

REPORT ON
2ND WASH COALITION MEETING
SEPTEMBER 18, 2021



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Introduction

The second WASH Coalition meeting of Karnataka State, spearheaded by the Principal Secretary to Government, RDPR, Sri L K Atheeq, IAS and supported by RDWSD was organized on September 18, 2021. Various government departments, NGO partners and corporates had participated in this meeting (Participants List - Annexure 10).

Rural Drinking Water & Sanitation Department
Rural Development & Panchayat Raj Department

unicef
for every child

WELCOME

2nd Meeting of Karnataka State WASH Coalition

Under the Chairmanship of
Sri. L.K. Atheeq IAS
Hon'ble Principal Secretary to the Govt., Rural Development & Panchayat Raj Department - Govt. of Karnataka

Venue: Radisson Blu Atria Bengaluru **Date: 18th September 2021**

JALOTSAVA
SWACHHA SANKERNA
Har Ghar Jal
Jal Jeevan Mission
ಪರಿಹಾರ parihara
9480985555

Welcome and Inaugural Ceremony

Ms. Geetha Krishna, UNICEF had welcomed the participants and invited the dignitaries - Sri L K Atheeq, Principal Secretary to the Govt., Department of RD&PR, GoK, Dr. H S Prakash Kumar, Commissioner, RDWSD, Sri. Aijaz Hussain, Chief Engineer, RDWSD, Mr. Sonykutty George, OIC, UNICEF and Mr. Venkatesh Aralikatty, WASH Officer, UNICEF onto the dais for the inaugural ceremony. Bouquets and books were presented to the dignitaries. The State anthem was played and following this, the dignitaries lit the lamp and watered the plant before starting the meeting.





Inaugural session

Setting the Context

Mr. Venkatesh Aralikatty, WASH Officer, UNICEF-HFO set the context for the meeting. In his presentation, he shared the importance of synergy for impact and how different stakeholders coming together would benefit in taking forward the WASH agenda forward in the state. He presented on why WASH must be given importance and the benefits of effective WASH interventions. Information of SDG 6.1 and 6.2 and current WASH programmes in the country was presented. Mr. Venkatesh shared on the need for WASH coalition in the state. Different stakeholders have different strengths in the fields of infrastructure creation, institutional monitoring, coordination, advocacy, knowledge sharing, resource mobilization, technical support, research and capacity building. It is imperative that there is a need for Government, Development Partners, CSR and Academia to work together and achieve National Goals and SDG on WASH. The 1st WASH Coalition meeting was held on March 10, 2021 under the chairmanship of Hon'ble Principal Secretary to the Government, RDPR, GoK through virtual mode with participation of Development partners, CSOs, CSR and relevant departments. **The key focus areas of the Coalition are:**

- Strengthen enabling environment (policies, Institutional, monitoring & reporting, etc.) for scaling up & sustaining WASH services with gender & social inclusion
- Produce Knowledge Management Products and disseminate widely for improved policies and strategies of government and non-government agencies
- Strengthen member organizations and government capacities and efforts to accelerate the delivery of sustainable WASH services and facilities
- Support high quality, policy-oriented, social-science research in WASH sector

- Undertake advocacy with sector agencies including government for improved transparent, accountable, and robust community centred monitoring systems
- Scale up WASH professionals and volunteers outreach contributing to sustenance of WASH outcomes and achievement of SDG goal 6.0
- Support government, civil societies and private sector interventions including campaigns to contain the spread of COVID-19.



The objectives of the second meeting are:

- To learn about Government and participating members activities in WASH sector in Karnataka
- To discuss and identify gaps, interventions and scope for coalition under different thematic areas to strengthen State WASH program
- To discuss and agree way forward for Coalition

The agenda of the meeting is annexed (**Annexure 1**).

Key Messages

The key messages were delivered by Mr. Sonykutty George, OIC, UNICEF and Dr. H S Prakash Kumar, KES, Commissioner, RDWSD. Mr. Sonykutty George shared key highlights of the UN World Water Development Report 2021. He highlighted the need for improved water resources management. As stated in the report, he reiterated that recognizing, measuring and expressing water's worth, and incorporating it into decision-making, are fundamental to achieving sustainable and equitable water resources management and the Sustainable Development Goals (SDGs) of the United Nations' 2030 Agenda for Sustainable Development. He stressed on the importance of using technology and innovations in the sector for better impact. He felt that there is an urgent need for awareness among users for sustainable water management. He encouraged the participation of children in various activities such as water audits, conservation, etc. He advised to set targets and work towards achieving them. He recollected various interventions that were taken by the department in partnership with UNICEF and extended support on behalf of UNICEF in taking forward the WASH agenda in the state.

Dr. H S Prakash Kumar, the Commissioner, Rural Drinking Water & Sanitation Department (RDWSD), Govt. of Karnataka shared that RDWSD takes pride in implementing programmes such as Swachh Bharat Mission-Gramin and Jal Jeevan Mission. As on August 15th, Karnataka stood at 13th position in the country with regard to the status of PWS coverage. The department has empanelled 33 implementing support agencies who would support the implementation of JJM at the ground level. He shared that Water Quality Monitoring and Surveillance has also been a priority agenda for the department. WQMS is done through state,

district and taluk laboratories. Various initiatives are being taken up to get the laboratories accredited by NABL. He conveyed that water quality affected habitations are supplied with safe water through installation of water purification plants. The department has also come up with an O&M policy which will provide guidance on sustainable water supply services. Under SBM-G, the department brought out the State policy and strategy for sanitation and waste management in rural areas. Qualified human resource personnel have been appointed at both state and district level, continuous trainings and capacity building workshops are being organized, projects are being piloted in select areas and IEC and BCC campaigns are taken up at a scale. 17 FSM and 11 Gobardhan projects are under progress. Community Sanitary Complexes (CSCs) are built for households without toilets and in public areas which are operated by communities themselves. Various initiatives have been taken to address LWM issues. A 5 day's Training of Trainers (ToT) was completed for State & district SLWM consultants and further trainings for GPs are being conducted. Post the trainings, the GPs would be capacitated to develop the DPRs for LWM. The state aims to declare all the GPs as ODF aspiring by 31st December 2021 by saturating SWM aspects in all GPs. The department is also actively addressing MHM issues. Various activities such as access to knowledge and information, access to menstrual products, provision of WASH infrastructure, safe disposal of menstrual absorbents is taken up. Initiatives have been taken to have at least one incinerator installed per Gram Panchayat for an effective management of used sanitary pads in rural areas. Social media communication has also been strengthened with 80+ posts per month are shared on social media channels such as Facebook, YouTube, Twitter, Instagram, SlideShare, WhatsApp, Telegram, Website. Videos, posters, newsletters, blogs, etc are some of the creatives that are produced every month. A theme-based content is developed on monthly basis. He shared that the WASH Coalition is an attempt to bring all the efforts under one roof for a larger impact that would benefit everyone in the state.



The keynote address was delivered by Sri L K Atheeq, Principal Secretary to the Govt., Department of RD&PR, GoK. He shared that the Department is very keen on reaching the unreached, post the completion of SBM - Phase-I. At present, 35% population has piped water supply. Recollecting that most of the toilets in the state were single pit, he foresees that Faecal Waste Management (FSM) will be the department's next key focus. In addition, grey water management also needs to be a priority as most of the drains are not functional. He is happy to note the progress made with respect to Solid Waste Management (SWM). Nearly one third of the SWM systems are currently functional and the rest of them will be functional very soon. He is delighted to see that the women, especially SHG groups have been the driving force in SWM. He hopes that manual scavenging ceases to exist soon. He shared that the 100 days

campaign for schools and anganwadi centres was successful and that there is a need to make dysfunctional toilets functional rather than building new toilets in these institutions. It is planned to ensure 100% coverage of sanitation in institutions by 26th of January 2022. He felt that for WASH services to be sustainable, the focus should be on behaviour change. He stressed on the importance of strengthening Child Clubs, Village Water Sanitation Committees and other existing committees for ensuring their active role in service provision. He had quoted that ensuring public health has several benefits and shall reduce drudgery of women. He is delighted that the Coalition is setup at the right time. He wished that a structured mechanism would be put in place for effective working of the Coalition in achieving desired results.



Overview of WASH Interventions & Challenges in Karnataka

Different departments of Govt. of Karnataka presented the current WASH interventions and key challenges in Karnataka as below:

1. Education Department

(Smt. Sujatha, Joint Director & Sri Ratnaih.K, Joint Director-Samagra Shikshana Abhiyan, GoK)

Swachh Vidyalaya is the national campaign drive on 'Clean India, Clean Schools'. The programme is initiated in from September 2019 in collaboration with UNICEF, Center for Environment Education (CEE) and Samagra Shikshana Karnataka. The focus of this programme is on safe drinking water, well maintained sanitation complexes, promoting handwashing and hygiene practices among children. Various global celebration days such as Global Handwashing Day, World Environment Day, Republic Day, World Water Day, World Toilet Day, Swachatta Pledge Taking Ceremony, Water Quality Testing and Sensitizing under JJM Program are observed. Various initiatives such as provision of safe drinking water, handwashing facilities, kitchen gardens, liquid waste management, etc. are taken up. WASH

training modules (seven) were developed by UNICEF for various stakeholders - State Level Decision Makers, Elected Representatives, Master Trainers, School Teachers, School Management Committees, Sanitation Workers, Child Cabinet. WASH status was assessed in all Government and Government aided Schools. Infrastructure Gaps were identified in 56922 Schools.

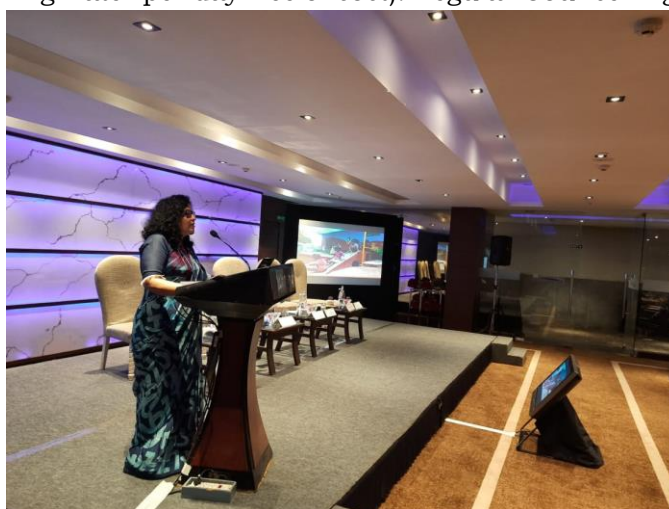
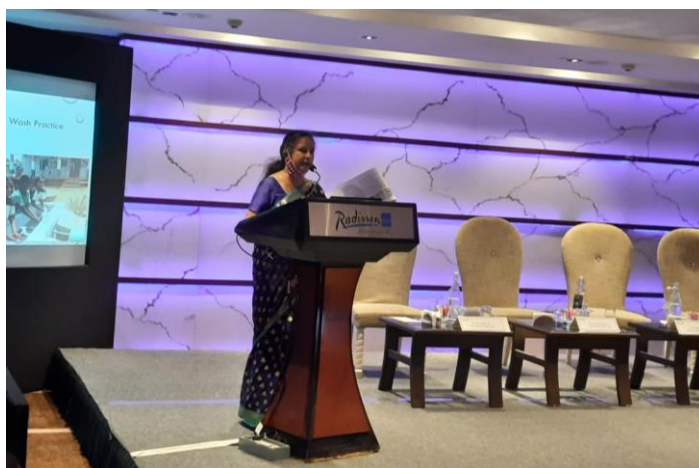
In collaboration with Department of Drinking Water and Sanitation, schools are provided with piped water supply and water quality testing kits. The department has developed action plan for upgrading one- and two-star schools to three-star schools. The department's current focus is to ensure safe schools in the pandemic context and ensure practice of COVID appropriate behaviors. The challenges identified by the department are:

- Schemes from various departments needs to be channelised
- School action plan not implemented in schools due to Covid-19
- Local representatives support & involvement
- Lack of proper O&M of WASH infrastructure
- Traditional practice of open defecation in rural areas
- Awareness among community, teachers and students is required on various schemes and provisions on WASH

2. Women and Child Development Department

(Dr. B. Usha, Joint Director (ICDS), DWCD, GoK)

Karnataka has a total of 65911 Anganwadi Centres (AWCs). Out of these, 45314 have own buildings, 11568 are in rented places and the rest in other institutions such as schools, panchayat buildings, community halls, etc. 43012 AWCs have access to water supply and 52221 AWCs have access to sanitation facilities. In coordination with RDPR, safe drinking water is provided to AWCs (1 can of drinking water per day free of cost). Regular Counselling of women during mothers meeting for construction and usage of toilets is taken up. The department conducted "Makkala Jatha" for raising awareness on importance of construction and usage of toilets. IEC materials on Hygiene behaviours are developed and disseminated across State. These creatives are translated into Kannada are and disseminated across state. Water supply in 20530 and Toilets in 13518 AWCs are planned to be constructed by 2024. The major challenge faced by the department is provision of WASH infrastructure in AWCs that are housed in rented buildings.

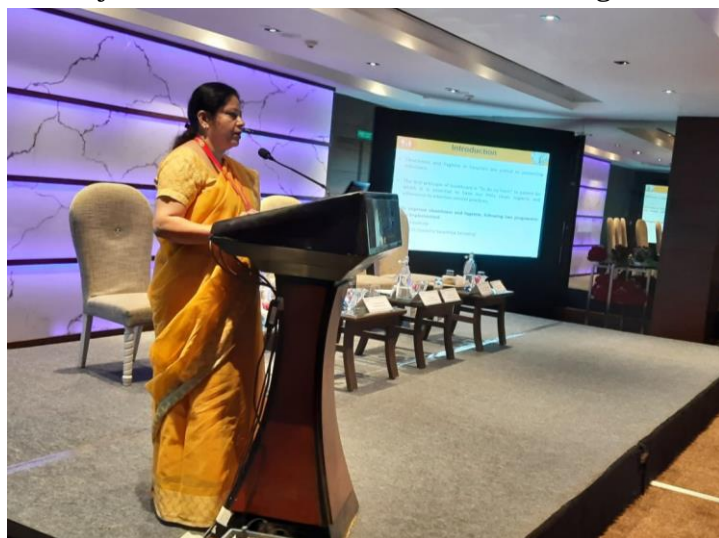


3. Health Department

(Dr.Chandrakala, Deputy Director (CH) & Dr.Indumathi, Director-SIHFV, National Health Mission (NHM), GoK)

Two major programmes are being implemented by the health programme – Kayakalp and Swacha Swasthya Sarvatra (SSS). Kayakalp is being implemented since 2nd October 2015. The institutional mechanism for implementation is set up at three levels – state, district and facility. Assessments of the facilities are taken up every year. Swachh Swasth Sarvatra is a joint initiative of Ministry of Health and Family Welfare and Ministry of Drinking Water and Sanitation which was launched on 29th December 2016. With an aim to achieve high levels of sanitation and hygiene in public health care facilities.

The objectives of the SSS are to maximize gains through convergence and collaboration, funding support and capacity building in:



- Enabling GP where Kayakalp awarded PHCs are located to become ODF
- Strengthening CHCs and UPHC in ODF blocks / wards to achieve a high level of cleanliness to meet Kayakalp standards through a support of Rs 10 Lakhs per CHC and Rs.0.5 Lakhs per UPHC
- Build capacity through training in Water, Sanitation and Hygiene to nominees from CHCs and PHCs

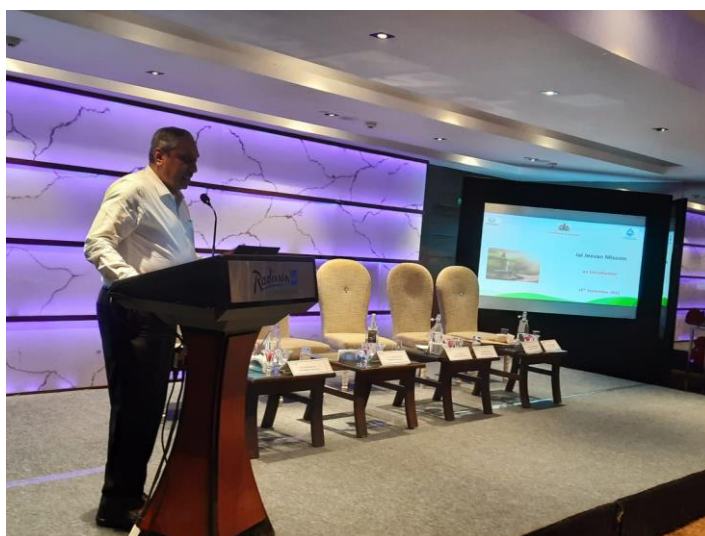
The challenges identified by the department are:

- Inadequate awareness among community members on WASH
- Negligence among public to maintain Cleanliness and Hygiene in HCFs
- Continuous monitoring of WASH services in HCFs
- O&M of WASH infrastructure

4. Rural Drinking Water and Sanitation Department – Jal Jeevan Mission

(Sri. Aijaz Hussain, KES, Chief Engineer, RDWSD, GoK)

Jal Jeevan Mission (JJM) is implemented for provision of safe tap water to every household by 2024 through Functional Household Tap Connection (FHTC) with 55 LPCD. The State government is implementing JJM as “Mane Manege Gange”. In Karnataka, 36 Gram Panchayats and 948 villages have FHTCs. There are 97.91 lakh households in Karnataka. Out of this, 28.15 lakh households have



FHTCs. It is planned that in 2021-22, 36.58 lakh households, in 2022-23, 15.72 lakh households. In 2023-24, 17.46 lakh households shall be provided with FHTCs. 120 schemes covering 16330 habitation, 20.83 lakh households are approved in 2021. 4 schemes under NABARD RIDF XXVI and NIDA are taken up respectively. The challenges faced by the department are:

- Lack of Sustainable Water Sources
- Higher Tender Premium
- Escalation in rates - pipes, cements, steel
- Concrete Road cutting in in-village premises
- Factoring of per Household cost as per actuals
- Inadequate implementation capability - planning, designing, construction and monitoring strength of current staff
- Lack of matching share funds under GoK
- Factoring of 15th Finance Commission grants in WASH planning
- Community Contribution

5. Rural Drinking Water and Sanitation Department – Swachh Bharat Mission

(Sri. Harish, Deputy Director (SBM-G), RDWSD, GoK)

The State was declared ODF on 19th November 2018. State Policy, Strategy & Bye law was passed by a GO dated 12th March 2020. The same was published in the Gazetteer dated 28th May 2020. At present all Gram Panchayats are working on SLWM. Currently, SWM systems are operational in 2065 GPs. 17 FSM, 4, MRF, 11 Gobardhan, 32 Incinerator projects are in progress. Community sanitary Complexes are built for households/communities who have lack of space for constructing an IHHL, floating population/migrant workers tourists, public places. These are owned and maintained by community-based organisations or Gram panchayat. Under MHM, access to knowledge and information, access to safe menstrual absorbents, WASH infrastructure and access to safe disposal of used menstrual absorbents is the focus. 113 Gram Panchayats were identified for piloting greywater management and suitable technological options were proposed for 15 GPs. The challenges faced by the department are:

- Capacity of Engineers at ground level
- Capacity building of all the Stakeholders involved before implementation of Grey & Blackwater management
- Land identification, ownership & possession
- Fast-tracking of payments for initial topography & soil test



- Monsoon season is a major setback as it will be difficult to quantify Greywater in drains
- Lack of awareness in communities

Thematic Discussions

Participants selected the theme of their interest and arranged themselves in four groups: Water, Sanitation, Hygiene and WASH in Institutions. The thematic notes and findings from the group discussions are presented in [Annexures 2-9](#).

Way Forward

Sri L K Atheeq, Principal Secretary to the Govt., Department of RD&PR, GoK and chairperson of the meeting lauded the efforts in organising the meeting and the participation of organisations from different sector. He also informed that the SWM is getting saturated through multiple efforts and hence, he has given a call to the participants form the development sector or expert agencies to come forward to support the State in Liquid Waste Management including GWM, BWM/FSM.



Following points frame the way forward:

- A space is needed to be created in RDWSD website (<https://english.swachhamevajayate.org/>) for Karnataka State WASH Coalition where the updates regarding the Coalition should be uploaded/published regularly.
- District level WASH Coalition meetings to be conducted & working mechanisms at stakeholder level to be devised for enhancing the participation of public in Government projects & programmes so as to resolve their problems, if any, then and there.
- There shall be a Coalition co-ordination team at RDWSD, GoK to follow-up regularly with the development sector agencies and obtain, collate the ideas, feedback, inputs and present it before the State. The team shall be working as bridge between Government & development sector partners.
- It was also decided that to convene next meeting Karnataka State WASH Coalition in the month of December 2021 in Bangalore.

Vote of Thanks

Shri. Kalachari. B K, State WASH Consultant, RDWSD, GoK submitted the Vote of thanks to all dignitaries on the dais, delegates/presenters from various Government Departments, Participants from NGO sector, CSR Organisations, Academia, Subject Experts and concluded the meeting.



Dr. H S Prakash Kumar, KES
Commissioner
Rural Drinking Water & Sanitation Department
Government of Karnataka

Annexure 1: Agenda

| Time | Duration | Session | Facilitator/ Presenter |
|---------------|------------|--|---|
| 10:30 – 10:35 | 05 minutes | Welcome and Introduction | Ms. Geetha Krishna, KM Consultant, UNICEF (MC) |
| 10:35 – 10:45 | 10 minutes | Setting the Context | Mr. Venkatesh Aralikatty WASH Officer, UNICEF |
| 10:45 – 11:30 | 45 minutes | Introduction by each organisation highlighting key WASH activities | Participants |
| 11:30 – 11:40 | 10 minutes | Key Messages | Mr. Sonykutty George, OIC, UNICEF Dr. H S Prakash Kumar, KES, Commissioner, RDWSD |
| 11:40 – 11:50 | 10 minutes | Keynote Address | Sri. L K Atheeq, IAS, Principal Secretary to Govt., RDPR |
| 11:50 – 12:00 | 10 minutes | Tea Break | |
| 12:00 – 12:40 | 40 minutes | Overview of WASH Interventions & Challenges in Karnataka | <ol style="list-style-type: none"> 1. Smt. Sujatha, Joint Director & Sri Ratnaih.K, Joint Director-Samagra Shikshana Abhiyan, GoK 2. Dr.Chandrakala, Deputy Director (CH) & Dr.Indumathi, Director-SIHFW, National Health Mission (NHM), GoK 3. Dr. B. Usha, Joint Director (ICDS), DWCD, GoK 4. Sri. Aijaz Hussain, KES, Chief Engineer, RDWSD, GoK 5. Sri. Harish, Deputy Director (SBM-G), RDWSD, GoK |
| 12:40 – 1:30 | 50 minutes | <ol style="list-style-type: none"> 1. Water 2. Sanitation 3. WASH in Institutions 4. Hygiene (CAB, Hand hygiene & Menstrual Hygiene) Sub sector-wise discussions in small groups | Participants |
| 1:30 – 2:30 | 60 minutes | Lunch | |
| 2:30 – 3:30 | 60 minutes | Presentations to PRS, RDPR, GoK | By each thematic/sub-sector group |
| 3:30 – 4:00 | 30 minutes | Way Forward | Mr. Venkatesh Aralikatty, UNICEF |
| 4:00 – 4:30 | 30 minutes | Valedictory Address | Principal Secretary to Govt, RDPR, GOK |
| 4:30 – 4:35 | 5 minutes | Next Meeting and Vote of Thanks | Mr. Kalachari B K, State WASH Consultant |
| 4:35 onwards | | Tea & Departure | |

Annexure 2: Thematic Note – Water

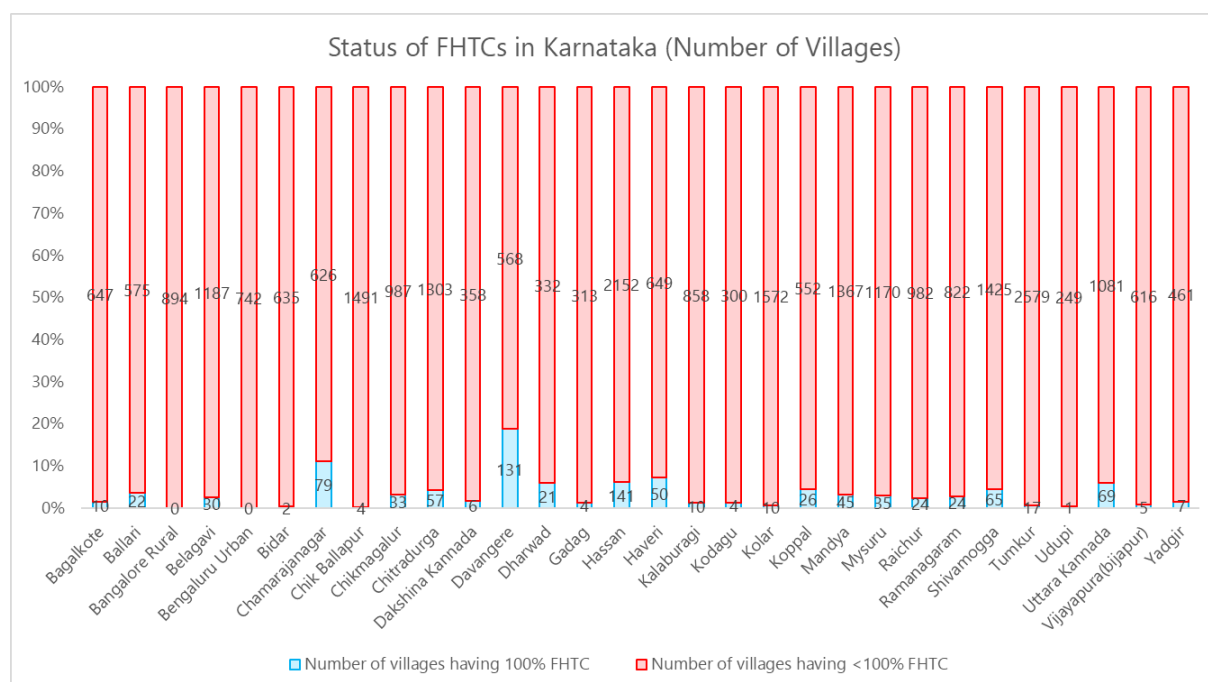
Introduction

The Jal Jeevan Mission is a flagship scheme of the government to provide functional household tap connections by 2024 with a budget outlay of 3.6 lakh crores. A reformed approach to the water supply sector, the Jal Jeevan Mission has been designed to incorporate an integrated approach with end-to-end measures: from supply to reuse and recharge & is developed with a citizen-centric approach -Jan Aandolan.

Functional Household Tap Connection [FHTC] – A tap connection to a rural household for providing drinking water in adequate quantity (minimum 55 lpcd) of prescribed quality (BIS:10500) on regular basis.

Karnataka Water Programme

The water programme is implemented under the brand “Jalotsava”. Out of 91.19 lakh rural HHs, 6.23 lakh HHs have tap water connections. Remaining 15.70 Crore (83%) HHs shall be provided with FHTCs by 2024. The status of FHTC in Karnataka is presented in the graph. As on 15th August 2019, the state stood at 13th position with respect to piped water connections. Tap water connections to 5.66 lakh HHs in 2 Aspirational districts are under progress. VWSCs are planned to be constituted/ reactivated in all villages. The department engaged 33 Implementing Support Agencies under JJM who are supporting mobilisation and organisation of communities. VAPs are prepared in participatory manner in 9,263 villages.



Water Purification Plants (RO) installed are dispensing water through coin and/or card vending machines dispensing 20 Litre at Rs.2-6. The department has come up with an O&M policy for providing guidance on sustainable water supply services in terms of availability, accessibility and affordability adopting decentralized approach involving Panchayat Raj Institutions (PRIs) and VWSCs. WQMS is done through state, district and taluk laboratories. Various initiatives are being taken up to get the laboratories accredited by NABL. A series of capacity building activities are taken up for various stakeholders in a cascading approach to ensure effective implementation of Jalotsava. The state had engaged 35 Project Management Committees at sub district level to prepare detail project reports of drinking water schemes

and provide necessary implementation support on the same. Around 95% Gram Panchayats have been provided with Field Testing Kits to undertake regular water quality monitoring with adequate trainings. Jaladhare programme is implemented in 4 districts in Phase I - Vijayapura, Raichur, Dharwad and 3 taluks of Mandya (Pandavapura, K.R.Pete, Nagamangala). 4 projects are being implemented for supplying treated water from sustainable source (reservoir/rivers) at 55 LPCD service level under NABARD funding. 100 Days Campaign is taken up to provide piped Water supply in Anganwadi Centres, Ashramshalas and Schools

Below are indicative questions/issues on which the group can deliberate & find potential ways of addressing them (decide which ones to discuss and can take up other issues if required):

- How do you ensure the community & GP participation & ownership to strengthen decentralized management with special reference to operation and maintenance of Water Infrastructure/ Assets?
- How to ensure 100% FHTCs reach (especially marginalized and vulnerable communities)?
- Efforts for community involvement and community managed O&M systems?
- Promotion of business models: Participation of private sector for leveraging to meet the growing demand for water services?
- How do ensure low cost and safety technologies at scale (appropriate, acceptable and affordable - AAA)?
- What actions to ensure continuous community/GP monitoring of processes, outputs, and outcomes are required?
- How do sustain interest of various stakeholders and institutions (VWSCs, GPs, Taluk, district and state) for effective implementation and sustenance of program interventions and results.
- What are the policies, guidelines, resource material and training modules required to strengthen the implementation of water programmes?
- What are the areas of research, innovations & models than can be demonstrated, verified, and scaled up?
- What strategy(ies) are required to build capacities of relevant stakeholders especially grassroots functionaries and GP/village committees to implement and sustain water programmes results at scale?
- What measures are required to improve coordination & convergence among various agencies including Government and Grassroots Institutions and Civil Societies?
- What are the ways of improving skills among service providers (Masons, Functionaries, Contractors, etc.)?
- What are the ways of increasing outreach of WASH professionals?
- What are the ideas to create new normal for implementation of water programmes in the context of COVID pandemic?
- Roles and responsibilities of government and coalition including strengths of coalition.

Annexure 3: Findings of the Group Discussions – Water

| Issues & Gaps | Suggested Interventions | Potential areas for Coalition's participation | Strategy (How?) |
|--|---|--|---|
| Community resistance to contribution | <ul style="list-style-type: none"> Increased awareness among community members (Trainings, IEC, BCC, strengthening village institutions) Community people make them sustainable | <ul style="list-style-type: none"> Collaboration for development and dissemination of content Leverage upon schemes for awareness creation | <ul style="list-style-type: none"> Development of relevant content and roll-out |
| Gram Panchayats do not possess the technical know-how on FTKs Inadequate number of FTKs | <ul style="list-style-type: none"> Regular interactions and training on use of FTKs. Technical assessment of existing infrastructure to identify and rectify problems | <ul style="list-style-type: none"> ToT (ISAs, Executive Engineer) | <ul style="list-style-type: none"> Periodic trainings and follow-up monitoring |
| Mismatch between DPR and VAPs | <ul style="list-style-type: none"> Standardization of template across stakeholders | <ul style="list-style-type: none"> Review and share feedback on SAP and DAP | <ul style="list-style-type: none"> Standard template from the department |
| Resistance to metered connection / tariff collection | <ul style="list-style-type: none"> Increased awareness among community members (Trainings, IEC, BCC, strengthening village institutions) Water treatment and ground water recharge | <ul style="list-style-type: none"> Collaboration for development and dissemination of content Leverage upon schemes for awareness creation | <ul style="list-style-type: none"> Development of relevant content and roll-out |
| Lack of WASH related skills | <ul style="list-style-type: none"> Assess community interest, with respect to WASH Skill development of community members in areas pertaining to WASH to ensure sustainability. Skill recognition for O&M. | <ul style="list-style-type: none"> Leverage upon schemes for supporting - O&M of WASH infrastructure, skill development Regular interaction with concerned resource persons Systematic trainings, especially by local community members | <ul style="list-style-type: none"> Identify existing resources Impact assessment post trainings |

What should be done to strengthen the coalition? Feedback by Water sub-sector group

- Thematic expertise within the coalition for focused results
- State developed feedback mechanism, to identify problems at the grassroot level
- Developing Model Water GPs
- Knowledge, data, and skill exchange
- Interface meetings

Annexure 4: Thematic Note – Sanitation

Introduction

There is exponential improvement in the rural household toilet coverage after the launch of Swachh Bharat Mission Phase I on 2 October 2014. The coverage increased from 38.70% in 2014 to 100% in 2019 based on 2012-13. It is a world's largest behaviour change programme and has been a source of inspiration to countries around the world. Having achieved the important milestone of an ODF India, the Government of India, approved Phase- II of the SBM (G) with a total outlay of Rs. 1,40, 881 crores for the duration of 5 years (20-21 to 24-25) in February 2020. The Key objective of SBM (G) Phase II is to sustain the ODF status of villages and to improve the levels of cleanliness in rural areas through solid and liquid waste management activities, making villages ODF Plus. It planned to be a novel model of convergence between different verticals of financing and various schemes of Central and State Governments. For example, around 50% of 15 Finance Commission grants is allocated for Water and Sanitation interventions at GP level. Subsequently the GOI had released several guidelines for effective implementation of SBM (G) Phase II including operational guidelines with clear institutional structure, various components, budgets, monitoring mechanisms, etc. This Phase II of Swachh Bharat Mission Grameen aimed at generating huge employment and provide impetus to the rural economy through construction of household toilets and community sanitary complexes, as well as infrastructure for Solid and Liquid Waste Management such as compost pits, soak pits, waste stabilisation ponds, material recovery facilities, etc.

An ODF Plus village is defined as a “village which sustains its Open Defecation Free (ODF) status, ensures solid and liquid waste management and is visually clean” achieved through continued Behaviour Change Communication and Capacity Strengthening at all levels.

Karnataka Sanitation Programme

The state self-declared ODF in November 2018. Around 4847661 toilets have been constructed during 2014-2019 including LOB and NOLB. The state had done remarkable work under SBM phase II. 2272 SWM units are operational. In addition, 1618 community toilets have been also commissioned. In principal approval is given for constructing Liquid Waste Management Units in 4464 GPs. The entire program is implemented under the leadership of the Commissioner, RDWSD with 15 to 20 Professionals at State level, CEO and EO at district and Taluk level with 4 to 5 Professional placed at district level and PDOs and Swachhagrahis at Gram Panchayat level. The state engaged 31 Implementing Support Agencies under JJM who also support on mobilisation and organisation of communities for SBM program. Engaged two technical agencies CDD for Faecal Sludge Management and Saahas for solid waste management. Over and above two consulting firms engaged for regular monitoring and strengthening systems. As a part of ODF sustainability, the state had undertaken large scale retrofitting of household toilets under MGNREGA program basically converting single pit toilets to double pits toilets. All relevant districts functionaries have been trained on retrofitting, preparation and implementation of DPRs of SLWM units and Community toilets. The state developed a separate sanitation policy, strategy and byelaws for Solid waste management. Karnataka is first state in India which released sanitation policy. All districts and state officers are oriented on this policy. It is also piloted 6 MRFs. The State had planned to achieve ODF plus+1 status in a phased manner, In the first phase 10 districts, 2nd phase 09 Districts and 11 districts in third phase. As of now 05 districts attained this milestone. The state from time to time also undertake state driven and campaigns to enhance

community participation and ownership, promotion of hygiene behaviours, retrofitting, etc. Besides it had undertaken all GOI driven campaigns at scale.

Below are indicative questions/issues on which the group can deliberate & find potential ways of addressing them (decide which ones to discuss and can take up other issues if required):

- How do you ensure the community & GP participation & ownership to strengthen decentralized management with special reference to operation and maintenance of WASH assets?
- How to sustain ODF status (all HHs access to safe toilets, use of toilet by all members of HH at all times, etc.)?
- Efforts for creating self-managed and financed models for community toilets and SLWM systems.
- Promotion of business models: Participation of private sector for leveraging to meet the growing demand for solid and liquid waste management services.
- How do ensure low cost and safety technologies at scale (appropriate, acceptable and affordable -AAA)?
- Actions to ensure continuous community/GP monitoring of processes, outputs, and outcomes
- How do sustain interest of various stakeholders and institutions (VWSCs, GPs, Taluk, district and state) for effective implementation and sustenance of program interventions and results.
- Policies, guidelines, resource material and training module to be in place to strengthen sanitation programs
- Different areas of research, innovations & models than can be demonstrated, verified and scaled up.
- Ways of building capacities of relevant stakeholders especially grassroots functionaries and GP/village committees to implement and sustain sanitation programs/results at scale.
- Measures to improve coordination & convergence among various agencies including government and grassroots institutions and Civil societies
- Ways of improving skills among service providers (Masons, functionaries, contractors, etc.) on retrofitting, FSMP, etc
- Ways of increasing outreach of WASH professionals
- Ideas to create new normal for implementation of sanitation programs in the context of COVID pandemic.
- Roles and responsibilities of government and coalition including strengths of coalition

Annexure 5: Findings of the Group Discussions – Sanitation

| Issues & Gaps | Suggested Interventions | Potential areas for Coalition's participation | Strategy (How?) |
|---|---|--|--|
| Technical-knowledge, innovations, experiences etc. (lack of knowledge at middle and GP levels) | <ul style="list-style-type: none"> Capacity building and training (this should ideally be a continuous activity), SIRD could play a big role in the same Studying existing practices around the State and based on learnings make necessary course correction | <ul style="list-style-type: none"> Closing gaps between Public & Private segments, can be done by plugging into annual training plans of SIRD (if not being done already, it could be started off) Plug into the existing knowledge portal of the Department | <ul style="list-style-type: none"> Getting different stakeholders into the planning, implementation & operations Increasing the rhythm of such meetings at State as well as District levels Sharing information within the coalition through a common event/s |
| Pace of work-different for Govt & Pvt sectors (targets are set too ambitiously at times while the implementation and capacity for the same would not match at lower levels of administration) | <ul style="list-style-type: none"> Sufficient time and efforts to be allocated in planning/designing programs at State level Review of implementation should also factor quality of work than only on quantity/targets achieved | <ul style="list-style-type: none"> Plugging in of partners' work into the planning of activities- this could be done at District levels | <ul style="list-style-type: none"> Zoning of coalition members across the State (this needs further discussion and inclusion of various other partners at District levels) |
| Sustainability/pr preferences for heavy infrastructures (Greater interest on high capital investments) | <ul style="list-style-type: none"> More impetus to be given to reuse of FS & greywater Incentives for GPs to go for low-cost models Reduction at the source (inflating costs of bags/packaging etc.) Learning platforms for understanding such low-cost systems | <ul style="list-style-type: none"> Low-cost technology training from coalition partners through SIRD | <ul style="list-style-type: none"> Engagement of partners with SIRD to be explored and deliberated further |
| Leaving out the people/sanitary workers while discussing about sanitation Issues with the structure of SHGs- intentions, payments etc. | <ul style="list-style-type: none"> Using erstwhile manual scavengers in the SHG fold, but with proper monitoring and handholding Holistic planning and implementation of programs and schemes | <ul style="list-style-type: none"> Providing upskilling support supporting in operations Support in funding operations (if applicable/possible) | <ul style="list-style-type: none"> Support in not only planning but also operationalizing of projects/schemes through engagement with the Department/s |
| Multiple committees at Village level-ownership issues in case of sanitation | <ul style="list-style-type: none"> Empowering the committees and defining mandates for their work and targets | <ul style="list-style-type: none"> Support in defining mandates and processes | <ul style="list-style-type: none"> Engaging at District levels |

| | | | |
|--|--|--|--|
| Behavioral constraints on ground | <ul style="list-style-type: none"> • Dynamic strategy- to change mode of communication/efforts with changing times | <ul style="list-style-type: none"> • Coalition could strengthen/amplify these efforts | <ul style="list-style-type: none"> • Inviting other organizations excluding only current coalition members to participate in initial planning, learning etc. • Engaging Institutions |
| Complete closure of all efforts for implementation on ground | <ul style="list-style-type: none"> • Model GPs at every District with established protocols | <ul style="list-style-type: none"> • Identify coalition partners who will work in a particular District/segment | <ul style="list-style-type: none"> • Different groups/themes within coalition partners to target particular Districts • Coalition partners could work in consortiums to achieve successful pilots on ground |
| Lack of Community participation | <ul style="list-style-type: none"> • Star rating for GPs/Model GPs showing best practices | <ul style="list-style-type: none"> • Developing model villages/Identifying parameters for rating and structuring evaluation process | <ul style="list-style-type: none"> • Further discussions with Department required for this; It could be a part of the generic certification process for ODF, ODF+ etc. |
| Multiple entities/members working in the sector | <ul style="list-style-type: none"> • A ready reckoner with a list of organizations working in the sanitation space • Government cell for sharing knowledge or addressing issues/concerns | <ul style="list-style-type: none"> • Pre-defined/agreed areas/segments of work to avoid clashes | <ul style="list-style-type: none"> • Establishing working groups/task forces within the coalition with a structured approach at District levels too. • Events for networking and experience sharing once or twice a year |
| Conflict of interest in user fees | <ul style="list-style-type: none"> • Empower one of the existing committees to manage such conflicts | <ul style="list-style-type: none"> • Support to department in mobilizing activities on ground | <ul style="list-style-type: none"> • Engagement at District level |

General ideas about the Coalition by Sanitation sub-sector group:

- **The working/legal structure of the coalition needs further clarity- another meet to only discuss this issue would be ideal**
 - There are already many associations, alliances etc., how different would this coalition be?
 - Zonal or District level chapters with a skeletal structure anchored at Bengaluru
 - Which entity would anchor and guide the coalition?
- **Sanitation being a common issue across multiple Department, needs a continued engagement and dialogue between related Departments & Partners**
 - Annual (3-5 days) or half yearly (2-days) events could be planned
 - A common portal for live/dynamic knowledge sharing

Annexure 6: Thematic Note – Hygiene

Introduction

Hygiene is the most important measure to avoid the transmission of harmful germs and prevent health care-associated infections. Hygiene comprises of important aspects such water hygiene (water handling practices), Safe disposal of child feces, handwashing practices, menstrual hygiene, safe disposal of solid and liquid waste. However, in the recent context, personal hygiene to include COVID appropriate behaviours such as personal and environmental hygiene also play a key role in preventing COVID-19 among communities. For the purpose of this coalition, hand hygiene and menstrual hygiene are being focused on.

Hand hygiene is a simple and entirely sustainable way to improve the health and dignity of millions: handwashing with soap is one of the most cost-effective public health interventions in reducing the burden of global infectious diseases. The recent COVID-19 pandemic which has taken over the globe and affected millions has resurrected the importance of hand hygiene in daily lives of people. Hand hygiene includes “handwashing with soap and water at critical times which are before and after cooking, before and after eating, after defecation, before and after caring for a patient and after handling waste”. Hand hygiene is included in the Swachh Bharat Mission-2014, National guidelines for infection prevention and control in healthcare facilities, Swachh Bharat Swachh Vidyalaya (Clean Schools Mission), Sarva Shiksha Abhiyan (SSA), Mid-day meal programme, Rashtriya Madhyamik Shiksha Abhiyan (RMSA), Kasturba Gandhi Balika Vidyalaya. Anganwadis and hand-hygiene among young children is promoted in BaLa guidelines and National Policy on Early Childhood Care and Education (ECCE) for ensuring hand hygiene among children.

Menstrual Hygiene ensures health of women and girls which is crucial to improve overall health of the community. Women and adolescent girls are using a clean menstrual management material to absorb or collect menstrual blood, that can be changed in privacy as often as necessary for the duration of a menstrual period, using soap and water for washing the body as required, and having access to safe and convenient facilities to dispose of used menstrual management materials”. MHM interventions became an important component of central and state governments with the introduction of Swachh Bharath Mission in 2014. The state also focuses on menstrual hygiene through the Swachh Vidhyalaya Guidelines and Menstrual Hygiene Management guidelines which highlight the importance of Menstrual Hygiene.

Karnataka Hygiene programme

The state government of Karnataka has been taking appropriate measures to address the hygiene needs including in the times of COVID online trainings on hand hygiene and menstrual hygiene for ASHA, Anganwadi works and SHG groups, designed jingles to be played on 7 community radios which are emplaned by the RDWSD. The State has also undertaken work in ensuring Menstrual Hygiene by providing 12 crore funds at the rate of Rs. 20,000 to each GP in all 30 districts. (leveraging GoI performance initiative funds) for purchasing incinerators. In addition, monthly IEC action plans are drawn at the GP to carry out behaviour change communication activities on MH. State has worked extensively on developing technical notes on choice, O&M of disposal systems. 75 % schools have proper incinerators. Karnataka also had a program called Suchi which distributed sanitary pads free of cost to girls in schools. However, the program is currently under pause. Similarly, hand hygiene in households is at 57.4% in rural households with soap and water after defecation and 35.1% rural households wash hands with soap and water before meals. The situation in schools is encouraging with 70% schools having running water with taps for washing hands after using toilet. 19% anganwadis have both water & soap available near the toilet or water point. Hygiene behaviours largely rely on behaviour change communication for which the Karnataka State has created an enabling institutional structure with the community radios in operation. In addition, the existing Swachagrahis are very active in the State who can act as key messengers along with ISAs working in WASH sector. The state developed various IEC

materials related to all key hygiene behaviours besides developed IEC strategy both for Water (JJM) and Sanitation (SBM) programs with the support of UNICEF, Hyderabad Field Office and have been used extensively by several districts.

Below are indicative questions/issues on which the group can deliberate & find potential ways of addressing them (decide which ones to discuss and can take up other issues if required):

- How do you ensure that hygiene infrastructure is improved at community and institutional?
- How to improve hygiene behaviours in GPs and institutions? What all activities can be undertaken?
- How to sustain improved hygiene behaviours?
- Actions to ensure continuous community/GP monitoring of hygiene activities in communities and institutions
- How do sustain interest of various stakeholders and institutions (VWSCs, GPs, Taluk, district and state) for effective implementation and sustenance of program interventions and results.
- Policies, guidelines, resource material and training module to be in place to strengthen hygiene programs
- Different areas of research, innovations & models than can be demonstrated, verified and scaled up.
- Ways of building capacities of relevant stakeholders especially grassroots functionaries and GP/village committees to improve and sustain hygiene behaviours.
- Measures to improve coordination & convergence among various agencies including government and grassroots institutions and Civil societies
- Ideas to create new normal for implementation of sanitation programs in the context of COVID pandemic.
- Roles and responsibilities of government and coalition including strengths of coalition

Annexure 7: Findings of the Group Discussions – Hygiene

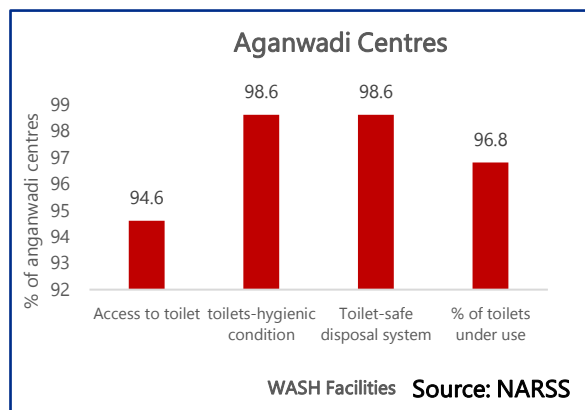
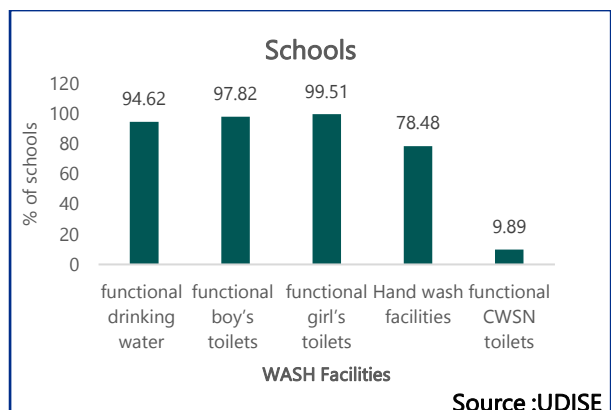
| Issues & Gaps | Suggested Interventions | Potential areas for Coalition's participation | Strategy (How?) |
|--|---|---|--|
| <ul style="list-style-type: none"> Lack of hygiene figuring in mainstream policy conversations | <ul style="list-style-type: none"> Include conversation on hygiene in all GP, Taluka, District and State level meetings with respect to WASH, health and education | <ul style="list-style-type: none"> Sharing best practices | <ul style="list-style-type: none"> Case studies/positive deviance/ model GPs |
| <ul style="list-style-type: none"> Men excluded from MHM conversations | <ul style="list-style-type: none"> Inclusion of men and boys through school systems or community meetings | | |
| <ul style="list-style-type: none"> Lack of 100% hand hygiene behaviour | <ul style="list-style-type: none"> Digital awareness campaigns Inclusion of hand washing messaging in all important messaging | <ul style="list-style-type: none"> SBCC activities designing for HWWS and MHM | <ul style="list-style-type: none"> State level campaign on GHD and MHM Behaviour change campaigns Nudges for handwashing |
| <ul style="list-style-type: none"> Inactive Mechanisms on the local monitoring for MHM or Hand hygiene | <ul style="list-style-type: none"> VWSCs need to be activated for monitoring hygiene activities Activate PRIs and VHSCNS as well | <ul style="list-style-type: none"> Training VWSCs and capacity building for monitoring | |
| <ul style="list-style-type: none"> Operation & Maintenance of hand-hygiene infrastructure in schools, communities and GPs | <ul style="list-style-type: none"> SoPs for easy O&M | <ul style="list-style-type: none"> Coalition members can develop together | |
| <ul style="list-style-type: none"> Availability of water (toilet & MHM) | | <ul style="list-style-type: none"> Work towards efficient implementation of SBM and JJM activities | |
| <ul style="list-style-type: none"> Shortage of hand washing soaps and menstruation supplies | <ul style="list-style-type: none"> Increase local production of the same by SHG organizations where they can make livelihoods out of it | <ul style="list-style-type: none"> Two partners are already engaged in similar activities. They can help in providing knowledge and training | <ul style="list-style-type: none"> Capacity building of SGH members for entrepreneurship both soaps and pads; marketing support and local consumption |
| <ul style="list-style-type: none"> Low awareness of importance of hand hygiene on health | <ul style="list-style-type: none"> Regular conversations on hand hygiene and menstrual hygiene in communities | <ul style="list-style-type: none"> Reorientation of Health department to conduct more awareness activities | <ul style="list-style-type: none"> Interdepartmental activities for achieving awareness |

Annexure 8: Thematic Note – WASH in Institutions

Introduction

The government of India has given a very high priority to the water, sanitation and hygiene in Institutions as part of Swachh Bharath Mission. From the initial phase of the SBM itself the government has announced specific guidelines for Schools, Anganwadis and Health Care Facilities, introduced award and reward schemes. Similarly, each department has started prioritizing WASH facilities and services after the launch of Swachh Bharat Mission. Some states even started separate flagship programs at scale.

WASH coverage in Institutions (School, Anganwadis and Health Centres)



WASH in Health centres

- After 5 years of launch only 611 (5%) hospitals are nominated with 70% of score, out of 12300 plus total HCFs in Karnataka for the year year 2019 – 20, out of which 44 HCFs finally got awards.
- Among total 9758 PHCs, only 2939 (30%) in Karnataka PHCs have separate toilets for patients as per Rural Health Statistics 2018-19 MOHFW/NHM

O & M of WASH facilities:

There is no dedicated budget allocated by department, but it is met from regular program budgets.

Current O & M of WASH facilities for schools

- ≤ 100 students : Rs 25000
- > 100 to ≤ 250 Students: Rs. 50000
- > 250 to ≤ 1000 Students: Rs. 75000
- > 7500 Students: Rs. 100000

Current O & M of WASH facilities for Anganwadis

Administrative Expenses:

AWC - Rs.2,0001 per annum

Mini-AWC - Rs.1,000/- per annum

Maintenance of AWC building:

AWC/ Mini AWC Rs.3,000/- p.a. (Govt. buildings)

| Programs that are or can be support WASH in institutions | Constitutional binding and Legislature for WASH in schools |
|---|--|
| <ul style="list-style-type: none"> Respective department programs. The mid-day meal Programme Swachh Bharat Mission 15 Finance Commission fund (part of GPDP) District Mineral Fund Other state driven programs | <ul style="list-style-type: none"> Article 21-A “free and compulsory education of all children in the age group of six to fourteen years as a Fundamental Right” Right of Children to Free and Compulsory Education (RTE) Act, 2009 Supreme Court directive to all states to prioritise school toilets and drinking water. 73rd Amendment of Panchayati act |

Below are indicative questions/issues on which the group can deliberate & find potential ways of addressing them (decide which ones to discuss and can take up other issues if required):

- Actions to ensure all WASH facilities in institutions are adhere to standards and norms and climate resilient
- Ways of ensuring sustainable operation and maintenance of WASH facilities in institutions
- Actions to Institutionalization of Hygiene Promotion with clear budget and responsibilities in all institutions
- Mainstreaming Equity, Inclusion, and Gender WASH programs with appropriate mechanisms.
- How do you ensure the relevant committees (SMCs, VHNC, Mothers committees, parents association) & GPs participation & ownership to ensure sustainable WASH facilities and services in respective institutions?
- Actions for continuous monitoring of processes, outputs and outcomes at all levels including data validation processes.
- Any ideas on ensuring uniform indicators, definitions and suggestive methods and tools
- Policies, guidelines, resource material and training module to be in place to strengthen WASH programs
- Different areas of research, innovations & models than can be demonstrated, verified and scaled up.
- Ways of building capacities of relevant stakeholders especially grassroots functionaries of respective institutions including GPs on effective implementation and management of WASH facilities and services
- Measures to improve coordination & convergence among various agencies including government and grassroots institutions and Civil societies
- Actions for promotion of safety protocols in all institutions in the context of COVID pandemic.
- Roles and responsibilities of government and coalition including strengths of coalition regarding WASH facilities and services in institutions.
- Actions to ensure all mandatory departments and programs prioritize WASH in institutions as a priority program including systems for continuous monitoring of financial physical and financial progress
- Actions for protection of sanitation workers

Annexure 9: Findings of the Group Discussions - WASH in Institutions

| Issues & Gaps | Suggested Interventions | Potential areas for Coalition's participation | Strategy (How?) |
|---|---|---|---|
| <ul style="list-style-type: none"> • Insufficient funds for Operational and Maintenance of Institutions | <ul style="list-style-type: none"> • WASH in Schools maintenance funds can be allocated from GPDP as there is an insufficient funds for school maintenance | <ul style="list-style-type: none"> • Resource pooling from different government departments, donor organizations and CSR | <ul style="list-style-type: none"> • Existing facilities and gaps can be identified • Budgetary requirements can be prepared • Resource availability mapping |
| <ul style="list-style-type: none"> • Converging is the issue at field level for implementing WASH programs and resource mobilization | <ul style="list-style-type: none"> • Regular Convergence meetings can be organized like WASH Coalition | <ul style="list-style-type: none"> • Funds/ resources effective utilization of available resources with different line departments | |
| <ul style="list-style-type: none"> • Challenges in O & M | <ul style="list-style-type: none"> • Children can be reoriented on WASH facilities on regular basis as part of health promotion programs • Strengthen of Child Cabinets | <ul style="list-style-type: none"> • SBCC – focusing on usage and maintenance of Sanitation facilities at field | <ul style="list-style-type: none"> • Sharing of good practices and discussions on O&M |
| <ul style="list-style-type: none"> • Gaps in hand washing facilities | <ul style="list-style-type: none"> • Specific state policy can be prepared to install hand washing facilities. Age appropriate | <ul style="list-style-type: none"> • PR & RD department can allocate responsibilities to each line department | <ul style="list-style-type: none"> • Identifying requirements as per norms • Implementing SoP • Regular review in Coalition |
| <ul style="list-style-type: none"> • There is no specific program for Anganwadi for bench marking. | <ul style="list-style-type: none"> • Create a benchmarking strategy. • Create a data base for organizational tasks • Data base on gaps | <ul style="list-style-type: none"> • Work on the Database | <ul style="list-style-type: none"> • Poshan tracker also can include additional indicators of WASH for benchmarking of Anganwadis (1 to 5 star) |
| <ul style="list-style-type: none"> • Child Friendly toilets are not part of the current programing (Schools, Anganwadis) | <ul style="list-style-type: none"> • All the new toilets and renovation toilets must be maintained Child Friendly Toilets and Women Friendly Toilets | <ul style="list-style-type: none"> • Coalition can review the existing guidelines and policies and circulate widely • Also create capacity building at all levels | <ul style="list-style-type: none"> • Sharing of good strategies and case studies / best practices |
| <ul style="list-style-type: none"> • Proper O & M of toilets | <ul style="list-style-type: none"> • Training of anganwadi workers and helpers | <ul style="list-style-type: none"> • SBCC – focusing on usage and maintenance of Sanitation facilities | |

| | | | |
|--|---|---|--|
| • Unavailability of sites for new anganwadis | • Revenue and RDPR should take the responsibility to allot the site for AWCs | • Leveraging resources for identifying suitable sites | |
| • Accessibility of Health Care Facility toilets, including disability friendly toilets | • Identifying the infrastructure needs | • GO can be released for infrastructure development | |
| • Hand washing stations, especially elbow taps | • Identifying the gaps based on existing KAYAKALP data or collecting new data for hand washing requirements | | • Data required • GO can be released for infrastructure development |
| • Waste Management, including segregation at all level is a challenge | • Effective monitoring systems can be adopted for monitoring existing SOPs | | |
| • CSR investment is only one time and maintenance is a challenge | • CSR funds can be prioritized for WASH components | | |
| | • Some budget should be allotted for Urban WASH facilities from BBMC | | |
| | • Some budget should be allotted for Urban WASH facilities Urban Authorities | • Proper guidelines / SoP for coalition | |
| • CSR investment is only one time and maintenance is a challenge | • CSR funds can be prioritized for WASH components | | |

General Recommendations to strengthen Coalition by WASH in Institutions sub-sector group:

- District level coalition can be initiated and strengthened
- For all the stakeholders, WASH orientation / sensitization programs can be organized on monthly basis or as frequent as possible covering all the levels, including state, district, and local community
- Specific Protocol can be prepared for Coalition with clean role of each organization in each intervention / sector
- Coalition can be part of web portal of all the departments and registration protocol also can be developed for new organizations

Annexure 10: List of Participants (Enclosed)