LEAVE NO ONE BEHIND

Voices of Women, Adolescent Girls, Elderly, Persons with Disabilities and Sanitation Workforce

PAKISTAN COUNTRY REPORT
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This report is one in a series of 8 reports produced as a result of a regional consultation process in preparation for SACOSAN VI held in January 2016 in Dhaka.
MORE INFORMATION:

Leave No One Behind, report and resources:


The eight country reports:

- [http://wsscc.org/resources-feed/leave-no-one-behind-reports](http://wsscc.org/resources-feed/leave-no-one-behind-reports)

Video:

- [https://www.youtube.com/watch?v=RCGm3t6DX-c](https://www.youtube.com/watch?v=RCGm3t6DX-c)

Credits:

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**Leave No One Behind** is a call to listen and learn by putting people in the centre, asking them what they need and valuing the **one in everyone**. It is based on the belief that human beings come in different shapes and sizes and a single solution cannot meet their diverse needs. WASH services are mostly designed to meet the needs of the mainstream, dominant community. But what happens to those that are traditionally left behind... the last mile... adolescents, pregnant women, the elderly, people with disabilities, migrant workers, rag pickers, transgender people? How do they take care of their daily sanitation and hygiene needs? What are their challenges and aspirations? Do they have insights and suggestions to improve sanitation services?

The Kathmandu Declaration from SACOSAN V recognized the importance of “addressing diversity in service provision for infants, children, youth, adolescent girls, women, people with disabilities, chronically ill and elderly in rural area and people affected by poverty...” and committed to significant direct participation of these groups in SACOSAN VI, Dhaka and systematically thereafter. (Commitment X)

As part of the preparation for SACOSAN VI in Dhaka, the Freshwater Action Network South Asia (FANSA) and Water Supply and Sanitation Collaborative Council (WSSCC) organized a consultative process with marginalized groups in South Asia to listen to their sanitation and hygiene needs, challenges, hopes and aspirations. Over 2700 adolescents, women, elderly people, persons with disabilities, sanitation workers, rag pickers and transgender people participated in 55 consultations organized with the support of 70 local partners across Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka.

Across these eight countries, this was the first time many of these groups were being consulted on their sanitation and hygiene needs, aspirations and challenges. In spite of regional variations, the challenges they faced were remarkably similar. Their key issues and demands can be found in the **Leave No One Behind regional report**, the individual country reports and a **film** that was screened at the plenary session at SACOSAN VI, Dhaka.

In January 2016, twelve community representatives participated in the plenary session¹ at SACOSAN VI, Dhaka where they eloquently presented the sanitation and hygiene challenges of their constituencies to the Ministers and key decision makers of national governments, international development agencies and other stakeholders. The Dhaka declaration² is a testimony to the influence this session had on policy makers.

The Leave No One Behind consultation process is an important, first step towards addressing equity and inclusion in sanitation and hygiene. However, we need to continue and deepen this process by systematically creating more platforms for constructive dialogue, so that duty bearers can listen to the needs and aspirations of marginalised groups and include them in the design, delivery and management of sanitation services. For, unless we put the last mile first and listen, they will continue to be left behind.

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¹ Plenary session on ‘Grass-root Voices: Women, Adolescents, Elderly, Persons with Disabilities and Sanitation Workforce’.
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Access to adequate sanitation is a need of every individual but not all have access to it. The sanitation related needs of the marginalized groups such as elderly, disabled persons and sanitary workers along with adolescent girls and women are generally ignored equally by the government policies and society. In order to improve sanitation, the needs of these groups must be responded to while formulating sanitation policies and plans. Moreover, it is highly important to respond to the sanitation needs of sanitary workers who play a critical role in the sanitation of society.

FANSA Pakistan is proud to share this country report - an outcome of the consultations with these marginalized groups, which includes their current practices, challenges and coping strategies/success stories with key asks and recommendations for future action. The consultative process was a collaborative initiative led by FANSA and WSSCC to ensure direct participation of these excluded groups at SACOSAN VI.

We hope that Government of Pakistan, especially provincial and local governments will pay attention to these issues and take concrete steps to implement the recommendations made in this report.

I would like to extend a special thanks to WSSCC for giving us the opportunity to partner in this initiative and for supporting us to design and facilitate the consultative process and disseminate the findings.
This report would not have been possible without the collective efforts of our partner civil society organizations and community members in the eight districts of Pakistan. We extend our sincere thanks to the NGOs, CBOs, Sanitary Workers Unions and Tehsil Municipal Administrations who supported the consultation process and to all the community members who participated actively in the consultations and provided useful insights into their daily WASH-related challenges. We are extremely grateful to the following partner organizations of FANSA, who played an invaluable role by organizing the consultation meetings with different marginalized groups in a remarkably short period of time:

- Baluchistan: Poverty Alleviation Organization (PAO), and Participatory Integrated Development Society (PIDS), Quetta.
- Khyber Pakhtunkhwa: Integrated Rural Support Program (IRSP) and Town Municipal Administration (TMA), Mardan, SAIBAAN and Tehsil Municipal Administration (TMA) Mansehra.
- Punjab: Akhtar Hameed Khan Memorial Trust (AHKMT) and TMA, Rawal Town, Rawalpindi, Alfalah Health Organization, Aurat Foundation, Sargodha and TMA Silanwali, Sargodha

We would also like to thank the Provincial Focal Persons of The Fresh Water Action Network South Asia (FANSA) Pakistan, FANSA National Secretariat Team, National Coordinator of Water Supply and Sanitation Collaborative Council (WSSCC) in Pakistan and the Focal Person in Ministry of Climate Change, Government of Pakistan.

Zahid Makhdoom
Program Coordinator
FANSA – Pakistan
Background

In the last South Asian Conference on Sanitation in 2013 (SACOSAN V) at Kathmandu, delegates recognized the fact that many marginalized groups like women, adolescents, physically disabled, elderly and sanitation workforce are excluded from the development process on sanitation, even though they face specific challenges with regard to access to water and sanitation. A commitment was therefore made to include the voices of these groups through direct participation at SACOSAN VI. To support the South Asian Governments to implement Commitment X of the Kathmandu Declaration.3

Fresh Water Action Network South Asia (FANSA) and Water Supply and Sanitation Collaborative Council (WSSCC) organized a consultative process in all eight member countries. The purpose of the consultations was to listen to the voices of marginalised groups and learn about their current WASH practices, challenges and aspirations. As part of this initiative, eight meetings were organized by Pakistan chapter of FANSA in different parts of Pakistan with women, adolescent girls, elderly, persons with disabilities, sanitation workers and waste segregators.

Key Findings

Participants reported that open defecation is widely prevalent in rural areas of Pakistan. Cultural barriers are a critical challenge and inhibit women from using toilets when men are around. Women face several hardships due to the lack of toilets, such as sexual harassment and feelings of insecurity. Menstrual hygiene management is rarely discussed due to social taboos. Girls reported frequently missing school during menstruation, which affects their performance in school and result in dropout.

The elderly and disabled reported that existing toilets were not designed to meet their needs. They did not have ramps, handlebars or other features that enable access and usage by the elderly and disabled. As a result, they are dependent on family members and neighbours to take care of their sanitation needs.

3 http://www.sacosanv.gov.np/file_down/AYis9zKathmandu%20Declaration%202014%20ct%20FINAL.pdf
Sanitation workers and waste collectors lack access to sanitation and hygiene facilities even though they are engaged in keeping the cities and towns clean. They do not have job security and their wages are very low. Unhygienic working conditions and lack of safety equipment and protective gear not only puts them at higher risk of ill-health, but also lead to high out-of-pocket expenses incurred for treatment, pushing them further into poverty. The social stigma and discrimination contributes to a lack of self-esteem and psychological trauma.

To improve sanitation facilities, participants asked for the following:

- Regular community meetings to enhance participation and collective decision-making on WASH facilities
- Access to safe, clean and user-friendly facilities at home, schools, work places and public spaces.
- Financial support from the government for enabling members of marginalized communities to construct toilets.
- Information on WASH issues, including menstrual hygiene management.

Key Recommendations

The recommendations were to:

- Ensure availability and access to toilets in all public places, especially for women, the elderly and the disabled.
- Provide sanitation workers with proper equipment, safety measures, housing and salaries tied to inflation rates.
- Facilitate convergence between various departments to ensure that vulnerable groups are represented and their needs are met through their participation and inclusion in planning and implementation of WASH programs at community level.
- Develop, implement and monitor a provincial WASH policy.
- Develop and enforce norms and standards for gender-friendly and disabled-friendly WASH facilities in educational and public institutions.
Pakistan has made some progress in sanitation and hygiene in the last decade and was able to achieve the Millennium Development Goal on sanitation (i.e. halving the proportion of the population without sustainable access to basic sanitation by 2015; See Box 1). However, the progress has been inequitable and many challenges remain. Several groups, such as women, adolescent girls, the elderly, persons with disabilities, sanitation workers and waste segregators are systematically excluded from safe and adequate hygiene and sanitation services. They are also excluded from decision-making processes, even though they face specific challenges with regard to access to water and sanitation.

Fresh Water Action Network South Asia (FANSA) and Water Supply and Sanitation Collaborative Council (WSSCC) organized consultation meetings with these marginalized groups with dual purpose of supporting the South Asian Governments to implement Commitment X of the Kathmandu Declaration4, and facilitating the full and direct participation of children, adolescents, women, disabled/ill people, elderly men and women and sanitation workers in the design, delivery, management of sanitation and hygiene services.

A total of eight consultation meetings were held between October 29 and November 20, 2015 to capture the current WASH practices, the associated and coping strategies among women and adolescent girls, the elderly and disabled and sanitary workers and waste pickers. In total, 551 participants from urban, peri-urban, slums and rural parts of Pakistan (KPK, Balochistan, Sindh and Punjab provinces) participated in the consultations. They included 187 women and adolescent girls, 145 elderly and persons with disabilities, and 219 sanitation workers and waste segregators (Annexure 1). The meetings were organized by Punjab Urban Resource Center, Pakistan with support from 11 local partner organizations in eight districts of the country (Annexure II).

4 http://www.sacosanv.gov.np/file/file_down/A1ysfrKathmandu%20decla-
ration%2024%20Oct%20FINAL.pdf
Pakistan has successfully reached the Millennium Development Goal for sanitation by halving the proportion of the population without sustainable access to basic sanitation from 76% in 1990 to 36% in 2015. However, it is still a big challenge to reach this population especially in rural areas where 49% do not have access to improved sanitation facilities.

**Current Sanitation Coverage of Pakistan (2015)**

<table>
<thead>
<tr>
<th>Status</th>
<th>Urban</th>
<th>Rural</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improved facilities</td>
<td>83%</td>
<td>51%</td>
<td>64%</td>
</tr>
<tr>
<td>Shared facilities</td>
<td>7%</td>
<td>10%</td>
<td>9%</td>
</tr>
<tr>
<td>Other improved facilities</td>
<td>9%</td>
<td>18%</td>
<td>14%</td>
</tr>
<tr>
<td>Open defecation</td>
<td>1%</td>
<td>21%</td>
<td>13%</td>
</tr>
</tbody>
</table>

(Source: JMP WHO-UNICEF)

63% of the public schools in Pakistan do not have toilets. This contributes largely to the high dropout rate among girls from schools in rural areas (Alif Ailaan, Pakistan Report 2015).

WOMEN AND ADOLESCENT GIRLS

Current Practices

Open defecation is widely practiced in rural areas of Pakistan. Over 70% of the participants stated that they had no latrines in their homes and defecate in the fields or bushes. Pit latrines are available in some of the households, but are located outside the house and used by men and guests only. Women and girls prefer not to use these latrines as they feel embarrassed with men sitting in the courtyard. The majority of the participants reported that they do not wash their hands after defecation. Menstrual hygiene is poor with women and adolescent girls using primarily cloth during their menstrual cycle.

The main source of water is dug wells/bore holes however due to the decreasing water table, this source has become unreliable. In some communities, animals drink water from the same source as the people of the community.

Challenges

Cultural barriers inhibit women from talking about their sanitation needs, using the toilets when men are around or asking for a separate toilet. Women travelers are often too inhibited to request a male driver to stop on the way so they can relieve themselves.

The lack of resources is another challenge that prevents families from constructing a toilet. Families that have access to a toilet often share it with several households. These shared toilets are often poorly maintained.

There are very few toilets in girls’ schools, and often, a washroom is used by as many as 300 to 500 students.

Many times, women resort to open defecation, which coupled with the cultural and caste barriers, sometimes leads to sexual harassment and conflicts.

Women also have to walk long distances to collect water, as they are not connected to any government water supply scheme.

“...The toilets in the village are located in a small courtyard and have low walls and usually no roof. It is difficult to use the toilet when men are sitting in the courtyard...”

- A participant from Balochistan, Pakistan.

6 Consultation Meeting with Women’s group, Nushki, Balochistan, Pakistan on 29/10/2015
7 Consultation Meeting with Adolescent girls, Quetta, Pakistan on 4/11/2015
“I become depressed when I get period while in school. Once my clothes got stains with period [blood]. The toilet was stinking. There was no water. I felt helpless. I borrowed a gown from a girl and wore it to go home. I was so frightened and embarrassed. I cried. If you make schools, there should be cleaners, and water.” - Mahpara, Quetta, Pakistan

Waste management systems and drainage systems are very poor or non-existent leading to pollution and unhygienic surroundings.

Women and adolescent girls are not properly informed about menstruation and menstrual hygiene and therefore cannot take necessary precautions to avoid infection. Due to social taboos, they do not discuss menstrual hygiene management. Young girls said they avoid going to school and public places during their period. They also shared that they weren’t aware of sanitary pads and mainly used cloth when they menstruate.

Coping Practices

There are a number of other communities in Pakistan where people, especially the women, have taken the lead in constructing a sewerage system in their neighborhoods based on the self help model developed by the Orangi Pilot Project (OPP).

Sillanwali, a small town in Sargodha district, did not have a sewerage system a few years ago. Pools of dirty water in the streets had become a source of disease and conflict in the area. Tired of the unhygienic environment, a group of women drew inspiration from Anjuman Samaji Behbood (ASB), a Faisalabad based NGO, and constructed a low-cost sewerage system in their neighborhood. Their self-help initiative was much appreciated by the district administration and inaugurated by the Deputy Commissioner.

The Community Action Process in Kalat District is another example of a successful, low-cost model that can easily be replicated in other communities.
ELDERLY AND DISABLED

Current Practices
In the rural areas, the elderly and disabled (both men and women) primarily practiced open defecation as very few households have access to improved sanitation facilities. Even in urban areas there are no appropriate toilets for the disabled and elderly to use at home, schools, colleges or public places, such as hospitals, markets and roadside restaurants. The disabled have to take the help of family members to clean up after defecation or for bathing. The unhygienic conditions in the lanes and neighborhoods create enormous difficulties for people with disabilities especially for those who don’t have wheel chairs.

Challenges
Participants shared several challenges that need to be addressed to make toilets more accessible and user friendly for the elderly and the disabled. Ramps are often missing or the doors in washrooms are too small for wheel chair users. The elderly and disabled are often compelled to squat because toilets do not have commodes. The poor are unable to afford toilets with a water closet or commode in their home. Toilets are often without adequate water, light and are poorly maintained. There is also a risk of falling because of slippery floors and lack of support handlebars. Taps are usually installed at a height that the disabled find difficult to access. The toilets in schools, colleges and public spaces are not disabled-friendly, leading to students with disabilities dropping out of school. For people with visual impairments, locating toilets in public institutions is a challenge, as these institutions do not have directions in braille.

Above all, the participants felt that the public is unaware of their needs or not interested in ensuring that appropriate facilities are made available for the elderly and disabled.

Coping Practices/ Success Stories
Most of the elderly participants use a stick or a crutch when they go to the toilet so they can support themselves. Some of them use a commode chair or stools. Sometimes, they prefer to defecate in the open, rather than use a toilet, if they find a suitable place nearby. They have to take the help of a family member when they need to defecate.

“People with disabilities need to be treated equally in society. Their special sanitation needs can be addressed by building a bigger toilet with a commode, a wider door and a ramp, so that a wheel chair user can enter and use it.” - Abid Lashari, Nawab Shah, Sindh
Current Practices

Most of the sanitary workers who participated in the consultation, work under the Tehsil/Town Municipal Administration. Their job involves collecting and disposing garbage, cleaning drains and sweeping the roads. They are in close contact with dirty, rotting, organic and inorganic wastes without any protective gear. They have no access to WASH facilities during their work hours and even soap for washing hands is not provided to them.

In recent years, private solid waste management companies have started entering the market and are on the rise in the major cities of Pakistan. This has resulted in fewer jobs and these jobs are now of a contractual nature. According to the participants, the companies try and cut costs by recruiting fewer workers and increasing the individual workload. The use of machines is also gradually replacing manual sweeping and leading to layoffs and loss of job opportunities.

Waste pickers collect garbage and segregate recyclable materials from the waste that can be sold for money.9

Challenges

With the increase in urban population, sanitation has become a key concern for the authorities. Yet, sanitation workers are always at risk of falling ill as they work without proper equipment. Manual cleaning of drains without any safety gear is dangerous and can prove to be fatal. According to the participants, since 1988, 70 sanitation workers have died just in Lahore due to the hazardous working conditions in the drains.10

Sanitation workers are also paid poorly. In most of the cases, they are recruited on a contract basis with no job security or old age benefits. They do not have access to financial services, such as loans to meet immediate expenses. This makes them extra vulnerable to changing market conditions.

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9 Consultation Meeting with Sanitary Workers and Rag Pickers, Mansehra, Pakistan on 20/11/2015
10 Consultation Meeting with Sanitary Workers, Mardan, Pakistan on 16/11/2015
They also do not have proper medical facilities and are unaware of hygienic practices. Given the nature of their work, they often fall ill and incur high medical expenses for treatment.

Women sanitation workers face gender-based discrimination and harassment. Their employers do not provide them with any housing facilities close by due to which they have to commute from far away areas where they can afford to live. Transportation to work sites, which are far away from their homes, is also a challenge as they are not provided any travel assistance and women find that they need to depend on another family member to accompany them.

The attitude of the community members is another major problem for sanitation workers. Caste and occupational taboos contribute to their victimization and they are often insulted and abused by contractors (employers), police, as well as, the residents of the city.

Coping Strategies/ Success Stories
Sanitation workers play a key role in keeping the environment clean and hygienic. They have also gone beyond the call of duty and taken initiative in emergencies to protect lives and property - as illustrated by Mr. Ghafoor's story. Mr. Ghafoor is a sanitation worker with the Tehsil Municipal Administration (TMA) in Mardan district. In 2013, there was heavy rainfall and the water blocked the main bridge on Mardan-Swabi road because of the garbage dumped on the bank of the stream. The flooding threatened more than 40 households, as well as other buildings that could have collapsed. As it was a Sunday, no one was available in the TMA to deal with the situation. Mr. Ghafoor, when he heard about the situation, realized the possible threat to the lives and property of the nearby inhabitants. He swam up to the spot where the garbage had blocked the water flow and after more than two hours of work, he managed to remove the garbage and prevent a crisis.11

“People do not respect us. They ask us to bring our mug or offer us food/drinks in broken mug/utensils. This damages us.” - Participant from Rawalpindi, Pakistan.

11 Consultation Meeting with Sanitary Workers, Mardan, Pakistan on 16/11/2015
KEY ASKS

1. Members of different groups should be consulted and included in the design and planning of WASH facilities and services.

2. Adequate number of washrooms/toilets should be constructed in girls’ schools especially in rural areas.

3. There should be separate toilets for females at every workplace, markets and other public places. The toilets should have facility for menstrual hygiene management with water, soap and space for changing. Waste bins should be placed in toilets for disposal of used sanitary napkins.

4. In areas with water scarcity, adequate water should be made available for domestic purposes including its use in latrines/flush toilets.

5. Low-cost sanitary pads should be manufactured so that they are easily available to poor women and female adolescents.

6. The government and community must support toilet construction for poor women, elderly and disabled that do not have toilets in their homes.

7. The sanitary workforce should be increased in accordance with the increasing volume of work and proper mechanisms for waste management should be put in place.

8. Sanitary workers should be equipped with appropriate tools and resources required for doing their work properly. It should be mandatory for the employers to provide sanitary workers with safety equipment.

9. Special incentives should be granted to sanitation workers and salaries revised with ever increasing inflation rate. Government should look after the welfare of sanitation workers and provide them with better social status, job opportunities, access to education, housing, health care facilities and insurance.

10. Participants also demanded transport facilities to and from the workplace, especially on routes with poor transportation.

11. Toilets in public institutions must be designed and constructed to meet the needs of the disabled and the elderly. They should have proper ramps and wide doors for wheelchair users, handle bars, commodes and anti-slippery floors for the disabled/elderly people.

12 Consultation Meeting with Women’s group, Nushki, Balochistan, Pakistan on 29/10/2015

13 Consultation Meeting with Women’s and adolescent group, Silanwali, Sargodha, Pakistan on 08/11/2015
Ensuring access to safe, clean and affordable sanitation facilities to every individual cannot be the job of the government alone. While the government needs to create an enabling environment to promote community participation in planning and managing WASH initiatives, civil society organizations and the media need to work in coordination with the Government to bring about this change.

The following recommendations were put forward:

1. Build platforms for interaction with policy makers to facilitate listening to the hitherto unheard voices of socially excluded communities. This is imperative to ensure better design and delivery of what are currently unsuitable services for many. Community-level WASH committees for women, elderly and disabled should be formed. These committees, supported by CSOs, can create a platform where members of these groups can voice their concerns and participate in the planning of sanitation schemes.

2. Print and electronic media should be used for launching awareness and behaviour change campaigns with the aim of sensitizing the public and improving sanitation and hygiene practices as a whole. The community should organize monthly sanitation awareness sessions at village/habitation level. Similarly, the education department should also include water, sanitation and hygiene promotion in the curriculum at primary, middle and secondary schools.

3. To promote sanitation use within a community, it is not enough to simply provide messages through Lady Health Workers (LHWs) or any other means, but also to build the capacities of the community to analyze situations and initiate changes for improvement.

4. Community should dispose its waste at fixed locations provided by the concerned municipal authorities or Solid Waste Management Companies or any other safe place, rather than dumping it indiscriminately on the streets. Public awareness campaigns on safe disposal of waste should be organized. Safe disposal should include enforcing the use of bags for used injections, blades, needles and other such materials because they could be injurious to the health of sanitary workers.

5. Municipalities must develop solid waste management systems and sanitation workers need to be trained on waste collection and disposal so they know how to handle hazardous waste material and adopt safe hygiene practices during and after their duty hours.

6. Sanitary workers, especially women, should be respected and they should be given permanent job status so that they may enjoy the benefits of a pension in their old age. Employers – both private and the state – must be legally obliged to provide sanitary workers a pension, social security benefits, life and health insurance as well as safety equipment. A fixed minimum wage by the government of Pakistan must be applied to all the categories of sanitary workers. These wages should be revised annually as per the inflation rate. The local governments should also provide low cost housing schemes for sanitary workers. Above all, a culture of respect and dignity for sanitary workers should be promoted.

7. Provincial governments must develop a water and sanitation policy which is in line with the National Sanitation Policy of Pakistan and if such a policy already exists, they should ensure that it is implemented at all levels. Norms and standards for WASH facilities that address specific needs of people of all ages, gender and abilities should be developed and enforced. Monitoring systems to track the progress of implementation must be put in place and strengthened. The government should collaborate with the IT sector and research organizations to use modern technologies for mapping and data collection in the field of sanitation/solid waste management.
8. As per Article 2A (j) of the amended Disabled Persons Employment and Rehabilitation Act, the Government of Pakistan must ensure construction of inclusive, disabled-friendly toilets at offices, colleges, schools and all public places. To implement this, adequate budget must be allocated on a yearly basis to provide sanitation facilities for the disabled and elderly.

9. The government in coordination with the private sector and civil society organizations must focus on skill development and ensure implementation of 3% quota in jobs for persons with disabilities so they may be financially empowered.

10. Guidelines for WASH in educational institutions should be developed and implemented ensuring an adequate number of separate toilets for girls and boys. Girls’ toilets must have adequate facilities for dispensing, changing and disposal of sanitary napkins.

Parents committees should liaise with local school management for ensuring proper toilet facilities in schools and the availability of emergency menstrual support kit (sanitary pads etc) for women staff and adolescent girls.

11. Under the Local Government Act of Khyber Pakhtunkhwa (KPK), the local government representatives are legally bound to form active water and sanitation committees at village/neighborhood council level and ensure the participation of local government representatives and communities in the development process.

12. Academic and research organizations can contribute by initiating research and pilot projects for developing sustainable models focusing on safe disposal of solid and liquid wastes.

The Way Forward:

The Leave No One Behind consultation process and subsequent participation of marginalised groups at SACOSAN VI is an important, first step towards addressing equity and inclusion in sanitation and hygiene. It is, however, critical to continue and deepen this process by systematically creating platforms for constructive dialogue so that policy makers and duty bearers can listen to the needs and aspirations of marginalised groups. The challenge will be to institutionalize such processes so that the perspectives of those, who are traditionally left behind, routinely inform policy and practice.

As the key findings of the consultation process have shown, we need to look beyond the provision of taps and toilets and bring about collective behavior change so that people begin to adopt hygienic practices. We also need to address stigma and discrimination that act as barriers and prevent the marginalized from accessing and using safe sanitation facilities. Above all, we need to put the last mile first and listen, to ensure that no one is left behind.
ANNEXURES

Annexure 1: Consultation Meeting Schedule in Pakistan

<table>
<thead>
<tr>
<th>CONSTITUENCY</th>
<th>MEETING 1</th>
<th>MEETING 2</th>
<th>MEETING 3</th>
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<tr>
<td>Elderly and Disabled</td>
<td>3rd November, 2015 Khaipur Mir’s, Sindh</td>
<td>7th November, 2015 Nawab Shah, Sindh</td>
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Annexure 2: List of Partner Organizations that Supported the Consultation Process

1. Alfalah Health Organization, Sillanwali, Sargodha
2. Aurat Foundation, Sargodha
3. Confident Disable Welfare Association (CDWA)
4. Dr. Akhtar Hameed Khan Memorial Trust, Rawalpindi
5. Integrated Regional Support Program (IRSP), Mardan
7. Punjab Urban Resource Centre –Lahore, National Secretariat FANSA Pakistan
8. Participatory Integrated Development Society (PIDS), Quetta
9. Poverty Alleviation Organization, Baluchistan, Quetta
10. Saibaan Development Organization, Mansehra
11. Sanitary Workers’ Union, Rawalpindi, Mardan & Mansehra
12. TMA Mardan, Mansehra, Rawalpindi & Sillanwali
About FANSA

The Freshwater Action Network South Asia (FANSA) aims to improve governance in WASH sector by strengthening the role of civil society in decision-making. It considers both environmental and developmental aspects as crucial for the realization of the right to water and sanitation for present and future generations. FANSA was established in 2008 based on the felt need of the civil societies to ensure that their local experiences and voices are represented at the policy-making discussion and fora. The South Asian network is a member of Freshwater Action Network (FAN), a global consortium of civil society networks engaged in implementing and influencing water and sanitation policy and practice.

About WSSCC

WSSCC is at the heart of the global movement to improve sanitation and hygiene, so that all people can enjoy healthy and productive lives. Established in 1990, WSSCC is the only United Nations body devoted solely to the sanitation needs of the most vulnerable and marginalized people. In collaboration with our members in 150 countries, WSSCC advocates for the billions of people worldwide who lack access to good sanitation, shares solutions that empower communities, and operates the GSF, which since 2008 has committed close to US$ 109 million to transform lives in developing countries.

Learn more at www.wsscc.org

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