

REPORT ON



LEAVE NO ONE BEHIND



Consultation on the contribution of Swachh Bharat Mission towards achieving SDG-6 in India for those furthest behind.

Voices of the Youth, Women, Older persons, Persons with Disabilities, Persons living with HIV, Transgenders and LGBTIQ, Sex workers, Manual scavengers, Dalits, Adivasis, Farmers, Urban shanty dwellers, Urban homeless; Migrants and refugees.

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Acronyms or Abbreviations

AIDS	Acquired Immunodeficiency Syndrome
ART	Anti-Retroviral Therapy
COVA	Confederation of Voluntary Associations
CPCB	Central Pollution Control Board
CSO	Civil Society Organization
CSR	Corporate Social Responsibility
DAY-NULM	Deen Dayal Antodaya National Urban Livelihood Mission
DDWS	Department of Drinking Water Supply
EQND	Equity and Non-Discrimination
FANSA	Freshwater Action Network South Asia
FHTC	Functional Household Tap Connection
GIWA	Global Interfaith WASH Alliance
GP	Gram Panchayath
HIV	Human Immune-deficiency Virus
HLPF	High Level Political Forum
IMIS	Integrated Management Information System
JMP	Joint Mission Planning
LGBTIQ	Lesbian, Gay, Bisexual, Transgender, Intersex, Queer
LNOB	Leave No One Behind
MARI	Modern Architects for Rural India
MHH	Menstrual Health & Hygiene
MHM	Menstrual Hygiene Management
MIS	management information system
MSM	Men Sex with Men
NACO	National AIDS Control Organization
NGO	Non-Governmental Organization
NITI	National Institution for Transforming India
NULM	National Urban Livelihoods Mission
NYP	National Youth Policy
OD	Open Defecation
ODF	Open Defecation Free
PDS	Public Distribution System
PLHIV	People Living with HIV/AIDS
PMAY	Pradhan Mantri Awas Yojana
PVTG	Particularly Vulnerable Tribal Groups
PWD	Person with Disability
SBM	Swachh Bharat Mission
SC	Scheduled Caste
SDG	Sustainable Development Goal
SECC	Single Edge Contact Cartridge

STI	Sexually Transmitted Infection
TG	Transgender
TOR	Terms of Reference
TV	Television
UIDAI	Unique Identification Authority of India
UN	United Nations
UNESCAP	United Nations Economic and Social Commission for Asia and the Pacific
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations International Children's Emergency Fund
UNRC	United Nations Resident Coordinator
VNR	Voluntary National Review
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization
WSSCC	Water Supply and Sanitation Collaborative Council

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The consultation process and the present report are the result of the dedicated efforts of numerous individuals and organizations. We would like to tell them our heartfelt gratitude, particularly to the delegates of the fourteen marginalized and vulnerable groups who travelled long distances to come to Rishikesh to take part in this process. We gratefully acknowledge the valuable support of all organizations who motivated and prepared the members of the groups to play a meaningful role. Special thanks go to the Facilitators and Rapporteurs¹.

The consultation was a most pleasant and enjoyable experience thanks to the affectionate hospitality and the comfortable and colorful facilities provided by the devoted team of Parmarth Niketan Ashram, on the banks of the sacred river Mother Ganga. We respectfully thank Param Pujya Swami Chidanand Saraswati ji and Sadhvi Bhagawati Saraswati ji for sharing their divine thoughts of wisdom with the participants and for their passionate engagement throughout the process, which provided immense inspiration to everyone.

The consultation is a collective effort by WSSCC, GIWA and FANSA. Our deepest appreciation and thanks to all our colleagues who went beyond the call of duty to make this initiative a success, and to the government officials and national institutions who participated in the process, including the Ministry of Jal Shakti and the National Human Rights Commission of India.

¹ The names of all those who supported the process are listed in Annex 2 to this report.

गजेन्द्र सिंह शेखावत
Gajendra Singh Shekhawat



जल शक्ति मंत्री
भारत सरकार
Minister for Jal Shakti
Government of India

17 DEC 2019

MESSAGE

I am happy to know that Global Interfaith WASH Alliance in collaboration with the Water Supply Sanitation Collaborative Council (WSSCC) and FANSA is hosting "Leave No One Behind: Consultation on the Contribution of Swachh Bharat Mission towards achieving SDG-6 in India" at Parmarth Niketan Ashram, Rishikesh in the lap of Himalayas and on the holy banks of Mother Ganga.

This is a noble and commendable initiative that brings together 14 key groups of vulnerable populations through an inclusive approach for achieving Sustainable Development Goals with focus on water and sanitation and hygiene, including menstrual hygiene and health. Through these initiatives, we are following the ideals of Mahamta Gandhiji towards Cleaner India.

My Ministry will be happy to extend any kind of support that you may need in bridging the gaps and reaching out to the people for Swachh Bharat Mission and ODF+ India. I am certain that by working together, we can accomplish the objectives of our mission and SDG-6.

(Gajendra Singh Shekhawat)



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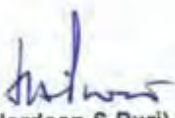
Minister of State (I/C), Housing & Urban Affairs
Minister of State (I/C), Civil Aviation
Minister of State, Commerce & Industry
Government of India

MESSAGE

It gives me immense pleasure to know that Global Interfaith WASH Alliance in collaboration with the Water Supply Sanitation Collaborative Council (WSSCC) and FANSA is hosting "Leave No One Behind: Consultation on the Contribution of Swachh Bharat Mission towards achieving SDG-6 in India". The idyllic Parmarth Niketan Ashram, Rishikesh, on the banks of the Ganga is the perfect location for such an event.

Under Prime Minister Modi, the Govt. of India believes in providing Sarvodaya through Antyodaya, in other words, Reaching the Farthest First. The success of the Swachh Bharat Mission is just one example of this government's efforts in delivering essential goods and services to those at the bottom of the pyramid. I commend the organizers for launching this initiative that brings together a diverse group that best represents our most vulnerable populations. Such efforts have ensured that the Swachh Bharat Mission has transitioned from a project of the government to a Jan Andolan, i.e. a social movement, akin to the struggle for independence.

I look forward to receiving the recommendations and learnings from this Summit. I am certain that by working together we can ensure that no one is left behind as we strive towards meeting the Sustainable Development Goals.


(Hardeep S Puri)

New Delhi
16 December 2019

Executive Summary

1. The present report gives account of the process organized by the Water Supply Sanitation and Collaborative Council (WSSCC), the Global Interfaith WASH Alliance (GIWA) and the Freshwater Action Network South Asia (FANSA) to review the specific progress achieved by the Swachh Bharat Mission (SBM) for 14 groups identified by Niti Aayog, in discussion with the UN Team (Resident Coordinator's Office): 1. Youth; 2. Women; 3. Older persons; 4. Persons with Disabilities; 5. Persons living with HIV; 6. Transgenders and LGBTIQ; 7. Sex workers; 8. Sanitation workers; 9. Dalits; 10. Adivasis; 11. Farmers; 12. Urban poor 1: Shanty dwellers; 13. Urban Poor 2: Homeless; 14. Migrants and refugees. Delegates of every group were consulted using the UNRC Guidelines for LNOB consultations. By interfacing between State authorities and civil society to hold SDGs consultations, the goal of the UN Team is to support India in including in the VNR national report information and analysis of equality and non-discrimination and gender dimensions: the extent to which SBM contributed to reduce inequalities that create barriers in accessing WASH and other essential services for some groups, the challenges yet to be confronted, and plans and strategies to remove these barriers and challenges, and ensure effective and adequate access to WASH to the members of these groups, leaving no one behind in ODF+ and Jal Jeevan Mission's implementation.
2. The report contains interesting findings and recommendations made by the 14 groups; looks at intersectionality, crosscutting and specific issues, and offers concrete proposals for solution, tailored to the specific needs of each group. It shows that a fully open defecation free India can be achieved and sustained only with and through the active engagement of all these neglected communities, working in close collaboration and coordination with all concerned departments and agencies, and with CSO defending the interests and rights of these communities. It will not only be necessary to integrate equality and non-discrimination and gender concerns and imperatives in the way the WASH sector operates to achieve SDG 6: it will also be fundamental to integrate awareness of water, sanitation and hygiene (including Menstrual Hygiene and Health – MHH) in the strategies and plans of other concerned Government departments: education, healthcare, labor, transports, urban affairs, housing, environment/ climate change, and departments tasked with the protection and welfare of vulnerable categories: women, youth, disabilities, scheduled castes and tribes, and in the work of CSOs representing their rights. All this will be required to promote the necessary coordination of plans, budgets and interventions, and to promote specific progress for those furthest behind. They need to be supported not only with better WASH services, but with access to legal status and rights (including the rights to be informed, to participate in the social, economic and political life of the country). And they need, as a result, better healthcare and education, access to credit and jobs, training and development opportunities – more adequate standards of living that will enable the poorest families to own or at least rent a house, with water and toilets, in a more dignified and healthy habitat and environment, where adequate WASH facilities exist in every household, and in the public spaces, in schools, in health centers, in all workplaces, transport hubs and government buildings.
3. However, as a first, urgent priority, it will be necessary to push further forward the identification of those very vulnerable and marginalized communities, families and individuals that are still excluded today from the exercise of their human rights to water and sanitation, and hygiene. It will be necessary to quantify them, to locate them, and to build a reliable, updated database with disaggregated information on all these groups (the 2021 national census of India will provide a golden opportunity in this regard), to be able to quantify the costs of interventions (including the costs of decentralizing the consultation processes, like the one accounted for in the present report), and to track, from here to 2030, their sustainable, specific inclusion in the benefits of WASH, development, and the basic economic, social and cultural rights to which everyone is entitled, regardless of differences, without discrimination.

1. INTRODUCTION

4. Leave No One behind (LNOB) is the core principle of the SDGs and the 2030 Agenda. It's a global call for action to ensure equitable and inclusive development, expressed by the Honorable Prime Minister of India as Development for All "*Sab ka saat, Sab ka vikas, sab ka viswas*". The processes of translating LNOB into action is embedded in people centered, gender sensitive, human rights-based approaches, placing focus on the furthest behind. Leaving no one behind requires context specific analysis to identify those left behind, hear from them about why they are excluded, and how to help them resolve their problems. Based on this, specific interventions can be planned to ensure universal coverage without discrimination and contribute to the holistic human development of those furthest behind.
5. Achieving SDG 6 is critical for making progress on all other SDGs. Target 6.2 calls for countries to "*By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations*". Achieving SDG 6.1 and 6.2 "leaving no one behind" requires increased focus on, and inclusion of, a diversity of marginalized and vulnerable groups: and resolute efforts to collect disaggregated data on these groups to monitor elimination of inequalities and barriers to their access to WASH services.
6. Voluntary National Reviews (VNR) on SDGs progress are the opportunity for countries to take stock of the progress of the various SDG, successes and challenges, and lessons learnt in translating the LNOB spirit into action. For the second time after the [2017 VNR of India](#)², in July 2020 India will present its national report on SDGs 4, 5, 6, 10, 11, 12 at the HLPF - High-Level Political Forum on sustainable development. The UN Team in India agreed with Niti Aayog to contribute to the report by supporting the organization of LNOB consultations of vulnerable and marginalized groups facing special challenges in accessing adequate WASH services. The Water Supply Sanitation and Collaborative Council (WSSCC) took responsibility for SDG 6, with a focus on SDG 6.2, and joined hands with the Global Interfaith WASH Alliance (GIWA) and the Freshwater Action Network South Asia (FANSA) to organize consultations with representatives of 14 marginalized and vulnerable population groups, to assess the contribution of the Swachh Bharath Mission (SBM) towards achieving SDG 6.2 in India for these populations. The consultations, the findings of which are reflected in the present report, took place at Parmarth Niketan, Rishikesh, Uttarakhand, from 16 to 18 December 2019.

2. METHODOLOGY AND PROCESS OF THE CONSULTATION

7. The consultation process was meant to allow selected groups to meaningfully provide information on challenges in their access to WASH services and make recommendations to the Government and development partners on how to move forward together to ***Reach the Furthest Behind First***. WSSCC, GIWA and FANSA took responsibility to hold the consultations and the following consultation process was organized in 6 weeks, with the active dedication of all those involved. **The process consisted of nine steps.**
8. **(1) Identification of the consultation targets.** Based on discussions with UNRC (United Nations Resident Coordinator) Office, **the 14 groups selected for consultation were 1. Youth; 2. Women; 3. Older persons; 4. Persons with Disabilities; 5. Persons living with HIV; 6. Transgenders and LGBTIQ; 7. Sex workers; 8. Sanitation workers; 9. Dalits; 10. Adivasis; 11. Farmers; 12. Urban poor 1: Shanty dwellers; 13. Urban Poor 2: Homeless; 14. Migrants and refugees**³.

² SDGs 1, 2, 3, 5, 9, 14, 17 were under focus in 2017. SDGs 4, 5, 6, 10, 11, 12 are scrutinized in 2020.

³ WSSCC disaggregated the urban poor category into two categories: shanty dwellers and homeless and added sanitation workers. GIWA added the sex workers category.

Preliminary research on the size of the population for each of the 14 groups did not provide sufficient information. The 2011 census, UN, World Bank and CSO data differ in their estimates, and the UNICEF/WHO Joint Monitoring Program (JMP) and Government data do not provide specific information on access to WASH services by this variety of groups⁴.

9. **(2) Involvement of coordinating Civil Society Organizations (CSO) representing vulnerable groups.** The following CSO were selected to help identify and mobilize the participants in the consultations: 1. Tech Avenue Education Trust; 2. Centre for Advocacy And Research; 3. Lok Kalyan Seva Kendra - FANSA Jharkhand; 4. Viswayuvak Kendra - FANSA Delhi; 5. NEETU - FANSA – Telangana; 6. Ojus Medical Institute; 7. Sathi All for Partnerships; 8. PRATINIDHI - FANSA - U.P; 9. Centre for Holistic Development; 10. Confederation of Voluntary Association; 11. National Confederation of Dalit Organisations; 12. All India Network of Sex Workers; 13. MARI – Telangana; 14. Safai Karmachari Andolan and 15. Harijan Sevak Sangh.
10. **(3) Identification and mobilization of the participants.** Coordinating organizations were asked to identify, prepare and mobilize 10-12 delegates for the consultation, persons who had a comprehensive understanding about issues and challenges of their constituency and could effectively articulate them in the process: in total, 142 delegates representing 15 states from the 14 different constituencies joined the consultation. The states represented at this consultation summit are shown in the map below.



The organization of the travel of participants took substantial efforts and met some challenges. Due to the protest against the Citizens Amendment Act and National Register of citizens, on 15 December some roads were closed in Delhi. Travel of refugees suddenly became very sensitive. 6 of the 12 Migrants and refugees' delegates could not make it to Rishikesh. However, refugees demonstrated their keen interest by joining on a phone call to feed their experience and views into the consultation⁵.

⁴ See Annex 1: Basic data on target key populations invited to the consultation for more information.

⁵ The coordinating agency COVA (Confederation of Voluntary Associations) also conducted Focus Group with refugee groups in Hyderabad and Delhi and shared the output during the consultation in Rishikesh.

11. **(3) Identification of Facilitators and Rapporteurs.** 14 senior development professionals were identified. TORs were developed describing their roles as Facilitators and Rapporteurs⁶.
12. **(4) Training of Facilitators, Rapporteurs and Coordinators and designing the consultation process.** Facilitators and Rapporteurs were briefed about their role through one to one conversations followed by a signed TOR. They were requested to carry out a desk review of available literature to familiarize themselves with the issues of the marginalized groups assigned to them. On 16 December, Facilitators and Rapporteurs also collectively participated in a three-hour training in Rishikesh, focused on their role, the process and the facilitation norms.
13. **(5) Consultations of the 14 groups on 17 December 2019.** 7 groups were consulted in the morning and 7 in the afternoon, each facilitator and rapporteur working with two groups. Following UNRC guidelines, consultations were guided by lead questions under 8 sections: 1. Understanding the context; 2. Status of sanitation and hygiene and how is the national progress reflected in your own lives; 3. Challenges and barriers; 4. Impact; 5. Lessons learnt; 6. Emerging issues; 7. Good practices and 8. Recommendations. Time allocated to each group was three hours, structured as follows:

10 Minutes	Setting the context
20 Minutes	Overview of the status of SDG progress for the specific group of marginalized
30 Minutes	Discussion on key challenges / barriers confronted by the specific group
20 Minutes	Assessing the response of the Government and other partners
20 Minutes	Lessons learnt and emerging issues
20 Minutes	Good practices
30 Minutes	Recommendations
30 minutes	Open discussion on key messages

The output from each group's consultation was recorded by the Rapporteur. The consultation process was also video recorded. The Facilitators and Rapporteurs were requested to consolidate the consultation and present it in the plenary session on the 18th December 2019.

14. **(6) Between the two consultations sessions, GIWA held a special plenary session on the Power of Faith in Changing Values and Behavior around LNOB.** Leaders of all major religions (Hindu, Muslim, Sikh, Christian, Jain and Buddhist), leaders of marginalized groups including women, LGBTIQ and Dalit came together to emphasize the importance of "equity and inclusion" in policy and programming and to convey a powerful message of inclusion and non-discrimination. Faith Leaders made recommendations and pledged to bridge the gap between policy, planning and people so that access to improved WASH becomes a reality for marginalized communities.
15. **(7) Presentations in plenary and policy dialogue between the groups and national institutions:** The consultation findings were presented in the plenary session on 18th December to experts and key officials from concerned Government departments including SBM and the National Human Rights Commission of India. They reflected and commented on issues raised and demands from the groups. See below the list of experts and officials present for the plenary.

#	Participant	Organization / Category
1	Mr. Anil Sharma	Director, Ministry of Jal Shakti, Government of India
2	Mr. Santosh Mehrotra	Professor of Economics and Chairperson, Centre for Informal Sector and Labour Studies, Jawaharlal Nehru University, New Delhi and Ex-advisor to the Planning commission of India
3	Ms. Sadhvi Bhagawati Saraswati ji	Secretary General, GIWA
4	Mr. Hrishikesh Sharan	Sulabh International

⁶ See the full list in Annex 2.

#	Participant	Organization / Category
5	Mr. J Rao Maddukuri	Expert- SDGs
6	Ms. Maitreyi Gupta	Expert- Human Rights India Representative, International Commission of Jurists
7	Mr. Avanish C Mishra	Expert on the issues of persons with disability
8	Ms. Megha Vivek Phansalkhar	Steering Committee Member, WSSCC
9	Mr. Indrajeeth Kumar	Assistant Registrar (Law), National Human Rights Commission of India
10	Ms. Akanksha Dua	Assistant Program Officer, Agha Khan Foundation
11	Mr. Abhijit Banerji	Country Director, Finish Society

Following the presentations of findings and recommendations from the 14 groups, the plenary session gave maximum opportunity to have an open and transparent dialogue among various stakeholders and it created a new momentum for realization of SDG 6 highlighting the significance of LNOB.

16. **(8) Analysis of challenges and limitations, lessons learnt:** The consultation process was the first of its kind for many stakeholders engaged, which limited understanding of the varied perspectives shared by delegates from the groups and other stakeholders. Insufficient information on specific interventions (policies, programmes and budgets) designed to include the 14 groups in WASH services was a major limitation to the consultation process. In the absence of such information 'where to look for what progress' became broad and vague. While aggregated data on progress towards universal sanitation coverage are available, data are not disaggregated enough to give account of specific progress for the identified most vulnerable population segments that are still out of WASH services or for whom services are inadequate (e.g. women and girls and MHH services within and outside the household, persons with various disabilities, transgender population etc.). Lack of reliable, sufficiently disaggregated official population data is a major impediment to plan, implement and monitor specific progress in the access and use of WASH and other essential services by those furthest behind.

3. STATUS OF PROGRESS ON SDG 6.1 AND 6.2:

17. As per Integrated Management Information System (IMIS) of the Department of Drinking Water and Sanitation (DDWS), on 31.3.2019, about 18.33%, out of the total 17.87 Crore rural households in the country have a tap water connection and 14.60 Crore households are without a tap water connection.

Service Level	Fully Covered*	Partially Covered**	Quality affected***7
40 lpcd	13,96,304	2.69,661	59,661
	80.92%	15.63%	3.45%
55 lpcd	8,15,523	8,50,442	59,661
	47.26%	49.28%	3.45%

18. Through the launch of Jal Jeevan Mission in December 2019, the Government committed to providing Functional Household Tap Connection (FHTC) to every rural household by 2024, prioritizing the needs of 60 most seriously affected districts with water quality issues. A new dedicated ministry 'Ministry of Jal Shakti', launched 'Jal Shakti Abhiyan' campaign, aimed at water conservation through broader community mobilization and participation, and supporting SBM sustainability by making the water available to use the toilets.

⁷ * Habitations getting at least 40 lpcd of safe drinking water throughout the year available within 100 meters (horizontal / vertical) from their households. ** Partially Covered (PC) Habitations: Habitations other than Fully Covered and Quality Affected categories. *** Habitation with at least one of the drinking water sources not meeting parameters of chemical contamination.

19. The SBM declared India ODF on 2 October 2019. SBM also aimed at conversion of unsanitary toilets to pour flush toilets, eradication of manual scavenging, municipal solid waste management, raising awareness and nudging positive behavioral change among the people. Under the ODF+ Mission, the Government focuses on ODF Sustainability and Sustained Behavior Change for Safe Sanitation, addressing gaps in coverage to ensure no one is left behind, building community toilets for floating populations and refresher trainings for all grass root functionaries. ODF+ is also aimed at solid and liquid waste management, biodegradable waste management, plastic waste management, grey waters and fecal sludge management.
20. As a result of the above efforts there is significant progress towards realization of SDG 6.1 and 6.2. To measure India's performance towards clean water and sanitation, the [SDG India Index-Baseline Report 2018 released by NITI Ayog](#) identified 5 national level indicators which capture 3 out of the 8 global targets for SDG 6. In December 2018, the overall national index score for SDG 6 was recorded as 63 and the score for each of the selected indicators is as follows.

#	Indicator selected for SDG 6 India Index	National Target 2030	Achievement December 2018
1	Percentage of population having safe and adequate drinking water in rural areas	100	71.8%
2	Percentage of rural households with individual household toilets	100	82.72%
3	Percentage of districts verified to be open defecation free	100	32%
4	Installed sewerage treatment capacity as a proportion of sewerage generated in urban areas	68.79	37.58%
5	Percentage of annual ground water withdrawal against net annual availability	70	62%

21. [The SDG India Index & Dash board 2019-20 report released by NITI Ayog](#) (see tables above and below) has identified seven national indicators to measure India's performance towards the goal of clean water and sanitation, which captures four of eight SDG global targets under this goal. The overall performance score of India for SDG 6 was recorded as 88. The indicator wise percentage of achievement is as follows.

#	National Indicator selected for SDG 6	National Target 2030	Achievement December 2019
1	% of households having improved sources of drinking water	100	95.5%
2	Percentage of Rural households with individual household toilets	100	100%
3	Percentage of urban households with individual household toilets	100	97.2%
4	Percentage of districts verified to be 100% ODF	100	90.7%
5	Proportion of Schools with separate toilet facility for girls	100	97.43%
6	Percentage of Industries (17 categories of highly polluting industries/grossly polluting/red category industries) with waste water treatment facility as per the CPCB norms	100	87.625%
7	Percentage of Blocks over exploited the ground water table	-	18.01%

The above reflects the status of household toilets for urban and rural areas and the availability of separate toilets for girls in schools; there is no other disaggregated data. The consultation, however, highlighted specific challenges and barriers limiting their access to WASH services. It is also important to note that there are no specific indicators for measuring the performance on hygiene including the special needs of the women and girls.

4. HOW THE GOVERNMENT HAS ADDRESSED THE INTEGRATED AND INDIVISIBLE NATURE OF THE SDGS AND TO THE PRINCIPLE OF LNOB

22. According to SBM guidelines, the poor, women/ pregnant women, children, older people, people with disabilities, certain castes, faiths and ethnicities; marginalized populations in remote areas, or living in areas where it is difficult to build toilets due to high water tables, sandy soils or hard rock, are a priority. Gender aspects including dignity, safety and the menstruation needs of women and girls must be given special consideration. Sanitary facilities must be sensitive to people with disabilities. The consultation provided some common findings:
- i. Equity and inclusion are reflected in the incentives for construction of household toilets for the poor, but the specific needs of diverse groups were not addressed. The most vulnerable within the poor were neglected: they were not identified, and their specific needs were not addressed. Lack of sensitivity and knowledge of families about user-friendly adaptations to toilet designs was one of the main reasons for inaccessibility of SBM toilets for those with physical disabilities and health limitations.
 - ii. Those excluded from services are individuals lacking power and capacity for asserting their rights. Unless the family and the State take a proactive role, their special needs remain neglected.
 - iii. Many community organizations, NGOs and Government departments working for the rights and welfare of the marginalized and vulnerable communities do not actively pursue sanitation and hygiene improvement in their initiatives.
 - iv. Marginalized and vulnerable groups are never consulted by SBM implementing agencies on their specific sanitation and hygiene needs. There is no representation of these groups in planning, implementation and monitoring of sanitation and hygiene programmes at district and state level.

Key messages from the Groups.

23. **We want to be actors! Youth** want a more prominent role in SBM. The [Swachh Sarvekshan cleanliness survey](#) annually ranks cities in India on sanitation. Parameters include uploading public toilets on google maps so that commuters/ floating public can find the nearest community/ public toilet, and community and public toilets open from 4am to 10pm. City corporations opened access to toilets in fuel stations and restaurants. Citizens are encouraged to download the app and provide online feedback on city sanitation services, including maintenance of public toilets and solid waste management. Using apps, youth access to public toilets improved. City corporations launched Citizens-led sanitation awareness campaigns mobilizing colleges & schools: [Swachh Bharat-Swachh Vidyalaya Campaign](#) emphasized availability of functional separated toilets for boys and girls in school was also a beneficial initiative, but it did not include children out of school.
24. **Who carries the water and cleans the toilets? Women** saluted the overall improvement brought by SBM and valued especially the opportunities for women's representation in planning and implementation committees for sanitation development at the community level, special initiatives for awareness promotion and improving facilities for meeting MHM needs of women and girls and capacity building opportunities in varied technical aspects of sanitation. Stigma and misconceptions attached to menstruation and restrictive practices began to be openly discussed. A variety of initiatives taken up by different actors contributed to improve supply and affordability of sanitary pads. However, the intensive drive to achieve nation-wide ODF seems to have masked the issue of added workload to women in terms of toilet maintenance and making water available for toilet usage.

25. **Help us do it by ourselves! Older persons** wish to practice defecation with dignity, independently or with minimal help from family members/ care givers. Accessible household toilets ensuring privacy, comfort and security are essential for older persons. Most toilets constructed under SBM do not meet their needs. They feel insecure to use toilets with no supporting aids, embarrassed when they mess up the ground level squatting pan for defecation and others are very hesitant to use the toilet after their use. Some elders defecate in the open, which is better than using an uncomfortable toilet.
26. **Our needs cannot wait! Persons with disabilities (PWD).** *'Every toilet should be accessible as anybody may become disabled.'* PWD needs were not prioritized. A majority declared not to have received public support. Some found GP information misleading, others did not wait for support as their needs could not wait. Some still do not have toilets –partly due to very poor coverage in their area. Specific PWDs needs were neglected. Improvements at household level were made by families without support. Availability of public toilets has increased, but most SBM toilets have ground level squatting pans and lack supportive aids, thus limiting access and comfortable usage of toilets and are not well maintained. Participants also shared positive experiences about very supportive staff in some public toilets.
27. **We need hygiene not to fall sick! For Persons Living with HIV,** safe water, sanitation and hygiene are essential to prevent infection and disease. They lack information about water, sanitation and hygiene behaviors adequate to their condition. Their families' social and economic conditions determine their access WASH services, often hindered by health constraints and discrimination by their own families. SBM and health care institutions do not pay attention to their WASH needs. Anti-Retroviral Treatment (ART) centers have a daily traffic of 300-400 people but sanitation and hygiene facilities are highly inadequate and poor maintenance poses the risk of spreading the infections. The same can be said about community toilets whose maintenance and hygiene conditions put their health at threat.
28. **We were not a target, we are rejected. For Transgenders and LGBTIQ** (Lesbian, Gay, Bisexual, Transgender, Intersex and Queers), SBM has not made significant impact. They were not included in the process and there is no specific SBM target. Transgenders face humiliation, abuse, rejection from public toilets by both men and women. Lack of gender-neutral single occupancy toilets is a major barrier to access toilets fearlessly and with privacy. They are rejected by their families and live in their own sexual orientation communities. Isolation creates challenges in securing identity documents (Aadhar Card, PDS Ration Cards, Recommendation of the Gram Panchayat etc.) essential for availing SBM incentives. Rejection and social stigma also affects their access to decent housing. They live in large groups under one roof where a single toilet is shared by many. Also, sex transmission surgeries lead to complications including frequent need for urination. None of their realities are considered while designing sanitation and hygiene programmes. There are strong community transgender persons organizations who fight for their rights, but they rarely include sanitation and hygiene in their agenda.
29. **We are invisible, but many come to see us. Women sex workers** were also not a target. Lack of clean toilets for sex workers operating in the streets and public places, inadequate water supply and toilets in brothels often located in congested slum areas, high need for public toilets in areas where sex workers operate and have large numbers of visiting population, lack of hygiene education specific to sex workers' conditions remain key health and hygiene issues to be urgently addressed for all sex workers, also in relation with the transmission of HIV-AIDS.
30. **Decent and safe work! For sanitation workers,** the ban on manual scavenging was a good step, but implementation faced challenges, particularly affecting the identification of former manual scavengers entitled to receive rehabilitation support. Maintenance and emptying of toilet containment systems, maintenance of sewerage and operations at Sewerage Treatment Plants continue to engage human labor without assuring minimum decent and safe work standards.

Many sanitation workers, especially manual scavengers, became unemployed due to introduction of mechanized management systems, affecting further their socio-economic status and access to essential services including WASH services.

- 31. We don't feel the health gains. For the Dalits**, despite SBM good intentions, discriminatory benefit distribution resulted in reduced resources reaching the areas where Dalits live. Households were asked to advance money for toilet construction, but the release of incentives was slow, and the actual cost of toilets and bathing facilities far exceeded the SBM cash incentives. Poor Dalit families borrowed money increasing their debt burden. Dalit families constructed toilets due to subtle coercion from the rest of the village rather than awareness and motivation to use toilets. Health gains remain limited as other sanitation issues (open drains, water stagnation, dumping of solid waste) in Dalit areas are not addressed. In areas where grassroot-level CBOs and NGOs were active, they successfully sensitized Dalit on toilet construction and use, and the quality of toilets is better than in other areas.
- 32. We are left out and behind. Adivasis** feel that sanitation progress in tribal areas lags behind the rest of the general population. Disparities exist between tribal areas. Household toilets coverage is better in plain areas than on hilly terrains or deep forest areas inhabited by backward tribal communities (such as [Guthi Koyas](#) in Telangana) where awareness is low and contact with government agencies is rare. Quality of construction, usage of toilets and transparency in use of SBM funds are serious issues in tribal areas. Most tribal children are staying in Government hostels to pursue their education. Some children developed aversion to use poorly maintained hostel toilets and resort to open defecation.
- 33. We need sanitation beyond the household. Farmers** noted that SBM ensured access to toilets at the household level but did not dedicate due attention to sanitation needs in the fields, located far away from the village, nor in agricultural markets and shanties. Technical flaws in constructing the toilets often lead to pollution of water resources which are used for both drinking and for irrigation.
- 34. We lack documents to access toilet construction incentives, Urban poor (Shanty dwellers and Homeless)** said that the provision of public and community toilets rose significantly. However, supply of adequate water, maintenance of community toilets, accessibility for PWDs remain issues to be addressed. The homeless and shanty dwellers have difficulties in accessing SBM benefits as they lack documentation (Residential address proof, land title, Aadhar Card, Ration cards etc.). Other issues included lack of space for toilet construction and containment system, high ground water tables in settlements close to water bodies, loose soils, low lying areas causing water stagnation, narrow lanes limiting the access for septic tanks emptying trucks, lack of adequate water supply in slums.
- 35. We need recognition. Migrants and refugees** face challenges to access safe drinking water, hand washing facilities and toilets, in their workplaces (brick kilns, construction sites, cattle farms, garment production units, iron and steel fabrication units, tanneries, markets, etc.), in overcrowded areas where they live, in temporary shelter homes and in refugee camps. The SBM did not target these specific areas. Migrants and refugees lack residence rights and often they cannot speak the local language. Exclusion is a serious impediment in asserting their WASH rights and entitlements. Securing political, economic and livelihood rights takes higher priority than WASH in their collective struggles. Lack of local identity records (land title, permanent address proof, Aadhar Card, Voter card, Ration card, Bank Account, etc.) is the major constraint for them in accessing SBM support.

4.1 IMPACT:

36. SBM supported access to sanitation and hygiene services for many rural and urban poor families. Availability of toilets in public places/ institutions, and waste management improved. Increased awareness on open defecation health risks and behavioral change promotion resulted in increased toilet use. However, **impact for the most vulnerable was limited**. Barriers due to physical disabilities, social/ economic disparities, geography, sexual orientation, gender and caste were not addressed. More information is needed to assess how SBM dealt with barriers and complied with legislation. The Transgender Persons (Protection of Rights) Bill, 2016 addresses issues of access to public spaces and public/ community toilets. As per Rights of Persons with Disabilities Act, 2016, States must provide for ramps in public building and adaptation of toilets for wheelchair users. The Ministry of Social Justice and Empowerment [Sugamya Bharat Abhiyan \(Accessible India Campaign\)](#) aims to create a barrier free environment by focusing on the built environment; public transportation and information and communication technologies. SBM provided some relief to the elderly and persons with disabilities by increasing toilet access at home. This also relieved family members who had to carry persons with disabilities to places of open defecation or remove their stools manually. But without disaggregated data, it is difficult to assess impact. It is necessary to work across sectors to get data allowing better understanding of the situation of the various groups in the various spheres of life.

5. GENDER DIMENSIONS

37. SBM improved women's access to toilets but did not address some key gender dimensions:
- (1) SBM did not challenge traditional gender roles assigning women and girls to water supply, house cleaning and care for children, the disabled, and the elderly.** Community campaigns overemphasized the need of toilets for the protection, privacy, dignity of women. Families perceived toilet construction as responding mainly to women's needs. With increased use of toilets, water needs also increased and the burden fell on women. Cleaning toilets added to their tasks. **(2) SBM incentives reached women less than men.** Women borrowed for toilet construction, but cash incentives were released to men, as documents are in the name of men, as head of the family. **(3) SBM did not include women** in the design, space and siting of toilets. Women's needs, especially during menstruation and pregnancy, were not considered. **(4) SBM did not address social myths and practices attached to menstruation**, such as restricting women during menstruation. **(5) Gender-disaggregated data is incomplete.** There is no gender-disaggregated data in the different population groups to monitor progress of women and men in each group and in the general population. **(6) Data on transgender are not disaggregated from those on men.** Numbers and distribution of transgender-friendly toilets are unclear, and their existence remains an exception. **(7) SBM did not address sanitation needs of women farmers**, even if men's rural-urban migration led to a rise of women-headed rural households. **(8) Older women** are particularly vulnerable, especially if single or widowed. Many old women could not access SBM benefits. Special support needs are not considered by SBM nor by local communities. **(9) Women living with HIV** face discrimination and challenges in access to WASH and healthcare services leading to a disproportionate death rate among women and to a large number of children orphaned by AIDS, who tend to be HIV+ and because of stigma face limited access to essential treatment. **(10) Refugee women** are exposed to violence, long queues and lack of hygiene when accessing WASH facilities in camps and temporary settlements. There are no special provisions for particularly vulnerable women who are unaccompanied, pregnant, heads of households, disabled or elderly. **(11) Women sex workers** operate in unhygienic places. Lack of hygiene increases their vulnerability, and that of their clients, to sexually transmitted diseases. **(12) Shanty dwellers and homeless women** use unclean and unsafe public toilets where their integrity, privacy and dignity are at risk.

6. GOOD PRACTICES, LESSONS LEARNT, EMERGING ISSUES, CHALLENGES AND RECOMMENDATIONS

6.1 GOOD PRACTICES

38. **(1) Community toilets for migrants:** community toilets provision in Sehajpur border can be replicated in other border areas, camps and settlements. **(2) Temporary facilities at construction sites** met the sanitation needs of laborers. **(3) Women's empowerment/ social boycotting:** in Delhi's slums, girls refused to marry until people pooled in resources to repair sewer lines, install household toilets and improve maintenance of community toilets. "No toilet, No bride" campaign in Haryana was also on similar lines. **(4) Single window system for benefits:** in Jharkhand, helpline and app informs farmers on government schemes, weather, pricing of agricultural products, seeds, fertilizers, crop insurance and loans, and SBM incentives. **(5) Innovative finance mechanism and collaborative institutional arrangements. Modern Architects for Rural India (MARI),** Tata Trust and Krishna District (Andhra Pradesh) set up a revolving fund to build toilets for the poor, provided technical assistance and promoted demand and behavior change, facilitating access to household toilet by 8510 families. **(6) School WASH programmes:** working with Gram Panchayats, Self Help Groups and local officials, MARI built child friendly toilets and promoted Primary and High Schools students clubs on sound WASH and MHM practices in tribal areas of Warangal District. **(7) Transgender signage on public toilets:** In Odisha, public toilets incorporated transmen and transwomen signage and some gender neutral and universal access toilets were inaugurated. **(8) Integrated housing and WASH:** The [Deen Dayal Antyodaya National Urban Livelihoods Mission \(DAY-NULM\)](#) provides homeless people with housing facilities with toilets. **(9) Solid waste segregation:** door to door collection and composting of organic waste was initiated in Bawana, Chennai, Ranchi, Noida.

6.2 LESSONS LEARNT

39. **(1) Political will at the highest level is key to leave no one behind,** as it was to achieve ODF India. **(2) It is necessary to engage CSOs, activists, faith leaders** to empower those furthest behind to influence decisions and secure their WASH rights. **(3) Proactive efforts are needed to register and issue IDs to homeless, shanty dwellers, refugees and migrants,** to ensure they can access SBM benefits. **(4) Media/ social media and NGO community awareness programmes are key** to sustain mass mobilization and educate communities on the rights of the most vulnerable during the ODF+ phase. SBM reinforced responsible citizenry, creating interest in further health and environmental gains. This must be leveraged to also confront social stigma and discrimination against Dalits, transgender and LGBTQ, female sex workers, manual scavengers and people living with HIV, which impact negatively on access to WASH by these communities. **(5) Women's participation must be further intensified.** It is necessary to build opportunities and capacities for women to take forward ODF +. **(6) ODF+ should be implemented in the perspective of 'Circular Economy'** with focus on fecal sludge management, treatment, recycling and reuse to generate economic benefits and jobs, in addition to improving health, habitat and environment. Support should target local small-scale entrepreneurs. **(7) The "SBM financial incentive disbursement into beneficiary bank account" innovation improved financial control** reducing corruption. Releasing funds after construction reduced wastage and false claims. **(8) It is key to document and disseminate information on small, affordable technical improvements making toilets more accessible to disabled and elderly,** for wider replication. **(9) It is also key to document and scale up SBM impact on MHM in schools,** distribution of sanitary pads to reduce menstruation-related absenteeism from school, and NGOs programmes providing technical and financial support to Self Help Groups to produce low cost reusable pads.

6.3 EMERGING ISSUES

40. (1) Decentralized mapping of left behind or inadequately covered population groups and robust, decentralized and transparent monitoring mechanisms. A reliable database should contain disaggregated data on left behind groups, their location, numbers and factors of exclusion, to track progress of WASH services for the marginalized and vulnerable. **(2) Adequately funded, inclusive strategies, specific to each group.** These strategies should promote access to WASH as part of comprehensive health, environmental and social and economic gains. Adequate resources should specifically be allocated to the physical representation of key groups in fora related to SDG National Plans. **(3) Systematization of the inclusion of vulnerable groups in the decision-making pyramid.** This requires legislation and additional human and financial resources. Vulnerable groups need to be empowered through human rights, gender, civic and political education, to claim their rights through legitimate and well-prepared representatives, able to articulate their WASH needs, and demand for appropriate interventions from all concerned sector actors and for participation in WASH planning, implementation and monitoring at the Block, district, state and National levels. **(4) Integration of legal provisions protecting marginalized and vulnerable groups in WASH programmes** (e.g.: 2016 Rights of persons with disabilities Act). **(5) Integration of WASH in programmes of social welfare departments.** This includes Tribal Development Agencies, Scheduled Caste Corporations, Backward Caste Corporations, Social welfare departments, Urban Community Development departments etc. **(6) Equality must be pursued as shared social responsibility.** Discriminatory mentality is embedded in the very families and communities where excluded populations live. Media, faith leaders, educational institutions, writers, cultural organizations, political leaders, intellectuals and social organizations must be engaged to promote mentality and behavior change. **(7) Avoid interventions that may have retrograding impact.** Shanty dwellers face constant eviction threat from urban bodies, often change their place of living and remain without toilets in new settlement areas. **(8) Capacity building/ learning sharing platforms.** Good practices need to be promoted and brought at scale.

6.4 CHALLENGES AND RECOMMENDATIONS:

Challenges and Barriers	Recommendations
1. Youth	
1.Toilets in schools, colleges & workplaces increased, but they are poorly maintained and lack water. Young women and girls cannot use them and restrict intake of food and water which can cause health risks. 2.Youth share the aspiration of improving WASH conditions and have energy and creativity to contribute to SBM success, but they feel their participation was limited to public events organized as part of sanitation campaigns. 3.Youth lack opportunities to deepen their knowledge of WASH issues.	1. Conduct a comprehensive review of WASH in educational institutions starting from pre-schools. Analyze quality gaps, compliance with norms, funding; develop and fund a revised strategy with an effective accountability system. 2. Central/ State governments must develop a plan to effectively engage youth in schools, colleges, universities, youth organizations in ODF+ and Jal Jeevan mission and promote youth leadership. 3. Integrate WASH in all academic disciplines and design and offer specialized and advanced WASH courses.
2. Women	

Challenges and Barriers	Recommendations
<ol style="list-style-type: none"> 1.Lack of public toilets, long queues & affordability hinder poor women working in the street (waste collectors, rag pickers, vendors, sweepers, market labor), leaving many at home during menstruation. 2.Lack of adequate and safe temporary toilets at religious festivals/ mass gatherings is an issue. 3.Poor women face problems to advance money to build household toilets. Costs exceed incentives, released only after construction. Many cannot afford pads and pay and use public toilets. 4.Lack of water/ maintenance in schools, colleges & public places, pushes many women to reduce food and water to avoid needing the toilet. 	<ol style="list-style-type: none"> 1. City corporations and labor department must develop and enforce norms and strategies to ensure safe, clean and affordable toilets in streets and public places, with woman caretakers. 2. Low cost capital and/or a revolving fund should be provided to women SHGs to provide soft loans for toilet construction and upgrading of sanitation facilities to poor women. 3. Each educational institute must have a budget for regular maintenance of toilets. The MIS and monitoring system of schools and colleges must integrate WASH parameters.
3. Older Persons	
<ol style="list-style-type: none"> 1.SBM did not target and monitor specific actions to meet the special needs of older persons, like incontinence, pains and illnesses hindering their access to public toilets. Design is not adequate. Availability is not always guaranteed. 2.Having to build a household toilet first, in order to claim the subsidy, is difficult for older persons living alone, illiterate, in remote & hilly areas, where Government is less active. 	<ol style="list-style-type: none"> 1. Develop baseline data, well-funded plans, MIS for the elderly. Information should precede construction. Older persons must be involved in toilet design. 2. Elderly-friendly toilet models should be showcased in Blocks/ Villages. Retrofitting of toilets should be adequately funded. Adequate toilet facilities in pilgrimage places should be ensured. 3. Strengthen support services for the increasing number of elderly, especially those living alone.
4. Persons With Disabilities	
<ol style="list-style-type: none"> 1.SBM failed to involve PWDs in the design of customized interventions and in estimating costs. PWDs issues are not understood. Different PWDs face different challenges. 2.Public toilets are insufficient and inadequate: non-flexible low seat position, flush unavailability, space constraints, pan orientation, tap location especially for the visually impaired. Poor quality of construction and maintenance makes toilets unusable by PWDs. PWDs need help for getting off a wheelchair, getting onto a seat, accessing water. In many public toilets this is 	<ol style="list-style-type: none"> 1. Undertake systematic mapping of the different categories of PWDs. Support/facilitate PWDs voices in WASH processes; involve disability bodies to ensure accessible toilets in public places, especially bus stands, railway stations, Govt offices. Accessibility of public toilets should be monitored. 2. Identify places/ centers with PWD-friendly facilities for lessons learnt and wider replication. Develop universal design with modifications (height of the seat; high stool over the pan; flexible water faucet; compulsory flush with easy handle; adequate space for

Challenges and Barriers	Recommendations
<p>not available. Safety is bad, with instances of abuse including sexual abuse. Services on payment may be unaffordable to PWDs. So PWDs avoid food and water intake especially before travel.</p> <p>3. Building toilets first, to claim the SBM incentive, is difficult for PWDs, and families headed by PWDs. The cost of PWD-friendly toilets is much higher than Rs the 12,000 SBM incentive.</p>	<p>wheel chair access).</p> <p>3. PWDs should be prioritized in ODF+, with a higher incentive amount and additional grants for modification of existing toilets.</p> <p>4. Support for livelihoods for the PWDs would also act as a catalyst. Neither sanitation, nor disability can be managed in isolation. Convergence is needed to bring about sustainable gains.</p>
5. Persons living with HIV	
<p>1. Social stigma is the main barrier leading to denial of WASH services. Society boycotts children and adults with HIV, which leads to exclusion and exploitation. Ignorance and myths especially in rural areas lead to the violation of their rights.</p> <p>2. Lack of representation in decision making and weak political support are impediments for assuring services needed by this community.</p> <p>3. PLHIV are subjected to higher risk of infections using unclean toilets and toilets lacking water.</p>	<p>1. WASH and HIV/AIDS agencies should work together to meet the special needs of PLHIV. Key sanitation and hygiene/MHM messages should be integrated in HIV awareness programs.</p> <p>2. Toilet ratio, check list and compliance standards must be defined especially in healthcare and ART centers. Sanitation and hygiene needs of HIV infected persons should be part of medical curriculum.</p> <p>3. Availability of condoms in public toilets should be ensured to reduce spread of HIV virus.</p>
6. LGBTIQ	
<p>1. The Supreme Court recognized third gender and ordered to build TG toilets in public places. But SBM had no TGs targets/budgets. TGs face harassment in male and female public toilets and issues in owning and renting, precluding SBM eligibility. They are pushed to slums without sanitation facilities.</p> <p>2. Transwomen needs are considered representative of all TGs. But transmen face specific issues in men's toilets such as lack of MHM facilities.</p> <p>3. TGs consider lack of opportunities, identity crisis, denial of political rights, housing and security as higher priorities than sanitation and hygiene.</p>	<p>1. Transgender Welfare Boards need to be set up in all States. TG must participate in ODF+ to promote plans and budgets and instruct local authorities to set up toilets for TGs. Quotas of public toilets for TGs should be adopted.</p> <p>2. Emphasis should be placed on the sensitization of the general public and civil servants on TGs rights to combat stigma and discrimination in the use of toilets of their choice by TGs.</p> <p>3. A single window system for getting TGs identification and addressing grievances related to denial of SBM benefits must be introduced.</p>
7. Women sex workers	

Challenges and Barriers	Recommendations
<ol style="list-style-type: none"> 1. Due to lack of individual houses and land most sex workers cannot apply for SBM support. 2. In brothels, sex workers toilets are separate from Madams/ gatekeepers' toilets, very poorly maintained and messed up by clients. Sex workers face higher risk of infections. 3. Some use public toilets in railway stations, bus stands where user fees, discrimination and poor maintenance act as deterrents. 4. The sex workers community is unreached by public programs and lack WASH awareness except for STI information from NACO. 	<ol style="list-style-type: none"> 1. ODF+ should provide for public toilets in brothels. Awareness drives should include brothels and the sex workers community. 2. Accredited Social Health Activists/health workers hesitate to visit sex workers homes. Sex workers CBOs should be trained and engaged to spread key health messages within their community. 3. ODF+ should entail local consultations with sex workers from the planning phase, to adopt specific strategies and budgets targeting sex workers, and instruct local authorities to set up toilets within brothels and sex workers neighborhoods.
8. Manual Scavengers:	
<ol style="list-style-type: none"> 1. Manual scavengers support the ban on manual scavenging, but are not offered alternative jobs, nor technical training to access jobs created by the mechanization of sanitation work. The Scheme of Rehabilitation for Manual Scavengers (whereby identified workers were to be given one-time cash assistance of 40,000 rupees), did not reach many. Unemployment hit women members even worse. 2. Many male scavengers working in waste collection/ maintenance of sewer lines face deadly safety, health and hygiene hazards. 	<ol style="list-style-type: none"> 1. Review national implementation of rehabilitation schemes with the engagement of manual scavengers. Identify all eligible persons. Central and State authorities must involve CBOs in comprehensive livelihoods, skill development/ vocational training/ self-employment plans, with focus on women. 2. Strengthen district enforcement mechanisms to monitor compliance with the Act. Disseminate provisions for general public understanding. 3. Train sanitation workers to use safety gear, monitor employers' compliance, punish violation.
9. Dalits	
<ol style="list-style-type: none"> 1. The provision of resources and quality of WASH services are discriminatory. Disparities exist between Dalit areas and upper caste areas. 2. The need and demand for toilets is not fully met in Dalit colonies that are not 100% ODF. 3. Delays in release of SBM incentive demotivated Dalit households. Awareness and motivation efforts for inculcating sound sanitation and hygiene practices are not adequate in Dalit areas. 	<ol style="list-style-type: none"> 1. Adopt integrated WASH dedicated sub-plans for each Dalit colony, with community led/ people centered planning/implementation/ monitoring. 2. Assess gaps in coverage of Dalit areas so that those left behind can be effectively targeted under ODF+. 3. Promote convergence to ensure that Government agencies working for Dalits development (SC Corporation, Social Welfare Departments) invest on WASH services in their respective programmes
10. Adivasis	

Challenges and Barriers	Recommendations
<p>1.SBM in tribal areas targeted more the number of toilets built and less awareness promotion and demand generation, leading to gaps in toilet use.</p> <p>2.The construction of toilets was often carried out by external contractors in tribal areas without creating local ownership, which affected the sustainability of the toilets and their use.</p> <p>3.In remote tribal areas there is no supply of cleaning items for proper toilet maintenance.</p>	<p>1. Develop disaggregated/ decentralized data baseline situation, to target right beneficiaries.</p> <p>1. CSOs working for Adivasis must be given voice in WASH planning, implementation and monitoring.</p> <p>1. Trigger mobilization and collective behavior change using traditional tribal folk art forms.</p> <p>1. Sustainable supply chains need to be developed to reduce cost of toilet construction & maintenance</p> <p>1. Sanitation and hygiene education must be stepped up, especially in schools and hostels in Tribal areas</p>
11. Farmers	
<p>1.There are toilets, but water is a major issue. Having to walk long distances to fetch water, they prefer using water for drinking. Farmers spend their day in the fields without toilets. They continue to defecate in open. .</p> <p>2.Small farmers migrate to cities in summer, take low cost housing without WASH and practice open defecation.</p> <p>3.Faulty taps/handpumps built next to pit toilets, lead to groundwater contamination and diseases.</p>	<p>1.As use of chemical fertilizers raises costs, leaving chemical residues in the land and produce, integrate solid waste and fecal sludge management into soil fertility management, paying particular attention to the needs of small farmers working on poor quality soils often subjected to soil degradation.</p> <p>2.ODF+ should mobilize communities of small farmers, men and women, to construct toilets in the farming area.</p>
12. Urban Poor –Shanty Dwellers	
<p>1.Apart from community toilets, shanties have no WASH infrastructure. Dwellers have no personal identification documents like UIDAI (Unique Identification Authority of India) cards, to apply for SBM support or borrow from banks. Access is difficult at dark and in rainy days. Due to scarce water, dwellers must carry water to use dirty community toilets. For these reasons, shanty dwellers shift back to open defecation.</p> <p>2.SBM financial aid was inadequate to build safely managed sanitation systems, inexperienced masons built inefficient and nonfunctional toilets which lasted only for 12 to 18 months.</p>	<p>1.City corporations should accelerate recognition of settlements/ provide alternative sites and housing.</p> <p>2.NGO documentation should be accepted for shanty dwellers to access SBM & Pradhan Mantri Awas Yojana (PMAY) support.</p> <p>3.Strengthen grievance redressal systems for issues related to disbursement of financial incentives to weed out middle-men affecting flow of funds.</p> <p>4.Train community leaders and masons to build locally appropriate, low cost and easy to maintain toilets in shanty areas with acute shortage of space.</p> <p>5.Anganwadi and Aasha workers should be trained</p>

Challenges and Barriers	Recommendations
	and engaged in MHM awareness in slums.
13. Urban Poor –Homeless	
<p>1.Homeless status imposes extreme vulnerability, discrimination, deprivation and exclusion from basic social, economic and political rights. Homeless have no WASH services and depend on facilities in public places. As these are not always available/ accessible, they defecate in the open.</p> <p>2.Homeless women, girls and children often face sexual abuse, humiliation and attacks. MHM is a big challenge for homeless women.</p>	<p>1.Data on homeless people in India need to be disaggregated and updated as prerequisite for inclusion in services. Policy directions, capacity building and funding are necessary for City Corporations to develop reliable homeless database and plan to provide shelter homes and services to this population.</p> <p>2.CSR initiatives, NGOs and Citizens welfare associations must be involved to enhance the conditions of homeless women, men and children.</p>
14. Migrants and refugees	
<p>1.Refugees live in rented rooms without individual household toilet. Up to 4-5 families can depend on one toilet. Children cannot wait, defecate inside and refuse is disposed of outside. Women bathe in rooms, men near the taps in the open. Water is scarce, they cannot take bath daily. It is worse during menstruation.</p> <p>2.Government do not provide services to refugees' households, and they buy or fetch low-quality water, which make them vulnerable to diseases – especially children and elders. There are no sewerage, drainage and waste disposal system.</p>	<p>1.Govt should allow UN refugee card as document to access WASH services essential for human life.</p> <p>2.Authorities should ensure that refugee camps have sufficient safe water for drinking, cooking, personal, menstrual & domestic hygiene. Public water points and adequate, appropriate and acceptable sanitation facilities, including handwashing, must be close to their dwellings to allow safe access at all times.</p> <p>3.Government and CSO should conduct WASH awareness programmes for refugees and ensure fecal waste disposal is properly managed to avoid health hazards.</p>

7. SUPPORT AREAS FOR FUTURE ACTIONS

- i. **Real time Data.** Comprehensive national level guidelines are needed for enabling each state to map out the marginalized and vulnerable communities to track their specific progress on SDG 6 within a stipulated timeframe. Mapping results should be published and updated annually. This is essential for targeting, planning, budgeting, monitoring and holding implementing agencies accountable for progress of WASH services to the marginalized. Digital technology-enabled dash boards need to be created for real time basis monitoring of progress made.
- ii. **ODF+, Jal Jeevan Mission and other WASH-related policy initiatives & programmes must prioritize vulnerable communities** and include specific and clearly defined measures targeting the improvement of services for them. Institutional mechanisms for inclusion of vulnerable groups in planning, implementation and monitoring must be enacted while framing policies and programmes.

- iii. **Technologies and solutions** effective in improving the accessibility of water points, toilets and hygiene facilities for persons facing limitations due to age, physical condition, sexual orientation, geographical location etc., need to be organized into compendium of solutions and widely circulated to improve the LNOB application knowledge and practices in the WASH sector.
- iv. **Dedicated financial resources.** Cost of safe and affordable drinking water and sanitation and hygiene to excluded communities must be realistically estimated, investment in their needs must be prioritized, and adequate financial resources must be allocated at national and sub-national levels.
- v. **Capacity building.** A business as usual approach will fail if we want to leave no one behind. WASH sector culture must be reoriented to make targeted progress in addressing the gaps and inequities in access and use of WASH services. Individuals and organizations that play a role in WASH service delivery must be capacitated to creatively and effectively use the available human, financial and physical resources to build practical approaches of extending WASH services to the marginalized and vulnerable population groups. Good practices and lessons learnt must be made available to all the State and non-State actors who are driving ODF+ strategies to *“By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations”* and ensure the equitable and non-discriminatory realization of the human rights to water and sanitation for all Indians.

Annex 1. Basic data on target key populations invited to the consultation

- I. **Youth:** India is home to a fifth of the world's youth. The total youth population increased [from 168 million in 1971 to 422 million in 2011](#). The sex ratio in youth population has gone down from 961 in 1971 to 939 in 2011, and it is projected to decline to 904 in 2021. The percentage share of currently married female in the age group 15-19 has come down drastically from 69.57 in 1961 to 19.47 in 2011. Average age of marriage for females in India has come up to 22.3 in 2014 as compared to 19.4 in 1995. Youth face challenges to their social and economic insertion and are often excluded from decision-making processes. The National Youth Policy, 2014 (NYP-2014), launched in 2014, reiterates the commitment of the entire nation to all-round development of the youth of India, so that they can realise their full potential and contribute productively to the nation-building process.
- II. **Women:** [Women are 48,5% of India's total population \(about 670 million\)](#) As per 2011 Census, India faces a gap in sex ratio (949 female to 1000 males in rural India and 929 to 1000 in urban India). There are 918 females to 1000 males in the age-group 0-6 years and the ratio goes further down for the girl child. The economically active age group (15-59) has 944 females to 1000 males ratio. The ratio is reverted in the age group of 60+ (1033 females/ 1000 males). The female literacy rate is 64.63% whereas male literacy is over 80%; the workforce participation rate for females is 25.51% against 53.26% for males. The rural sector has a better female workforce participation rate of 30.02% (males 53.03%). Women and Men in India ([A statistical compilation of Gender related Indicators in India 2018](#)). Data indicates that women are still a deprived and marginalised constituency and despite many special laws, policies and acts they are being subjected to discrimination, violence and face the risks of safety and survival. When it comes to WASH, women take the responsibility for ensuring the water to the family, while she waits till dawn to defecate in the open due to lack of toilet facilities at home.
- III. **Elderly:** From 5.6% in 1961 the elderly proportion is estimated to have increased to 8.6% in 2011 (males 8.2% and females 9.0%). According to the 2011 Population Census, nearly 104 million elderly persons (aged 60 years or above) live in India; 53 million females/ 51 million males. In 2019 [India's population age structure](#) comprised 889 million persons between 15 and 64 (459.5 million males/ 429,5 million females). Some 75 million persons are above 64 years old (35.5 million males / over 39 million females). A report by UNFPA and Help Age India suggests that this number is expected to grow to 173 million by 2026. [According to a 2016 Government report](#), 71% of elderly reside in rural areas and 29% is in urban areas. Increasing life expectancy due to better medical conditions puts an increased burden on the government to provide adequate services to the elderly population. In the years to come India will face lot of challenges in addressing the geriatric care. Though there is a comprehensive [National Policy for Elderly](#), there is no mention of special provisions for WASH access by the elderly, while the elderly face great challenges in accessing WASH services and require special attention and specific programs.
- IV. **Persons with disabilities (PWD):** As per 2011 census ([2016 updated](#)), out of the 121 Crore (1.21 billion) total India population, 2.68 Cr (30 millions) persons are disabled (2.21% of the total population). 56% (1.5 Cr) are males and 44% (1.18 Cr) are females. 69% of the disabled population resided in rural areas. The census classifies the disabled population under the categories of (i) Blindness and (ii) Low vision (19% of the total disabled population); (iii) Leprosy-cured; (iv) Hearing impairment (19%); (v) Loco motor disability (20%); (vi) Mental retardation; (vii) Mental illness. 8% has multiple disabilities. Article 41 of Constitution of India entitles the PWD with provisions for securing the right to work, to education and to public assistance in cases of unemployment, old age, sickness and disablement and in other cases of undeserved want. "[The Persons with Disabilities](#) (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995" has been formulated for addressing the challenges related to PWDs. However, there is limited focus on provision of WASH facilities to these vulnerable groups. Barriers can be social and technical, however, lack of implementation of existing disability

policies and financial difficulties within families and communities create major hindrances in meeting the water and sanitation needs of persons with disabilities. ([Sanitation Rights of Persons with Disabilities in India – Creating an Access for All](#))

- V. **People Living with HIV:** India has the third largest HIV epidemic in the world with 2.1 million people living with HIV. As per India HIV Estimation 2017 report, national adult (15–49 years) HIV prevalence in India has been declining from 0.38% in 2001-03 to [0.22% in 2017](#). Between 2010 and 2017 new infections declined by 27% and AIDS-related deaths fell by 56%. HIV prevalence is higher among men, with 0.25% of men and 0.19% of women living with HIV in 2017, due to high prevalence among [men who have sex with men](#) (referred to as MSM), migrant workers and men who use drugs. Sexual transmission accounted for 86% of new infections in 2017/2018. Barriers in accessing WASH services include social discrimination, stigmas associated with usage of the toilets, lack of accessible facilities at the markets, hospitals and public places, and lack of hygiene favoring infections.
- VI. **Transgender and LGBTIQ:** Transgender people, often referred to as the Hijras in the Indian subcontinent, are an [officially recognized](#) third gender and consider themselves neither male nor female. As per the 2011 census, India recorded over [487 thousand people](#) who identified as the [third gender](#). Just 46 per cent transgenders are literate, compared to 74 per cent literacy in the general population. Transgender often face stigma and systematic exclusion in education and employment. As a result, some feel they have no alternative but to turn to sex work; HIV prevalence among India's transgender community is [26 times higher](#) than the national rate. Trans individuals also face [disproportionate public violence and police brutalities](#).
- VII. **Women sex Workers:** In 2007, the [Ministry of Women and Child Development](#) reported the presence of over 3 million female [sex workers](#) in India, with 35.47 percent of them entering the trade before the age of 18 years. [The number of prostitutes rose by 50% between 1997 and 2004](#). Women sex workers face lot of challenges as the stigma attached to their profession exposes them to marginalization and discrimination.
- VIII. **Sanitation workers:** According to [Socio Economic Caste Census 2011](#), 180,657 households are engaged in manual scavenging. The [2011 Census of India](#) found 794,000 cases of manual scavenging across India. Despite the Employment of Manual Scavengers and Construction of Dry Latrines (Prohibition) Act, 1993 and the Prohibition of Employment as Manual Scavengers and their Rehabilitation Act, 2013, manual scavenging continues to exist in several states. In 2014, the Supreme Court of India declared that 9.6 million dry latrines were being manually emptied. The exact number of manual scavengers is [disputed](#) – official figures put it at 700,000. As per the 2015 [Socio Economic and Caste Census 2011 \(SECC-2011\) data of](#) the Ministry of Rural Development, 1,82,505 manual scavengers lived in rural areas. However, the inconsistencies in counting the number of manual (due to underreporting by districts and states to prove illegal manual scavenging is non-existent) ensure that [thousands of these poor labourers remain aloof from state benefits](#). CSO reported significant barriers to accessing housing, employment, and support from existing government programs aimed at their rehabilitation, which [led the 2013 Act to fail in ending manual scavenging](#).
- IX. **Dalits:** As per the 2011 Census, Scheduled Castes (SCs) are 201.4 million, 103.5 million males and 97.9 females. [18.5% and 12.6% live in rural and urban areas respectively](#). The number of SCs increased by 35 million (20.8%) from 2001 to 2011 (against a 17.7% increase of the general population). The overall SC share of the population has grown from 16.2 to 16.6%. According to [some estimates](#), there would be 15-20 million Christian Dalits and over 100 million Muslim Dalits, and the number of Dalits could exceed 300 million. Dalit complain of challenges in accessing Government schemes, and despite having special reservations, acts and policies, still their socioeconomic vulnerability is very high including when it comes to access to WASH

- X. **Adivasis:** There are about 550 tribes in India and over [200 distinct peoples speaking more than 100 languages](#), and varying greatly. According to Census-2011, scheduled tribes represent 8.6% of the total population (11.3% of rural areas and 2.8% of urban areas). [Scheduled tribes account for one-fourth of its population living in the poorest wealth quintile](#). The Adivasi population is estimated to more than [84 million](#), with the majority living in the north-eastern states of Arunachal Pradesh, Mizoram, and Nagaland. Odisha has the highest number of Adivasi communities, with 62 tribes. [There are about 75 small Adivasi communities in India called the Particularly Vulnerable Tribal Groups \(PVTG\)](#); these include communities like the [Jarawa, Chenchu, Korwa, Lodha and Bonda](#).
- XI. **Farmers:** According to Census 2011 farmers were 118.9 million, 24.6% of the total workforce of 481 million. Farmers declined from 50% in 1951 to 24% in 2011. [The percentage of female farmers has fallen from 37% in 2001 to 29% in 2011.](#) Small and marginal farmers with less than two hectares of land account for 86.2% of all farmers, but own just 47.3% of the crop area, according to provisional numbers from the 10th agriculture census 2015-16. For all farmers put together, [the size of average land holding declined from 1.15 hectares in 2010-11 to 1.08 hectares in 2015-16](#).
- XII. **Urban Poor-1: Shanty Dwellers:** The 2011 census shows that 31% of Indians live in urban areas and [17% of the urban people — or 65 million people — live in slums](#). A UN Habitat report estimates [slum dwellers in India to be over 100 million in 2018](#). One out of every six households in urban India (17.4%) is in a slum. Several slum households lack basic infrastructure, with only 66% of them having a toilet inside the house, a factor that has an effect on issues ranging from health to women's safety. [43.3% of them still don't have taps inside their houses](#). According to UNESCAP, 29.4 percent of India's urban population lived in slums. 96 percent urban population in India was estimated to have access to improved water sources and 59 percent had access to improved sanitation in 2010.
- XIII. **Urban Poor 2: Homeless:** According to the 2011 Census, India has more than 1.7 million homeless, of which 938,384 in urban areas. However, CSOs estimate that at least 1% of the population of urban India is homeless, or at least 3 million. In Delhi alone, CSOs estimate homeless at around 150,000 - 200,000, of which 10,000 are women. The Technical Group on Urban Housing Shortage for the 12th Plan (TG-12) - set up by the Ministry of Housing and Urban Poverty Alleviation pegged the total number of households without "decent" housing in cities at [18.78 million](#). This number reflects an aggregate of those who live in non-liveable, temporary, overcrowded and dilapidated homes: those who live in unacceptable conditions as well as those who are homeless.
- XIV. **Migrants and Refugees:** [In 2019 India was the leading country of origin of international migrants \(17.5 million\)](#), and hosted 5.1 million migrants (48.8% female), especially from Bangladesh, Pakistan and Nepal. Because of their migrant status most refugees and migrants do not have proper identity documents to buy a property or to get social benefits. As per the data available on the UNRC India website, a total of 209,234 people of concern are present in India from different countries i.e Myanmar 18,914, Afghanistan 13,381, Somalia 672, Others 1483, Tibetans 64,689 and Sri Lankans 1,10,095, of which the Sri Lankan's and Tibetans. <https://www.unhcr.org/protection/operations/50001ec69/india-fact-sheet.html>

Annex 2. Organizing Team, Facilitators, Rapporteurs and participants

A. Organizing Team

#	Name	Designation	Organization
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2	Trupti Ashtankar	WASH Support Officer, India Unit	WSSCC
3	Manali Bhatnagar	Project Associate, India Unit	WSSCC
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5	Matteus Van der Velden	Head, Asia Regional Unit	WSSCC
6	Oscar Molin	Programme Assistant, Asia Regional Unit	WSSCC
7	Enrico Muratore Aprosio	Technical Expert, LNOB, EQND and Gender	WSSCC
8	James Wicken	Head, Global Policy Advocacy and Innovation Unit	WSSCC
9	Sue Coates	Executive Director	WSSCC
10	Hiroyuki Saito	Head, Corporate Communications and Media unit	WSSCC
11	Eileen Palmer	Communications Officer	WSSCC
12	HH Pujya Swami Chidanand Saraswati	Founder/Chair, GIWA, President, Parmarth Niketan	GIWA
13	Sadhvi Bhagawati Saraswati	Secretary/General, GIWA	GIWA
14	Ganga Nandini (Nancy Tripathi)	Director of Project Implementation, Integration and Communication	GIWA
15	Murali Ramisetty,	Regional Convenor	FANSA
16	Snehalatha Mekala,	Regional Coordinator	FANSA
17	Sreedhar Voorugonda,	Admin & Logistics Manager	FANSA
18	Kodaveeti Phanindrakumar	Finance Manager	FANSA

B. Rapporteurs, Facilitators and MHM Lab Educators

#	Name	Designation
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2	Neha Kashyap	Rapporteur
3	Salmaan Zalman	Rapporteur
4	Ishleen	Rapporteur
5	Parth V Kamath	Rapporteur
6	Seetharam	Rapporteur
7	Swathi Sinha	Rapporteur
8	Amiya Shanker	Facilitator
9	Maharaja Krishen Raina	Facilitator
10	Mazhar Hussain	Facilitator
11	Pratibha D'mello	Facilitator
12	Rajashree	Facilitator
13	Shailesh Shukla	Facilitator
14	Ziyaul Haque	Facilitator
15	Shikha Verma	MHM Lab Educator
16	Shikha Mishra	MHM Lab Educator
17	Dinesh Pandey	MHM Lab Educator
18	Swati Tripathi	MHM Lab Educator

List of participants

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5	B. Ramesh	Farmer	MARI	Telangana
6	Sarita Panday	Farmer	Pratinidhi	Uttar Pradesh
7	Rahvendra Panday	Farmer	Pratinidhi	Uttar Pradesh
8	K. Rajireddy	Farmer	MARI	Telangana
9	RV Giri	Farmer	MARI	Telangana
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13	Rekha	Sex Worker	SAVERA/AINSW	Delhi
14	Seema	Sex Worker	AINSW	Delhi
15	Meenakshi	Sex Worker	AINSW	Bihar
16	Jyotsna Das	Sex Worker	AINSW	West Bengal
17	Sribani Giri	Sex Worker	AINSW	West Bengal
18	Rina Dey	Sex Worker	AINSW	West Bengal
19	Kalpna Deep	Adivasis	NRLM	Chattisgarh
20	Geeta Karma	Adivasis	NRLM	Chattisgarh
21	Aruna Oyami	Adivasis	NRLM	Chattisgarh
22	Dhanmati Bhaskar	Adivasis	NRLM	Chattisgarh
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24	Nitam	Adivasis	Tech Avene Education Trust	Maharashtra
25	Uttma	Adivasis	Tech Avene Education Trust	Maharashtra
26	Ansha	Adivasis	Tech Avene Education Trust	Maharashtra
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35	Pooja	Manual Scavenger	Safai Abhiyam	Uttarakhand
36	Vipin Ghawary	Manual Scavenger	Safai Karmachari Andolan	Uttarakhand
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#	Name	Constituency	Organization	State
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46	Rambrij Gautam	Dalits	NACDOR	
47	Hukam Chand	Dalits	NACDOR	Haryana
48	Shyamyamra	Dalits	NACDOR	Haryana
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50	Shashi Kumar	Youth	Sathi	Bihar
51	Vikas Tatad	Youth	Sathi / Adhyayan	Maharashtra
52	Deepa Pal	Youth	Udayan Care	Uttarakhand
53	Preeti Yadav	Youth	Udayan Care	Haryana
54	Iqra	Youth	Udayan Care	Delhi
55	Kumar Sanu	Youth	Sathi	Bihar
56	Vishal Sage	Youth	Sathi	Bihar
57	Ashwini Wangari	Youth	Udayan Care	Maharashtra
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59	Lakhan Kumar	Youth	Sathi	Uttar Pradesh
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64	Satyanand. D	Urban Poor-2: Homeless	CHD	Karnataka
65	Tushar Ghodake	Urban Poor-2: Homeless	CHD	Maharashtra
66	Vivek Sain	Urban Poor-2: Homeless	CHD	Delhi
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69	Divyakumari	Urban Poor-2: Homeless	CHD	Jharkhand
70	Dr. Keshavmurti Singh	Urban Poor-2: Homeless	CHD	Uttar Pradesh
71	Dr. Dipti Singh	Urban Poor-2: Homeless	CHD	Uttar Pradesh
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77	Mundar Purvey	Elderly	Rajeev Kumar	Jharkhand
78	Paravathi Devi	Elderly	Individual	Uttarakhand
79	Shankar Dayal	Elderly	Individual	Uttarakhand
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#	Name	Constituency	Organization	State
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87	Sumanlata	Women	MARI	Telangana
88	Vijay Laxmi	Women	MARI	Telangana
89	Varuna Tamta	Women	Udayan Care	Uttarakhand
90	Bibyani Mini	Women	Nirmalaniketan	Jharkhand
91	Lakhi Kumari	Women	Nirmalaniketan	Delhi
92	Ajyona Kumar	Women	Nirmalaniketan	Delhi
93	Rute Kumar	Women	Pravaasi Jan Manch	Bihar
94	Mamtha	Women	Nirmalaniketan	Delhi
95	Rakhi Gupta	Women	SACH	Delhi
96	Priyanka Kumar	Women	Jan Parshad Manch	Bihar
97	Isha Shandilya	Women	SAFP	Delhi
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100	Soni	Urban Poor-2: Shanty Dwellers	CFAR	Delhi
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103	Manoj	Urban Poor-2: Shanty Dwellers	CFAR	Delhi
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105	Shamina Bano	Urban Poor-2: Shanty Dwellers	CFAR	Rajasthan
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111	Manoj Benjwal	Transgenders & LGBTIQ	Humsafar Trust	Delhi
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115	Aaina	Transgenders & LGBTIQ	Manasa Foundation	Uttar Pradesh
116	Mohan Mahanth	Transgenders & LGBTIQ	Manasa Foundation	Uttar Pradesh
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#	Name	Constituency	Organization	State
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127	Ramprasad	***	Uttarakhan Positive Network President UKNP+	Uttarakhand
128	Nunelini Adhikari	***	Uttarakhand Association for Positive People Living with HIV/AIDS	Uttarakhand
129	Fr. Philip Koravilla	***	The Untouchabilities	Karnataka
130	Bhaves S. Rathod	*** - Coordinator	Ojus Medical Institute	Maharashtra
131	Dr. Asavari A. Heiwadkar	***	Ojus Medical Institute	Maharashtra
132	S. Chandramouli	Persons With Disabilities	MARI	Telangana
133	Martha Hansduk	Persons With Disabilities	Lokkalyan Seva Kendra	Jharkhand
134	Miru Marandi	Persons With Disabilities	Lokkalyan Seva Kendra	Jharkhand
135	Mahzabeen	Persons With Disabilities	Pratinidhi	Uttar Pradesh
136	Slehnay	Persons With Disabilities	Pratinidhi	Uttar Pradesh
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138	Anjana	Persons With Disabilities	IDS	Uttarakhand
139	Anil Pal	Persons With Disabilities	IDS	Uttarakhand
140	Vikas Tatad	Persons With Disabilities	IDS	Uttarakhand
141	Manish	Persons With Disabilities	IDS	Uttarakhand
142	Swagath	Persons With Disabilities	CFAR	Odisha

LEAVE NO ONE BEHIND

Consultation on the Contribution of the
Swachh Bharat Mission
Towards Achieving SDG6 in India



LEAVE NO ONE BEHIND

The Global Interfaith WASH Alliance (GIWA), in collaboration with the Water Supply & Sanitation Collaborative Council (WSSCC), with technical support of Fresh Water Action Network South Asia (FANSA) hosted a three-day Consultation on the critical theme of “Leave No One Behind” particularly with regard to access to Water and Sanitation (SDG 6) at Parmarth Niketan Ashram, Rishikesh from the 16th to 18th of December.

GIWA, WSSCC and FANSA decided to join hands with society, to hear what the voiceless and the invisible have to say, learn from each other, identify solutions, and move forward together towards Reaching the Furthest Behind First.

The consultation was organised with the aim to include those who have long been excluded in the benefits of development. Furthermore, to ensure that no one in India will be left behind in access to the human rights of water, sanitation and hygiene (WASH), including menstrual hygiene and health, and in the access and use of related WASH services.

GIWA, WSSCC and FANSA deeply believe that this achievement will greatly contribute to the wider and fuller enjoyment of all interrelated, interdependent and indivisible human rights for everyone, and for an increasingly equitable society for all women, men and children.



The Global Interfaith WASH Alliance (GIWA) was launched by UNICEF at their World Headquarters under sponsorship of the Government of the Netherlands & USAID, as the world's first initiative engaging the planet's many faiths as allies in efforts to create a world where every human being has access to safe drinking water, improved sanitation and proper hygiene.



The Water Supply and Sanitation Collaborative Council (WSSCC) is a global, multi-stakeholder membership and partnership organization that works with poor people, organizations, governments and local entrepreneurs to improve sanitation and hygiene at scale.



Freshwater Action Network South Asia (FANSA) is a global network of people implementing and influencing water and sanitation policy and practice around the world. FAN works to improve water management by strengthening civil society to influence decision-making.

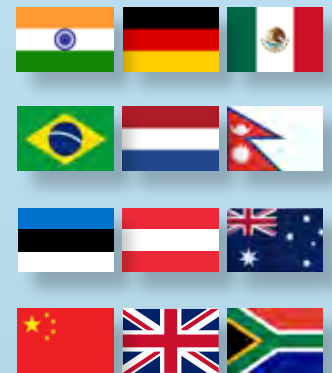
The consultation brought together the following groups:

- 1 Farmers
- 2 Elderly
- 3 Youth
- 4 Women
- 5 Dalits
- 6 Adivasis
- 7 Urban Poor- Shanty Dwellers
- 8 Urban Poor- Homeless
- 9 People Living with HIV
- 10 Female Sex Workers
- 11 Persons with Disabilities
- 12 Manual Scavengers
- 13 Transgenders & LGBTQI
- 14 Migrants & Refugees

The Consultation Included Representatives From:



12
COUNTRIES
PRESENT



17+ INDIAN STATES
PARTICIPATED

30+ NAT'L & INT'L
ORGANIZATIONS
INVOLVED





Continuing Gandhiji's Mission

This Summit was also in honor of 150 years of Mahatma Gandhiji's birthday with the dedication to Gandhi Forever! Gandhiji's teachings and message are just as crucial today as they were during Independence. In accordance with Gandhiji's great vision, GIWA, WSSCC and FANSA came together to strengthen ties across all segments of society and foster societal engagement across all borders and boundaries, towards a more just nation and world for all.



“Recall the face of the poorest and the weakest person whom you may have seen, and ask yourself if the step you contemplate is going to be of any use to them.”

-Mahatma Gandhi

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गजेन्द्र सिंह शेखावत
Gajendra Singh Shekhawat



जल शक्ति मंत्री
भारत सरकार
Minister for Jal Shakti
Government of India

17 DEC 2019

MESSAGE

I am happy to know that Global Interfaith WASH Alliance in collaboration with the Water Supply Sanitation Collaborative Council (WSSCC) and FANSA is hosting "Leave No One Behind: Consultation on the Contribution of Swachh Bharat Mission towards achieving SDG-6 in India" at Parmarth Niketan Ashram, Rishikesh in the lap of Himalayas and on the holy banks of Mother Ganga.

This is a noble and commendable initiative that brings together 14 key groups of vulnerable populations through an inclusive approach for achieving Sustainable Development Goals with focus on water and sanitation and hygiene, including menstrual hygiene and health. Through these initiatives, we are following the ideals of Mahamta Gandhiji towards Cleaner India.

My Ministry will be happy to extend any kind of support that you may need in bridging the gaps and reaching out to the people for Swachh Bharat Mission and ODF+ India. I am certain that by working together, we can accomplish the objectives of our mission and SDG-6.

(Gajendra Singh Shekhawat)



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हरदीप एस पुरी
HARDEEP S PURI



आवासन और शहरी कार्य राज्य मंत्री (स्वतंत्र प्रभार)
नागर विमानन राज्य मंत्री (स्वतंत्र प्रभार)
वाणिज्य एवं उद्योग राज्य मंत्री
भारत सरकार

Minister of State (I/C), Housing & Urban Affairs
Minister of State (I/C), Civil Aviation
Minister of State, Commerce & Industry
Government of India

MESSAGE

It gives me immense pleasure to know that Global Interfaith WASH Alliance in collaboration with the Water Supply Sanitation Collaborative Council (WSSCC) and FANSA is hosting "Leave No One Behind: Consultation on the Contribution of Swachh Bharat Mission towards achieving SDG-6 in India". The idyllic Parmarth Niketan Ashram, Rishikesh, on the banks of the Ganga is the perfect location for such an event.

Under Prime Minister Modi, the Govt. of India believes in providing Sarvodaya through Antyodaya, in other words, Reaching the Farthest First. The success of the Swachh Bharat Mission is just one example of this government's efforts in delivering essential goods and services to those at the bottom of the pyramid. I commend the organizers for launching this initiative that brings together a diverse group that best represents our most vulnerable populations. Such efforts have ensured that the Swachh Bharat Mission has transitioned from a project of the government to a Jan Andolan, i.e. a social movement, akin to the struggle for independence.

I look forward to receiving the recommendations and learnings from this Summit. I am certain that by working together we can ensure that no one is left behind as we strive towards meeting the Sustainable Development Goals.

New Delhi
16 December 2019


(Hardeep S Puri)

Faiths Come together for LNOB Inaugural Ceremony



The Summit was inaugurated by the heads of 6 major faith traditions: Hinduism, Buddhism, Islam, Sikhism, Jainism & Christianity. All of them shared their inspiring messages and set the tone to ensure that No One Was Left Behind. These leaders included also representatives from the marginalized communities including women and LGBTQI. They also added their recommendations and suggestions towards the day long Consultations and contributing points for the Outcome Document.



"The root problem is when we leave the ONE Behind... then we see separation. But when we remember the One is in all... then only can we ensure everyone is included, welcomed, and celebrated."

- Pujya Swami Chidanand Saraswati
President, Parmarth Niketan
Co-Founder/Chair, GIWA



"Those who don't recognise and understand their self can never understand others. So, we must understand ourselves, start with our homes and then expand to our communities and our world."

- Maulana Kokab Mujtaba
President, Ulema Foundation of India,
Director, Jamia Alia Jafriya Trust



"EVERY individual must have access to everything they need to ensure that their basic human rights are fulfilled... We must dissolve the divisions between 'us' and 'them' in order to move forward"

- Sadhvi Bhagawati Saraswati
Secretary General, GIWA



"I'm proud to be here at Leave No One Behind Consultation. Whether it's protecting our environment, conserving water or working for the marginalised communities, these are all services that are very core and essential to the Sikh tradition."

- Sardar Paramjeet Singh Chandhok
Delhi Sikh Gurdwara Management Committee,
Rajinder Nagar Ward



"Committing ourselves to DOING more good is crucial. There is less negativity in the world than positivity, but the positivity is most passive. So, we must ACTIVELY do more positive."

- Sadhvi Shilapi
Veerayatan, Kutch,
Eminent Jain Leader



"These challenges we face today are interconnected, universal, and affect all human beings. Let us bring Faith into Action to ensure that No One is ever left behind."

- Father Philip Kuruvilla
Priest, Indian Orthodox Church
Working with HIV/AIDS & LGBTQ Communities



"Hearts can change, feelings can change, everything can change in our daily life. Friends, if you can change, then the world can change!"

- Mufti Nasihur Rahman
'Swachh Maulana',
Islamic Cleric



"Faith brings light both within ourselves and in our societies. Once we light ourselves then we can ensure light everywhere. Once there is light, compassion and love for all then no one can be left behind."

- Drikung Acharya Kinley
Secretary, H.H. Drikung
Chetsang Rimpoché



"Gender Budgeting is a must! [Transgender] can no longer just be a token face or body... We demand to have our voices heard and opinions shared. It is time for change."

Laxmi Narayan Tripathi
Mahamandaleshwar of Kinnar Akhara,
Transgender Advocate



With the theme of Leave No One Behind and celebrating diversity with a call to action, GIWA planned a special *Hand Painting Pledge* in conjunction with the Inaugural Ceremony to inspire participants and dignitaries to join hands and hearts, pledging to be the change they want to see for a more inclusive and just world.

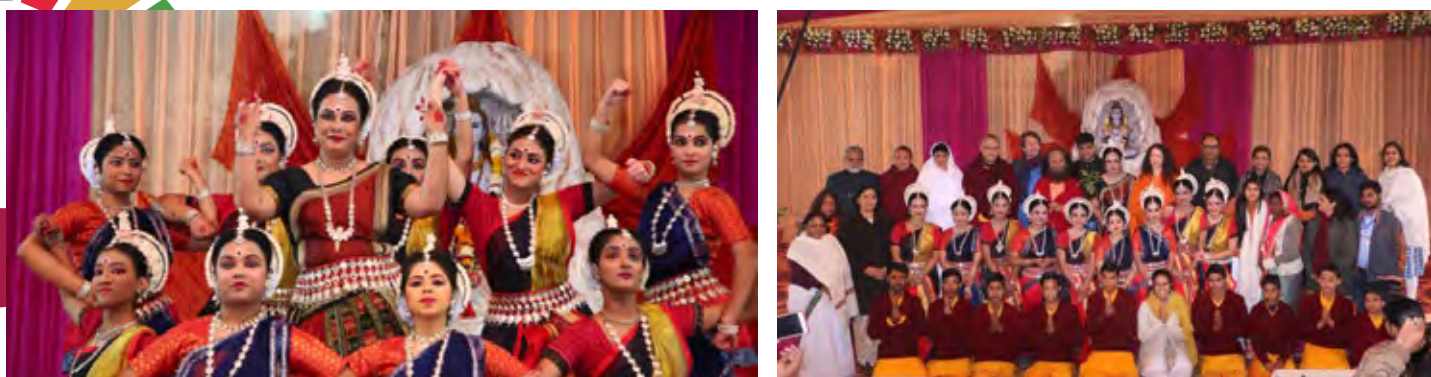


Consultation

The full day consultation brought together 14 marginalized groups in two segments to discuss the achievements of the Swachh Bharat Mission and how to bridge the gaps, if any remained, for the SDG 6.2. Each group was led by a trained Rapporteur and Facilitator who guided them along the UNRC Framework for the Consultation so that a three page document per group could provide an adequate and concise summary of the detailed discussions.



Cultural Performance



Divine Dancing by the Odissi Natya Sala led by Anita Babu and her troupe performed a special piece entitled Agni Kanya, illustrating the struggles of every women and how the time has come to rise above these challenges to find the shakti within.

Thereafter, a short dance prepared by the young students of the Parmarth Gurukul shared about the harms of Single Use Plastic and inspired everyone to protect their environment by making small changes in our day to day lifestyles.

Ganga Aarti Ceremony

The beautiful spiritual happy hour, thanksgiving ceremony at sunset on the holy banks of Mother Ganga brought together interfaith leaders and represented the diversity of the different sects within the Hindu tradition. Eminent saints including Pujya MM Swami Harichetanandji, Pujya Swami Hath Yogiji, Pujya Swami Rishishwaranandji and others had a beautiful meeting with Pujya MM Lakshmi Narayan Tripathiji before the ceremony to discuss how the upcoming Kumbh Mela in Haridwar could reflect the Leave No One Behind theme.

During the lighting ceremony they reaffirmed their pledge and also led the many hundreds of devoted masses, who had come to offer their prayers in the aarti, in a pledge that everyone, across all castes and creeds, races, religions, social classes and sexual orientations, would work to ensure No One is Left Behind. There was also a special premier of..... . There was also a special premier of GIWA's new film highlighting the great partnership with WSSCC to bring Menstrual Hygiene Awareness and Management.



Summary Presentations

The remarkable three-day “Leave No One Behind Summit” came to a close the evening of 18th December, giving hope to around 14 communities whose voices usually go unheard and whose needs go unnoticed and are typically left behind in access to benefits of development.

The last day began with 5-7 minute summary presentations from day long consultations on the previous day - each of the 14 groups shared their findings and recommendations.



Some of the pertinent recommendations included:

- 1** There should be equal participation of marginalised communities, especially sex workers, in policy formulation.
- 2** A Welfare Board for Transgenders should be established in every state. They should be respected in the workplace.
- 3** Handholding support has to be given to Nigrani Samiti under SBM Program.
- 4** The number of toilets should be increased in hospitals. A curriculum should be introduced with regard to water, health & hygiene in government schools.
- 5** Manual scavengers should be treated equally in society.

“Executive Summary”

[Click to see a full list of Recommendations](#)

Q&A Session With Experts



After the presentations, there was a special session with experts followed by a question and answer period, brilliantly facilitated by Santosh Mehrotra, Professor from Economics, JNU; joined by the Ministry of Jal Shakti, Swachh Bharat Mission, Director, SLWM Shri Anil Sharma; Secy General, GIWA Sadhvi Bhagawati Saraswati; from WSSCC James Wicken, Enrico Muratore and Vinod Mishra; National Human Rights Commission Registrar Indrajit, Finish Society Abhijit Banjeree, Dr. Shakuntala Misra National Rehabilitation University, Lucknow Dr Avanish C Mishra, Artist, Advocate and Founder Misaal Mumbai Rouble Nagi, Sulabh Sauchala Hrishikesh Sharan and many others



Concluding Ceremony

The concluding ceremony summarised the recommendations from the 14 marginalized groups found in the two day consultation by Murali, Snehalatha and Sridharan of FANSA Team. An inspiring pledge was led by Sadhvi Bhagawati Saraswati, Secretary General, GIWA, with Pujya Swami Chidanand Saraswati, Founder/Chair, GIWA, Pujya MM Swami Ishwar Das, Pujya MM Swami Dayaram, Mufti Nasihur Rahman, Father Philip, members of WSSCC, FANSA, Anil Sharma Director from the Jal Shakti Ministry, experts and all of the esteemed participants of the Summit to work together to bridge the gaps and build an ODF+ India.



In her concluding remarks, **Sadhvi Bhagawati** shared, “It is important to take this experience from the banks of Mother Ganga with you to understand deeply that we are beyond the borders and boundaries of caste, colour, creed, race, religion and region. This is what the rivers flow teaches us how to live with no discrimination, no expectation, no vacation and no hesitation. Therefore, we must work to eliminate the sense of us vs them from our own minds and then the from our communities.”

In his concluding remarks **Pujya Swami** shared, “Its time for everyone to recognise the immense power and potential we each have to be and bring the change we want to see in the world. This is the vision that Hon’ble Prime Minister Shri Narendra Modiji saw when he declared the Swachh Bharat Mission to bring Mahatama Gandhiji’s dream to fruition of Sanitation at the forefront of our sustainable development. Let us all take this vision and make it a people’s led mission to make the last mile with No One Left Behind.”

Anil Sharma shared, “As per the study of IMF, this SBM has strengthens the safety of women and increases their work place participation. UNICEF also illustrates in a study that households in an ODF village in India save an average 50,000 INR annually, so these achievements are truly a great milestone in the history of our nation and speak volumes of our accomplishment.”

Vinod Mishra, WSSCC India Head stated, “Swachh Bharat has made incredible strides making India proud globally. However, as we have been here and identified the traditionally marginalised groups and commit to working together to addressing these gaps its time that we ourselves ensure the linkages and partnerships continue to ensure No One is Left Behind”

James Wicken, Head of Global Policy Advocacy, Innovation Unit, WSSCC expressed, “There is a huge transformational potential to go beyond simple issues of sanitation and bring about real changes in society. That is what this partnership with GIWA was founded upon.”

Enrico Muratore shared, “Its been such an incredible journey to see this Summit come to fruition and I look forward to the inclusion of these recommendations in the Niti Ayog’s Voluntary National Review as well as SACOSAN next year.”

Final Ganga Aarti

The evening Ganga Aarti's were a great coming together at the conclusion of each day as everyone gathered together to sing, pray, offer their gratitude and just be together in the spirit of a one world, inclusive family. The last day's Aarti welcomed Pujya MM Ishwar Dasji, Pujya Swami Dayaramji, Yogacharya Anand Mehrotra, Founder of Saatva Yoga as well as celebrated the contributions of all organisations who took part in the historic event.

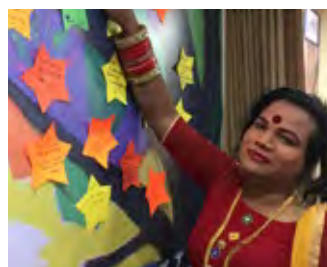


Menstrual Hygiene Management at LNOB

Throughout the three day Consultation an interactive MHM Lab was set up to encourage dialogue and discussion around Menstrual Hygiene Management to break the silence around periods. The lab sometimes became so large that the walls of the makeshift tent had to be lifted to accommodate all of the participants as our MHM Educators shared about the stigmas, taboos associated with menstruation.



Finally, at the closing of our Leave No One Behind Summit, the WSSCC Team visited GIWA's newly created Swachhta Shakti Theatre. Among the people who who visited the center were: WSSCC India Head Shri Vinod Mishraji, James Wicken, Head Global Policy, Advocacy, Innovation Unit, Geneva and Enrico Muratore Aprosio, Technical Expert on Leave No One Behind, Equality and Non-Discrimination and Gender, Trupti Ashtankar, WASH Support Office and Aishwariya Mishra. During the visit, members of our LNOB Transgender and LGBTQ Community group also joined us to pledge on breaking the silence around menstruation, bringing the light of education, empowering women to take care of their health first and to take action towards improved MHM.



Offering Gratitude:

We express our deepest gratitude to all of the organisations representing the vulnerable groups and NGOs working for the rights and welfare of these marginalized population groups for identifying, preparing and mobilizing suitable representatives for the consultation:

1. Global Interfaith WASH Alliance
2. Water Supply Sanitation Collaborative Council
3. FANSA
4. Parmarth Niketan
5. Ulema Foundation of India
6. Drikung Kagyu Institute
7. Veeryatan, Kutch
8. Harijan Sevak Sangh
9. Paryavaran Mitra
10. All India Network of Sex Workers
11. National Confederation of Dalit Organisations
12. Indian Institute of Youth & Development
13. Swajal, Uttarakhand
14. Centre for Advocacy and Research Rouble Nagi, Rouble Nagi Art Foundation
15. Tech Avenue Education Trust
16. Lok Kalyan Seva Kendra, Jharkhand
17. Viswayuak Kendra, Delhi
18. Neetu, Telangana
19. Ojus Medical Institute
20. Asian Interfaith Network for HIV/AIDS (AINA)
21. Sathi All for Partnerships
22. PRATINIDHI, U.P.
23. Centre for Holistic Development
24. Confederation of Voluntary Association
25. Aga Khan Foundation
26. Finish Society
27. Bharat Patwal Executive Director at Institute for Development Support
28. Divine Shakti Foundation
29. Ganga Action Parivar
30. The Untouchables



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COLLABORATIVE COUNCIL



Freshwater Action Network
South Asia-Bangladesh



एक कदम स्वच्छता की ओर