepared along with staff of the health facility. The implementation of the FiPs is entirely funded by the State Department with just supportive supervision by UNICEF. As a result, WASH infrastructure and practices in 827 health facilities across 170 high priority districts were improved. UNICEF's technical support to Government for WASH in health facilities helped to spend under-utilized funds in an effective manner.

Table 1: 2018 Planned Budget for WASH: INDIA:Planned and Funded Budget for INDIA WASH Programme 2018 *(in US Dollars)*

Output	Results Area	Fund Sub-Category	Planned Budget
301 Hygiene and Safe Sanitation Services	24-02 Sanitation	Other Resources - Regular	4,236,000
		Regular Resources	2,536,084
302 Safe Drinking Water	24-01 Water	Other Resources - Regular	2,546,984
		Regular Resources	1,023,125
303 Quality Wash Package in Institutions	24-02 Sanitation	Other Resources - Regular	2,298,998
		Regular Resources	967,443
304 Social and Behaviour Change Capacity for Wash Services	24-02 Sanitation	Other Resources - Regular	1,463,000
		Regular Resources	820,544
Total			15,892,178

Note: planned amount is based on RWP provided by state offices

Table 2: Thematic Contributions Received for WASH Thematic Pool:Thematic Contributions Received for Thematic Pool by UNICEF India in 2018 *(in US Dollars)*

Donor	Grant Number	Contribution Amount	Programable Amount
UNICEF-India	SC1499030062	-	-
Netherlands Committee for UNICEF	SC1499030178	-	-
United Kingdom Committee for UNICEF	SC1899060010	1,059,370	1,008,923
Australian Committee for UNICEF	SC1899060014	168,960	160,915
French Committee for UNICEF	SC1899060015	267,500	254,762
UNICEF Ireland	SC1899060016	143,837	136,988
New Zealand Committee for UNICEF	SC1899060017	21,956	20,910
Norwegian Committee for UNICEF	SC1899060018	43,210	41,152
United Kingdom Committee for UNICEF	SC1899060019	1,565,162	1,490,631
Danish Committee for UNICEF	SC1899060021	24,691	23,516
Portuguese Committee for UNICEF	SC1899060022	24,691	23,516
Finnish Committee for UNICEF	SC1899060058	48,571	46,259
Total		3,367,949	3,207,571

Table 3: Expenditures in the India WASH Thematic Sector:2018 Expenditures by Key-Results Areas *(in US Dollars)*

Results Area	Other Resources - Emergency	Other Resources - Regular	Regular Resources	All programme Accounts
24-01 Water	353,570	842,991	1,154,921	2,351,482
24-02 Sanitation	132,628	2,631,914	7,279,389	10,043,931
Total	486,199	3,474,904	8,434,310	12,395,413

Table 4: Expenditures in the Thematic Sector**Breakdown of 2018 expenditures of thematic contribution by result area (amount in US Dollars)**

Results Area	Fund Sub-Category	Expense
24-01 Water	Other Resources - Regular	115,121
24-02 Sanitation	Other Resources - Regular	1,259,598
Total		1,374,719

Table 5: Expenditures by Specific Intervention Codes (Amount in US Dollars)

Specific Intervention Code	Total
24-01-01 WASH - Enabling environment (policies/strategies, coordination, regulation, financing, planning-monitoring-review, sector capacity development and professionalization)	749,991
24-01-03 WASH - risk informed programming including climate resilience disaster and conflict	468,172
24-01-05 Water supply - institutions (schools, health care facilities, ECD centres)	190,944
24-01-06 Water supply - rural communities service delivery	64,660
24-01-08 Water supply - safety/quality/treatment (including household treatment and safe storage)	130,979
24-01-09 Water supply in emergencies - improving water supply services communities	148,429
24-01-99 Technical assistance - Water	598,307
24-02-01 Hygiene - handwashing with soap in communities	60,863
24-02-03 Hygiene promotion activities in communities	64,339
24-02-04 Sanitation and hygiene - eliminating open defecation in rural communities	5,368,659
24-02-06 Sanitation - improving services in peri-urban and urban communities (except household water treatment and storage; moving up the ladder and strengthening sustainability)	43,220
24-02-07 Sanitation - improving services in rural communities (except household water treatment and storage; moving up the ladder and strengthening sustainability)	725,139
24-02-08 Sanitation and hygiene - institutions (schools, health care facilities, ECD centres) including menstrual hygiene management	1,682,612
24-02-12 WASH in emergencies - institutions (schools, health care facilities, ECD centres) response including menstrual hygiene management	101,180
24-02-13 Sanitation and Hygiene - climate resilience and environmental sustainability	21,676
24-02-99 Technical assistance - Sanitation	1,976,242
Total	12,395,413

Table 6: Planned budget for 2019Planned budget and available resources 2019 for India for WASH Programme (*amount in US Dollars*)

Output	Results Area	Fund Sub-Category	Planned amount	Funded	Shortfall
301 Hygiene and Safe Sanitation Services	24-02 Sanitation	ORR	3,997,000	4,229,749	(232,749)
		RR	2,499,084	3,082,310	(583,226)
302 Safe Drinking Water	24-01 Water	ORR	1,917,984	2,018,207	(100,223)
		RR	1,148,125	1,565,726	(417,601)
303 Quality Wash Package in Institutions	24-02 Sanitation	ORR	2,413,998	2,930,156	(516,158)
		RR	1,001,443	1,472,001	(470,558)
304 Social and Behaviour Change Capacity for WASH Services	24-02 Sanitation	ORR	1,432,000	600,907	831,093
		RR	712,544	1,325,625	(613,081)
Sub- total Other Resources Regular			9,760,982	9,779,019	(18,037)
Sub- total Regular Resources			5,361,196	7,445,662	(2,084,466)
Total			15,122,178	17,224,681	(2,102,503)
Revised planned amount – pending approval by GoI			17,200,000	17,224,681	(24,681)

Note: planned amount is based on RWP provided by state offices.

The total planned amount for 2019 as per the RWP 2018-2019 (signed December 2017), is 15 million USD. However, the funding requirement for 2019 has increased to 17.2 million, given the changes in the WASH sector context, and the request of MDWS, MoHRD, and MoHFW to focus on newly emerging issues such as ODF sustainability (including FSM), community managed water supply programming, capacity development of the WASH sector (including training of local governments), and expansion of the work of WASH in institutions. A revised RWP is under discussion with the MDWS.

Considering the revised planning figure of 17.2 million USD, there is still sufficient funding available for 2019, which is in part thanks to the thematic funds provided for the UNICEF WASH programme in India. However, it is expected that all funds will be utilized in 2019 and a significant funding gap of 30 million USD is expected for the remainder of the WASH country programme for 2020-2022, as displayed in table 7.

Table 7: Planned budget and funding gap for 2020-2022

	Planned			Funded			Gap		
	RR	ORR	Total	RR	ORR	Total	RR	ORR	Total
2020	5,532,613	11,500,000	17,032,613	5,532,613	3,155,043	8,687,655	-	8,344,957	8,344,957
2021	5,255,982	11,500,000	16,755,982	5,255,982	1,000,000	6,255,982	-	10,500,000	10,500,000
2022	4,993,183	11,189,380	16,182,563	4,993,183	-	4,993,183	-	11,189,380	11,189,380
Total	15,781,778	34,189,380	49,971,158	15,781,778	4,155,043	19,936,821	-	30,034,337	30,034,337

H. Future Work Plan

Building upon existing achievements and lessons learned, the following are the priority actions for the consecutive 4 years of the Country Programme:

Sanitation priority actions:

1. Support the development of State strategies and training plans focusing on ODF sustainability.
2. Continue investing in human resources at national level, through the PGD WASH programme at TISS and support a Young Professional programme with them.
3. Assess and develop the capacities of 60 national and state level training institutions on post ODF sanitation services, to strengthen the capacity of the sanitation sector in India, including supporting the identification of key resource centres (KRCs) and building their capacities to assist national, states and district level implementing departments in 'beyond ODF'.
4. Development of training modules and manuals at the national level for the training of the GPs and of Swachhagrahis. This includes capacity building of local government, focusing on ODF sustainability.
5. Further strengthen monitoring and research related to sanitation. This includes partnering with research institutes.
6. Address the issue of accessible sanitation, focusing on the disabled and the infirm.

Water supply priority actions:

1. Development of training package and training of Panchayati Raj departments and service providers (departmental engineers) on water and sanitation for improved community managed WASH services. The package includes community management of WASH services, including Swajal, leveraging funds from NRDWP, SBM, Finance commission funds, state funds and other resources (such as District mineral funds etc.)
2. Development of standardized capacity building package for skilling chemists for improved water quality monitoring and surveillance and inform communities and service providers to take corrective action in case of risks.
3. Continue to convene regular reviews, planning and capacity building of other development partners (Piramal, Tata Trusts, National Stock Exchange etc.) to support national, state and district government counterparts in operationalizing community managed water supplies including Swajal.
4. Assist MDWS in assessing and development of a compendium of water treatment technologies on Arsenic and fluoride removal technologies and grey water management, which will be provided to states and districts to adopt based on local requirements. This will also support decision makers to consider the aspect of ease of community management of such technologies.
5. Building capacity of key resource centers (KRCs) to assist national, states and district level implementing departments in capacity building of various levels of stakeholders.

WASH in School priority actions:

1. Support the revision of SVP guidelines and tools including the mobile application and information technology (IT) based systems (web portal, data systems inclusive of benchmarking, dashboards) for SVP data to inform WASH Programming and address priority issues.
2. Support the roll out of the 2019-20 SVP campaign to reach 750,000 schools enrolled through: launch of the campaigns; trainings; district, state and national verification processes; award ceremony (tentatively 15 October 2019, coinciding with the celebration of Global Hand Washing Day)
3. Facilitate development of Swachhta Action Plan (SAPs), jointly with district level authorities based on gaps identified notably through the SVP and inclusive of MHM, O&M of WASH facilities and hygiene promotion.
4. Provide technical assistance for Development/improvement and dissemination of IEC/Communication material and approaches supporting WASH in school interventions

5. Build capacity for conducting SVP process and WASH in School interventions: establish WASH in School State Resource teams; cascade training; e-learning; cross-learning focusing on the promotion of best practices
6. Intensify field support in schools which scored less than 3 stars and to track progresses ensuring that 75,000 of these schools reach 3 to 5 stars rating.
7. Support in conducting research/studies: (1) assessment of the effect of improved WASH in schools on Girl's Education; (2) field study to identify, document and disseminate/replicate best practices for MHM, hygiene promotion incl. hand washing with soap, O&M and development of a compendium and promotion film of best practices.
8. Support visibility events supporting the action of the government for WASH in Schools: award ceremony; press conference; launch of the compendium of best practices

WASH in Health Facilities priority actions:

1. Technical assistance will be provided so as to cover 57 districts across States with UNICEF support.
2. Technical assistance will be provided for better planning at National and State level for WASH in HF's informed by improved monitoring indicators from existing data sources.
3. Technical support will be provided for capacity development of all the tiers of Government officials.
4. Technical assistance will be provided for demand generation in communities and health care providers for WASH in HF's.

WASH in pre-schools priority actions:

1. At the National level advocacy efforts will continue for prioritization of WASH in AWCs, improving the monitoring and planning for dedicated capacity development.
2. By 2021 it is planned to reach out to total of 57 districts States with UNICEF presence across the Country for improved WASH in WASH in AWCs through support in development of district level costed action plans for WASH in AWCs.

I. 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. With the support of this funding, UNICEF is able to work with the government, its partners, and beneficiaries to ensure that children are provided the critical building blocks necessary for a brighter future.

Annex 1: Human Interest Stories

The tale of a visually challenged couple in Coimbatore Swachh Bharat Mission changed their lives



Revathi & Arumugan stand proudly outside their personal toilet.
Photo credit: UNICEF India / 2017 / Shibaji Bose

Revathi is blind since birth. She is uneducated and lives with her mother on whom she is fully dependent for going out to the fields for defecation. Even so, her mother cannot provide her daughter privacy from the onlookers' stares. Doctors have long diagnosed Revathi to a life of darkness.

To add to Revathi's woes, her husband too is visually challenged and other family members including both brothers are in the cities. The last straw for Revathi was the sudden passing away of her father at a very young age. Revathi herself confided, "When my father passed away at the age of 29 years, we had

tremendous monsoons the following year. I used to cry when I had to go out for defecating in the open. Some of the days I simply applied self-discipline so that I didn't need to go out."

According to Revathi's mother: "I am getting old and frail and have started to fear for the safety of my daughter as I will soon be unable to accompany her to the fields for her basic daily necessities."

But fate has stranger developments in store for them. In fact, a string of fateful events.

The Avalampatti panchayat within Pollachi North block, under Coimbatore district (Tamil Nadu), in which the mother-daughter resides has started seeing an upsurge in the open defecation free (ODF) drive undertaken by the district administration with the technical support of UNICEF. It was unanimously decided by the block and the panchayat that Revathi's case needed to be given priority when implementing the ODF drive.

Mr. Vivekanandan, Block Development Officer (BDO) of Pollachi North affirmed: "strict instructions were given to the block coordinator to work with all concerned at the ground level, such as ex-gram panchayat secretary, sanitation motivator and other others, to speed up the process of setting up the toilet unit."

Ms. Bhuvanehwari, the sanitation motivator, mentioned to the block team that the decision was backed by everyone in the community.

The small but closely-knit family of mother and daughter now have a better social status. Revathi can boast of a personal toilet.

This impressed Arumugam, a hawker in the nearby market, who himself is visually challenged and who was drawn to the small family. The inevitable followed, and Arumugam and Revathi's marriage was solemnized by the community under the guardianship of Mr. Selvaraj, ex-gram panchayat president.

Coordination of Nutrition and Water Management Practices Support Healthy Living in Wagnālwādi Village of Latur, Maharashtra



Zanābāi working in her kitchen garden using recycled waste water

Photo credit: UNICEF India / 2018

'I was scared as we were forced to migrate to this village from a metro city, but now things seem to be settled' says Zanābāi.

When their oldest child, Sheetal, was ready to enrol into her higher secondary school, Mrs. Zanābai and Mr. Dhondirām Waghmare had a difficult decision to make. Up until then, they were living with their three children in Pune, the second largest city in the state of Maharashtra. They were part of the Scheduled Caste – a designation for the lowest class of Indian society and thus the most vulnerable – and had very few possessions that could fund their daughter's education.

Not wanting to have to sacrifice the aspirations of their children, something they risked given their insufficient income, Zanābai and Dhondirām made the difficult decision of moving the children back to their home village. Dhondirām stayed back in Pune, reliant on the income he made through his job, while Zanābai moved back to Wagnālwādi, located in the district of Latur.

The cost of living in the village was low and the school was close by, but the decision

came with consequences. Zanābāi recalled, "We did not have access to good nutrition and I was worried as all my children were growing up". In addition, their village was in a well-known drought-prone area, meaning that sourcing water to raise crops felt unfeasible. Their diet had undergone a drastic change, having had little access to the range and quality of food available in Pune. Wagnālwādi does not have a market, the Waghmare family did not own their own land. They subsisted on legumes and grains alone. Eventually, this caused Zanābāi and her children to have gastric issues that interfered with the children's education and the family's wellbeing.

Their situation changed radically starting in September 2018, when UNICEF brought the initiative, Women for Sanitation Hygiene and Resilient Practices (W-SHaRP), to Wagnālwādi, with support from Swayam Shikshan Prayog (SSP), a local partner. Together, the organisations trained Arogya Sakhis, or health motivators, who in turn oriented 100 women in the village to start up and maintain 'kitchen gardens', which included recycling waste water generated at home. This was a novel concept to most of the women, who had never considered it as a viable resource before.

In addition, the health motivators supported the women in learning basic accounting and resource management skills which allowed the women to manage their water supplies efficiently. This allowed them to properly plan for the upcoming lean periods of the year, and ensure that there was enough water for drinking, using in the garden, and for toilet use for the whole family.

With the support from an Arogya Sakhi and SSP, which distributed vegetable and fruit seeds to the women, Zanābāi was able to leverage the nearly 500 square feet of ground in her front yard. The only additional funding that came out of Zanābāi's own pocket was a modest 41 rupees. In just three months, her garden was overflowing with tomatoes, eggplants, spinach, chilies, coriander (cilantro), papayas, lemons, and more.

'Today its January 2019 and me and my children get fresh vegetables every day, some of the crops give extra yield and I also give it away to my neighbors who cannot afford a kitchen garden,' said Zanābāi.

Today in Wagnālwādi, nearly 50% of the women out of the target population are inspired by Zanābāi's kitchen garden and are slowly following suit. There are 100 community workers in each village and they spread awareness among the village women and adolescent women in order to create drought resilience in the community.

Annex 2: Donor Feedback Form