

#	Commitment	Indicator	3	2	1	0	Country Score	Indicator Evidence	Commitment Evidence	Weightage
1	Formulate, develop and implement adequately resourced national/sub national sanitation and hygiene plans with SMART (specific, measurable, achievable, realistic, time-bound) indicators that measure and report on processes and outcomes at every level including households, educational, health, public institutions and workplaces, with disaggregated reporting on gender, age, disability, marginalized and vulnerable groups.	1.1. National Sanitation and Hygiene Plans with SMART indicators have been	Developed, published/issued and being implemented	Developed and published/issued	Initiated to but the process not completed	No such process initiated	3	SBM, launched in the country, aims to eliminate the scourge of open defecation and promote better hygiene behavior amongst the population and improve cleanliness by initiating Soils and Liquid waste management projects in the villages, towns and cities of the country. Ministry of Urban Development and Ministry of Drinking Water and Sanitation are the nodal agencies for urban and rural areas respectively. SBM (U) involves framing city level sanitation plans, state sanitation concept and state sanitation strategy. For rural areas, states are framing annual implementation plans with the main objective of providing a definite direction to the programme for creation of Swachh Grams, monthly and quarterly monitoring of physical and financial progress during a financial year compared to the planned activities. AMRUT, Smart city, SBSV, National Sanitation and Hygiene Advocacy and Communication Strategy Framework	Swachh Bharat Mission, launched in October 2014 aims to eliminate open defecation from the country by 2019. The mission also aims to promote better hygiene behavior amongst the population and improve cleanliness in the country. For urban areas, the Ministries of Urban Development (MoUD) and Housing and Urban Poverty Alleviation (MHUPA) while for rural areas, the Ministry of Drinking Water and Sanitation (MDWS) are the nodal agencies for the overall policy, planning, funding and coordination of programmes of drinking water and sanitation in the country. Some elements of sanitation in urban areas are also included in the Atal Mission for Rejuvenation and urban transformation (AMRUT) includes components like sewerage and septage management and smart city, (cities to develop city sanitation plans to address SLWM), which have recently been launched to improve sanitation in urban areas. Ministry of Human Resource Development, GoI, launched the Swachh Bharat Swachh Vidyalaya (SBSV) campaign as a part of the SBM, which aimed to provide separate boys and girls toilets. MDWS with the support of UNICEF and other development partners developed the National Sanitation and Hygiene Advocacy and Communication Strategy Framework (SHACS) in 2012 with focus on four critical sanitation and hygiene behaviour. The initiative to develop a state- specific sanitation and hygiene advocacy and communication strategy has been undertaken by various states. The Ministry of Drinking Water and Sanitation has developed an online monitoring system for SBM (G) and similarly data exists for SBM (U) as well. From 2013 onwards, there has been an increase in budget allocation for sanitation sector. With respect to indicators, even though data exists for HHs, marginalized, vulnerable groups for rural segment, but comparatively limited data is available for urban areas (Datasets like SLBs, Rating of cities are released on a regular basis). However there also seems to be discrepancy in the data reported, especially the number of school toilets constructed as per the following links: http://www.indiaspend.com/cover-story/pms-claim-of-toilets-for-girls-in-every-school-fails-scrutiny-34111 http://www.downtoearth.org.in/coverage/will-india-get-freedom-from-open-defecation-50725#2 As per CSR guidelines, all CPSEs are supposed to be spending a certain earmarked fund each year in creating and sustaining socially beneficial projects (including sanitation). CPSEs and corporate houses may partner with MDWS, local authorities and leading NGOs in various activities like constructing and maintaining public toilets, individual toilets, SLWM projects	20
		1.2. A % increase in budget allocation for sanitation (Urban+ Rural+ Schools + Any Other) over the past two years	30% and above increase over the 2013 budget	20 to below 30% higher than 2013 budget	Less than 20% higher than 2013 budget	Nil or negative growth compared to 2013 budget	3	There is a budget increase of more than 30 percent over the 2013 budget allocated for the sanitation sector. The allocated budget for the rural sanitation sector was Rs. 2,850 crores, Rs. 2,850 crores and Rs. 2,300 crores in 2015-16, 2014-15 and 2013-14 respectively. As per India's draft country paper, the total budget allocated for the sanitation sector is Rs 5,200 crores.		
		1.3. A % of allocated budget actually spent over the past two years	80% and above	70 % to Below 80%	50 to below 70%	Less than 50%	3	As per draft India's country paper prepared for SACOSAN VI, more than 95 percent of the allocated funds have been spent under rural sanitation every year in 2013-14, 2014-15 and 2015-16. However, even though large amount of money were allocated to the states for implementing sanitation related programmes, a large sum was released to the states in the last few months of the financial year due to delay in the release of funds from the centre.		
		1.4. Disaggregated reporting on sanitation coverage of the marginalized and vulnerable groups	Disaggregated data system in place and data available for all categories	Disaggregated data available only for some categories	Efforts being made to redesign the MIS and reporting systems	No progress at all	2	Household level data, with respect to sanitation facilities, of all Gram Panchayats in the country are now available on the MDWS- MIS by States on the basis of the Baseline Survey 2012-13. As per India's draft country paper, the Management Information System has data of 173 million rural HHs out of the 181 million rural HHs in the country, as on 21.8.2015. Disaggregated reporting on sanitation coverage of the marginalized and vulnerable groups exists for rural areas because of various programmes that have been launched in the country in rural areas (TSC, NBA, SBM (G)) but no such disaggregated data exists for urban areas. Source: http://sbm.gov.in/tsc/NBA/NBAHome.aspx		
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2	Create a framework and enabling environment including policies, strategies and protocols and the conditions for the fulfilment of the need for universal sanitation and hygiene: women and men, children, adolescent girls, people with disabilities and the elderly	2.1. Enabling policies created after SACOSAN V at least for two of the categories mentioned	Reinforcement of policies already in place before SACOSAN V and implementation of the	Gaps identified and policy being revised	Work on identifying gaps in current policies in progress	No initiative at all	3	SBM is a comprehensive sanitation programme focusing on girls, men, women, children, etc. SBM is a reframe of the missions/policies already in place targeting sanitation in India, NBA for rural areas and NUSP (2008) for urban areas. The existing mission/policies have been renamed and backed up by funding program, SBM. For men and women, under SBM (U)-pg 36, protocol exists for community toilets and public toilets. (Community toilets: 1 seat for 35 men and 1 seat for 25 women). Under SBM (G), guidelines are given targeting MHM needs of women and girls-pg 10, disabled people (pg 14,17) along with incentives for the	SBM is a comprehensive sanitation programme focusing on girls, men, women, children, etc. SBM is a reframe of the missions/policies already in place targeting sanitation in India, NBA for rural areas and NUSP (2008) for urban areas. The existing mission/policies have been renamed and backed up by funding program, SBM. For men and women, under SBM (U)-pg 36, guidelines are given for community toilets and public toilets. (Community toilets: 1 seat for 35 men and 1 seat for 25 women). Under SBM (G), guidelines are given targeting Menstrual hygiene management needs of women and girls-pg 10, disabled people (pg 14, 17) along with incentives for the construction of IHHL for all physically handicapped and women headed households (pg- 13). To address the sanitation needs of children in schools, SBSV has been launched under which, strategies including design principles, technical designs of toilets for boys, girls, behavior change initiatives, MHM, handwashing facilities and other essential interventions are issued including for disabled children. Another mission, National Bal Swachhta Mission has been launched for children. Under SBM (G), funds will be made available for preliminary IEC works including for triggering behavior change as one of the strategies to achieve universal sanitation. To address the sanitation needs of disabled people, MDWS is in the process of releasing a Handbook on Sanitation facilities for People with Special Needs. The MDWS has also issued Menstrual Hygiene Management guidelines to states to be funded under various sanitation programmes. *Even though guidelines exists and have been issued, but in terms of implementation, not much progress seems to have been achieved targeting	10
		2.2. Enabling strategies/implementation of guidelines created after SACOSAN V for at least two of the categories mentioned	Reinforcement of guidelines/strategies already in place before SACOSAN V	New guidelines and or strategies developed	Work on defining new strategies/guidelines in progress	No initiative at all	2	Under SBM (G), guidelines are given targeting MHM needs of women and girls-pg 10, disabled people (pg 14,17) along with incentives for the construction of IHHL for all physically handicapped and women headed households (pg. 13). To address the sanitation needs of children in schools, SBSV has been launched with guidelines for construction of toilets for children which was also focused under NBA. MDWS is in the process of releasing a Handbook on Sanitation		
		2.3. Protocols specified at least for two of the categories mentioned	Reinforcement of the protocols already in place before SACOSAN V and new protocols being implemented	New protocols developed	Work on defining new protocols is in progress	No progress at all	1	Protocols specified for children under SBSV and for MHM needs of girls and women.		
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3	Given that sanitation is about changing social norms, demand creation, We commit to addressing diversity in service provision for infants, children, youth, adolescent girls, women and men, people with disabilities, chronically ill and elderly in rural areas and people affected by poverty and disasters further exacerbated by climate change.	3.1 Special provisions and plans targeting the sanitation needs of the people affected by disasters further exacerbated by climate change	Special provisions/plans made and being implemented	Special provisions/plans developed	Work in progress on developing special provisions and plans	No initiative at all	3	1. There are various UNDP initiatives to restore water and sanitation services to disaster effected people. • http://meghomeguards.gov.in/DM/DM_legislators.pdf 2. World Bank funding links to support GoI to restore water and sanitation needs to disaster effected people: • http://www.worldbank.org/en/topic/disasterriskmanagement/x/sar?qterm=sanitation+india&x=0&y=0&lang_exact=English 3. There also exist other documents related to state disaster management plans, disaster management institutes in India: • http://www.ndma.gov.in/images/guidelines/sdmp.pdf • http://ndma.gov.in/images/policyplan/dmplan/draftndmp.pdf	Under SBSV, guidelines are issued for schools to address the sanitation needs of children. Eight percent of the total budget reserved for IEC involving area or community specific activities with flexibility to states in using the fund. Also provisions made for special category states. Funds available for IEC may be used to raise awareness specifically amongst adolescent girls in schools, disseminate information and skills on Menstrual Hygiene Management. There are several examples where CSOs and SHGs have worked with the community, informed them about menstrual hygiene practices and also developed economic models to meet the demand for sanitary napkins. As per India's draft country paper, some states are providing sanitary vending machines and women's SHGs have been involved in setting up and managing sanitary napkin production centers in states like Tamil Nadu, Madhya Pradesh and Haryana. To address the sanitation needs of poor, provision of subsidies to BPL and APL HHs, female headed HHs for construction of IHHL in rural areas along with the fact that around 20 percent of the funds allocated for the sanitation sector should be earmarked for the urban poor while framing state sanitation strategies as per NUSP. However despite provisions for the poor, the implementation seems quite weak. To meet sanitation needs of disabled people, handbook on different technological options for disabled people along with MHM guidelines are anticipated to be released by mid-December. SBM guidelines include higher subsidy provisions IHHL toilets for people who are more vulnerable such as SC/STs, women headed households, landless labors, and marginal farmers. *No plans/guidelines to address the needs of infants	10
		3.2 Initiatives to address the MHM needs of women and adolescent girls	Programmes developed and being implemented	Special initiatives are developed	Work in progress on developing the new initiatives	No progress at all	2	Under SBSV, guidelines are issued for schools to address the sanitation needs of children. As per SBM (G), funds available for IEC can and are used to raise awareness specifically amongst adolescent girls in schools, disseminate information and skills on Menstrual Hygiene Management. There are several examples where CSOs and SHGs have worked with the community, informed them about menstrual hygiene practices and also developed economic models to meet the demand for sanitary napkins. Some of the states are providing sanitary vending machines and women's SHGs have been involved in setting up and managing sanitary napkin production centers in states like Tamil Nadu, Madhya Pradesh and Haryana. There has been lot of initiatives taken by UNICEF to create awareness on MHM in partnership with government. The draft MHM guidelines are also anticipated to be released soon. http://unicef.in/Story/122/Menstrual-Hygiene-Key-to-Keeping-Girls-in-School		
		3.3 Initiatives to address the sanitation needs of any of the categories of disabled, chronically ill and elderly	Programmes developed and being implemented	Special initiatives are developed	Work in progress on developing the new initiatives	No progress at all	1	To meet sanitation needs of disabled people, handbook on different technological options for disabled people along with MHM guidelines are anticipated to be released by mid-December. However there are no specific guidelines to address the sanitation needs of ill and elderly people.		
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4	Recognize the importance of sustainable environmental sanitation and hygiene in urban areas including solid and liquid waste and faecal sludge management for all urban dwellers, regardless of tenure.	4.1 New measures (Policy and guidelines) developed for sustainable faecal sludge management after SACOSAN V	New measures developed and being implemented	Designing of new initiatives/measures completed	Work in progress on developing new initiatives/measures	No new progress after SACOSAN V	3	A draft advisory note on septage management under NUSP published in January 2013. One of the thrust areas under AMRUT is septage management including faecal sludge management which involves cleaning, transportation and treatment in a cost-effective manner along with mechanical and biological cleaning of sewers and septic tanks. Under SBM (U)- technologies (Biogas Toilet developed by DRDO) are given for faecal sludge management and recommends developing a Septage Management Plan (SMP) as a part of city sanitation plans (CSP). Eco vapor toilets, Ecosan Urine Diversion Dehydration Toilet (UDDT), Aerobic Biological Toilets, Sulabh Technologies, etc. are some of the sustainable technologies for faecal sludge management under different phases of deployment in the country. A Technology Committee has been set up in the MDWS from which the state can select appropriate technologies which provides for safe disposal of faecal matter.	A draft advisory note on septage management under NUSP published in January 2013. One of the thrust areas under AMRUT is septage management including faecal sludge management which involves cleaning, transportation and treatment in a cost-effective manner along with mechanical and biological cleaning of sewers and septic tanks. Under SBM (U)- technologies (Biogas Toilet developed by DRDO) are given for faecal sludge management and recommends developing a Septage Management Plan (SMP) as a part of city sanitation plans (CSP). Eco vapor toilets, Ecosan Urine Diversion Dehydration Toilet (UDDT), Aerobic Biological Toilets, Sulabh Technologies, etc. are some of the sustainable technologies for faecal sludge management under different phases of deployment in the country. Draft manual on Municipal solid waste management (May 2014)-Government of India has sanctioned twelfth and thirteenth Finance Commission grants and funds for improvement of MSWM under flagship projects like JNNURM, UIDSSMT from 2005 onwards. Lot of initiatives undertaken for sustainable	10
		4.2 New measures initiated for sustainable solid waste management in urban areas after SACOSAN V	New measures developed and being implemented	Designing of new initiatives/measures completed	Work in progress on developing new initiatives/measures	No new progress after SACOSAN V	1	Draft manual on Municipal solid waste management (May 2014), is a revision of older manual. Government of India has sanctioned twelfth and thirteenth Finance Commission grants and funds for improvement of MSWM under flagship projects like JNNURM, UIDSSMT from 2005 onwards. There is nothing new with respect to funding for SLWM. Lot of initiatives for sustainable SLWM in different cities of the country including scientific waste disposal are undertaken (NIUA, 2015). The best practice cases from Mumbai, Pammal and Koyambedu focus on decentralized solid waste management systems that help reduce the quantity of waste disposed at dump sites by adopting practices of recycling and waste processing by composting, bio-methanation etc. While most cities in India are using various technology options for waste processing, there are still very few cities exploring safe and scientific waste disposal. Even though plans/policies exist but are not sustainable since the livelihoods of people adversely effected. http://www.hindustantimes.com/editorials/swachh-bharat-abhiyan-should-aim-to-stamp-out-manual-scavenging/story-6Mkfn27AYndBR4OaJnCQP.html	SLWM in different cities of the country including scientific waste disposal (NIUA, 2015). Even though plans/policies exist but are not sustainable since the livelihoods of people adversely effected. Also, under the ranking of cities based on sanitation conditions, SLWM and faecal sludge management, both safe collection and treatment are important components. As per NUSP, the provisioning of basic sanitation should be de-linked from the issues of land tenure. Every urban dweller should be provided with minimum levels of sanitation, irrespective of the legal status of the land in which he/she is dwelling, possession of identity proof or status of migration. *Less evidence on provision of sanitation needs regardless of land tenure. While most cities in India are using various technology options for waste processing, there are still very few cities exploring safe and scientific waste disposal. There is nothing new with respect to funding for SLWM.	
		4.3 Special measures to ensure sanitation facilities to slum dwellers regardless of land tenure	New measures developed and being implemented	Designing of new initiatives/measures completed	Work in progress on developing new initiatives/measures	No new progress after SACOSAN V	1	Under SBM Urban guidelines- tenure security issues are to be de-linked with benefits. (page 8) As per NUSP, the provisioning of basic sanitation should be de-linked from issues of land tenure. Every urban dweller should be provided with minimum levels of sanitation, irrespective of the legal status of the land in which he/she is dwelling, possession of identity proof or status of migration. However despite this, there exists no evidence with respect to implementation. http://www.inclusivebusinesshub.org/profiles/blogs/slum-sanitation-in-india-is-there-a-case-for-private-toilet		
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5	Prioritize and promote child and disabled friendly services and menstrual hygiene management in all public buildings and especially schools, health clinics and reflect and monitor this in standards, design, delivery and monitoring.	5.1 Standards for ensuring disabled friendly toilets and MHM facilities in all public buildings	Standards developed, implemented and monitored	Standards developed and implemented	Standards developed	No progress at all	0	No evidence found	Active steps have been taken to address MHM through various government programs including SBSV with focus on providing MHM products, infrastructure and also to bring behavior change and awareness amongst men and women. Govt program Sabla and now the Swachh Vidyalaya program are focusing on increasing awareness and solving other issues related to MHM. Despite this, there seems to be lot of discrepancy with respect to data on school toilets and also with respect to usage, functionality. Ministry of Health And Family Welfare, Government of India, has launched a national initiative, Kayakalp, on 15th of May, 2015 to promote cleanliness and enhance the quality of public health facilities. The purpose of this initiative is to appreciate and recognize the effort to create a healthy environment. Swachhta guidelines for health facilities along with this initiative have also been issued. Also, Kayakalp awards are national initiative to award those public health facilities that demonstrate high levels of cleanliness, hygiene and infection control. "No standards developed for disabled friendly toilets and MHM facilities in public buildings	10
		5.2 Standards for ensuring disabled friendly toilets and MHM facilities in all schools	Standards developed, implemented and monitored	Standards developed and implemented	Standards developed	No progress at all	1	SBSV-Standards for toilets, also includes for disabled friendly toilets and MHM facilities (pg-7, 17,18, 25) developed for schools. Despite this, there seems to be lot of discrepancy with respect to data on school toilets and also with respect to usage, functionality. http://www.indiaspend.com/cover-story/pms-claim-of-toilets-for-girls-in-every-school-fails-scrutiny-34111		
		5.3 Standards for ensuring disabled friendly toilets and MHM facilities in all health clinics	Standards developed, implemented and monitored	Standards developed and implemented	Standards developed	No progress at all	1	Ministry of Health And Family Welfare, Government of India, has launched a national initiative, Kayakalp, on 15th of May, 2015 to promote cleanliness and enhance the quality of public health facilities. The purpose of this initiative is to appreciate and recognize the effort to create a healthy environment. Swachhta guidelines for health facilities along with this initiative have also been issued. Also, Kayakalp awards are national initiative to award those public health facilities that demonstrate high levels of cleanliness, hygiene and infection control.		
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6	Develop and implement guidelines and standards suitable for child, adolescent and gender and disabled friendly WASH facilities, with compliance indicators on hand washing and menstrual hygiene education and practice;	6.1 National hygiene strategy developed with guidelines and standards suitable for at least two of the four special groups mentioned, with emphasis on hand washing	Developed, being implemented and compliance monitored	Developed and being implemented	Developed	No progress at all	1	Guidelines exist for children to focus on hand-washing under SBSV and the messages are included in the textbooks, awareness campaigns run by schools as part of SBSV. Under Kayakalp and SBM (G) pg 10, guidelines exist for handwashing. States in their annual Implementation plans mention separate facilities for disabled and women households with schools creating toilets for girls under SBSV. UNICEF monitors sanitation facilities that exist in schools with respect to toilets, hand washing, etc. http://unicef.in/Uploads/Publications/Resources/pub_doc85.pdf	Under SBM (U)-pg 9, SBM (G), pg-14, 17 guidelines given for targeting disabled and gender groups to be given priority in toilet construction. SBM (G)-pg- 10, 11. Also there exists evidence for creating awareness with respect to MHM under IEC. Training modules issued for Asha workers and ARSH by Ministry of Health and Family Welfare on menstrual hygiene to address the needs of adolescent girls. However, there is little evidence of the active monitoring of the compliance as per state implementation plans. The most work that seems to be happening is under the SBSV (pg-7) campaign on MHM and gender sensitivity towards girls and also for hand-washing awareness and practice. Page 7 of SBSV guidelines points towards the various initiatives and also subsequently there is evidence of improvement over the years in terms of toilet availability and usage. Even though there are many other ways used under SBSV to effect behavior change, there is however weak or no evidence on these being implemented in practice. Under Kayakalp and SBM (G) pg 10, guidelines exist for handwashing. States in their annual Implementation plans mention separate facilities for disabled and women households. UNICEF monitors sanitation facilities that exist in schools with respect to toilets, hand washing, etc. "There does not exist any compliance indicators with respect to hand washing and MHM along with the fact the implementation has not been very impressive	10
		6.2 National Hygiene strategy developed with guidelines and standards suitable for at least two of the four special groups mentioned with emphasis on MHM education	Developed, being implemented and compliance monitored	Developed and being implemented	Developed	No progress at all	1	MHM focus for women and young girls is there under SBM (G) and SBSV initiatives of GOI with no evidence found to address MHM needs for disabled. Under SBSV, educating girls on MHM is one of the main elements along with MHM. SBM rural guidelines include focus on MHM in public awareness campaigns and implementation plans. However, the state implementation plans do not provide details about the work done in this area. Funds available under the IEC component may be used to raise awareness and skills on Menstrual Hygiene Management in all places and specifically amongst adolescent girls in schools. Funds allocated for Solid and Liquid Waste Management may be used to implement safe disposal solutions for menstrual waste (used sanitary cloths and pads) and setting up incinerators in Schools, Women's Community Sanitary Complexes, Primary Health Centre, or in any other suitable place in village and collection mechanisms etc. can be taken up. Technologies may include appropriate options that are socially acceptable and environmentally safe. Training modules issued for Asha workers and ARSH by Ministry of Health and Family Welfare on mensural hygiene to address the needs of adolescent girls. Under NRHM also the state implementation plans need to focus on MHM even though the guidelines exist in this regard. State Implementation Plans (SIPs) under NRHM have not spent in this regard and the budget for last year remains unutilized for two states for which SIPs were analysed (Bihar and Gujarat). Few states are providing sanitary vending machines and women's SHGs have been involved in setting up and managing sanitary napkin production centers in states like Tamil Nadu, Madhya Pradesh and Haryana.		
		6.3. A % of sanitation budgets spent on hygiene education and BCC	More than 15%	Above 10%-below 15%	Above 5%-Below 10 %	Less than 5 %	0	State wise center share expenditure as per the link given below, around 4 percent was spent on IEC out of total released and total expenditure in 2014-15. http://sbm.gov.in/tsc/Report/Financial/RptStateDistrictExpYearwise.aspx?id=FIN		
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7	Raise awareness at all levels to foster demand and build capacity for sanitation and hygiene including but not limited to youth led movements, pro-poor public private partnerships and the media.	7.1 Evidence exists on engaging CBOs and CSOs in awareness and demand generation on Sanitation	Guidelines exist and active partnership initiatives being implemented	Guidelines exist and partnership initiatives are at an early stage	Guidelines are developed and partnership yet to begin	No progress	2	Village Water & Sanitation Committees, PRIs, SHGs, NGOs, CBOs are engaged to create awareness, in states like West Bengal, Madhya Pradesh, Rajasthan, etc. SBM (G), pg 26 highlights the role of NGOs, CBOs and CSOs in implementing SBM. However there is no consolidated reporting system that exists for the same. http://www.indiawaterportal.org/sites/indiawaterportal.org/files/Ministry%20of%20Drinking%20Water%20%26%20Sanitation%20Agenda%20for%2026th%20sept	SBM includes guidelines for engaging private partnerships, media and other mechanisms to increase awareness and foster demand for sanitation and hygiene-SBM (U)Pg 10, 13, 16; SBM(R)-Pg 9, 10, 28. There are specific campaigns to increase awareness about hygiene practices, about 15% of the SBM program budget is kept aside for IEC and public awareness. However, there is little evidence of PPP and media engagement in a systematic fashion.	10
		7.2 Evidence exist on private sector sharing the responsibility of Sanitation development	Guidelines exist and active partnership initiatives being implemented	Guidelines exist and partnership initiatives are at an early stage	Guidelines are developed and partnership yet to begin	No progress	2	For rural areas (pg-27) displays CSR in implementing SBM while for urban it is clear for community toilets but there are no clear targets for PPP mode projects (Page 36). CSR guidelines are also released to involve corporates in creating awareness and improve sanitation. Evidence for sharing responsibility can be seen below: http://www.downtoearth.org.in/coverage/will-india-get-freedom-from-open-defecation--50725#2 http://www.slideshare.net/futurescape/sanitation-initiatives-by-indian-companies http://www.indianretailer.com/article/launch-pad/fmcg/Reckitt-Benckiser-to-bring-in-hygiene-products-for-masses.a3103/ http://articles.economictimes.indiatimes.com/2015-08-04/news/65204500_1_cleanliness-campaign-reckitt-benckiser-india-harpic-toilet http://timesofindia.indiatimes.com/india/India-Inc-gifts-Rs-1k-cr-to-PMs-Swachh-plan/articleshow/46657536.cms http://indiasanitationcoalition.org/index.html	Companies like P&G, Reckitt Benister have launched campaigns about hand washing, toilet cleaning etc. NDTV has launched an awareness campaign for SBM but systematic use of these channels is not evident. Guidelines exist at a basic level, the implementation is left to states and the monitoring is not being done actively. GOI is running campaigns on radio and TV channels with Vidya Balan as the ambassador of SBM to create awareness about toilet usage and thus create demand. Also, Aamir Khan was appointed as ambassador for CBSE schools however there is little evidence of his active engagement with the initiative as on today. Also, there is an extensive use of social media like WhatsApp, Hike, Twitter and Facebook to spread the message of sanitation and share successes. However there is no regulation on media.	
		7.3 Evidence exist on media engagement in Sanitation development	Guidelines exist and active partnership initiatives being implemented	Guidelines exist and partnership initiatives are at an early stage	Guidelines are developed and partnership yet to begin	No progress	2	There is a mention of involving media to construct toilets as well as to create awareness and bring behavior change under SBM (G) and SBM (U). Various initiatives are being implemented via various forums like TV channels, radio, etc. along with celebrities chosen as brand ambassadors. Also, there is an extensive use of social media like WhatsApp, Hike, Twitter and Facebook to spread the message of sanitation and share successes. However there is no regulation on media.	As per SBM strategy, this IEC/IPC programme will be assisted by multilateral agencies like UNICEF, World Bank's WSP etc., national NGOs working on sanitation and groups like Rotary, Nehru Yuva Kendra, CLTS Foundation etc. Also, states, which perform well in their IEC campaign, behavioral change and toilet construction efforts under the Swachh Bharat Mission are planned to be given incentives. Gram Panchayats performing well under the Mission will be incentivized with funds for waste water management. Government has also launched CSR guidelines to involve private sector to help in construction of community toilets, SLWM, MSM, IEC, etc.	
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#	Commitment	Indicator	3	2	1	0	Country Score	Indicator Evidence	Commitment Evidence	Weightage
8	Engage the Health sector at all levels in sanitation and hygiene promotion as critical agents of preventive healthcare.	8.1 Active inter ministerial coordination mechanisms between Sanitation and Health sectors exist	Mechanisms developed and implemented	Mechanisms developed	Work in progress on developing the mechanisms	No progress at all	1	Some of the MHFW initiatives include KayaKalp, village water health and sanitation committee, involvement of ASHA workers, etc. SBM(U) Guidelines 8.1 point towards coordination between ministries of I&B, Health and Family Welfare, MDWS regarding BCC. Similarly, SBM(G) Guidelines 5.2.10 point towards involvement of HRD ministry, Department of Schools for IEC activities regarding sanitation in schools. Section 5.2.3 SBM(G) discusses the role of ASHA workers for demand creation and BCC regarding sanitation. SBM(G) Section 5.4.7 discusses NRHM beneficiaries for maternal health to be accorded priority in IHHL. SBM(G) Section 7.2.3 talks about creation of a Communication Cell that will coordinate with Ministry of I & B, DAVP, DD, AIR, NFDC and other agencies for communication activities SBM(G) Section 7.3.1 talks about creation of a society at state level involving various departments dealing with various SBM activities such as Rural Sanitation, Rural Drinking Water Supply, School Education, Health, Women and Child Development, Water Resources, Agriculture, Publicity. Guidelines for ASHA workers under NRHM include participation in creating awareness of hygiene and sanitation issues, including MHM. There is financial incentive and target for creation of 50 toilets per ASHA worker focusing on Women led households. Other examples for Inter-Ministerial work on SBM: http://inbministry.blogspot.in/p/canvas.html In Andhra Pradesh, various ministries are working together to improve sanitation condition in the state. Even though there exists evidence of engagement of health sector with sanitation to a great extent but is not formalized with each of the ministry is working in isolation with no consistency.	As the evidence for both the indicators suggests, there is active coordination amongst NRHM and SBM programs to spread the message of sanitation. At the local level in rural areas, ASHA workers are not only working on achieving NRHM goals but are also tasked with SBM goals. Their roles and responsibilities help align incentives to achieve these goals. For e.g. Payment of Rs. 50/- per toilet constructed. * Even though there exists evidence of engagement of health sector with sanitation to a great extent but is not formalized	5
	8.2.New initiatives of integrating sanitation and hygiene messages into the agenda of the health sector services.	Common Messages developed and integrated into health sector	Messages developed	Work in progress on developing the messages	No progress at all	3	Kayakalp-Swachta for healthcare centers, MHM guidelines anticipated to be released soon, etc. • ASHA workers under NRHM run by MHFW are given the additional responsibility to create awareness and generate demand for sanitation, educate people on basic hygiene and participate in the Health and Sanitation Committee of the GP. http://nrhm.gov.in/communitisation/asha/about-asha.html • For two states, the evidence suggests that ASHA workers are involved to achieve SBM goals both in terms of generating awareness and demand for sanitation and also in promoting toilet construction. Example 1: Utrakhand ASHA Roles and Responsibilities http://health.uk.gov.in/pages/display/124-asha Example 2: Rajasthan ASHA Roles and Responsibilities http://nrhmrajasthan.nic.in/asha-Resourcecenter.htm Additional Guidelines for ASHA - http://www.iapsmgc.org/userfiles/16ASHA_guidelines.pdf			
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#	Commitment	Indicator	3	2	1	0	Country Score	Indicator Evidence	Commitment Evidence	Weightage
9	Emphasize research and development on low-cost, appropriate sanitation products, linked with sanitation marketing and innovative solutions for environmentally sound sanitation systems	9.1. Budget allocation for R & D on new sanitation products	Budget allocation for new sanitation products increased by 50%	Budget allocation for new sanitation products increased by 25%	Budget allocation for new sanitation products increased by 10%	No increase in budget allocation	3	Budget allocation is increased more than 50 percent since only around Rs. 5 crores were allocated for R&D in 2013-14 and 2014-15, while the budget for R&D has been increased to Rs. 21 crores in 2015-16.	SBM(G) guidelines includes budget availability, creation of RDAC, criteria for selection of suitable technologies. Around 2 percent of the overall SBM program budget is kept aside for R&D initiatives. SBM guidelines encourage states to spend money on R&D activities and this is part of state AIPs. Government recently conducted Indovation 2015 and RALU to come out with new technologies in sanitation space. Also MDWS in collaboration with BMGF conducted Reinvent The Toilet Challenge (RTTC) to discover innovative solutions to sanitation. Overall the government is spending and focusing on this component. While there are a lot of new products developed for solving the sanitation problem, however it is unclear whether these products are developed using SBM funds or otherwise. Some of the products includes DRDO Bio-Digester, Free days - cheap sanitary napkins, sanitary napkin incinerator, Stone India Limited – EnBiolet, BMGF's EcovaporToilet. However there is still ample room for improvement and innovation. 1. All documents related to R&D work done by MDWS: http://mdws.gov.in/research-development-0 2. Creation of RDAC Research & Development Advisory Committee (RDAC) on rural drinking water and sanitation: http://mdws.gov.in/sites/default/files/RDAC_members_3.pdf 3. Constitution of Project Sanctioning Committee for Research & Development projects on Rural Drinking Water and Sanitation:	5
		9.2 Actual Utilization of funds allocated above.	Utilisation of at least 75% of funds allocated	Utilisation of at least 50% of funds allocated	Utilisation of at least 25% of funds allocated	Nil	0	As per details shared by sanitation experts, around 10 percent of R&D budget was utilized in 2013-14 and 5.5 percent in 2014-15.		
		9.3. New sanitation products/solutions developed	At least 3 new products developed	At least 2 new products developed	At least 1 new product developed	Nil	3	While there are a lot of new products developed for solving the sanitation problem, however it is unclear whether these products are developed using SBM funds or otherwise. Some of the products include DRDO Bio-Digester, Free days - cheap sanitary napkins, sanitary napkin incinerator, Stone India Limited – EnBiolet, BMGF's EcovaporToilet. http://www.gatesfoundation.org/Media-Center/Press-Releases/2014/03/Indian-Researchers-Selected-to-Develop-Next-Generation-Toilets		
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10	Commit to significant direct participation of children, adolescents, women, the elderly and people with disabilities, as well as decision makers from Health, Education, Environment and Finance to bring their voices clearly into SACOSAN VI and systematically thereafter	10.1.All the specified groups of population are represented in the pre-SACOSAN VI conference processes at the country level.	All five of the peoples' groups are represented	Three or four of the mentioned groups are represented	At least one or two of the five groups is/are represented			No evidence found		10
		10.2. ICWG defined a clear space and opportunity for the above population groups and the same is implemented for SACOSAN VI	Guidelines are developed and fully implemented by all the countries	Guidelines are developed and partially implemented by the countries	Very limited implementation of the guidelines	No progress at all		No evidence found		
		10.3. Each country delegation at SACOSAN VI included key decision makers from the four sectors named	At least 3 sectors represented	At least two sector represented	At least one sector represented	No representation at all		No evidence found		