



**Government of Sindh**

# **Sanitation Policy**



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## **Message by the Chief Minister**

The province of Sindh is home to the Indus waterway before it enters the Arabian Sea. Despite having a large riverine source of water, the province of Sindh faces many challenges in provision of potable drinking water owing to the growing urban population and presence of desert and brackish zones for its rural population. One of the major challenges facing the province is ensuring that there is adequate infrastructure and capacity for safely managed sanitation for its population.

The Government of Sindh has initiated a number of projects for water and sanitation and has planned to increase investments in water and especially sanitation in the future.

It is a matter of great satisfaction to learn that many water and sanitation projects are under way in collaboration with national and international development partners. I assure you that the Government of Sindh shall extend all possible assistance to further enhance this collaboration so that we can achieve our ultimate goal of water and sanitation for all.

I am pleased to learn that a new policy for sanitation has been developed for the province of Sindh. There was a pressing need for this and its formulation is timely as it prepares us for the Sustainable Development Goal on water and sanitation. Provision of adequate and safely managed sanitation is not only an essential part of life, it has an enormous impact on preventing needless mortality, morbidity and nutritional deficiency because of diarrhoea. Furthermore, it also addresses many environmental issues.

I urge all relevant departments and national and international partners to implement this policy in the spirit that is intended. I further welcome national and international partners to join hands with the Government of Sindh to achieve the Sustainable Development Goal on water and sanitation.

## **Foreword by the Minister**

Since the launch of the Millennium Development Goals in 1990 and their end in 2015, Pakistan made good progress in increasing the rate of improved sanitation from 24% to 64%. In Sindh province, the worrisome rate of open defecation has reduced to less than 10% in the last fifteen years. We are confident that if we continue at the current pace, we can look forward to eliminating open defecation in the next few years in most parts of the province.

One of our key lessons learnt over the last few years is the importance of multi-sector planning and joint implementation for water and sanitation programmes. For instance, adequate sanitation and drinking water facilities at schools play a key role in both school health and education, while linking up with health and nutrition programmes contributes to lowering child mortality and morbidity rates.

More recently, there is a growing political commitment for the sector and increased awareness amongst the policy makers and planners for the need to invest in water, sanitation and hygiene, accompanied by increase in sectoral financing by the Government of Sindh.

Many of our developments to date would not have been possible without the invaluable support extended by UN agencies and bilateral and multilateral assistance, international and national non-governmental organisations and civil society, to whom we are grateful.

With the launch of the Sustainable Development Goals, a new responsibility rests on our shoulders especially for water and sanitation, and there is now an urgent need to intensify our combined efforts to provide adequate and safely managed sanitation systems, and accelerate rural sanitation programmes to eliminate open defecation.

On behalf of my department, I assure our resolve to turn this new sanitation policy into reality.

Minister for Local Government and Housing Town Planning  
Government of Sindh

## Acronyms

ACS	Assistant Chief Secretary
ADP	Annual Development Programme
CBO	Community Based Organisation
CCD	Climate Change Division
CLTS	Community Led Total Sanitation
DC	District Committee
Dept	Department
DG	Director General
DoH	Department of Health
Ed	Education
EPA	Environmental Protection Agency
FPCCI	Federation of Pakistan Chamber of Commerce and Industries
IEC	Information Education Communication
KW&SB	Karachi Water and Sewerage Board
LG&HTPD	Local Government and Housing Town Planning Department
LHW	Lady Health Worker
LPP	Lodhran Pilot Project
MC	Municipal Committee
MD	Managing Director
MDGs	Millennium Development Goals
MICS	Multiple Indicator Cluster Survey
MoH	Ministry of Health
MoS&T	Ministry of Science and Technology
NEQS	National Environmental Quality Standards
NGO	Non Governmental Organisation
NRSP	National Rural Support Programme
NSUSC	Northern Sindh Urban Services Corporation
O&M	Operation and Maintenance
OPP	Orangi Pilot Project
P&D	Planning and Development
PATS	Pakistan Approach to Total Sanitation



PHE&RDD	Public Health Engineering and Rural Development Department
PPP	Public Private Partnership
PSLM	Pakistan Social and Living Standards Measurement Survey
SDGs	Sustainable Development Goals
SEPA	Sindh Environment Protection Agency
SRSO	Sindh Rural Support Organisation
SRSP	Sindh Rural Support Programme
SSWMB	Sindh Solid Waste Management Board
SWM	Solid Waste Management
TC	Town Committee
TMA	Tehsil/Town Municipal Administration
UC	Union Council
UN	United Nations
UNICEF	United Nations Children Emergency Fund
WASA	Water and Sanitation Agency
WASH	Water, Sanitation and Hygiene
WSP	Water Sanitation Programme of World Bank

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## **I. PREAMBLE**

The Government of Sindh realised that unlike the drinking water supply sub sector, its efforts to achieve the Millennium Development Goals (MDGs) on sanitation were not on track. In 2004-05, 51% households used a flush toilet while 16% did not have a toilet<sup>1</sup>. By 2010-11, the proportion of households using a flush toilet had increased to 62%, while no toilet rates dropped to 8% indicating a decrease in eight percentage points. Regardless of the previous limited achievement in terms of MDGs, the Sustainable Development Goals (SDGs) are another 15-year agenda to address seventeen development goals including sanitation. The National Sanitation Policy 2006 and National Drinking Water Policy 2009 were approved with the objective to improve water and sanitation coverage and quality. In line with the National Sanitation Policy 2006, a Provincial Sanitation Strategy was prepared in 2011. However, with the promulgation of 18<sup>th</sup> Constitutional Amendment, sanitation has become a provincial subject and hence a need for the Province to develop its own policy with a better aligned sanitation strategy.

The Sindh Sanitation Policy builds upon the National Sanitation Policy Guidelines and Sindh Sanitation Strategy 2011. The policy deals with both liquid and solid waste management in order to address all elements of sanitation and covers both urban and rural areas. The policy is in-alignment with the Sindh Local Government Act 2013, Sindh Solid Waste Management Board Act 2014 and subsequent institutional arrangements.

The Sindh sanitation policy is cognisant of:

- The fact that individual households invest significant amount of time and money towards the disposal of excreta, wastewater and solid waste;
- Successful approaches and experiences in Sindh such as the Orangi Pilot Project (OPP) demonstrated that the component sharing model is possible where the government and communities share the resources for sanitation; scaling up of Pakistan Approaches to Total Sanitation (PATS) initiated under the early recovery response by Government of Sindh to promote the Community Led Total Sanitation (CLTS) approach, which shifts the focus from subsidy-led toilets for individual households to change in the behaviours of the community to achieve an open defecation free environment; integrated nutrition with CLTS plus approach in rural Sindh; and other approaches in the rural and urban, formal and informal areas of Pakistan. These approaches have established the fact that communities can build and manage the local component of domestic waste;

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<sup>1</sup> Report on the Status of Millennium Development Goals Sindh. Government of Sindh and UNDP

- The strength and opportunities of its local government system in the delivery of high quality sanitation services especially with promulgation of Sindh Local Government Act 2013;
- Establishment of Sindh Solid Waste Management Board (SSWMB) in 2014 with the aim to address issues of solid waste in an integrated manner.
- Pakistan signed the Sustainable Development Goals in 2015 along with other countries for the next 15 years development agenda that includes 'ensure availability and sustainable management of water and sanitation for all'. The proposed indicator for SDG target 6.2 is 'Proportion of population using safely managed sanitation services including a handwashing facility with soap and water'. This represents a higher service threshold and a new 'rung' at the top of the sanitation ladder used by Joint Monitoring Programme during the MDGs.
- For the purposes of this Policy, the term **Sanitation** refers to the principles and practices relating to the collection, removal or disposal of human excreta, solid waste and wastewater, as they impact upon users, operators and the environment.
- The sanitation policy primarily focuses on increasing the coverage of sanitation services, safe disposal of liquid and solid waste; and promotion of health and hygiene practices through behaviour change in the entire province. It covers management of liquid and solid wastes generated from municipal, hospital and industrial sources. The policy also underpins storm water management in the urban context. The Policy promotes cross-sectoral linkages such as nutrition, health, education and community driven development approaches. Handling and treatment of nuclear waste is not included in the scope of the policy document.

## 2. VISION AND POLICY PRINCIPLES

### 2.1 Vision

The Sindh Sanitation Policy envisions that its population shall have access to sustainable safely managed sanitation services by 2030 for a healthy and prosperous Sindh.

### 2.2 Principles of Sindh Sanitation Policy

The targets of Sindh Sanitation Policy shall be achieved through adherence to the following principles:

1. The Policy aligns itself with the goals and targets of the SDGs for sanitation, which require sanitation services to be safely managed, have a private improved facility where faecal



wastes are safely disposed on site or transported and treated off-site; plus a hand washing facility with soap and water

2. The sanitation policy adheres itself to the pursuit of total sanitation as outlined in PATS, within the province, which refers to the complete eradication of all indiscriminate and unhygienic practices including disposal of excreta, foul water and solid waste.
3. A safely managed sanitation service is a fundamental right for all persons in Sindh province, and shall be ensured through enhanced access to marginalised and low resource areas with equitable distribution of resources. Recognition of inequities and rights based programming shall be given key emphasis during the planning, execution and monitoring of sanitation programmes.
4. The policy shall prioritise the areas that pose the greatest risk to human health namely hygiene awareness and excreta disposal, and shall address the environmental health risks that are posed by poor drainage and solid waste disposal.
5. Recognising that inadequate and unsafe water supply and sanitation are a major cause of diarrhoea and nutritional deficiency in children, which as a consequence contribute towards child mortality, safe drinking water supply and sanitation shall be integrated in health, nutrition and school health programmes
6. Access to high quality nutrition-sensitive services shall be increased, including access to water, sanitation facilities, and hygiene
7. Key hygiene actions (safe drinking water, hand washing with soap, safe disposal of excreta, and food hygiene) shall be integrated as essential components in all nutrition programmes
8. The policy shall promote community led approaches to strengthen demand for safely managed improved sanitary conditions that emerges from local communities. The multi-stakeholder partnerships and collaborations comprising of citizens, governments, civil society, non-governmental organisations (NGOs), donors, academia, media, etc. shall be encouraged to maximise the synergies in designing and implementation of interventions.
9. Affordable (in terms of designs as well as availability of water) and cost effective technical solutions with necessary modifications and adaptations in technical standards to be consistent with cultural sensitivities of specific communities shall be identified and marketed.
10. Sustainability of the services shall be ensured by mobilising and engaging existing structures, where possible like Lady Health Workers (LHWs), Union Council (UC) secretaries, Non-governmental organisations (NGOs) and private sector in service delivery and reporting of water, sanitation and hygiene (WASH).
11. The role of women shall be an integral component of behavioural change communication strategies and project planning, implementing and monitoring through capacity development and social mobilisation of relevant stakeholders.



12. An independent monitoring and evaluation system shall be established and maintained to track progress under the sanitation agenda and also to operationalise incentives envisaged in this policy.

### **3. GOALS AND OBJECTIVES**

#### **3.1 Goal of Sindh Sanitation Policy**

The goal of the Provincial Sanitation policy is to ensure that the entire population of Sindh has access to a safely managed sanitation service and sanitary environment that is nutrition-sensitive and hygienic.

#### **3.2 Objectives of Sindh Sanitation Policy**

1. Introduce legislative measures and regulations to create an enabling framework for safely managed sanitation services, regulation of wastewater treatment and sludge management.
2. Enhance the coverage of safely managed sanitation services in the province to achieve that Sustainable Development Goals (SDGs) targets of universal access
3. Strive for and ensure an environment which is open defecation free and has proper disposal and management of liquid and solid waste of municipal, Industrial, agricultural, and promote health and hygiene practices.
4. Provide access to basic level of sanitation services including promotion of latrines in each household, in rural and urban areas, construction of latrines at schools, bus stations and important public places and densely populated areas.
5. Promote Pakistan Approach to Total Sanitation (PATs) for integrated total sanitation through community led total sanitation, school led total sanitation, component sharing, and sanitation marketing.
6. Bring behavioural change in the communities and other stakeholders and increasing awareness among masses on sanitation through community mobilisation.
7. Facilitate and integrate sanitation aspects into various development programmes and regional planning policies such as health, environment, education and housing etc.
8. Strengthen and enhance the capacities of all direct and indirect stakeholders including Government agencies, NGOs and other civil society organisations.

5. More than 90% of rural households and 100% of urban households wash hands with soap at critical times by 2025.
6. Implement integrated solid waste management with 100% coverage in urban areas and 60% in rural areas of Sindh by 2025.

## 4. EXISTING SITUATION

### 4.1 Sanitation Coverage

Sanitation in Sindh is impeded by low levels of coverage, especially in rural areas. Sindh Multiple Indicator Cluster Survey (MICS) 2014 reports that 38% of rural and 89% of urban population has improved sanitation<sup>2</sup> facilities. As per Pakistan Social and Living Standards Measurement Survey (PSLM) 2014-15, 7.5% overall, with 15.7% in rural areas and 0.6% in urban areas, have no toilet. The PSLM 2014-15 also shows that in terms of equity, compared to 0.8% of the richest quintile, 39.7% of the poorest quintile live without toilets. According to the Pakistan Demographic and Health Survey 2012-13, only 52% of the households reported to have a hand wash facility with soap and water, thereby highlighting the need for enhancing improved hygiene practices.

A large percentage of Sindh's urban population lives in katchi abadis and/or informal settlements with inadequate sanitation facilities, which are not integrated into the larger city sanitation plans.

As per PSLM 2013-2014, about 41% of households are connected with underground drains for wastewater, 17% with open drains and 42 % are without any system. In urban areas, 72% have underground drains, 23% with open drains and only 5% are without any system. In rural areas, only 5% have underground drains, 10% with open drains and 85% are without any system. There is also the issue of public toilets - as cities also suffer from inadequately provided and improperly managed and maintained public toilets. These are almost totally absent in small and medium sized towns and villages. A World Bank study "Economics of Sanitation Initiative" estimates that 3.94% of Gross Domestic Product (GDP) is the annual loss to the economy with the current trends of addressing sanitation. This is estimated to be PKR 350 billion (USD 3.37 million) to the economy of Sindh in 2016 terms.

### 4.2 Wastewater Collection and Treatment

Presently the responsibility for management of wastewater arising from the cities of Karachi and Hyderabad, and some secondary cities in North Sindh lies with Karachi Water and Sewerage Board (KW&SB), Water and Sanitation Agency (WASA) and Northern Sindh Urban Services Corporation (NSUSC) respectively. In other secondary cities, the responsibility of wastewater

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<sup>2</sup> MICS defines improved sanitation as "connected to a public sewer or to a septic system, pour flush toilet (private or public), ventilated improved or closed traditional pit latrine"

management rests with local governments / administration. A varying level of wastewater management capacity and system exists in all of the cities. However, none of the cities has the system in place to manage the total wastewater generated in the city.

It is estimated that only 15-25% of the sewage flow reaches the treatment plants. The rest of wastewater including that from industries flows into the storm water drainage system and into the Malir River, Lyari River and Karachi harbour<sup>3</sup>. However, there is no data on the quality of sewage after treatment and performance efficiency of the treatment plants. Most of the existing wastewater management systems are quite old and have deteriorated to the extent of being dysfunctional. Almost all systems dispose untreated sewage into water bodies that makes water and marine life unsafe for food and is a major environmental health hazard. The existing schemes include only conveyance and pumping out of wastewater from city to the adjoining surface or water bodies (irrigation channels and drains, River Indus and others). Treatment facilities for most of the secondary cities either do not exist or are improperly located and hence receive little or no sewage. In Karachi, KW&SB has been working on the mega project S-III since 2006. After completion of this scheme, the treatment capacity of sewage would increase from 151 to 500 million gallons per day (MGD). The National Environmental Quality Standards (NEQS) for the safe disposal of sewage developed by Ministry of Environment are not properly enforced and followed.

### **4.3 Domestic Solid Waste Management**

With the exception of a few big cities, the solid waste management (SWM) system is almost non-existent, causing serious public health problems. Presently, domestic waste is not being systematically managed vis a vis collection, transportation and disposal regardless of the size of the settlement. Scavengers play an important role as they separate recyclables at various steps of the existing solid waste management cycle. As per PSLM 2013-14, 18% households reported that the municipality collects garbage from their households or neighbourhoods, 13% through privately hired services and 69% reported without any system. In urban areas, 33% households reported to have an arrangement with local government, 23% with private service providers and 44% are without any systems. In rural areas, about 2% reported to have a local government system, less than 2% privately managed and more than 96% have no system in place.

### **4.4 Hazardous and Industrial Waste Management**

Hazardous hospital and industrial wastes are being simply dealt as ordinary waste. There are no garbage transfer stations, waste to energy projects, composting plants, and engineered sanitary land fill sites in either big cities or the province as a whole. A system of incineration does exist in Karachi but it caters to only a small fraction of the hospital waste generated.

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<sup>3</sup> Pakistan Water Supply & Sanitation Sector Vol III by World Bank, April 2013

#### **4.5 Institutional Challenges**

The Policy recognises that there are serious capacity gaps within key urban and rural sanitation service providers in terms of ability to plan, design, implement and operate and maintain on/offsite sewerage systems, including treatments works and solid waste management systems.

Besides, the service providers are not fully autonomous and are unable to recover costs through raising tariffs and hence remain dependent on provincial subsidies. Due to low tariffs, inadequate cost recoveries and administrative inefficiencies, the financial position of urban and rural service providing agencies is very poor. This in turn leads to loss of independence of decision-making resulting in poor governance and deterioration in quality of services. Inadequate financial working ratios - the ratio between cash operation and maintenance (O&M) costs (excluding depreciation) and cash operating income, imply that no service provider collects sufficient operating revenue to pay for its cash operating costs.

### **5. POLICY APPROACHES**

#### **5.1 Legislation**

In view of the Sindh Local Government Act 2013 and ensuing water and sanitation functions of local government, and the various Acts, Regulations and Standards that relate to water and sanitation, environment and health, a legislative review shall be undertaken to harmonise duty bearer and stakeholder understanding about the implications of these legislative and administrative instruments. The Sindh Local Government Act 2013 shall be amended to clearly indicate the role of Public Health Engineering and Rural Development Department in rural water supply and sanitation and operation and maintenance, and to direct full administrative transfer of staff and funds to enable them to undertake this role. Existing rules and regulations relating to sanitation services shall be implemented and adhered to. Further, a 'Water and Sanitation Regulatory Body' shall be created to provide for a long-term sector perspective with regulatory functions to cover: compliance with environmental regulations and monitoring of sanitation services, tariff and protection of customer interests. The Water and Sanitation Regulatory body, through legislative and institutional mechanisms and processes, shall adhere to principles of 'equity', 'universal coverage', 'social justice' for provision of drinking water as a basic human right to the populace. Further, transparency and accountability shall be ensured through new and existing provincial legislation and regulations.

#### **5.2 Sanitation Planning and Management**

Specific urban sanitation plans shall be prepared for urban settlements by the concerned local councils/government institutions through consultative process. In urban areas and high density rural settlements, all flush latrines shall be connected to sewerage systems terminating in sewage treatment facilities, and in sparsely populated urban extensions, peri urban areas and low density rural settlements, ventilated pit latrines or pour flush latrines connected to properly designed and



maintained septic tanks linked to wastewater collection, treatment and disposal systems can be an appropriate choice. The adequate separation of water supply and sewerage lines shall be ensured in designing and rehabilitation of schemes. Further, the sanitation schemes shall be designed as eco-sanitation schemes (environment friendly)

### **5.3 Community Approaches to Total Sanitation (CATS)**

Community approaches to total sanitation shall be promoted to mobilise community members for analysing their own sanitation with adopting viable solutions including construction and use of household latrines to overcome hazard of faecal-oral contamination. Village Organisations shall be registered as the last tier for sustained service delivery, making them a legal entity with specific role and accountability. The rewards part of the PATS approach shall be tied with the Village organisations. The Community Led Total Sanitation (CLTS) is a key approach for scaling up total sanitation in Pakistan and has been successfully implemented 'at scale' in Bangladesh. The CLTS has been subsequently piloted in many districts in Sindh under on-going Nutrition Sector Programme (NSP) and earlier under flood affected areas programmes by UNICEF.

- Awareness raising campaign on water borne diseases through local leaders, Lady Health Visitors (LHVs) and media persons
- Create awareness about the need to keep livestock in separate covered enclosures, safe and away from living places

### **5.4 Public and Household Toilets**

Provision of adequate, appropriate, and hygienic toilets for the public use shall be ensured in all public buildings, health and educational facilities, restaurants, recreation and amusement areas, markets, community halls, workplaces and industries while paying special attention to prevailing cultural norms and needs of women, elderly and the disabled.

### **5.5 Equity and Inclusion**

The policy shall emphasise on addressing the disparities and active participation of different groups especially poor, women, children, rural population, urban poverty, elderly groups and persons with disabilities. These groups shall be involved in community mobilisation, creating awareness, nutrition-sensitive hygiene education, construction of latrines, land level sewer management and solid waste management.

### **5.6 Integrated Solid Waste Management**

Integrated solid waste management shall be promoted and practiced through selection and application of appropriate measures, technologies and management programs. Solid waste in large and medium sized communities shall be disposed of in an appropriate manner including waste/garbage recycling and properly designed landfill sites. In case of smaller settlements, area

specific solutions shall be developed in line with the NEQS. Arrangements shall be instituted for the replacement and installation of new machinery to meet the emerging requirements of the solid waste management.

### **5.7 Wastewater and Sewage Treatment**

Wherever sewage is intended to be transported through storm water drains, it shall be ensured that such drains are covered fully until their termination into treatment facilities. Wastewater treatment for industries shall also be ensured and installed. Use of treated wastewater for irrigation purpose shall be encouraged but it must be ensured that FAO/WHO guidelines are followed. In this regard, technical assistance shall be sought from the concerned government departments. The principle of 4R's (reduce, reuse, recycle and recover) shall be promoted for waste management and waste separation to maximise resource use and conservation. The options of oxidation ponds in rural areas shall be explored and scaled up.

### **5.8 Hospital Waste and Slaughterhouse Waste Management**

Provincial government shall ensure the enforcement of the Sindh Hospital Waste Management Rules 2014 for the safe disposal of hazardous waste. Regulations and guidelines shall be instituted for management of slaughterhouse waste in the province.

### **5.9 Disaster Risk Reduction and Climate Resilience**

Disaster risk management and adaptation for climate change with specific reference to water and sanitation shall be an integral component of sanitation interventions. Customer complaints and redressal system shall be further strengthened to recognise the central role of citizens as customers of services.

### **5.10 Public Private Partnerships (PPP)**

The public private partnership approach shall be adopted for win-win projects where feasible. The Local Government and Housing Town Planning Department (LG&HTPD) department through a dedicated unit (e.g. Hub) shall develop sample partnership agreements, with the support of international development agencies, and pilot PPP approaches in a phased manner starting from contracting out of O&M and bill collection. The LG&HTPD shall also coordinate with multiple NGOs/INGOs/Bilaterals and Private Sector to bring them under provincial umbrella approach of Saaf Suthro Sindh and ensure that there are no gaps and overlaps. The private developers providing the infrastructure networks, shall be asked to ensure connections and bear the headwork's charges associated with water / sewerage treatment extensions. The Component Sharing Model that has been developed by OPP in Karachi, adapted by Lodhran Pilot project (LPP) in a peri-urban setting in Punjab shall be supported where feasible.



### **5.11 Sanitation Marketing & Marketing of hand washing**

The Government with the support of other organisations shall emphasise on strengthening the access to supply of appropriate, affordable, accessible and durable sanitation products and services such as water closets, latrine slabs, etc. This shall be augmented with a strong social mobilisation strategy to create demand for such services in rural areas. Innovative, fund based, family and child centred marketing techniques employed by the private sector manufacturers of hand soap / sanitiser.

### **5.12 Revolving Fund Approach**

The policy shall encourage linkages and support from national and provincial development organisations such as SRSP/NRSP/SRSO in Sindh province to extend assistance to households while placing emphasis on the construction of latrines and adoption of hygiene practices. Evident from successful experiences of many countries including Sri Lanka where the concept of providing seed money to Community Based Organisations (CBOs) on loan shall be applied where feasible for construction of social infrastructure like latrines and later on recovered from the households.

### **5.13 School-centred Approaches:**

The Three-Star Approach, largely developed by UNICEF, which focusses on the school as a 'hub' to bring sustained and community-wide sanitary behaviour change, shall be promoted.

### **5.14 Integrated WASH and nutrition:**

The highest numbers of malnourished and stunting cases of children were reported in Sindh as per the National Nutrition Survey 2011. Integrated health and nutrition programmes shall be initiated to use poor health, nutrition and diseases like diarrhoea as triggering factors. Lady Health Workers shall be trained in WASH to ensure institutional sustainability of water, sanitation and hygiene. Inter-sectoral collaboration of WASH shall be enhanced, especially with health, nutrition and education programmes, particularly in nutritionally sensitive areas, to maximise the impacts of sanitation interventions. An integrated WASH and Nutrition approach, may include among others:

- Handwashing with soap at critical times
- Safe disposal of infant and animal faeces
- Safe water treatment and storage
- Exclusive breastfeeding
- Complementary feeding
- Prevent stunting and maternal and child anaemia in the first 1,000 days and improve infant and young child feeding
- Referring malnourished children to health care facilities



- Rehabilitating drinking water supplies
  - Promoting point-of-use water treatment
  - Conducting nutrition (cooking) and food hygiene demonstrations
- Communities shall be encouraged to adopt essential food safety actions that include:

- Keep food preparation areas clean, including hands, surfaces, and utensils
- Separate raw and cooked food
- Cook food thoroughly
- Keep foods at safe temperatures
- Use safe water and raw materials

### **5.15 Menstrual Hygiene Management**

The management of menstruation that is safe and with dignity has been a largely neglected topic because of gender inequality and cultural taboos. This is compounded by a lack of knowledge and awareness – among women and girls themselves, and also among professionals such as service providers of water and sanitation especially about how to address menstrual hygiene. The result is a lack of facilities and services, e.g. a lack of separate toilets for girls at schools. It also results in a lack of social support and the culture of fear, shame, and silence, completing the circle of neglect. Menstrual hygiene management shall be instituted to increase the knowledge of women and girls about use of safe sanitary pads and their appropriate disposal with the support of the local councils and community organisations. The local councils shall support publication of pamphlets and materials that encourage women and girls to adopt safe practices

### **5.16 Financing Arrangements**

The Provincial Government shall enhance funding to LG&HTPD, Public Health Engineering and Rural Development Department (PHE&RDD), and SSWMB for their inputs in sanitation service provision. Under the Provincial Finance Commission award, the general purpose block grant funding to LG&HTPD, PHE&RDD, and SSWMB that can be utilised for sanitation inputs (information education communication, human resource development and infrastructure creation) shall be increased. The quantum released shall reflect the population, poverty and backwardness of each Tehsil/Town Municipal Authority (TMA) and Union Council. This Sindh Sanitation policy places significant emphasis on the development of a robust system of performance grants to reward the local governments that are successful in delivering safely managed sanitary outcomes 'for all'. The shift to an outcome-based incentive framework shall provide local governments the freedom to decide their own priorities, financing options, and implementation methodologies, thus encouraging local innovation and cost efficiency. The local councils shall be encouraged to identify sustainable solution for sanitation financing like own source revenue generations from different approaches like conservatory charges, public private partnerships for public toilets, etc.



The following formula / reward / award based grants to local governments shall be implemented under this sanitation policy. The phasing, the quantum, and the timing of these performance grant systems shall be defined within the Provincial programmes that are developed to implement this policy.

**A *Ring Fenced Budgetary allocations for Sanitation Action Plans***

To achieve the objectives of this policy, the Government of Sindh shall ensure that the respective service providers (KW&SB, WASAs, municipalities and district governments) allocate a minimum of 10% of their Annual Development Programme (ADP) outlay to the sanitation sector prioritising human excreta management over solid and liquid waste management in a phased manner leading to achievement of sanitised environment. Financial resources for sanitation projects shall be allocated only if they are part of comprehensive multi-year budget Sanitation Implementation Plans prepared by the service providers and formally approved by the approving authority (e.g. district or municipal councils, boards etc.).

**B *Formula Based Performance Grant to Service Providers for Investment***

Given a water and sanitation sector legacy of 'build, neglect ... rebuild', this policy considers that the capability of local governments to 'deliver services from assets' is more important than their ability 'to build assets'. For a tier of local government that is not permitted to incur debts, the 'working ratio' is a very good indicator of commercial viability (Working Ratio -- Revenue Expenditure / Revenue Income). The audited accounts of the local councils may be considered by the provincial government to benchmark all of the local councils in Sindh. A formula based block transfer to all local councils (based on their working ratio) shall create the right incentives for them to utilise devolved funds to prioritise service quality, rather than using these funds to build assets in a manner that does not lead to improved service delivery.

**C. *Reward Based Allocations for Service Providers for Sanitary Outcomes***

In preference to providing additional funding to service providers for sanitary inputs, this sanitation policy shall focus on the introduction of a strong system of performance grants that reward service providers and village organisations for the delivery of safely managed sanitary outcomes. These performance grants shall seek to leverage the sector expenditures incurred by service providers, households and NGOs towards the outcomes that have been defined and shall be evaluated by the Provincial Government. The Provincial Government shall release performance grant funding based on the delivery of:

- 1) 'Open Defecation Free' Unions = 'open defecation free' villages + 'open defecation free' open fields + 'open defecation free' open drains / sewage discharges + 'defecation free' hands
- 2) 'Litter Free' Unions = free of indiscriminate solid waste disposal (household, animal, municipal, agricultural & industrial)

- 3) 'Foul-water Free' Unions = free of indiscriminate household/ industrial / agricultural run-off and stagnant water bodies.
- 4) 'Cleanest Unions' = to raise the profile of a Union (and the role that the Union plays in social mobilisation), a high profile competition to identify the 'Cleanest Union' in the Province shall also be established.

### 5.17 Management Arrangements

Sanitation issues are related to a plethora of environmental, housing, city and regional planning, health and education, gender, drainage and industrial effluent disposal policies, regulations, programmes and projects. Clearly assigning functions across the various tiers of government (Provincial, District, Taluka and Union) and allocating roles within a particular tier of government is a pre-requisite for ensuring accountability in the delivery of quality sanitation services. The Sindh sanitation policy builds upon the already assigned functions in sanitation service provision, drawn from the Constitution of Pakistan, the Sindh Local Government Act 2013, SSWMB Act 2014, the Provincial Rules of Business and existing official notifications:

Function	Authority	Responsibility	Capacity
<b>Support</b> (i.e. guidelines)	National Assembly / Cabinet	Climate Change/Planning Commission	Planning Commission/ MoH, CCD, MoS&T
<b>Policy</b> (i.e. legislation, financing, standard setting, evaluation & HRD)	Provincial Assembly / Cabinet/ Elected Councils	LG&HTPD, PHE&RDD & SSWMB	LG&HTPD, PHE&RDD, SSWMB, EPA, Health Dept, Ed. Dept
<b>Coordination</b> (i.e. inter-sectoral plans)	SSWMB, Local Councils	Provincial: 1) Rural Sanitation Coordination Unit (Hub) and 2) District/MC/TC Sanitation Committees chaired by Deputy Commissioners	District Admin/NGOs' forum
<b>Service Provision</b> (i.e. planning, asset creation, O&M, FIRM, monitoring)	Local Councils, PHE&RDD & SSWMB	Local Councils, PHE&RDD, SSWMB & Urban Services Corporations	SSWMB, Local Councils, PHE&RDD, Urban Services Corporations, CBOs, NGOs, DOH
<b>Social Capital</b> (i.e. data generation, social mobilisation)	Local Councils	Union Stakeholders Admin/	Community/Civil Society/NGOs/Media/ DoH-LHWs

A Directorate of Sanitation at the Local Government Department of Sindh shall be established to steer and lead on the coordination, implementation and quality assurance of sanitation policy on the basis of constitutionally assigned roles to different stakeholders. The local councils shall develop sanitation implementation plans. This shall be based on a local assessment of the



sanitary status, the resources available and the formation of a plan to meet the sector goals identified and evaluated by the provincial government. The Tehsil Implementation Plan (with clearly identified priorities) must be built into the Budget Plan for the respective MC/TC/DCs and approved by the Tehsil Councils.

The specific WASH and Open Defecation Free committees shall be established at the district, municipal and town committees level which shall be chaired by highest administrative officers i.e. district coordination officers in district, municipal administrators in case of municipalities and assistant commissioners in town committees in absence of elected heads for the district, municipalities and town committees. These committees shall be actively engaged in developing WASH strategic/master plans for their areas, identification and priority setting for safely managed sanitation, review the progress of public and private sectors in pursuing safely managed sanitation and hygiene, periodic reporting and monitoring and evaluation and certification of communities for different ladders of total sanitation. These committees shall identify NGOs, CBOs and private sector and adopt their good practices and replicate these practices in other locations within their jurisdiction through the formation of stakeholder partnerships.

#### ***Urban Areas:***

As per the Sindh Local Government Act, 2013: A Corporation, Municipal Committee or Town Committee shall be responsible for sanitation including drainage, removal, collection and proper disposal of refuse from all public streets, public latrines, urinals, drains and all buildings and lands vested in the councils<sup>4</sup>. Under this policy urban sanitation services providers (KW&SB, WASAs and local councils) from the date of approval of this policy shall:

- be bound to recover fully operational costs through appropriate tariffs approved by an independent regulator which will be notified subsequently following best national and global best practices
- not receive provincial subsidies to cover shortfall in operational costs unless their service areas are formally declared either as calamity hit or fall in bottom 25% on Provincial Poverty Index/Provincial Finance Commission formula or any other similar official classification. Such service providers will however be provided subsidies for a maximum of three years in a ten-year period subject to their submission of formally approved viable plans, as determined by the regulator, to recover operational costs.

#### ***Rural Areas:***

As per the Sindh Local Government Act, 2013: District and Union Councils shall be responsible for various aspects of sanitation (e.g. project identification, appraisal, approval and construction; and promotion of sanitation and public health) in rural areas. The policy requires that a dedicated Social Mobilisation Unit under the proposed Directorate of Sanitation at Local Government

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<sup>4</sup> Sindh Local Government Act 2013

Department division shall be established within the Local Government Department. The Cell proposes a structure of minimum two social mobilisers (one male and one female) for union councils of rural Sindh. The proposed unit shall also lead on creating awareness with necessary behavioural change focus for existing and emerging challenges such as dengue control, Ebola/H1N1 type outbreaks, indoor air pollution control, and climate change adaptation of WASH services etc. In addition, these social organisers shall work closely with Union Councils to identify the sanitary needs of the communities, participate in the implementation and monitoring of the sanitation projects being executed at the UC levels. The UC secretaries shall be trained and capacitated in need identification, supervision and reporting of WASH related interventions.

### **5.18 Provincial and District Level Institutional Arrangements**

The departments of Local Government and Public Health Engineering shall be responsible for the execution of the sanitation policy. The following mechanisms shall be adopted.

#### **Multi-Sectoral Nutrition Steering Committee**

The P&DD has established a Multi-Sectoral Nutrition Steering Committee represented by most sectors. This committee shall incorporate WASH and be renamed Multi-Sectoral Nutrition and WASH Committee. For projects that require collaboration with other sectors, LG&HTPD and PHE&RDD shall utilise the Steering Committee for improved coordination and high level planning. The Steering Committee shall provide policy guidance and coordination to the different sectors.

#### **Departmental Technical Committees**

The Departmental Technical Committees shall be operationalised and review ongoing and proposed new schemes for technical and financial oversight and guidance in relation to the Annual Development Plan (ADP).

#### **Strategic WASH Technical Working Group**

A Strategic WASH Technical Working Group, already notified by Government of Sindh, shall monitor overall progress and facilitate implementation of the WASH Sector Development Plan 2016-2026, provide a forum for inter-departmental coordination for the implementation of the plan, promote alignment of sector partner projects with the Sector Plan, and facilitate donor engagement and reporting.

#### **Sector Coordination and Monitoring Unit (SCMU)**

A SCMU shall be established under the auspices of P&DD as part of the Nutrition Unit to facilitate implementation of the sector development plan. The SCMU shall liaise with the Multi-Sectoral Steering Committee, Departmental Technical Committees, Strategic WASH Technical



Working Group, Monitoring and Evaluation cell in P&DD, and the District Coordination and Monitoring Unit (DCMU).

### **District WASH Committees**

A District WASH Committee shall be set up and operationalised under the DC Office.

Representation of relevant district staff of LG&HTPD, PHE&RDD, Health and Education on to this committee shall be required. Other sector representation shall be co-opted as required. The District WASH Committee shall perform the role of sector coordination, planning, and multi-sectoral collaboration.

### **District Coordination and Monitoring Unit**

A District Coordination and Monitoring Unit (DCMU) shall be set up and operationalised under the DC Office. Each DCMU would be staffed by a District M&E Manager and supported by two Water and Sanitation Reporting Officers. The DCMU shall have reporting arrangements to the SCMU and shall liaise with the EXEN Office and LG tiers for information regarding schemes, and also with other sectors like health and education for issues related to the sector. The DCMU shall compile physical and financial progress data on ongoing and completed schemes, make monitoring visits to scheme sites, determine the status of O&M of schemes visited, and provide monthly reporting to the SCMU. DCMU data shall be used to develop district scorecards for water, sanitation and hygiene.

## **5.19 Role of Provincial Government**

Since sanitation service delivery has been fully devolved, the role of Provincial government will become that of a key enabler and facilitator. LG&HTPD, PHE&RDD and SSWMB, having mandate for sanitation in the Province shall establish a system of planning, consultation and feedback among the provincial departments, district governments, municipalities and other relevant agencies dealing with sanitation services, while the role of Health and Education departments shall be key in the health promotion, hygiene and school WASH. Key provincial responsibilities provincial departments shall include:

### **a) Information, Education & Communication (IEC)**

Under this policy, sanitation is recognised firstly as a behavioural change issue and secondly as a construction issue. A process of Information, Education and Communication (IEC) is therefore pivotal for any programme designed to improve access to sanitation. Till to-date, IEC has predominantly adopted a 'supply-driven' approach to communications, wherein standard educational messages (including the medium and the form of message delivery) are delivered to households utilising 'top-down' approaches. In contrast, under this policy the provincial government shall seek to introduce a demand responsive approach to IEC (or a 'triggering' approach) that adopts a 'bottom-up' approach for effective behavioural change. An effective



engagement with mass media shall be a pre-requisite not only for effective behavioural change in the communities but for sustainable outcomes through creating awareness and sensitisation among the communities. Standardised messages and effective materials shall be developed for use within health, nutrition and WASH programmes. Awareness shall be created about the need to keep livestock in separate covered enclosures, safe and away from living places

#### **b) Human Resource Development**

The capacity of key stakeholders at all levels shall be strengthened and developed to ensure that relevant technical, communication, interpersonal, behavioural change, monitoring and other skills are available to translate the policy provisions into effective services on ground. The existing local government and municipal training institutions shall be capacitated through special grants by the Provincial government and LG&HTPD to be able to address those varied capacity needs.

While sanitation, especially rural sanitation is a behavioural change issue, currently the Local Government Agencies mandated for sanitation service provision lack necessary social mobilisation skills at scale. The policy requires that a separate Social Mobilisation Unit that underpins behavioural change under Directorate of Sanitation at LG&HTPD shall be established that will have two social mobilisers (one male and one female) for each Union Council. Such a large number of staff shall be trained through existing local government training institutions with the assistance of national and international development partners. Under this policy, the provincial government shall lead on the capacity development of elected representatives, functionaries, and communities. This shall consist of: exposure visits / knowledge networks (to raise awareness of potential options); technical trainings / workshops (to translate potential options into the local context); and manuals / hand holding / model contracts (to support local partnerships for implementation). In addition, capacity development of schoolteachers, LHWS, elected local representatives and civil society activists shall be arranged around sanitation services for integrated total sanitation solutions and effective coordination with monitoring and reporting.

#### **c) Regulation, Standard Setting and Evaluation**

The Provincial government through an act of law shall notify either an existing agency (e.g. EPA, DoH) or create a new agency to act as regulator for the Water, Sanitation and Hygiene sector. The Regulator shall either create its own outreach or delegate its mandate to local entities such as NGOs, private consulting firm to undertake its mandate on sector regulation with appropriate safe guards, accountability and transparency (e.g. on the lines of SEPA approach). The regulator shall have the mandate to set and adapt standards and will evaluate performance of service providers and services/assets against those standards. This shall also require undertaking



of baseline surveys, the conducting of third party impact assessments, the feedback and other information from the service providers to assess the efficacy of this policy<sup>5</sup>.

## 5.20 Roles of Key Provincial Departments

### a) Local Government and Housing Town Planning Department (LG&HTPD)

The local government shall promote and implement sanitation, hygiene and waste management initiatives as per guidelines agreed and approved by the provincial government both in urban as well as rural areas. In addition to designing new projects for sanitation, the LG&HTPD shall ensure the placement of operation and maintenance (O&M) mechanisms either through local communities in rural areas or local councils in urban settings. The Karachi Water and Sewerage Board (KW&SB) in Karachi and WASA in Hyderabad shall be responsible for execution and O&M. Further LG&HTPD shall ensure more effective system of service delivery & complaint redressal, development of efficient waste management systems and sanitary landfill sites etc. Provincial, district, TC, MC and UC shall identify NGOs, CBOs and private sector and adopt their good practices and replicate these practices in other locations within their jurisdiction through the formation of stakeholder partnerships

### b) Public Health Engineering and Rural Development Department (PHE&RDD)

The PHE&RDD department shall provide technical assistance to Local Government in designing the complex and large sewerage and drainage schemes in addition to identifying the cost effective technical and innovative solutions like construction of wetlands, etc.

### c) Health Department

The Health Department shall facilitate training of primary health care workers in environmental hygiene and construction of latrines with reporting of sanitation related diseases from each tehsil to understand the burden and timely alert. It shall also collaborate for preparation and implementation of hospital waste management rules and practices. The department shall play a key role in raising awareness and behavioural change about safe water, sanitation and its related health, nutrition and hygiene implications among the beneficiary communities, through the Nutrition Support Programme and paramedical staff and Lady Health Visitors/Lady Health Workers (LHVs/LHWs).

### d) Education Department

The Education Department shall lead on the inclusion of sanitation and hygiene materials in the curriculum, training of schoolteachers in environmental hygiene and creation of sanitation clubs in schools along with construction of accessible drinking water and latrine facilities. A health, nutrition and hygiene booklet and resource kit shall be developed for school children to create

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<sup>5</sup> This does not relate to just the capacity of LGD, but to the capacity of the provincial government departments to set appropriate standards and evaluate the performance of local governments against those standards.



awareness and enhance health and nutrition promotion and hygiene practices and disseminate these messages to their families.

**e) Sindh Solid Waste Management Board**

As per Sindh Solid Waste Management Board Act 2014, the Board shall have the right over the solid waste related issues, assets, funds and liabilities of the Councils<sup>6</sup> and shall possess sole rights on all kinds of solid waste within the limits of all Councils. SSWMB shall gradually takeover solid waste management functions from Local Councils in accordance with SSWMB Act 2014. The board shall have the authority to grant permission to individuals, institutions, industries, factories, workshops, furnaces for compost making; power generation from the solid waste; segregation of the recyclable material from the waste; collection, treatment, sale, purchase, recycling or disposal of any kinds of waste.

**f) Environment Department**

The environment department shall support in the implementation of National Environment Standards specifically in relation to waste management and environmental sanitation in addition to guidance in hospital waste management rules and waste recycling opportunities in the province.

## **5.21 Role of Other Key Stakeholders**

**a) Role of Private Sector**

The private sector such as Chambers of Commerce, Associations, big industrial conglomerates etc. shall be encouraged to fulfil their corporate social responsibilities by undertaking initiatives for safe and healthy physical environment in the province and participate in the provision of sanitation infrastructure, services and management.

**b) Role of INGOs and CBOs**

NGOs and CBOs shall be encouraged to support communities in mobilising for sanitation related programmes and projects; and also assist the municipalities in planning, funding and development of community based sanitation infrastructure and safe disposal of liquid and solid wastes.

**c) Role of Community/Village organisations**

The communities shall be encouraged to maintain a safe and pleasant physical environment in their settlements; participate in the provision of sanitation infrastructure and its management; and manage the disposal of solid waste at the neighbourhood level through community mobilisation, public consultation and media campaigns.

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<sup>6</sup> As per SSWMB Act 2014 "Council" means a Corporation, Municipal Committee, Town Committee, District Council, Union Council and Union Committee



#### **d) Role of Individual Households**

Individual commercial / industrial / institutional / units and households shall be encouraged to build latrines, maintain cleanliness inside and in surroundings of their property, and not to dispose-off waste in the streets, storm water drains and public spaces. The treatment and safe disposal of hazardous wastes shall be the responsibility of the generator. They shall also be encouraged to cooperate with the service provider and with their neighbours to form community organisations that can promote sanitation related programmes and projects.

#### **e) Role of the Media**

The government shall encourage the electronic and print media to propagate messages in entertainment programmes, develop educational programmes and publish news and articles for awareness of sanitation related issues and motivate the public to improve and adopt hygiene practices in their houses, neighbourhoods and settlements.

#### **f) Role of On-going Projects**

In the beginning Local Councils shall require substantial 'hand-holding' support from the on-going projects, and related NGOs and CSOs. The provincial government shall seek to leverage these entities to support the Local Governments in undertaking their own situational analysis, developing and funding their own implementation plans to deliver safely managed sanitation performance at the Union and sub-Union level. On-going Projects such as Nutrition Sector Project shall continue to provide leveraging support to sanitation while following the provisions of this policy in closer coordination with the sanitation Committees at the District level. SSWMB shall initiate and implement its projects in Karachi, Shaheed Benazirabad, and Larkana; and gradually cover entire province. The interventions include establishment of Garbage Transfer Stations, Development of Landfill Sites, provision of Material Recovery Facility, Refuse-Derived Fuel, etc.

### **5.22 Evidence Based Planning and Monitoring Systems**

The effectiveness of a performance grant system is predicated on the generation of reliable data on service delivery performance. The LG&HTPD shall therefore establish and maintain a database for tracking the golden indicators of progress of district governments, municipalities, KW&SB and WASAs in regards to those Unions that are (1) 'Defecation Safe', (2) 'Litter Free' and (3) 'Foul Water Free'. The golden indicators of sanitary excellence defined as the 'Cleanest Unions' shall be tracked annually at the District levels in case of rural areas and service provider wide in case of KW&SB, WASAs and municipalities.

In case of rural areas, the LG&HTPD shall establish an IT Platform of monitoring, planning, consultation and feedback among the provincial departments, district governments, local governments, village organisations and individuals. In case of KW&SB and WASAs an integrated Geographic and Management Information System shall be established so that

consolidated information and data from all possible sources becomes available to enable the planning and development of sanitation infrastructure and services. The data shall also be accessible to the public. Each service provider, irrespective of urban or rural shall prepare a comprehensive map and database which shall be linked to the proposed geographic and management information system. This shall facilitate sanitation service providers (SSWMB, KWSB, WASAs, and Local Councils) to prepare plans to guide and steer future development in the sector.

While conducting WASH assessments of communities, nutrition assessments shall also be integrated so that a WASH-Nutrition assessment is conducted. Similarly, WASH assessments shall be included in nutrition assessments.