



GOVERNMENT OF SINDH
PUBLIC HEALTH ENGINEERING &
RURAL DEVELOPMENT DEPARTMENT

Karachi dated the 17th May, 2017

NOTIFICATION

Sindh Sanitation Policy, 2017

NO.SO(B&A)PHE-223/2016: In supercession of all previous policies with regard to sanitation in Sindh, the Public Health Engineering & Rural Development Department, Government of Sindh, with the approval of Chief Minister Sindh issues new sanitation policy as under:

Vision

Our vision for the population of Sindh is to provide better sanitation service and to make sure that the entire population of Sindh has access to a safely managed sanitation service and sanitary environment that is also nutrition-sensitive and hygienic. The motto of this policy is 'Saaf Suthee Sindh (Neat & clean Sindh)..

Targets

The key targets of this policy are:

1. To eradicate open defecation from Sindh province by 2025, while 70% villages of 13 high priority districts achieve the status of open defecation free by 2020.
2. That 100% households in Sindh have access to and use sanitary latrines by 2025, while 70% of rural households in high priority districts will achieve this by 2020.
3. To strengthen and implement liquid waste management with sewer lanes and covered/improved drains with 85% coverage of urban areas and 60% coverage in rural areas.
4. To create and develop wastewater treatment mechanisms to cover 75% of urban areas and 40% rural areas by 2025.
5. To implement integrated solid waste management with 100% coverage in urban areas and 60% in rural areas by 2025.

Principles

The main principles of Sindh Sanitation Policy are as follows:

- I. 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 handwashing facility with soap and water.
- II. The sanitation policy adheres itself to the pursuit of total sanitation as outlined in Pakistan Approach to Total Sanitation (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.
- III. Safely managed sanitation services is a fundamental right for all persons in Sindh province, and should be ensured through enhanced access to marginalized and low resource areas with equitable distribution of resources. Recognition of inequities and rights based programming will be given key emphasis during the planning, execution and monitoring of sanitation programmes.
- IV. The policy seeks to prioritize the areas that pose the greatest risk to human health namely hygiene awareness and excreta disposal, and then address the environmental health risks that are posed by poor drainage and solid waste disposal.
- V. Recognizing that inadequate and unsafe water supply and sanitation are a major cause of diarrhea and nutritional deficiency in children, which as a consequence contribute towards child mortality, safe drinking water supply and sanitation should be integrated in health, nutrition and school health programmes.
- VI. Increase access to high quality nutrition-sensitive services, including access to water, sanitation facilities, and hygiene.
- VII. Integrate key hygiene actions (safe drinking water, handwashing with soap, safe disposal of excreta, and food hygiene) and essential components in all nutrition programmes.
- VIII. The policy shall promote the community led approaches to strengthen the 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 organizations (NGOs), donors, academia, media, etc. be encouraged to maximize the synergies in designing and implementation of interventions.

- IX. 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 will be identified and marketed.
- X. Sustainability of the services shall be ensured by mobilizing and engaging existing structures, where possible like LHWs, UC secretaries, NGOs and private sector in service delivery and reporting of Water, Sanitation & Hygiene (WASH).
- XI. The component sharing model as envisaged in the National Sanitation Policy will be institutionalized gradually in which the community is responsible to construct lane and neighborhood level sewers (internal development) on self-help basis and the government focuses on trunks, disposal and treatment unit (external development).
- XII. 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 mobilization of relevant stakeholders.
- XIII. An independent monitoring and evaluation system will be established and maintained to track progress under the sanitation agenda and also to operationalise incentives envisaged in this policy.

Pakistan Approaches to Total Sanitation, 2010

1. Pakistan Approaches to Total Sanitation (PATS) developed under the leadership of Climate Change Division Govt. of Pakistan, has been successfully rolled out in Pakistan with the support of Provincial Governments, UNICEF and civil society partners. Pakistan Approaches to Total Sanitation (PATS) underpins an Integrated Total Sanitation approach that seeks for sanitation demand creation, sustaining the demand through supply side interventions, promoting participatory hygiene, attaining 100% adequate drainage and wastewater treatments, linkages development with duty bearers and knowledge management and accountability. PATS extends an active social mobilization strategy by building a cadre of human resources who inspire and empower the communities to construct technically sound and viable latrines which are connected to a secure disposal system and achieve total sanitation status, sustainably adopt hygiene practices and continuously use improved sanitation facilities
2. PATS call for humanitarian-development nexus in sanitation programmes and includes sanitation marketing strategies to achieve total sanitation in an urban or rural human settlement. Large scale sanitation programmes following PATS approach have been implemented by sanitation sector partners in the after math of 2010 floods, which affected the whole country. Evaluation of these programmes and subsequent sanitation

programmes in response to floods in 2011 and 2012 has helped refinement of programme design under PATS, especially in harmonizing humanitarian development interventions. It is estimated that more than 8 million people have achieved 'Open Defecation Free' (ODF) status as a result of at scale programmes under PATS since its launch in March 2011. Another achievement of PATS approach is that all sanitation sector partners have adopted it and sanitation programmes implemented under this approach at scale are being adopted by the government in terms of funding and implementation

Community Led Total Sanitation

Community Led Total Sanitation (CLTS) methodology is an entry point to achieve 'total sanitation' and not total sanitation in itself. CLTS is an effective approach for triggering action to change defecation behaviours at the community level and to create demand for improved sanitation facilities. Sanitation, as a whole is an entry point for greater social change and community mobilization. The steps identified under CLTS include:

- I. Pre-triggering: selecting community and developing a better-defined sense of community.
- II. Triggering: educating the community regarding the consequences of living in a faecally contaminated environment until they come to the realization that they are eating, washing in, and drinking each other's faeces. Some of the triggering activities include defecation area transect, mapping of defecation areas, calculations of faeces and medical expenses, triggering disgust and 'ignition' captures the moment when the community becomes mobilized to take collective action to stop the ingestion of each other's faeces and improve their poor sanitation.
- III. Post-triggering: Once communities typically pledge to improve their sanitation by either becoming open-defecation free or by adopting improved sanitation technologies, there is a danger that these pledges do not come to fruition without follow-up work. Follow-up activities include immediate follow-up and encouragement, community action follow-up i.e. engaging with communities to agree furthering action plants to achieve other sanitation outcomes including external system, participatory monitoring and indicators setting, verifying and certifying Open Defecation Free (ODF) status, celebrations and the monitoring and sustaining of ODF status.

School Led Total Sanitation

A significant component of PATS is School Led Total Sanitation (SLTS). The SLTS approach is used for promotion of good health practices where children largely helped in changing perceptions at community level. The usage of a forum like the teacher-student Water, Sanitation & Hygiene (WASH) club proves highly successful in imparting hygiene communication messages at scale. Additional enabling factors such as training programmes for school teachers, capacity building and awareness raising of village based development

organizations, coordination and support for the district level government education department play significant roles in the programme's success. SLTS is being used as an opening intervention in PATS programme at scale in transition from humanitarian to development as it provides an opportunity to mobilize the disaster affect communities with dignity, pride and self-respect.

TAMEEZUDDIN KHERO
SECRETARY

Cc:

1. The Chairman, Planning and Development Board, P&D Department, Govt of Sindh, Karachi.
2. The Administrative Secretaries (all)
3. The Divisional Commissioners (all)
4. The Chief Engineer, PHE Department, Hyderabad/Sukkur
5. The Director General, RDD, Sindh, Hyderabad.
6. The Deputy Commissioners (all)
7. The Chief Officers/ Metropolitan/Municipal Corporation/ Committee/ Town Committee/District Council/Union Council/Committee(all)
8. The Director Local Government (all)
9. The Director General, Development Authority (all)
10. The Managing Director, KW&SB/ WASA, Karachi/Hyderabad.
11. The Medical Superintendents, Sindh Government Hospitals (all)
12. The Comptroller, Sindh Government Printing Press, Karachi.
13. The I.T Incharge, Information & Technology Department, for posting on PHE & RDD website.
14. The Superintending Engineers, PHED (all)
15. The Executive Engineers, PHED/RDD(all)
16. The PS to Principal Secretary to Chief Minister, Sindh, Karachi
17. The DS(staff) to Chief Secretary, Sindh, Karachi
18. The Section Officer(all) PHE & RDD.
19. The PS to Minister, PHE & RDD
20. The PS to Secretary, PHE & RDD.


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