UN-WATER GLOBAL ANALYSIS AND ASSESSMENT OF SANITATION AND DRINKING-WATER (GLAAS)

## The GLAAS 2018/2019 country survey

# About the GLAAS 2018/2019 country survey

The GLAAS 2018/2019 country survey is presented on the following pages. The GLAAS survey solicits information on the delivery of drinking-water supply, sanitation services, and the status of hygiene promotion activities. Questions in the survey focus on national policies, plans and targets and finance and cover topics required for SDG monitoring as well as questions on governance, monitoring and human resources. Information gathered in this survey will be presented in the UN-Water GLAAS 2019 Report with a focus on national policies, plans and targets. For more information about GLAAS, please refer to:

http://www.who.int/water sanitation health/monitoring/investments/glaas/en/

The survey is organized in the following way:

- Section A on governance
- Section B on monitoring
- Section C on human resources (questions on human resources are also found in Sections A, B and D)
- Section D on finance

Questions include multiple choice and brief narratives.

For specific guidance on the GLAAS 2018/2019 country survey questions please read the GLAAS 2018/2019 survey guidance carefully and refer to it when needed. The survey guidance provides information on the 2018/2019 GLAAS cycle, the GLAAS country process, general survey instructions, as well as specific information on filling out the survey and detailed information on the survey questions. Before beginning the GLAAS country survey, and throughout the process, countries should review and refer to the survey guidance document, including the glossary which provides definitions for specific terms. Terms used in the WASH sector and their usage can vary by country. The glossary is therefore an essential reference to avoid misinterpretations.

The 2018/2019 GLAAS country survey is provided as a fillable PDF form. It is *highly* recommended that the form be used with an updated version of Adobe Acrobat Reader DC. A free version of Adobe Acrobat Reader can be downloaded at: <a href="https://get.adobe.com/reader/">https://get.adobe.com/reader/</a>. The country survey should be completed on the desktop version of Adobe Reader and should not be filled out on a web browser version. The PDF can be saved and the respondent can return to it as needed: it is not necessary to fill out the entire survey in one sitting. <a href="Please save the PDF">Please save the PDF at regular intervals. If the PDF is not saved, responses will be lost.</a>

If there is insufficient space for responses in the text boxes of the PDF form, please provide additional information in the <u>GLAAS 2018/2019 survey annex</u>.

If multiple respondents in the country provide information in several GLAAS survey forms, please note that **the GLAAS** focal point is responsible for compiling and reconciling all responses into one final country submission in a single **PDF survey form** before sending to the GLAAS team at WHO.

For any questions on GLAAS, on the process or on the survey content, please contact the WHO regional office and the GLAAS team at <a href="mailto:glaas@who.int">glaas@who.int</a>. Please return completed surveys to the WHO regional office and to <a href="mailto:glaas@who.int">glaas@who.int</a> by **December 15<sup>th</sup>**, **2018**.

### WHO policy on the use and sharing of data collected by WHO in Member States

Data are the basis for all sound public health actions and the benefits of data-sharing are widely recognized, including scientific and public health benefits. Whenever possible, the World Health Organization (WHO) wishes to promote the sharing of health data, including but not restricted to surveillance and epidemiological data.

As used in this data collection tool, the term "Data provider" means a duly authorized representative of the governmental body with authority to release health data of the country to WHO (i.e. the Ministry of Health or other responsible governmental authority). The recipient of this data collection tool is responsible for ensuring that he/she is the Data provider, or for providing this data collection tool to the Data provider.

In this connection, and without prejudice to information sharing and publication pursuant to legally binding instruments, by providing data to WHO, the Data provider:

- confirms that all data to be supplied to WHO (including but not limited to the types listed in Table 1<sup>1</sup>) hereunder
  have been collected in accordance with applicable national laws, including data protection laws aimed at
  protecting the confidentiality of identifiable persons;
- agrees that WHO shall be entitled, subject always to measures to ensure the ethical and secure use of the data, and subject always to an appropriate acknowledgement of the country:
  - to publish the data, stripped of any personal identifiers (such data without personal identifiers being hereinafter referred to as "the Data") and make the Data available to any interested party on request (to the extent they have not, or not yet, been published by WHO) on terms that allow non-commercial, not-for-profit use of the Data for public health purposes (provided always that publication of the Data shall remain under the control of WHO);
  - to use, compile, aggregate, evaluate and analyse the Data and publish and disseminate the results thereof in conjunction with WHO's work and in accordance with the Organization's policies and practices.

Except where data-sharing and publication are required under legally binding instruments (International Health Regulations (2005), WHO Nomenclature Regulations 1967, etc.), the Data provider may in respect of certain data opt out of (any part of) the above, by notifying WHO thereof in writing at the following address, provided that any such notification shall clearly identify the data in question and clearly indicate the scope of the opt-out (in reference to the above), and provided that specific reasons shall be given for the opt-out.

Director Strategy, Policy and information (SPI) World Health Organization 20, avenue Appia 1211 Geneva Switzerland

$\square$ I have read and agree with the terms and conditions	For more information on the WHO Data Policy, please refer to	o:
http://www.who.int/publishing/datapolicy/en/		

Please note that the check box above must be checked in order to proceed.

 $<sup>^{\</sup>rm 1}$  Please see Table 1 in the GLAAS 2018/2019 survey guidance document.

**1. CONTACT INFORMATION**: To ensure the most accurate data, WHO recommends that the national focal person coordinate the collection and reporting of your government's responses to the survey. Please indicate the national focal person for GLAAS and the persons responsible for compiling responses for the various focal areas of this survey. *If multiple persons are responsible for one focal area listed below or if additional persons contribute information, please list the additional contributors, with their contact information, in the survey annex.* 

Country:								
	Last name (surname) of respondent	First name (given name) of respondent	Email address	Phone number (including country code)	Job title	Ministry/ Department/ Organization	Address	City and Postal Code
GLAAS National Focal Person		·		,				
Person responsible for compiling respo	onses in the following areas	: :						
Sanitation								
Wastewater (if different from sanita above)	tion							
Drinking-water								
Hygiene								
WASH financing								
WASH in health care facilities, inclu health care waste management and infection prevention and control (IP								
WASH in schools								
Drinking-water regulator								
Wastewater regulator								
Integrated Water Resource Manage	ment							
Other area (please indicate):								

If multiple persons are responsible for the same area, or if additional persons have contributed, please provide their name, contact information and the topic area in the survey annex.

#### **Section A: Governance**

This section of the survey examines laws, policies, and plans supporting the provision of water and sanitation services. The section also examines the existence of regulatory frameworks, coordination mechanisms, roles and responsibilities of government and service providers, levels of stakeholder participation, and mechanisms to ensure accountability. *Please consult the survey guidance for important information on the questions in Section A.* 

MAN	RIGHTS					
	man rights to water and sanitation: Does the constitution or other legislation	on re	cognize	water	and sani	tation as
hu	man rights?			_		
				iter		ation
_	Canadibution		Yes	No	Yes	No
a.	Constitution	a.	Ш			
<b>L</b>	i. If yes, please provide the date (month/year) when recognition occurred.	i. b.				
b.	Legislation		Ш			
	i. If yes, please provide the date (month/year) when recognition occurred.	i.				
	ii. If yes to either or both of the above, please provide title of the law(s), and the to	ext or	link(s) t	o the rel	evant pro	vision:
					1 .	
c.	Has a court recognized the human rights to water and sanitation in its			iter		ation
	decisions?		Yes	No	Yes	No
		c.				
	i. If yes, please list and briefly describe the case(s) including the date(s) and specific decision(s).	y the	court(s)	that issu	ed the	
ΓΙΟΝ	AL DEVELOPMENT PLANS  National development plans: Does your country have a national development		lan?		Yes	No
	Please see the survey guidance for information on national development plan	ns.		L		
	<b>a</b> . If yes, please provide the name of the plan and provide a link or attach a copy:					
	<b>b.</b> If yes, please provide the timeframe (years) for the development plan (e.g. 2012-2	.030).				
	c. If yes, does the plan address drinking-water?				Yes	No
	i. If yes, how is drinking-water addressed?					
	d If you does the plan address conitation?		Y	es	No	
	d. If yes, does the plan address sanitation?					
_	i. If yes, how is sanitation addressed?					

wa	ter and wastewater? Please	see the surve	ey guidance j			<b>and regulat</b> information					
							Ur	ban		Ru	ral
		Drinking-					Yes		No	Yes	N
a.	Are formal national <u>drinking-w</u> equivalent in place?	ater quality st	andards (i.e. p	oaram	eters and	limits) or					
	i. If yes, please provide the nar Provide a link or attach a copy.	ne and year o	f the most rec	ent st	andards.						
b.	Are drinking-water quality surv (e.g. regulations and/or standa		rements defir	ned in	formal ins	struments					
	i. If yes, please provide the nar Provide a link or attach a copy.	ne and year o	f the most rec	ent in	struments	5.					
c.		Are roles and responsibilities to ensure drinking-water safety defined in formal instruments (e.g. legislation, regulation and/or standards, policies, plans)?									
	<ul> <li>i. If yes, please provide the name and year of the most recent instruments.</li> <li>Provide a link or attach a copy.</li> </ul>							1			1
d.	Besides drinking-water quality, for <u>drinking-water service deliv</u>										
	i. If yes, please provide the nar Provide a link or attach a copy.	ne and year o	f the regulation	ons an	d/or stand	lards.					
	Co		<b>14</b> /2 - <b>1</b> - 1 - 1 - 1				V	1	N1 -	1	
_		nitation and			0 = = :t =	!	Yes		No		
e.	Are formal national sanitation standards in place for the follo		<u>ter treatment</u>			sanitation				-	
	Standards in place for the folio	wiiig.				al sludge					
						tewater e re-use					
	i. If yes, please provide the nar attach a copy.	ne(s) and year	r(s) of the star	ndards							
f.	Are wastewater surveillance re regulations and/or standards)?	•	efined in form	nal ins	truments	(e.g.					
	i. If yes, please provide the nar link or attach a copy.	ne and year o	f the most rec	ent in	strument.	Provide a					
g.	Risk management approaches standard) that promote or requ					gulatory instr	uments (e.g	g. pol	licy, stra	tegy, regu	ılatic
			Please check o				Į:	f for	mally ap	proved:	
		No such instrument	Instrument anticipated	ι	rument inder elopment	Instrument formally approved	Is it <b>promot</b> or required		Please preferen	orovide a li ce:	nk fo
	i. Water safety planning (WSP) or equivalent approach for  urban areas						☐ Promote				
	ii. Water safety planning (WSP)						☐ Promote				
	iii. Sanitation safety planning (SSP) or the 2006 WHO Sanitation Guidelines for urban areas						☐ Promote				
	iv. Sanitation safety planning						☐ Promote				

a.	Please describe the process for developing a	nd revising national <u>policies</u> for	WASH, including	g the key stakeholde	rs involved						
	i. Please describe the role of the public in developing and revising policies.										
	ii. What information (i.e. guidelines, reports,	data) was consulted in the day	olonment or review	icion of national <b>no</b> l	eiec?						
	ii. What information (i.e. guidelines, reports,	, data) was consulted in the deve	elopment or rev	ision of national <b>pol</b> i	<u>cies</u> ?						
b.	Please describe the process for developing a	nd revising national <u>plans</u> for W	/ASH, including k	ey stakeholders invo	olved.						
	percentage of the second secon										
	i. If applicable, please describe the process for <u>costing national WASH-related plans</u> . What tools and methods have been used to cost the plans?										
		or costing national WASH-relate	<u>ca piano</u> . What t								
		OI COSCING HALIOHAI WASH-FEIALE									
c.											
c.	used to cost the plans?  Effectiveness of policy content: In your										
c.	used to cost the plans?  Effectiveness of policy content: In your	opinion, to what extent is th	ne <u>content</u> of n	ational policies e <u>f</u>	fective fo						
c.	Effectiveness of policy content: In your achieving national WASH objectives?	opinion, to what extent is the	ne <u>content</u> of n	ational policies ef	<b>fective fo</b> Effective						
c.	used to cost the plans?  Effectiveness of policy content: In your achieving national WASH objectives?  i. Urban sanitation	opinion, to what extent is the Not applicable <sup>2</sup>	ne <u>content</u> of n	Partially effective	fective fo						
c.	used to cost the plans?  Effectiveness of policy content: In your achieving national WASH objectives?  i. Urban sanitation  ii. Rural sanitation	Opinion, to what extent is the Not applicable <sup>2</sup>	Not effective	Partially effective	Effective fo						
c.	used to cost the plans?  Effectiveness of policy content: In your achieving national WASH objectives?  i. Urban sanitation ii. Rural sanitation iii. Urban drinking-water supply	Opinion, to what extent is the Not applicable <sup>2</sup>	Not effective	Partially effective	Effective fo						
c.	Effectiveness of policy content: In your achieving national WASH objectives?  i. Urban sanitation ii. Rural sanitation iii. Urban drinking-water supply iv. Rural drinking-water supply v. Hygiene vi. WASH in health care facilities	Opinion, to what extent is the Not applicable <sup>2</sup>	Not effective	Partially effective	Effective fo						
c.	used to cost the plans?  Effectiveness of policy content: In your achieving national WASH objectives?  i. Urban sanitation ii. Rural sanitation iii. Urban drinking-water supply iv. Rural drinking-water supply v. Hygiene	Opinion, to what extent is the Not applicable <sup>2</sup>	Not effective	Partially effective	Effective fo						
c.	Effectiveness of policy content: In your achieving national WASH objectives?  i. Urban sanitation ii. Rural sanitation iii. Urban drinking-water supply iv. Rural drinking-water supply v. Hygiene vi. WASH in health care facilities vii. WASH in schools viii. Please provide examples of effective policy	Not applicable <sup>2</sup>	Not effective	Partially effective	Effective fo						
c.	Effectiveness of policy content: In your achieving national WASH objectives?  i. Urban sanitation ii. Rural sanitation iii. Urban drinking-water supply iv. Rural drinking-water supply v. Hygiene vi. WASH in health care facilities vii. WASH in schools viii. Please provide examples of effective pol successful.	opinion, to what extent is the Not applicable 2  Not applicable 2  D D D D D D D D D D D D D D D D D D	Not effective	Partially effective  Partially effective  D  D  D  T made them effective	Effective for						

 $<sup>^{\</sup>rm 2}$  Please check this box if your country does not have any policies that cover the sub-sector.

A5I.	A5I. <u>Urban sanitation policy and plan:</u> To what extent does a national policy and implementation plan exist for <u>urban</u> sanitation? See the survey guidance for additional information.										
	a.	Policy status (choose one):  1 – No national policy  2 – National policy under development  3 – National policy formally approved  4 – Existing national policy undergoing revisions	1□ 2□ 3□ 4□	b.	Plan status (choose one):  1 – No national implementation plan developed  2 – Plan under development  3 – Plan approved, but not yet implemented  4 – Plan approved and being partially implemented  5 – Plan approved and being fully implemented	1□	2□ 3□ 4□	5□			
		i. If a policy exists, please provide the name of the policy and provide a link or attach a copy:			i. If a plan exists, please provide the name of the plan and provide a link or attach a copy:						
		ii. Year policy approved/expected (yyyy):			ii. Year plan approved/expected (yyyy):						
		iii. If a policy exists, has the policy been shared through formal public announcement/notice?	Yes□ No□		iii. If a plan exists, has the plan been costed?		Yes □ No □				
					iv. If so, what is the total cost estimate (indicate currency)? Please specify the time period.						
					v. If a plan exists, has the plan been supported with adequate financing to implement the plan?	Less than 50% of what is needed	Between 50 to 75% of what is needed	More than 75% of what is needed			
					vi. If a plan exists, has a human resource needs assessment been conducted for the plan?		Yes □ No □				
					vii. Are there sufficient human resources to implement the plan?	Less than 50% of what is needed	Between 50 to 75% of what is needed	More than 75% of what is needed			
								l			
	c.	Does the urban sanitation policy or plan address:			If included in the policy or plan, please spec	ity the actor(s) r	esponsible:	1			
		i. Access to safely managed sanitation services	Yes □ No □	i.							
		ii. Access to improved sanitation facilities	Yes □ No □	ii.							
		iii. Access to shared sanitation facilities	Yes 🗆 No 🗆	iii.							
		iv. Open defecation	Yes 🗆 No 🗆	iv.							
		v. Reuse of municipal wastewater and faecal sludge	Yes 🗆 No 🗆	٧.							
		vi. Municipal wastewater/sewerage	Yes 🗆 No 🗆	vi.							
		vii. Faecal sludge collection and transport to treatment	Yes 🗆 No 🗆	vii.							
		viii. Faecal sludge treatment	Yes □ No □	viii.							
		ix. Roles and responsibilities to ensure compliance with sanitation regulations/standards	Yes □ No □	ix.							
		x. Climate resiliency of WASH technologies and management systems (e.g. sanitation safety plans to address climate risks)	Yes □ No □	x.							

A5II.	Rura	al sanitation policy and plan: To what extent	does a national policy and i	mplem	<b>nentation plan exist for <u>rural</u> sanitation?</b> See the sur	rvey guidance j	for additional i	nformation.
		Policy status (choose one):  1 – No national policy  2 – National policy under development  3 – National policy formally approved  4 – Existing national policy undergoing revisions	1 2 3 4	b.	Plan status (choose one):  1 – No national implementation plan developed  2 – Plan under development  3 – Plan approved, but not yet implemented  4 – Plan approved and being partially implemented  5 – Plan approved and being fully implemented	1□	2□ 3□ 4□	5□
		i. If a policy exists, please provide the name of the policy and provide a link or attach a copy:			i. If a plan exists, please provide the name of the plan and provide a link or attach a copy:			
		ii. Year policy approved/expected (yyyy):			ii. Year plan approved/expected (yyyy):			
		iii. If a policy exists, has the policy been shared through formal public announcement/notice?	Yes □ No □		iii. If a plan exists, has the plan been costed?		Yes □ No □	
				_	<ul><li>iv. If so, what is the total cost estimate (indicate currency)?</li><li>Please specify the time period.</li></ul>			
					v. If a plan exists, has the plan been supported with adequate financing to implement the plan?	Less than 50% of what is needed	Between 50 to 75% of what is needed	More than 75% of what is needed
					vi. If a plan exists, has a human resource needs assessment been conducted for the plan?		Yes $\square$ No $\square$	
					vii. Are there sufficient human resources to implement the plan?	Less than 50% of what is needed	Between 50 to 75% of what is needed	More than 75% of what is needed
	c.	Does the rural sanitation policy or plan address:			If included in the policy or plan, please specify the acto	r(s) responsible	:	
		i. Access to safely managed sanitation services	Yes □ No □	i.				
		ii. Access to improved sanitation facilities	Yes □ No □	ii.				
		iii. Access to shared sanitation facilities	Yes □ No □	iii.				
		iv. Open defecation	Yes □ No □	iv.				
		v. Reuse of municipal wastewater and faecal sludge	Yes □ No □	٧.				
		vi. Faecal sludge collection and transport to treatment	Yes □ No □	vi.				
		vii. Faecal sludge treatment	Yes □ No □	vii.				
		viii. Roles and responsibilities to ensure compliance with sanitation regulations/standards	Yes □ No □	viii.				
		ix. Climate resiliency of WASH technologies and management systems (e.g. sanitation safety plans to address climate risks)	Yes □ No □	ix.				

A5III.		oan drinking-water policy and plan: To what extent ditional information.	does a national policy and impler	mentat	ion plan exist for <u>urban</u> drinking-water sup	ply? See the	survey guidan	ce for
	a.	Policy status (choose one):  1 – No national policy  2 – National policy under development  3 – National policy formally approved  4 – Existing national policy undergoing revisions	1□ 2□ 3□ 4□	b.	Plan status (choose one):  1 – No national implementation plan developed  2 – Plan under development  3 – Plan approved, but not yet implemented  4 – Plan approved and being partially implemented  5 – Plan approved and being fully implemented	1□	2□ 3□ 4□	5□
		i. If a policy exists, please provide the name of the policy and provide a link or attach a copy:			i. If a plan exists, please provide the name of the plan and provide a link or attach a copy:			
		ii. Year policy approved/expected (yyyy):			ii. Year plan approved/expected (yyyy):			
		iii. If a policy exists, has the policy been shared through formal public announcement/notice?	Yes □ No □		iii. If a plan exists, has the plan been costed?		Yes □ No □	
					iv. If so, what is the total cost estimate (indicate currency)? Please specify the time period.			
					v. If a plan exists, has the plan been supported with adequate financing to implement the plan?	Less than 50% of what is needed	Between 50 to 75% of what is needed	More than 75% of what is needed
					vi. If a plan exists, has a human resource needs assessment been conducted for the plan?		Yes □ No □	
					vii. Are there sufficient human resources to implement the plan?	Less than 50% of what is needed	Between 50 to 75% of what is needed	More than 75% of what is needed
	c.	Does the urban drinking-water supply policy or plan add	dress:		If included in the policy or plan, please specify	the actor(s) re	esponsible:	
		i. Safely managed drinking-water supply	Yes □ No □	i.				
		ii. Access to improved sources of drinking-water	Yes □ No □	ii.				
		iii. Affordability measures	Yes □ No □	iii.				
		iv. Household connections for drinking-water	Yes □ No □	iv.				
		v. Rehabilitation of broken or disused drinking-water hand pumps	Yes □ No □	v.				
		vi. Roles and responsibilities to ensure drinking-water safety	Yes □ No □	vi.				
		vii. Climate resiliency of WASH technologies and management systems (e.g. water safety plans to address climate risks)	Yes □ No □	vii.				
		viii. Sustainability of urban water services (e.g. diversification of water sources)	Yes □ No □	viii.				

A5IV.	Rural drinking-water policy and plan: <i>To what extent additional information.</i>	does a national policy and imp	lement	ation plan exist for <u>rural</u> drinking-water su	<b>pply?</b> See the so	ırvey guidance	? for
	<ul> <li>a. Policy status (choose one):</li> <li>1 – No national policy</li> <li>2 – National policy under development</li> <li>3 – National policy formally approved</li> <li>4 – Existing national policy undergoing revisions</li> </ul>	1□ 2□ 3□ 4□	b.	Plan status (choose one):  1 – No national implementation plan developed  2 – Plan under development  3 – Plan approved, but not yet implemented  4 – Plan approved and being partially implemented  5 – Plan approved and being fully implemented	1□	2□ 3□ 4□	5□
	i. If a policy exists, please provide the name of the policy and provide a link or attach a copy:			i. If a plan exists, please provide the name of the plan and provide a link or attach a copy:			
	ii. Year policy approved/expected (yyyy):			ii. Year plan approved/expected (yyyy):			
	iii. If a policy exists, has the policy been shared through formal public announcement/notice?	Yes □ No □		iii. If a plan exists, has the plan been costed?		Yes □ No □	-
	through formal public uniformethy notice.			<ul><li>iv. If so, what is the total cost (indicate currency)?</li><li>Please specify the time period.</li></ul>			
				v. If a plan exists, has the plan been supported with adequate financing to implement the plan?	Less than 50% of what is needed	Between 50 to 75% of what is needed	More than 75% of what is needed
				vi. If a plan exists, has a human resource needs assessment been conducted for the plan?		Yes 🗆 No 🗆	
				vii. Are there sufficient human resources to implement the plan?	Less than 50% of what is needed	Between 50 to 75% of what is needed	More than 75% of what is needed
	c. Does the rural drinking-water supply policy or plan add	dress:		If included in the policy or plan, please specify			
	i. Safely managed drinking-water supply	Yes □ No □	i.				
	ii. Access to improved sources of drinking-water	Yes □ No □	ii.				-
	iii. Affordability measures	Yes □ No □	iii.				<u> </u>
	iv. Household connections for drinking-water	Yes □ No □	iv.				
	<ul> <li>v. Rehabilitation of broken or disused drinking-water hand pumps</li> </ul>	Yes □ No □	v.				]
	vi. Roles and responsibilities to ensure drinking-water safety	Yes □ No □	vi.				
	vii. Climate resiliency of WASH technologies and management systems (e.g. water safety plans to address climate risks)	Yes □ No □	vii.			,	
	<ul> <li>viii. Sustainability of rural water services (e.g. supply of parts, human resources for operation and maintenance)</li> </ul>	Yes □ No □	viii.				

A5V.		giene promotion policy and plan: To what experimation.	tent does a national policy ar	nd impl	ementation plan exist for hygiene promot	ion? See the su	rvey guidance fo	or additional
	a.	Policy status (choose one):  1 – No national policy  2 – National policy under development  3 – National policy formally approved  4 – Existing national policy undergoing revisions	1 2 3 4	b.	Plan status (choose one):  1 – No national implementation plan developed  2 – Plan under development  3 – Plan approved, but not yet implemented  4 – Plan approved and being partially implemented  5 – Plan approved and being fully implemented		1□ 2□ 3□	4□ 5□
		i. If a policy exists, please provide the name of the policy and provide a link or attach a copy:			i. If a plan exists, please provide the name of the plan and provide a link or attach a copy:			
		ii. Year policy approved/expected (yyyy):			ii. Year plan approved/expected (yyyy):			
		iii. If a policy exists, has the policy been shared through formal public announcement/notice?	Yes □ No □		iii. If a plan exists, has the plan been costed?		Yes □ N	o 🗆
					iv. If so, what is the total cost estimate (indicate currency)? Please specify the time period.			
					v. If a plan exists, has the plan been supported with adequate financing to implement the plan?	Less than 50% of what is needed	Between 50 to 75% of what is needed	More than 75% of what is needed
					vi. If a plan exists, has a human resource needs assessment been conducted for the plan?		Yes 🗆 N	o 🗆
					vii. Are there sufficient human resources to implement the plan?	Less than 50% of what is needed	Between 50 to 75% of what is needed	More than 75% of what is needed
	c.	Does the hygiene promotion policy or plan add	ress:		If included in the policy or plan, please specif	fy the actor(s) re	sponsible:	
		i. Promotion of handwashing with soap and water	Yes □ No □	i.				
		ii. Safe menstrual hygiene management	Yes □ No □	ii.				
		iii. Hygiene promotion in health care facilities	Yes □ No □	iii.				
		iv. Hygiene promotion in schools	Yes □ No □	iv.				

A5VI.	Ins	titutional WASH in policies and plans: Please see the survey guidance for additional i	informa	tion.			
	a.	WASH in health care facilities:			_		
		i. Is WASH in health care facilities included in any national policy or plan?	i.	Yes □ No □			
		ii. If yes, please list the policies or plans that include WASH in health care facilities:	ii.	1.		2.	3.
		iii. Year policy/plan approved/expected (YYYY):	iii.	1.		2.	3.
		iv. Which national ministries or institutions are responsible for the policy or plan?	iv.	1.		2.	3.
		v. Has the plan been costed?	v.	Yes □ N	o 🗆	Yes □ No □	Yes □ No □
		Do any of the policies or plans include:			If include	ed in a policy or plan, specify	the actor(s) responsible:
		vi. Measures to rehabilitate broken or disused water, sanitation, and health care management systems in health care facilities	vi.	Yes □ No □			
		vii. Measures to address antimicrobial resistance	vii.	Yes □ No □			
		viii. Measures to address quality of care	viii.	Yes □ No □			
	b.	WASH in schools:					
		i. Is WASH in schools included in any national policy or plan?	i.	Yes □ No □			
		ii. If yes, please list the policies or plans that include WASH in schools:	ii.	1.		2.	3.
		iii. Year policy/plan approved/expected (YYYY):	iii.	1.		2.	3.
		iv. Which national ministries or institutions are responsible for the policy/plan?	iv.	1.		2.	3.
		v. Has the plan been costed?	v.	Yes □ N	o 🗆	Yes □ No □	Yes □ No □
		Do any of the policies or plans include:			If includ	led in a policy or plan, speci	fy the actor(s) responsible:
		vi. Measures to rehabilitate broken or disused water or sanitation facilities in schools	vi.	Yes □ No □			
		vii. Measures for safe menstrual hygiene management	vii.	Yes □ No □			
	c.	Infection prevention and control (IPC):					
		i. Is IPC included in any national policy or plan?	i.	Yes □ No □		_	
		ii. If yes, please list the policies or plans that include IPC:	ii.	1.		2.	3.
		iii. Year policy/plan approved/expected (YYYY):	iii.	1.		2.	3.
		iv. Which national ministries or institutions are responsible for the policy/plan?	iv.	1.		2.	3.
		v. Has the plan been costed?	٧.	Yes □ No	<u></u>	Yes □ No □	Yes □ No □

<b>A5VI</b> . (	cont	inued from previous page)				
	c.	Infection prevention and control (IPC) (cont.):  Do any of the policies or plans include:			If included in the policy or plan,	specify the actor(s) responsible:
		vi. WASH in health care facilities	vi.	Yes □ No □		
		vii. Measures for health care waste management	vii.	Yes □ No □		
		viii. Measures to address antimicrobial resistance	viii.	Yes □ No □		
		ix. Measures to address quality of care	ix.	Yes □ No □		
	d.	Health care waste management:				
		i. Is health care waste management included in any national policy or plan?	i.	Yes □ No □		
		ii. If yes, please list the policies or plan that include health case waste management:	ii.	1.	2.	3.
		iii. Year policy/plan approved/expected (YYYY):	iii.	1.	2.	3.
		iv. Which national ministries or institutions are responsible for the policy/plan?	iv.	1.	2.	3.
		v. Has the plan been costed?	v.	Yes □ No	Yes 🗆 No 🗆	Yes □ No □
A5VII.	Ot a.	her WASH policies and plans: If additional space is needed, please use the survey and Other WASH-related policies: Please provide the name and year of other WASH-related p workplace, etc. Please provide a link or attach a copy of the policies.		ot yet mentioned a	above, e.g. health systems strength	ening, quality of care, WASH in the
	b. c.	Other WASH-related plans: Please provide the name and year of other WASH-related plan  Any other comments on national WASH policies or plans (such as if there are different pol				

IAL 1	TARGETS					
	ational target setting process					
а.	Which ministry/national institution is the lead for setting national targets in the following	areas:				
	i. Sanitation:	<u></u>				
	ii. Drinking-water:					
	iii. Hygiene:					
	iv. WASH in health care facilities:					
	v. WASH in schools:					
	vi. Other WASH target areas (specify target area and lead ministry/institution):					
b.	For each WASH area, does the process for setting national targets include the following					
	elements?		Drinking-	1	WASH in health care	WASH in
		Sanitation	water	Hygiene	facilities	schools
	i. Inclusion of stakeholders	Yes □ No□	Yes □ No□	Yes □ No□	Yes □ No□	Yes □ No
	ii. If yes, please specify which stakeholders are included in the target setting process per are	a:				ı
	Sanitation:					
	Drinking-water:					
	Hygiene:					
	WASH in health care facilities:					
	WASH in schools					
		6 '' ''	Drinking-		WASH in health care	WASH in
	"" Deading and indicate the distance of a stationary and indicate for	Sanitation	water	Hygiene	facilities	schools
	iii. Baseline analysis including a review of existing targets and indicator frameworks and a review of the current WASH situation	Yes □ No□	Yes □ No□	Yes □ No□	Yes □ No□	Yes □ No□
	iv. Addressing financial aspects of the targets through financial analysis	Yes □ No□	Yes □ No□	Yes □ No□	Yes □ No□	Yes □ No
	v. Assessment of human resources needed to achieve targets	Yes □ No□	Yes □ No□	Yes □ No□	Yes □ No□	Yes □ No
	vi. If yes, are there sufficient human resources to achieve targets?  1 – Less than 50% of what is needed 2 – Between 50 to 75% of what is needed 3 – More than 75% of what is needed	1	1	1 □ 2 □ 3 □	1	1
	vii. Formulating and sharing the draft targets with the public for consultation	Yes □ No□	Yes □ No□	Yes □ No□	Yes □ No□	Yes □ No
	viii. Revision of the targets based on key stakeholder and public consultations	Yes □ No□	Yes □ No□	Yes □ No□	Yes □ No□	Yes □ No
	ix. Endorsement of national targets at the appropriate political level	Yes □ No□	Yes □ No□	Yes □ No□	Yes □ No□	Yes □ No
	x. Sharing the final targets and program of work with the public, including key	Yes □ No□	Yes □ No□	Yes □ No□	Yes □ No□	Yes □ No

		-							
7I.	Nat	ional targets for sanitation							
	Che	ck this box if urban and rural sanitation are included in	the sam	e nat	tion	al sanitation coverage target.			
	If y	our country has one sanitation coverage target, please o	answer a,	b,c b	elou	of for the one target, then skip to question A7II.			
								<b>-</b>	
	a.	Coverage target for <u>urban</u> sanitation					T	T = .	T
		i. What is the national <u>urban</u> sanitation Please spe	ecify what	he co	overa	ge target measures:	Target value	Target year	<b>Title and date of policy/plan</b> where target is established. If available, please <b>provide a link or</b>
		coverage target?  e.g. Percei	ntage of u	ban p	рори	lation with access to improved sanitation.	e.g. 85%	e.g. 2025	attach a copy.
					· ·				
		ii. What types of sanitation facilities/services are inclu	ıdad in th	ا ساد	han	canitation coverage target?		<u>"</u>	
		ii. What types of samtation facilities/services are mich	uueu III ti	e <u>un</u>	<u>Dali</u> :	Sanitation coverage target:			
									_
	b.	Are the following elements of sanitation facilities/se	rvices inc	lude	d in	the definition of coverage in the above	Yes	No	
	~.	target:							
		i. Excreta is transported through a sewerage network		ewa	iter a	and treated off-site			
		ii. Excreta is temporarily stored, emptied, and treated	off-site						
		iii. Excreta is treated and disposed of on-site							
		iv. Improved sanitation facilities including flush/pour							
		ventilated improved pit latrines, composting toilets or v. Shared sanitation facilities between two or more ho	•		ith s	lads			
		vi. Please provide any additional details about the nat			nita	tion coverage definition			
		VI. Flease provide any additional details about the flat	ionai <u>urb</u>	<u>111</u> Sa	annta	tion coverage definition.			
	_	Additional targets for urban sanitation				If yes, please specify what the target measures	Target	Target	J T
	c.	Additional targets for <u>urban</u> sanitation				and what is included in the measure.	value	Target year	Title and date of policy/plan where target is
						e.q. Percentage of population practicing open	e.g. 0%	e.g. 2025	established. If available, please provide a link or
		Are there <u>urban</u> sanitation targets for the following ar	eas? Y	es	No	defecation, which is the practice of defecating in	- J		attach a copy.
				_		the environment.			
		i. Municipal wastewater/sewerage network							
		ii. Faecal sludge collection and transport to treatment							
		iii. Faecal sludge treatment		_					
		iv. Reuse of municipal wastewater and faecal sludge							
		v. Open defecation							
		Other urban sanitation targets:							
		vi.	Г	īT					
		vii.					1		
		viii.		]			1		
				<u> </u>		1	1	1	1

10							
•	ntinued from previous page) E: Skip d,e,f if your country has one sanitation coverag	a taraat for ho	th urh	an and rural capitation			
NOT	E. Skip a,e,j ij your country has one samtation coverag	<u>je turget jor bo</u>	ur ur b	an ana rarai samtation.			
d.	Coverage target for <u>rural</u> sanitation						
	i. What is the national <u>rural</u> sanitation	specify what the	cover	age target measures:	Target	Target	Title and date of policy/plan where target is
	coverage target?	·			value	year	established. If available, please provide a link or
	e.g. Po	ercentage of rura	l popul	ation with access to improved sanitation.	e.g. 85%	e.g. 2025	attach a copy.
	ii. What types of sanitation facilities/services are in	cluded in the <u>ru</u>	<u>ıral</u> sa	nitation coverage target?			
	L						
e.	Are the following elements of sanitation facilities/s	services include	ed in t	he definition of coverage in the above target:	Yes	No	
	i. Excreta is transported through a sewerage networ	k with wastewa	ater a	nd treated off-site			
	ii. Excreta is temporarily stored, emptied, and treate	ed off-site					
	iii. Excreta is treated and disposed of on-site						
	iv. Improved sanitation facilities including flush/pou						
	ventilated improved pit latrines, composting toilets	•	ith sla	abs		_	
	v. Shared sanitation facilities between two or more						
	vi. Please provide any additional details about the n	ational <u>rural</u> sa	nitatio	on coverage definition.			_
							J
f.	Additional targets for <u>rural</u> sanitation			If yes, please specify what the target measures	Target	Target	
				and what is included in the measure.	value	year	Title and date of policy/plan where target is
	Are there <u>rural</u> sanitation targets for the following a	reas? Yes	No	e.g. Percentage of population practicing open defecation, which is the practice of defecating in the environment.	e.g. 0%	e.g. 2025	established. If available, please provide a link or attach a copy.
	i. Faecal sludge collection and transport to treatmer	nt 🗆					
	ii. Faecal sludge treatment						
	iii. Reuse of wastewater and faecal sludge						
	iv. Open defecation						
		·			•	•	
	Other rural sanitation targets:						
	Other <u>rural</u> sanitation targets:  v.						

Nat	ional targets for drinking-water supply								
	ck this box if urban and rural drinking-water sup								
	r country has one drinking-water coverage target,		ver a,b	,c below for the one targe	et, tnen skip	to questioi	n A/III.	_	
a.	Coverage target for <u>urban</u> drinking-water supp						T		
	i. What is the national <u>urban</u> drinking-water			nat the coverage target meas			Target value	Target year	Title and date of policy/plan where target is
	supply coverage target?	e.g. Perce water sup		f urban population with acce	ss to improve	ed drinking-	e.g. 85%	e.g. 2025	established. If available, please <b>provide a link</b> attach a copy.
	ii. What types of drinking-water sources are in rainwater, and packaged or delivered water)	cluded in th	e <u>urba</u>	<u>n</u> drinking-water supply c	overage targ	get? (e.g. ind	cluding piped wate	r, boreholes or to	ibewells, protected dug wells, protected springs
b.	Are the following components included in the target:	definition o	of cove	rage for the above	Yes	No	If yes, specify v	<b>ralue</b> (e.g. 30 n	ninutes travel-time) or details about the
	i. Minimum volume of water per day								
	ii. Minimum service hours per day								
	iii. Maximum round-trip collection time, includ	ng queuing							
	iv. Maximum roundtrip distance								
	v. Drinking-water is accessible on premises								
	vi. Drinking-water is free from contamination								
	vii. Please provide any additional details about	the nationa	l urbar	n drinking-water coverage	definition.				
с.	Additional targets for <u>urban</u> drinking-water su	pply		If yes, please specify what what is included in the me		easures and	Target value	Target year	Title and date of policy/plan where target i established. If available, please provide a li
	Are there <u>urban</u> drinking-water targets for the following areas?	Yes	No	e.g. national average for t household income spent o			e.g. 0%	e.g. 2025	attach a copy.
	i. Drinking-water quality								
	ii. Household connections for drinking-water								
	iii. Affordability of drinking-water								
	Other urban drinking-water targets:								
						· · · · · · · · · · · · · · · · · · ·			
	iv.								
	v. v.								

1	tioned from manifold many								
	tinued from previous page) E: Skip d,e,f if your country has one drinking-wa	iter sunnly cov	ierane :	target for both urban and	rural sanita	ation			
1101	E. SKIP G.E.J. IJ YOUR COUNTY HAS ONE ARMKING WA	ter suppry cov	reruge	target for both arban and	Turur Suriitu	itioii.			
d.	Coverage target for <u>rural</u> drinking-water sup	ply							
	i. What is the national rural drinking-water	Please specif	fy what	the coverage target measure	s:		Target value	Target year	Title and date of policy/plan where target is
	supply coverage target?	e.g. Percento water supply		ural population with access to	o improved dr	inking-	e.g. 85%	e.g. 2025	established. If available, please provide a link or attach a copy.
	ii. What types of drinking-water sources are rainwater, and packaged or delivered water)	included in th	e <u>rural</u>	drinking-water supply co	verage targe	et? (e.g. inclu	ding piped water,	boreholes or tub	newells, protected dug wells, protected springs,
e.	Are the following components included in th	ne definition c	of cove	rage for the above			If yes specify	value (e.g. 30.	minutes travel-time) or <b>details</b> about the
С.	target:	ic definition c	, cove	rage for the above	Yes	No	component	value (c.g. 50	minutes traver time, or details about the
	i. Minimum volume of water per day						-		
	ii. Minimum service hours per day								
	iii. Maximum round-trip collection time, inclu								
	iv. Maximum roundtrip distance								
	v. Drinking-water is accessible on premises								
	vi. Drinking-water is free from contamination	ı							
	vii. Please provide any additional details abou	ut the nationa	l <u>rural</u> d	drinking-water coverage o	lefinition.				
f.	Additional targets for <u>rural</u> drinking-water su	upply		If yes, please specify what what is included in the me		easures and	Target value	Target year	Title and date of policy/plan where target is established. If available, please provide a link or
	Are there <u>rural</u> drinking-water targets for the following areas?	Yes	No	e.g. national average for t household income spent o			e.g. 0%	e.g. 2025	attach a copy.
	i. Drinking-water quality								
	ii. Household connections for drinking-water								
	iii. Affordability of drinking-water								
	Other <u>rural</u> drinking-water targets:								
	Other <u>rural</u> drinking-water targets:  iv.								

	t <mark>ional targets for hygiene</mark> TE: Hygiene in health care facilities and hygiene in	n sahaals is saya	ad i	. A 7	711.7			
NO	i E: Hygiene in neaith care jacilities and hygiene in	n scrioois is cover	<u>ea ir</u>	<u>n A7</u>	<u>IV.</u>			
a.	Coverage target for hygiene							
	i. What is the national hygiene/handwashing	Please specify wh	at th	ne cov	verage target measures:	Target	Target	Title and date of policy/plan where target is
	coverage target?	· · ·			ion with handwashing facilities with soap on	value	year	established. If available, please provide a link or
		premises.	, <sub>1</sub> , -1,		3,	e.g. 85%	e.g. 2025	attach a copy.
	ii. How is the coverage target defined?							
	The state of the containing the get the mean							
								1
b.	Are the following elements of hygiene criteria,	/facilities includ	ed ir	n the	e definition of coverage in the target above:	Yes	No	
b.		/facilities includ	ed ir	n the	e definition of coverage in the target above:	Yes	No	
b.	i. Handwashing facility on premises	/facilities includ	ed ir	n the	e definition of coverage in the target above:			
b.		/facilities includ	ed ir	n the	e definition of coverage in the target above:			
b. c.	i. Handwashing facility on premises	/facilities includ	ed ir	n the	If yes, please specify what the target measures			Title and date of policy/plan where target is
	i. Handwashing facility on premises  ii. Soap and water on premises	/facilities includ	ed ir	n the	If yes, please specify what the target measures and what is included in the measure.			Title and date of policy/plan where target is established. If available, please provide a link or
	i. Handwashing facility on premises  ii. Soap and water on premises			No	If yes, please specify what the target measures	Target	Target	
	i. Handwashing facility on premises  ii. Soap and water on premises  Additional targets for hygiene		25		If yes, please specify what the target measures and what is included in the measure.  e.g. Percentage of population reached with	Target	Target	established. If available, please provide a link or
	i. Handwashing facility on premises  ii. Soap and water on premises  Additional targets for hygiene  Are there hygiene targets for the following area.	as? Ye	es	No	If yes, please specify what the target measures and what is included in the measure.  e.g. Percentage of population reached with	Target	Target	established. If available, please provide a link or
	i. Handwashing facility on premises  ii. Soap and water on premises  Additional targets for hygiene  Are there <a href="hygiene">hygiene</a> targets for the following area  i. Hygiene promotion in urban areas  ii. Hygiene promotion in rural areas	as? Ye	es ]	No 🗆	If yes, please specify what the target measures and what is included in the measure.  e.g. Percentage of population reached with	Target	Target	established. If available, please provide a link or
	i. Handwashing facility on premises  ii. Soap and water on premises  Additional targets for hygiene  Are there <a href="hygiene">hygiene</a> i. Hygiene promotion in urban areas	as? Ye	es ]	No 🗆	If yes, please specify what the target measures and what is included in the measure.  e.g. Percentage of population reached with	Target	Target	established. If available, please provide a link or
	i. Handwashing facility on premises  ii. Soap and water on premises  Additional targets for hygiene  Are there <a href="hygiene">hygiene</a> targets for the following area  i. Hygiene promotion in urban areas  ii. Hygiene promotion in rural areas	as? Ye	es ]	No 🗆	If yes, please specify what the target measures and what is included in the measure.  e.g. Percentage of population reached with	Target	Target	established. If available, please provide a link or
	i. Handwashing facility on premises  ii. Soap and water on premises  Additional targets for hygiene  Are there hygiene targets for the following area  i. Hygiene promotion in urban areas  ii. Hygiene promotion in rural areas  iii. Safe menstrual hygiene management	as? Ye	es l	No 🗆	If yes, please specify what the target measures and what is included in the measure.  e.g. Percentage of population reached with	Target	Target	established. If available, please provide a link or
	i. Handwashing facility on premises  ii. Soap and water on premises  Additional targets for hygiene  Are there <a href="hygiene">hygiene</a> i. Hygiene promotion in urban areas  ii. Hygiene promotion in rural areas  iii. Safe menstrual hygiene management  Other hygiene targets:	as? Ye	es	No 🗆	If yes, please specify what the target measures and what is included in the measure.  e.g. Percentage of population reached with	Target	Target	established. If available, please provide a link or

а.	<b>Health care facilities:</b> Are there national targets for WASH in <u>health care facilities</u> for the following			If yes, please specify what the target measures and what is included in the measure:	Target value	Target year	Title and date of policy/plan where target is
	areas?	Yes	No	e.g. Percentage of health care facilities with basic sanitation facilities on premises designated for patients	e.g. 75%	e.g. 2025	established. If available, please <b>provide a lin</b> or attach a copy.
	i. Sanitation facilities						
	ii. Drinking-water supply						
	iii. Hygiene/handwashing						
	Are there additional targets for <u>WASH in health care facilities</u> ?	Yes	No	If yes, please specify what the target measures and what is included in the measure.	Target value	Target year	Title and date of policy/plan where target is established. If available, please provide a linl or attach a copy.
	iv.						
	v.						
	vi.						
b.	<b>Schools:</b> Are there national targets for WASH in schools for the following areas?			If yes, please specify what the target measures and what is included in the measure:	Target	Target	Title and date of policy/plan where target is
	schools for the following areas:	Yes	No	e.g. Percentage of schools with access to an improved drinking-water source on premises	value e.g. 95%	year e.g. 2030	established. If available, please <b>provide a lin or attach a copy</b> .
	i. Sanitation facilities						
	ii. Drinking-water supply						
	iii. Hygiene/handwashing						
		,					
	Are there additional targets for WASH in schools?	Yes	No	If yes, please specify what the target measures and what is included in the measure.	Target value	Target year	Title and date of policy/plan where target is established. If available, please provide a lin or attach a copy.
	iv.						
	v.						

		Baseline Value: Indicate the value of the target measured at baseline	Baseline Year: Indicate the year the baseline value was measured	Latest Value: If available, please indicate the most recent estimate of the national target	Latest Year: Indicate the year of the most recent estimate of the national target	Data Source: What is the source of the data for monitoring this target? If available, provide a link or attach the source of the data (e.g. annual monitoring reports).	Is the data progress o targets availa	on nat publi
		e.g. 62%	e.g. 2010	e.g. 67%	e.g. 2018		Yes	
a.	i. Urban sanitation coverage							
	ii. Municipal wastewater/sewerage network							
	iii. Faecal sludge collection and transport to treatment							
	iv. Faecal sludge treatment							
	v. Reuse of municipal wastewater and faecal sludge							
	vi. Open defecation							
	vii.							
	viii.							
	ix.							
				T				
b.	i. Rural sanitation coverage							
	ii. Faecal sludge collection and transport to treatment							
	iii. Faecal sludge treatment							
	iv. Reuse of wastewater and faecal sludge							
	v. Open defecation							
	vi.							
	vii.							
	viii.							
				1				
c.	i. Urban drinking-water supply coverage							
	ii. Drinking-water quality							
	iii. Household connections for drinking-water							
	iv. Affordability of drinking-water							
	v.							
	vi.							
	vii.		<u> </u>				П	

(Co	ontinued from previous page)							
		Baseline Value: Indicate the value of the target measured at baseline	Baseline Year: Indicate the year the baseline value was measured	Latest Value: If available, please indicate the most recent estimate of the national target	Latest Year: Indicate the year of the most recent estimate of the national target	Data Source: What is the source of the data for monitoring this target? If available, provide a link or attach the source of the data (e.g. annual monitoring reports).	Is the data progress o targets avails	n nati public
		e.g. 62%	e.g. 2010	e.g. 67%	e.g. 2018		Yes	ľ
d.	i. Rural drinking-water supply coverage							
	ii. Drinking-water quality							
	iii. Household connections for drinking-water							
	iv. Affordability of drinking-water							
	v.							
	vi.							
	vii.							
_	i. Hygiene coverage		Τ	I	Τ			
С.								
	ii. Hygiene promotion in urban areas							
	iii. Hygiene promotion in rural areas							
	iv. Safe menstrual hygiene management							-
	v. vi.							-
	vi.							
	VII.							<u> </u>
f.	WASH in health care facilities							
	i. Sanitation facilities							
	ii. Drinking-water supply							
	iii. Hygiene/handwashing							
	iv.							
	v.							
	vi.							
~								
g.	WASH in schools		T	I	T			1
	i. Sanitation facilities							1
	ii. Drinking-water supply							-
	iii. Hygiene/handwashing							-
	iv.							1
	V.							-
	vi.		1		1			

# **EQUITY MEASURES**

## A9. Vulnerable groups in national WASH policies and plans

a. Sanitation: To what extent are there measures to extend services to vulnerable populations in national policies and plans?

	Not Applicable	Do policies sanitation h measures services to popula	or plans for nave specific to extend vulnerable ations?	If yes, what is the level of implementation?  1 – Not yet implemented  2 – Partially implemented  3 – Fully implemented	If yes, please describe the measures:	Please provide a link or reference to the policy/plan where measures to extend services to the vulnerable group are included.
		Yes	No			
i. Poor populations				1□ 2□ 3□		
ii. Populations living in slums or informal settlements				1□ 2□ 3□		
iii. Populations living in remote or hard to reach areas				1□ 2□ 3□		
iv. Indigenous populations				1□ 2□ 3□		
v. Internally displaced persons and/or refugees				1□ 2□ 3□		
vi. Women				1□ 2□ 3□		
vii. Ethnic minorities				1□ 2□ 3□		
viii. People living with disabilities				1□ 2□ 3□		
ix. Populations with high burden of disease such as diarrhoea, undernutrition, neglected tropical diseases, and cholera				1□ 2□ 3□		
x. Other vulnerable groups (please specify):				1□ 2□ 3□		

<b>b.</b>	ntinued from previous page)  Drinking-water: To what e	extent are th	ere measures	s to extend se	rvices to vulnerable popula	tions in national policies and plans?	
		Not Applicable	drinking-v specific m extend s vulnerable	or plans for water have leasures to ervices to populations?	If yes, what is the level of implementation?  1 – Not yet implemented 2 – Partially implemented 3 – Fully implemented	If yes, please describe the measures:	Please provide a link or reference to the policy/pla where measures to extend services to the vulnerable group are included.
			Yes	No	, '		group are moracea.
	i. Poor populations				1□ 2□ 3□		
	ii. Populations living in slums or informal settlements				1□ 2□ 3□		
	iii. Populations living in remote or hard to reach areas				1□ 2□ 3□		
	iv. Indigenous populations				1□ 2□ 3□		
	v. Internally displaced persons and/or refugees				1□ 2□ 3□		
	vi. Women				1□ 2□ 3□		
	vii. Ethnic minorities				1□ 2□ 3□		
	viii. People living with disabilities				1□ 2□ 3□		
	ix. Populations with high burden of disease such as diarrhoea, undernutrition, neglected tropical diseases, and cholera				1□ 2□ 3□		
	x. Other vulnerable groups (please specify):	- 0			1□ 2□ 3□		

		Not Applicable	WAS speci	e a national H target fic to the able group:	If yes, what is the target?	Please provide a link or reference the national target(s) that is specifor the vulnerable group.
			Yes	No	e.g. 96% of rural women have access to safely managed drinking-water by 2025	
a.	Poor populations					
b.	Populations living in slums or informal settlements					
c.	Populations living in remote or hard to reach areas					
d.	Indigenous populations					
e.	Internally displaced persons and/or refugees					
f.	Women					
g.	Ethnic minorities					
h.	People living with disabilities					
i.	Populations with high burden of disease such as diarrhoea, undernutrition, neglected tropical diseases, and cholera					
j.	Other vulnerable groups (please specify):					

## COORDINATION

A11. <u>Institutional roles and responsibilities and lead agencies</u>: <u>Please list ministries/national institutions/non-governmental stakeholders with responsibilities in the following areas: governing/setting regulations; providing service (including planning, financing, and operating); monitoring and surveillance. Indicate the level of responsibility of the institution in each area on a scale of 1 to 3 (1. None, 2. Contributor, 3. Lead). If needed, please add more information in the GLAAS 2018/2019 survey annex.</u>

									n each sector tor, 3. Lead	:					
	а	. Drinking-wa	iter	b. Hy	ygiene pror	motion	C.	Basic sanit	ation	d. Mu	nicipal was	tewater	e. Faeca	al sludge colle treatment	
Ministries or national institutions	Govern/ Regulate	Provide Service	Monitor/ Surveillance	Govern/ Regulate	Provide Service	Monitor/ Surveillance	Govern/ Regulate	Provide Service	Monitor/ Surveillance	Govern/ Regulate	Provide Service	Monitor/ Surveillance	Govern/ Regulate	Provide Service	Monitor/ Surveillance
e.g. Ministry of Health	2	1	3	1	1	1	3	1	2	2	1	2	2	3	1
															1
Non-governmental stakeholders (in	ncluding pri	ivate sector	)												
	<u>I</u>														

	iculture, public works, etc.)?					
	Yes, a formal mechanism exists	Yes, an informal mechanism exists	A mechanism is in development		No	
lf a	mechanism exists or is in de	velopment, does the coo	rdination process:		Yes	Partly
a.	_	ernmental agencies that dire	ectly or indirectly influence servi	ce <b>a.</b>		
b.	delivery? Include non-governmental sta NGOs)?	akeholders (e.g. advocacy gr	oups, civil society organizations,	b.		
c.	Include donors that contribut	e to WASH activities nation	ally?	c.		
d.	Include mutual review and as	sessment as part of the med	chanism?	d.		
e.	Apply evidence-based decisio access, WASH related disease		ration of agreed indicators (e.g.	e.		
f.	Base its work on agreed sector	The state of the s	lan?	f.		
g.	Include documentation of the	process and activities?		g.		
h.	Have a budget line allocated f	for coordination activities?		h.		
		tion body meet or formally	nteract?			
j.	If the coordination mechanism the formal mechanism in place	n is formal, please name the	e mechanism and provide a link o	or copy of c	document	ation on

a. Sanitation b. Drinking-water supply c. Hygiene c.  d. Development partners (top 5 in terms of WASH ODA disbursed)  Estimate the percentage of WASH according to the percent	Number of development partners participating in central government-led sector coordination projects  Number of development partners actively coordinating work with local authorities in support of government policies, processes and defined priorities  Number of development partners reporting results of monitoring back to government institutions
d. Development partners (top 5 in terms of WASH ODA disbursed)  Please see the survey guidance for further information  1.  2.  3.	
d. Development partners (top 5 in terms of WASH ODA disbursed)  Please see the survey guidance for further information  1.  2.  3.	
Please see the survey guidance for further information captured in/aligned with the nation  2.  3.	
4.	
5.	

2: Low – <u>Communication</u> 3: Medium-Low – <u>Occa</u> 4: Medium-High – <u>Reg</u> 5: High – <u>Collaboration</u> 6: Very High – <u>Represe</u>	asional Cor ular Consu n: Regular	sultation: Gove opportunitie	overnment ernment au s for stakel	authorities or thorities regunolders to take	ccasionally larly reque e part in re	request in st informa levant poli	formation, tion, exper cy, plannir	experience riences and ng and mar	l opinions agement	of stakeho processes.	lders.		es and act	ivities, as	approp	riate.
		res defined or policy <sup>4</sup>	policy : mentio	loes law or specifically n women's		to which <u>s</u>		rs / commo	<b>unities</b> pai	·		Extent t	o which <u>w</u>	vomen pa	articipate	
	Yes	No	partio Yes	cipation? No	Very Low -	2	3	4	5	► Very High 6	Very Low	2	3	4	5	→ v
i. Urban sanitation																
ii. Rural sanitation																+
iii. Urban drinking-water supply																1
iv. Rural drinking-water supply																1
v. Hygiene promotion																
vi. Water, sanitation and hygiene in health care facilities																
vii. Water resources planning and management																
viii. If procedures are defined in policy. If procedures are defined in policy.	·					on forms c	of user part	ticipation.								

<sup>&</sup>lt;sup>3</sup> 'Participation' means a mechanism by which individuals and communities can meaningfully contribute to decisions and directions about WASH and water resources.

<sup>&</sup>lt;sup>4</sup> These could be general policies or laws relating to public participation or consumer rights, or relating specifically to the WASH sector.

Co	ntinued from previous page)									
).	<u>Participation procedures at local administrative unit level</u> : For urban sanitation/drinking-water, administrative units (LAUs) and the number of LAUs with policies and procedures for participation NOTE: The local administrative unit is to be determined by the government. Local administrative us smallest geographical areas distinguished for administrative and political purposes <sup>5</sup> (OECD).	n of local c	ommunities							
		sanitatio	Urban on and drink	ing-water	sanitatio	Rural on and drink	ing-water		ater resour	
_	i. <u>Total</u> number of LAUs <sup>6</sup> in country for each sector:									
	<b>ii.</b> Of the total listed in <b>i.</b> , how many LAUs have policies and procedures for participation of local communities:									
	For each sector, what percentage of local administrative units (LAUs) have the following elements for participation in place?	sanitatio	Urban on and drink	ing-water	sanitatio	Rural on and drink	ing-water		ater resour	
		Less than 50%	Between 50 to 75%	More than 75%	Less than 50%	Between 50 to 75%	More than 75%	Less than 50%	Between 50 to 75%	More than 75%
-	<b>iii.</b> Information is publicly available and easily accessible (e.g. access to information on WASH services or planned projects that may affect local water resources)									
	iv. There are permanent and regular (at least twice a year) forums/councils/meetings for citizen engagement with service providers, local government, or entities responsible for water resources management									
_	v. Formal feedback system in place with mechanisms to address complaints.									
	vi. Regulatory authorities have mechanisms to receive and resolve conflicts									
	vii. Of the local administrative units in ii. with policies and procedures, how many local administrative units have at least three of these elements for local community participation?					•			•	
	<b>NOTE</b> : Public participation in a community is considered operational when at least three of the elements above (iiivi.) exist and are practiced in a community.									
-										

<sup>&</sup>lt;sup>5</sup> OECD Glossary: https://stats.oecd.org/glossary/detail.asp?ID=1550

<sup>&</sup>lt;sup>6</sup> Local administrative units (LAUs) for urban and rural sanitation and drinking-water should be non-overlapping and cover the entire country. LAUs for water resources planning and management may differ from those designated to sanitation and drinking-water.

ix. If an effective complaint mechanism exists, please p	rovide an examp	ole (e.g. existen	ce of complaint	hotline, target re	esponse times,	customer satisfa	action with respo	onses, etc.).	
L									
x. Please provide an example of a situation(s) where co	mplaint mechar	nisms need to b	e improved.						
A. I lease provide all example of a situation(s) where ea									
X. Trease provide an example of a situation(s) where ea									
X. Trease provide an example of a situation(s) where ea									
X. Trease provide an example of a situation(s) where ea									
X. Ficuse provide an example of a situation(s) where ea									
Government resources for public participation		Urban			Rural			Water resource	
	sanitat	Urban tion and drinkin	g-water		ion and drinkin		plann	ing and manag	geme
		Urban		sanitat Less than 50% of what is needed		g-water More than 75% of what is needed			gem
	sanitat Less than 50% of what is	Urban tion and drinkin Between 50 to 75% of what is	g-water More than 75% of what is	Less than 50% of what is	ion and drinkin Between 50 to 75% of what is	More than 75% of what is	planr Less than 50% of what is	ning and manag  Between  50 to 75% of  what is	
Government resources for public participation  i. Are there sufficient financial resources in place to	sanitat Less than 50% of what is needed	Urban tion and drinkin Between 50 to 75% of what is needed	g-water More than 75% of what is needed	Less than 50% of what is needed	ion and drinking Between 50 to 75% of what is needed	More than 75% of what is needed	planr Less than 50% of what is needed	Between 50 to 75% of what is needed	gem

# **Section B: Monitoring**

Responses to this section of the survey will help to determine the level of monitoring activity performed by the government, as well as other stakeholders and how this information is used in the planning, development and evaluation of water and sanitation services. *Please consult the survey auidance for important information on the questions in Section B*.

		GLAAS, CSOS, JIVIP CC	overage estimates, WHO/U	How many natio
	No national assessment	Month/year of last national assessment	Name of latest national assessment	assessments have tak between 2012 and
a. Sanitation				
<b>b.</b> Drinking-water				
c. Hygiene promotion/practice				
d. WASH in health care facilities (incl. health care waste management.)				
e. WASH in schools				
f. Does the government conduct joint se	ector reviews?	Yes 🗆	No □	1
i. If yes, what was the joint sector revie ii. In which year did the most recent rev		e?		
iii. What themes or sectors were covere	·	er		
Don't know	Yes No	<u> </u>		
Sanitation				
Samtation				
Drinking-water		]		
Drinking-water Hygiene				
Drinking-water Hygiene WASH in health care facilities				
Drinking-water Hygiene WASH in health care facilities WASH in schools		1		
Drinking-water Hygiene WASH in health care facilities WASH in schools Other		1		
Drinking-water Hygiene WASH in health care facilities WASH in schools Other Please specify:				
Drinking-water Hygiene WASH in health care facilities WASH in schools Other Please specify:  iv. How many government agencies par	Tticipated in th	e review process?	10 or more □	1
Drinking-water Hygiene WASH in health care facilities WASH in schools Other Please specify:  iv. How many government agencies par	crticipated in the	e review process?		]
Drinking-water Hygiene WASH in health care facilities WASH in schools Other Please specify:  iv. How many government agencies par Don't know \( \Precedent \) 1 \( \Precedent \) 2 to	crticipated in the	e review process?	ed in the review process?	]
Drinking-water Hygiene WASH in health care facilities WASH in schools Other Please specify:  iv. How many government agencies par Don't know 1 2 to v. How many development partners (do Don't know None  vi. Did the review include a discussion of	rticipated in the oa	ereview process?  o 6  7 to 9  and NGOs) participat  4 to 6  7 to	ed in the review process?  9	] Yes □ N
Drinking-water Hygiene WASH in health care facilities WASH in schools Other Please specify:  iv. How many government agencies par Don't know 1 2 to v. How many development partners (do Don't know None  vi. Did the review include a discussion or resources?	rticipated in the o 3  4 to a generics.  1 to 3  of course-corres	ereview process?  o 6	ed in the review process?  9	
Drinking-water Hygiene WASH in health care facilities WASH in schools Other Please specify:  iv. How many government agencies par Don't know 1 2 to v. How many development partners (do Don't know None  vi. Did the review include a discussion of	rticipated in the conor agencies of course-correction of course-correcti	ereview process?  o 6	ed in the review process?  9	

B1.	(Contin	ued from previous page)				
	x.	Are the reports/minutes/aide-mémoires listed aboavailable?	ove publicly	Yes □ No		
	xi.	Provide the month and year when the next joint so place:	ector review is expect	ted to take		
		If the date is not finalized, please include a descrip information will be shared online to facilitate sector		·		online. This
		cts of sector review: Please give an example of a time antial change to policy, planning or targets.	ne when a national ass	sessment or joint	sector review resu	ılted in
USE B2.	Data	NITORING DATA  availability for decision-making: For the follow ted, and used. Please see the survey guidance			Data available, analysed and used for a minority of	Data available, analysed, and used for a majority of
	<u>Data</u> collec	availability for decision-making: For the followerted, and used. Please see the survey guidance	for more information Only limited data collected and limited availability	Partial data available, but not generally used	Data available, analysed and used for a minority of decisions	Data available, analysed, and used for a majority of decisions
	Data collect	availability for decision-making: For the follow	for more information Only limited data collected and limited availability  (Pl	Partial data available, but not generally used	Data available, analysed and used for a minority of decisions	Data available, analysed, and used for a majority of decisions
	Data collect Decisi a.	availability for decision-making: For the following ted, and used. Please see the survey guidance on-making in the health sector Identifying public health priorities for reducing WASH related diseases	for more information Only limited data collected and limited availability  (Pl	Partial data available, but not generally used	Data available, analysed and used for a minority of decisions esponse in each rov	Data available, analysed, and used for a majority of decisions
	Data collect  Decisi a. b.	availability for decision-making: For the following ted, and used. Please see the survey guidance on-making in the health sector Identifying public health priorities for reducing WASH related diseases Responding to WASH-related disease outbreak	for more information Only limited data collected and limited availability  (Pl	Partial data available, but not generally used	Data available, analysed and used for a minority of decisions	Data available, analysed, and used for a majority of decisions
	Decisi a. b. c.	availability for decision-making: For the followerted, and used. Please see the survey guidance on-making in the health sector  Identifying public health priorities for reducing WASH related diseases  Responding to WASH-related disease outbreak Identifying priority health care facilities needing	for more information Only limited data collected and limited availability  (Pl	Partial data available, but not generally used	Data available, analysed and used for a minority of decisions esponse in each rov	Data available, analysed, and used for a majority of decisions
	Decisi a. b. c.	availability for decision-making: For the following ted, and used. Please see the survey guidance on-making in the health sector Identifying public health priorities for reducing WASH related diseases Responding to WASH-related disease outbreak	for more information Only limited data collected and limited availability  (Pl	Partial data available, but not generally used  lease check one re	Data available, analysed and used for a minority of decisions esponse in each rov	Data available, analysed, and used for a majority of decisions
	Decisi a. b. c.	on-making in the health sector Identifying public health priorities for reducing WASH related diseases Responding to WASH-related disease outbreak Identifying priority health care facilities needing WASH improvements	for more information Only limited data collected and limited availability  (Pl	Partial data available, but not generally used  lease check one re	Data available, analysed and used for a minority of decisions esponse in each rov	Data available, analysed, and used for a majority of decisions
	Decisi a. b. c. Decisi d.	availability for decision-making: For the followerted, and used. Please see the survey guidance on-making in the health sector  Identifying public health priorities for reducing WASH related diseases Responding to WASH-related disease outbreak Identifying priority health care facilities needing WASH improvements  Ton-making for sanitation	for more information  Only limited data collected and limited availability  (Pl	Partial data available, but not generally used	Data available, analysed and used for a minority of decisions esponse in each rov	Data available, analysed, and used for a majority of decisions
	Decisi a. b. c. Decisi d. e.	availability for decision-making: For the followerted, and used. Please see the survey guidance on-making in the health sector  Identifying public health priorities for reducing WASH related diseases Responding to WASH-related disease outbreak Identifying priority health care facilities needing WASH improvements  on-making for sanitation  Sector review and/or planning processes	for more information  Only limited data collected and limited availability  (Pl	Partial data available, but not generally used  Jease check one re	Data available, analysed and used for a minority of decisions esponse in each rov	Data available, analysed, and used for a majority of decisions
	Decisi a. b. c. Decisi d. e. f.	on-making in the health sector Identifying public health priorities for reducing WASH related diseases Responding to WASH-related disease outbreak Identifying priority health care facilities needing WASH improvements on-making for sanitation Sector review and/or planning processes Resource allocation	for more information  Only limited data collected and limited availability  (PI	Partial data available, but not generally used  lease check one re	Data available, analysed and used for a minority of decisions esponse in each rov	Data available, analysed, and used for a majority of decisions
	Decisi a. b. c. Decisi d. e. f. g.	con-making in the health sector Identifying public health priorities for reducing WASH related diseases Responding to WASH-related disease outbreak Identifying priority health care facilities needing WASH improvements  on-making for sanitation Sector review and/or planning processes Resource allocation National standards or regulation development Targeting surveillance activities	for more information  Only limited data collected and limited availability  (Pl	Partial data available, but not generally used	Data available, analysed and used for a minority of decisions esponse in each rov	Data available, analysed, and used for a majority of decisions
	Decisi a. b. c. Decisi d. e. f. g. Decisi	availability for decision-making: For the followated, and used. Please see the survey guidance on-making in the health sector  Identifying public health priorities for reducing WASH related diseases Responding to WASH-related disease outbreak Identifying priority health care facilities needing WASH improvements  on-making for sanitation  Sector review and/or planning processes Resource allocation  National standards or regulation development	for more information  Only limited data collected and limited availability  (Pl	Partial data available, but not generally used	Data available, analysed and used for a minority of decisions esponse in each rov	Data available, analysed, and used for a majority of decisions
	Decisi a. b. c. Decisi d. e. f. g. Decisi h.	con-making in the health sector Identifying public health priorities for reducing WASH related diseases Responding to WASH-related disease outbreak Identifying priority health care facilities needing WASH improvements Con-making for sanitation Sector review and/or planning processes Resource allocation National standards or regulation development Targeting surveillance activities Con-making for drinking-water	for more information  Only limited data collected and limited availability  (PI	Partial data available, but not generally used  lease check one re	Data available, analysed and used for a minority of decisions esponse in each row	Data available, analysed, and used for a majority of decisions
	Decisi a. b. c. Decisi d. e. f. g. Decisi h. i.	availability for decision-making: For the followated, and used. Please see the survey guidance on-making in the health sector  Identifying public health priorities for reducing WASH related diseases Responding to WASH-related disease outbreak Identifying priority health care facilities needing WASH improvements  Identifying priority health care facilities needing washing for sanitation  Sector review and/or planning processes  Identifying public health sector	for more information  Only limited data collected and limited availability  (PI	Partial data available, but not generally used  lease check one re	Data available, analysed and used for a minority of decisions esponse in each rov	Data available, analysed, and used for a majority of decisions
	Decisi a. b. c. Decisi d. e. f. g. Decisi h. i. j.	availability for decision-making: For the followerted, and used. Please see the survey guidance on-making in the health sector  Identifying public health priorities for reducing WASH related diseases Responding to WASH-related disease outbreak Identifying priority health care facilities needing WASH improvements Identifying priority health care facilities needing	for more information  Only limited data collected and limited availability  (Pl	Partial data available, but not generally used  Decrease check one recommendate in the partial data available, but not generally used  Decrease check one recommendate in the partial data available in the partial data available, but not generally used	Data available, analysed and used for a minority of decisions esponse in each row	Data available, analysed, and used for a majority of decisions
	Decisi a. b. c. Decisi d. e. f. g. Decisi h. i. j. k.	availability for decision-making: For the followated, and used. Please see the survey guidance on-making in the health sector  Identifying public health priorities for reducing WASH related diseases Responding to WASH-related disease outbreak Identifying priority health care facilities needing WASH improvements on-making for sanitation Sector review and/or planning processes Resource allocation National standards or regulation development Targeting surveillance activities on-making for drinking-water Sector review and/or planning processes Resource allocation National standards or regulation development Targeting surveillance activities	for more information  Only limited data collected and limited availability  (PI	Partial data available, but not generally used  lease check one re	Data available, analysed and used for a minority of decisions esponse in each row	Data available, analysed, and used for a majority of decisions
	Decisi a. b. c. Decisi d. e. f. g. Decisi h. i. j. k.	availability for decision-making: For the followerted, and used. Please see the survey guidance on-making in the health sector  Identifying public health priorities for reducing WASH related diseases Responding to WASH-related disease outbreak Identifying priority health care facilities needing WASH improvements on-making for sanitation Sector review and/or planning processes Resource allocation National standards or regulation development Targeting surveillance activities on-making for drinking-water Sector review and/or planning processes Resource allocation National standards or regulation development Targeting surveillance activities	for more information  Only limited data collected and limited availability  (PI	Partial data available, but not generally used  lease check one re	Data available, analysed and used for a minority of decisions esponse in each row	Data available, analysed, and used for a majority of decisions w)
	Decisi a. b. c. Decisi d. e. f. g. Decisi h. i. j. k.	availability for decision-making: For the followated, and used. Please see the survey guidance on-making in the health sector  Identifying public health priorities for reducing WASH related diseases Responding to WASH-related disease outbreak Identifying priority health care facilities needing WASH improvements on-making for sanitation Sector review and/or planning processes Resource allocation National standards or regulation development Targeting surveillance activities on-making for drinking-water Sector review and/or planning processes Resource allocation National standards or regulation development Targeting surveillance activities	for more information  Only limited data collected and limited availability  (PI	Partial data available, but not generally used  lease check one re	Data available, analysed and used for a minority of decisions esponse in each row	Data available, analysed, and used for a majority of decisions

(MI	nagement information system: Is there a functioning mand  S) for key WASH data? NOTE: If your country has more than one MI			No
	used for reporting and decision-making in the WASH sector.	o, predoc respond for the		
a.	If yes, please describe the MIS including the type of data reporte	d and who reports to t	he MIS:	
b.	How frequently are reporting units asked to report data to the MIS (e.g. monthly, quarterly, yearly, etc.)?			
	ivits (e.g. monthly, quarterly, yearly, etc.):			
		Less than 50% of the	Between 50 to 75%	Over 75% repor
c.	Based on the frequency of reporting, what percentage of	units report on time	report on time	on time
	reporting units report to the MIS on time?			
d.	Is there a mechanism to validate the accuracy of the data report	ed?	Yes	No
	i. If yes, please describe the mechanism(s):			
е.	Are the data publicly available?	No	Yes, some of the data	Yes, all of the data
			uata	
		_	_	_
	i. If any data is publicly available online, please provide a link to			
	the MIS data:			
	ii. If data is not publicly available, please describe who has			
	access to the MIS data:			
f.	Are the data endorsed by a multi-stakeholder forum?	Yes No	]	

	<u>Process</u> : Is there a government-led pro targets, e.g. through a joint sector revi		toring a	nd valid	lating <sub> </sub>	progress	towards national	Yes   No					
	i. If yes, please provide a description o	f the process,	includi	ng key s	takeh	olders inv	olved.						
	ii. How frequently is progress towards national targets assessed?  Annually												
	ii. How frequently is progress towards	national targe	213 4330	JJCu.		Every 2 to	3 years						
					_	Every 4+ ye							
					-	On an ad h							
	Monitoring coverage targets: Are data	available to n	nonitor	the cov	erage	targets a	ıs defined in questior	1 A7?					
	Please check 'Not applicable' if the listed being monitored, and 'no' if it is included and A7II.b./e.).												
	ana ///ma., c.,.	Not	Url	oan	R	Rural	If yes to either, whi	ch actor(s) are					
	Sanitation	applicable	Yes	No	Yes	No	responsible for mor						
_	i. Excreta is transported through a												
	sewerage network with wastewater and treated off-site												
_	ii. Excreta is temporarily stored, emptied, and treated off-site												
	iii. Excreta is treated and disposed of on-site												
	iv. Improved sanitation facilities including flush/pour flush to piped sewer system, septic tanks or pit latrines, ventilated improved pit												
	latrines, composting tollets or pit												
	latrines, composting toilets or pit latrines with slabs  v. Shared sanitation facilities between												
<del>-</del>	latrines with slabs  v. Shared sanitation facilities between two or more households												
	latrines with slabs  v. Shared sanitation facilities between two or more households  Drinking-water												
	latrines with slabs  v. Shared sanitation facilities between two or more households  Drinking-water  vi. Minimum volume of water per day												
	latrines with slabs  v. Shared sanitation facilities between two or more households  Drinking-water  vi. Minimum volume of water per day  vii. Minimum service hours per day												
	latrines with slabs  v. Shared sanitation facilities between two or more households  Drinking-water  vi. Minimum volume of water per day vii. Minimum service hours per day viii. Maximum round-trip collection												
	latrines with slabs  v. Shared sanitation facilities between two or more households  Drinking-water  vi. Minimum volume of water per day  vii. Minimum service hours per day  viii. Maximum round-trip collection time, including queuing												
	latrines with slabs  v. Shared sanitation facilities between two or more households  Drinking-water  vi. Minimum volume of water per day vii. Minimum service hours per day viii. Maximum round-trip collection												
	latrines with slabs  v. Shared sanitation facilities between two or more households  Drinking-water  vi. Minimum volume of water per day  vii. Minimum service hours per day  viii. Maximum round-trip collection time, including queuing  ix. Maximum roundtrip distance  x. Drinking-water is accessible on												

#### **MONITORING OF VULNERABLE GROUPS** Tracking progress among vulnerable groups: Is progress in extending and sustaining service provision specifically to the following populations tracked and reported? Hygiene Not Drinking-water Sanitation promotion Applicable Yes No Yes No Yes No Poor populations a. b. Populations living in slums or informal settlements Populations living in remote or hard to reach areas c. Indigenous populations d. Internally displaced persons and/or refugees e. f. Women **Ethnic minorities** g. h. People living with disabilities i. Populations with high burden of disease such as diarrhoea, undernutrition, neglected tropical diseases, and cholera j. Other vulnerable groups (please specify): k. If yes, please specify how groups are being tracked and reported and attach reports or provide links.

#### **PERFORMANCE INDICATORS**

B6. <u>Use of selected performance indicators to track progress</u>: Are there clearly defined national standards or agreed upon performance indicators that are used in the following categories?

	Performance	indicators are:			
a) Sanitation	No such indicators	Being developed or agreed but not yet implemented	Agreed and baseline data established	Agreed, tracked against established baseline data	Please list the main indicator(s):
<ul><li>i. Expenditure (e.g. ratio spent/allocated, proportion of budget released mid-term)</li></ul>					
ii. Treated effluent quality (e.g. wastewater effluent quality suited to disposal or reuse onsite, faecal sludge treatment)					
iii. Quality of service delivery (e.g. frequency of emptying septic tanks, response time to complaints)					
iv. Equitable service coverage (e.g. per cent (%) of populations in different locations, and different economic groups, with access)					
v. Cost effectiveness (e.g. cost for levels of service such as latrines, networked sewage system, operations and maintenance (O&M) spent)					
vi. Functionality of systems (e.g. working/non-working infrastructure, asset management)					
b) Drinking-water					
i. Expenditure (e.g. ratio spent/allocated, proportion of budget released mid-term)					
ii. Water quality (e.g. per cent (%) compliance for E. coli or chlorine residual)					
iii. Quality of service delivery (e.g. hours of service, minimum pressures in piped water systems, seasonable variability in delivery)					
iv. Equitable service coverage (e.g. per cent (%) of populations in different locations, and different economic groups, with access)					
<ul> <li>v. Cost effectiveness (e.g. cost for levels of service such as boreholes, networked piped system, O&amp;M spent)</li> </ul>					
vi. Functionality of systems (e.g. working/non-working infrastructure, asset management)					

c. M	onitored indicators: If the following indicators are measured, pleas	ie ina	icate a	pproxin	nate va	lue(s):				
i	<ul> <li>Please estimate the national percentage of <u>urban</u> wastewater that is treated (either through a centralized or decentralized system):</li> </ul>									
ii	<ul> <li>Please estimate the national percentage of <u>rural</u> wastewater that is treated (either through decentralized or on-site treatment):</li> </ul>									
iii	Please provide the average nonrevenue water for the three largest water suppliers: ('Nonrevenue water' is not the same as 'unaccounted for water'. Please review definitions in the glossary before responding.)									
iv	. Please highlight additional specific examples of indicators or pe	erforr	nance	indicato	r syste	m(s) tha	at are u	sed:		
	ON OF DRINKING-WATER, SANITATION/WASTEWATE				atory	nuthor	itios fo	r drinl	ina wa	to:
Тур	ON OF DRINKING-WATER, SANITATION/WASTEWATE be of regulatory authorities: Please answer the following quitation/wastewater.				atory (	author	ities fo	r drink	king-wa	tei
Тур	oe of regulatory authorities: Please answer the following qu		ons o				<u> </u>		on/waste	
Тур	oe of regulatory authorities: Please answer the following qu		i <b>ons o</b> l	n regul Drinkin ban	g-wate Ru	r ıral	S	ianitatio ban	on/waste	ewa
Тур	oe of regulatory authorities: Please answer the following qu		ons o	<b>n regul</b> Drinkin	g-wate	r	S	anitatio	on/waste	ewa
Tyr sar	pe of regulatory authorities: Please answer the following quitation/wastewater.	uesti	Ur Yes	n regul Drinkin ban No	g-wate Ru Yes	r ıral No	S Url Yes	anitation ban No	on/waste F Yes	ewa
Tyr sar	the of regulatory authorities: Please answer the following quitation/wastewater.  Is a regulatory authority responsible for setting tariffs?  Is a regulatory authority responsible for overseeing drinking-	a.	Ur Yes	Drinkin ban No	g-wate Ru Yes	r Iral No	S Url Yes	banitatio	on/waste	
a. b. c.	oe of regulatory authorities: Please answer the following qualitation/wastewater.  Is a regulatory authority responsible for setting tariffs?  Is a regulatory authority responsible for overseeing drinkingwater quality and/or treated effluent quality?  Is a regulatory authority responsible for overseeing service coverage or other aspects related to the quality of service	a. b.	Ur Yes	Drinkin ban No	g-water Ru Yes	r Iral No	S Uril Yes	banitatio	on/waste	ewa
a. b. c. If the urbai	Is a regulatory authority responsible for setting tariffs?  Is a regulatory authority responsible for overseeing drinkingwater quality and/or treated effluent quality?  Is a regulatory authority responsible for overseeing service coverage or other aspects related to the quality of service delivery?  Pere is no regulatory authority responsible for any aspect of rural or	a. b.	Ur Yes	Drinkin ban No	g-water Ru Yes	r Iral No	S Uril Yes	banitatio	on/waste	ewa
a. b. c.  If the urban	ls a regulatory authority responsible for setting tariffs?  Is a regulatory authority responsible for overseeing drinkingwater quality and/or treated effluent quality?  Is a regulatory authority responsible for overseeing service coverage or other aspects related to the quality of service delivery?  Pere is no regulatory authority responsible for any aspect of rural or in WASH, SKIP to question B10.	a. b.	Ur Yes	Drinkin ban No	g-water Ru Yes	r Iral No	S Uril Yes	banitatio	on/waste	ewa
a. b. c.  If the urban d. e.	Is a regulatory authority responsible for setting tariffs?  Is a regulatory authority responsible for overseeing drinkingwater quality and/or treated effluent quality?  Is a regulatory authority responsible for overseeing service coverage or other aspects related to the quality of service delivery?  Pere is no regulatory authority responsible for any aspect of rural or in WASH, SKIP to question B10.  The following questions please answer regarding the regulatory pority with primary responsibility for each subsector.  Was the regulatory authority established by law?  Is the regulatory authority located in a different institution (e.g. ministry) from the service providers that are being regulated?	a. b.	Ur Yes	Drinkin ban No	g-water Ru Yes	r Iral No	S Url Yes	ban No	on/waste	ewa
a. b. c.  If the urban	Is a regulatory authority responsible for setting tariffs?  Is a regulatory authority responsible for overseeing drinkingwater quality and/or treated effluent quality?  Is a regulatory authority responsible for overseeing service coverage or other aspects related to the quality of service delivery?  Pere is no regulatory authority responsible for any aspect of rural or in WASH, SKIP to question B10.  The following questions please answer regarding the regulatory pority with primary responsibility for each subsector.  Was the regulatory authority established by law?  Is the regulatory authority located in a different institution (e.g.	a. b. c.	Ur Yes	Drinkin ban No	g-water Ru Yes	r Iral No	S Uril Yes	ban No	res	ewa
a. b. c.  If the urban d. e.	Is a regulatory authority responsible for setting tariffs?  Is a regulatory authority responsible for overseeing drinkingwater quality and/or treated effluent quality?  Is a regulatory authority responsible for overseeing service coverage or other aspects related to the quality of service delivery?  Pere is no regulatory authority responsible for any aspect of rural or in WASH, SKIP to question B10.  The following questions please answer regarding the regulatory pority with primary responsibility for each subsector.  Was the regulatory authority established by law?  Is the regulatory authority located in a different institution (e.g. ministry) from the service providers that are being regulated?  Does the regulatory authority have the authority to report findings without gaining clearance or permission from	a. b. c. f.	Ur Yes	Drinkin ban No	g-water Ru Yes	r Irral No	S Url Yes	ban No	res la	Rur
a. b. c.  If the urban d. e. f.	Is a regulatory authority responsible for setting tariffs?  Is a regulatory authority responsible for overseeing drinkingwater quality and/or treated effluent quality?  Is a regulatory authority responsible for overseeing service coverage or other aspects related to the quality of service delivery?  Pere is no regulatory authority responsible for any aspect of rural or in WASH, SKIP to question B10.  The following questions please answer regarding the regulatory pority with primary responsibility for each subsector.  Was the regulatory authority located in a different institution (e.g., ministry) from the service providers that are being regulated?  Does the regulatory authority have the authority to report findings without gaining clearance or permission from government institutions responsible for service provision?	a. b. c. f.	Ur Yes	Drinkin ban No	g-water Ru Yes	r Irral No	S Url Yes	ban No	res la	Rur

			No	<b>Urban</b> Partiall	v Full-	Ne	Rural	
a.	Collect population services coverage data from service providers?	a.	No 🗆	Partiali	y Fully	No □	Partially	/
b.	Collect water quality data from service providers?	b.						
	i. If yes, do records indicate that service providers carry out testing in accordance with national drinking-water quality standards? (SKIP this question if drinking-water quality standards do not include requirements for water quality testing (parameters and frequencies) by service providers)	, i.						
c.	Publish <u>publicly accessible</u> reports on drinking-water quality (e.g. compliance with national standards for microbial and chemical water quality)?	c.						
d.	Publish <u>publicly accessible</u> reports on quality of water service delivery (e.g. functionality, continuity, efficiency)?	d.						
e.	Take corrective action against non-performers?	e.						İ
	i. If yes, please describe the corrective actions taken:							
f.	Please provide a link or attach the most recent annual report by the re	gulato	ry autho	ority on s	ector da	ata/perf	ormance.	
						·		
	Please provide a link or attach the most recent annual report by the regions of sanitation/wastewater regulatory authorities: Does the		ation/	wastewa Urban	ater re	gulator	: Rural	
Func	tions of sanitation/wastewater regulatory authorities: Does the Collect population service coverage data from wastewater treatment			wastewa		·	:	
Function of the position of th	tions of sanitation/wastewater regulatory authorities: Does the Collect population service coverage data from wastewater treatment plant operators?  Set standards for, and monitor the design, construction and use of	sanit	ation/	wastewo Urban Partially	<b>ater re</b>	gulator No	Rural Partially	
Function of the policy of the	tions of sanitation/wastewater regulatory authorities: Does the Collect population service coverage data from wastewater treatment plant operators? Set standards for, and monitor the design, construction and use of wastewater treatment plants and sewers? Set standards for, and monitor the design, construction and use of on-	sanito	no 🗆	wastewo Urban Partially	Fully	gulator No	: Rural Partially	
Function	tions of sanitation/wastewater regulatory authorities: Does the Collect population service coverage data from wastewater treatment plant operators? Set standards for, and monitor the design, construction and use of wastewater treatment plants and sewers? Set standards for, and monitor the design, construction and use of onite sanitation systems (e.g. septic tanks and pit-latrines)? Set standards for, and monitor faecal sludge management (e.g. septic	a. b.	No	Wastewa Urban Partially	Fully	gulator No	Rural Partially	
Function Co. S.	Collect population service coverage data from wastewater treatment plant operators? Set standards for, and monitor the design, construction and use of wastewater treatment plants and sewers? Set standards for, and monitor the design, construction and use of oracte standards for, and monitor the design, construction and use of on- ite sanitation systems (e.g. septic tanks and pit-latrines)? Set standards for, and monitor faecal sludge management (e.g. septic ank and pit latrine emptying)? Publish publicly accessible reports on treated wastewater flows and	a. b.	No	wastewa Urban Partially	Fully	No	Rural Partially	
Function    .	Collect population service coverage data from wastewater treatment plant operators? Set standards for, and monitor the design, construction and use of evastewater treatment plants and sewers? Set standards for, and monitor the design, construction and use of on- ite sanitation systems (e.g. septic tanks and pit-latrines)? Set standards for, and monitor faecal sludge management (e.g. septic ank and pit latrine emptying)? Publish <u>publicly accessible</u> reports on treated wastewater flows and aecal sludge volumes? Collect and publish <u>publicly accessible</u> reports on septic tank and pit atrine emptying service quality (e.g. frequency, transport and disposal	a. b. c. d.	No	wastewo Urban Partially	Fully	No	Rural Partially	
Function of the state of the st	collect population service coverage data from wastewater treatment plant operators? Set standards for, and monitor the design, construction and use of evastewater treatment plants and sewers? Set standards for, and monitor the design, construction and use of evastewater treatment plants and sewers? Set standards for, and monitor the design, construction and use of onite sanitation systems (e.g. septic tanks and pit-latrines)? Set standards for, and monitor faecal sludge management (e.g. septic ank and pit latrine emptying)? Sublish publicly accessible reports on treated wastewater flows and aecal sludge volumes? Collect and publish publicly accessible reports on septic tank and pit	a. b. c. d.	No	wastewa Urban Partially	Fully	No	Rural Partially	

		in accor	t testing of w dance with n lance require	ational	recomm	ndependent as ended risk ma es (e.g. water s	nagement	Ind		nt sanitary ins s risk manager			and review onitoring rec	
		Not done or insufficientl y performed	Performed , but data not used	Performed and informs remedial action	Not done or insufficientl y performed	, but data	Performed and informs remedial action	insuffi	one or iciently ormed	Performed, but data not used	Performe and inforr remedia action	Not done or	Performed , but data not used	Performed and inform remedial action
a.	Urban drinking-water quality													
b.	Rural drinking-water quality													
C.	Drinking-water quality in health care facilities (e.g. by Ministry of Health)							[						
d.	Drinking-water quality in schools (e.g. by Ministry of Education)													
e.	How does the frequence in practice compare to mandate?		_			o frequency equirement	Less than 50 required frequ			ween 50 to 75% quired frequenc	-	Between 75 to 1009 required frequenc		0% of required frequency
				i. U	Jrban									
				ii.	Rural									
f.	Are there sufficient hur activities?	nan resources	for drinking-	water surveill		s than 50% of nat is needed	Between 50 to of what is nee		More	than 75% of wh needed	at is			
				j. l	Jrban									
				ii.	Rural									

g.	Please indicate reasons for limited implementation of dri	nking-water	quality surv	eillance acti	ivities:		
			Urban			Rural	T
-		Not an issue/ constraint	Minor issue/ constraint	Major issue/ constraint	Not an issue/ constraint	Minor issue/ constraint	Major issue/ constrain
	General						
•	i. Surveillance mandate (e.g. roles and responsibilities) is poorly defined						
	ii. Insufficient funds for surveillance						
	iii. Too few staff to carry out surveillance						
	iv. Inadequate staff training on surveillance						
	v. Insufficient data management system to record, manage and share surveillance data						
	Water quality testing						
	vi. Insufficient practical guidance materials/tools in local language on water quality sampling and testing						
	vii. Lack of laboratory facilities/testing equipment						
	viii. Lack of consumables for testing						
	ix. Inadequate transport available to undertake sampling						
	Risk management oversight						
	x. Insufficient practical guidance materials/tools in local language on water safety plan (WSP) auditing						
	xi. Insufficient practical guidance materials/tools in local language on conducting sanitary inspections						
	Supplier monitoring oversight						
٠	xii. Inadequate system of collection and review of supplier monitoring records						
ı	xiii. Other (please specify):						
	xiv. Please provide any additional comments on reasons surveillance:	ior iimitea i	mpiementat	ion of drinki	ng-water qu	ашту	

#### WASTEWATER EFFLUENT SURVEILLANCE B11. Independent wastewater effluent surveillance: Is independent surveillance carried out and does it inform remedial action? Independent assessment of Collection and review of service Testing of effluent quality against Independent sanitary inspection at recommended risk management provider (e.g. utilities, faecal sludge national standards / testing quality premises (e.g. sewered connections, approaches (e.g. sanitation safety emptying services) monitoring of treated sludge (for row a.) septic tanks, pit latrines) to assess risks plans) records Performed Performed Performed Performed Performed, Not done or Performed, and Not done or Performed, Not done or Performed. Not done or and informs and informs and informs insufficiently insufficiently insufficiently but data informs insufficiently but data but data not but data remedial remedial remedial performed not used remedial performed not used performed used performed not used action action action action a. Onsite facilities (e.g. septic tanks and pit latrines) and faecal sludge collection, transport, and treatment Sewered municipal wastewater effluent quality **c.** How does the frequency of independent wastewater surveillance in No frequency Less than 25% of Between 50 to 75% of Between 75 to 100% of 100% of required requirement required frequency required frequency required frequency frequency practice compare to requirements set out in the surveillance mandate? i. Urban ii. Rural Are there sufficient human resources for wastewater surveillance Less than 50% of Between 50 to 75% More than 75% of what is what is needed of what is needed needed activities? i. Urban П ii. Rural Please describe any other reasons for any insufficiencies in wastewater surveillance (e.g. low frequency of surveillance, financial constraints, etc).

## **Section C: Human Resources (HR)**

In addition to the HR questions included in Sections A, B and D, this section focuses on HR assessments, training institutions/programs and HR for operations and maintenance. <u>Please consult the survey guidance for important information</u> on the questions in Section C.

HUI	MAN	RESOURCES NEEDS ASSESSMENTS			
C1.	a	How are human resources capacity needs assessed in the WASH stakeholders involved.	sector? Please inc	clude information o	n the
		i. If needs are assessed, is gender included in the assessment?			Yes No
		ii. How often does an assessment take place?		L	
		Annually Every 2 to 3 years	Every 4+ years	On a	n ad hoc basis
		iii If the assessment is decumented places provide a link to the	most recent asset	scmont roport or at	tach a comu
		iii. If the assessment is documented, please provide a link to the	most recent asses	ssment report or at	tach a copy.
<b>VA/A</b>	CII T	RAINING INSTITUTIONS/PROGRAMS			
C2.	а.	What types of WASH training institutions/programs are available in	your country?		
CZ.	a.	what types of wash training institutions, programs are available in	your country:		
			Not sufficient	Partially sufficient	Fully sufficient
	b.	Are there sufficient WASH training institutions/programs available?			
		available:			
		<ul> <li>i. If there are any insufficiencies in WASH training institutions/progr for these insufficiencies.</li> </ul>	ams, please descri	be the insufficienci	es and the reasons
		Tot these insuriolenties.			
HUI	MAN	RESOURCES FOR WASH OPERATIONS AND DEVELOPME	NT		
63			1 than 500/ of	Datuman 50 to 750/	Manathan 750/ of
С3.			Less than 50% of what is needed	Between 50 to 75% of what is needed	More than 75% of what is needed
	a.	Are there sufficient human resources for WASH operations and maintenance?			
	b.	Is there sufficient human resources capacity to manage the design			
	c.	and construction of WASH facilities and networks?  If there are insufficient human resources for operations and mainte	l nance and/or desi	l gn and construction	n of WASH facilities
		and networks, please describe the reasons why.			

### **Section D: Financing**

This section of the survey explores what processes (i.e. planning, budgeting, financial tracking and reporting) are in place to distribute financial resources to the WASH sector, how well allocated funds are absorbed, who finances WASH, the amount and sufficiency of funding, and the types of services funded. Previous GLAAS results have shown that there are substantial gaps in our understanding and tracking of financing to the sector. Improving this evidence base can contribute to better decision-making in funding allocations for priority needs, catalysing better management of available resources, and attracting additional investment to the sector. *Please consult the survey guidance for important information on the questions in Section D.* 

			No financing plan	Financing plan in development	Financing plan agreed, but insufficiently implemented	Financing plan is agreed and used for some decisions	Financii is agree consis useo decis
a.	Urban sanitation	a.					
b.	Rural sanitation	b.					
c.	Urban drinking-water supply	C.					
d.	Rural drinking-water supply	d.					
e.	Hygiene	e. f.					
f.	WASH in health care facilities (including health care waste management)	т.					
g.	WASH in schools	g.					
h.	Please name/describe the financ	ial plan	L				
h.	Please name/describe the financ	ial plan	L				

<sup>&</sup>lt;sup>7</sup> Agreed and publicly available

#### **BUDGETS FOR WASH**

#### D2. Government budget specific to WASH

a.	Please list ministries/national institutions with responsibilities in WASH and their WASH budgets. Please list each
	ministry/national institution even if data is not available. If additional lines are needed, please use the survey annex.

ministry/national institu	tion even if o							annex.
		<u>If</u> disag	gregated, ple		ınnual budget	for the	What % of WASH	
	Total	(Please ensu	re that the min	following: istries and nation	onal institutions	listed below	budget	
	annual	(* ************************************			Question A11)		activities is	No data
	WASH	Drinking-		Hygiene	WASH in	WASH in	included in WASH	available
Ministries/national	budget	water	Sanitation	promotion	health care	schools	plans (up to	
institutions					facilities		100%)?	
TOTAL								
			<u>l</u>					
<b>b.</b> Please indicate the time	period (e.g.	financial yea	ar) for the					
listed budget:								
c. Please indicate currency	/units for hu	dget stated	ahove:					
Trease maleate earrency	, armes for ba	ager statea	ubove.					
<b>d.</b> If unable to respond to budget indicating what s								
would like to insert a tab						WINCH IIIIII	stries. IJ you	
	, p							

INAN	CIAL	REPORTING AND COST RE	COVE	RY				
		ncial reporting: Are expendite	_		<del>-</del>	ccessible, and do t	hey allow a	ctual
	sper	nding on WASH to be compare	ea wii	n committed jur		ts available and incl	ude actual vs	committed
				Expenditure		ollowing (please ched		
				reports are not	Externa	al funding <sup>8</sup>		ernment
_				available	Bilateral/multilate donors	ral NGOs and foundations	exn	enditure
	a.	Urban sanitation	а	• 🗆				
	b.	Rural sanitation	b	· 🗆				
	c.	Urban drinking-water supply	С	. 🗆				
	d.	Rural drinking-water supply	d	· 🗆				
	e.	Hygiene	е	. 🗆				
	g.	Please provide a link or attach	а сору	of an expenditure	report used to compile	e information for thi	s section of th	ne survey.
		recovery strategies: Are oper ributions? Please see survey g		ce for definitions		sehold contributio	Is this addre	essed in your
			-	Covers less than	Covers between 50%	Covers over 80% of	financial pl	an/budget?
_				50% of costs	and 80% of costs	costs	Yes	No
	a.	Urban sanitation	a.					
	b.	Rural sanitation	b.					
	c. d.	Urban drinking-water supply Rural drinking-water supply	c. d.					
	u.	Mararamiking water suppry	u.	Ш		Ш		
	e.	If costs are not fully recovered v provisions, provide a link or give examples of the impacts on serv	detail	s (including target	recovery %). If the gap	is not covered, plea		
	f.	Please describe the legal or regu occur at the national level. If nat three largest municipal utilities.	tional-l					

<sup>&</sup>lt;sup>8</sup> Grant and loan expenditure reports may originate from donors and NGOs and content is not necessarily determined by the government.

# FINANCING FOR VULNERABLE GROUPS

				Sp	ecific measure	s for		cific measure king-water s	
			Not applicable	No	Yes, but measures are not applied consistently	Yes and measures are applied	No	Yes, but measures are not applied consistently	Ye mea
a.	Poor populations	a.							
b.	Populations living in slums or informal settlements	b.							
C.	Populations living in remote or hard to reach areas	c.							
d.	Indigenous populations	d.							
e.	Internally displaced persons and/or refugees	e.							
f.	Women	f.							
g.	Ethnic minorities	g.							
h.	People living with disabilities	h.							
i.	Populations with high burden of disease such as diarrhoea, undernutrition, neglected tropical diseases, and cholera	i.							
j.	Other vulnerable groups (please specify):	j.							
l.	Please provide a reference and/or link to	the re	elevant secti	on of the	finance plan th	nat describe	the meas	ures above.	]

6.	Affo	rdability: Are there financial schemes to	o make acce	ess to WAS	H more affoi	dable for vu	Inerable <u>(</u>	groups?
					No schemes exist	Affordability exist, but widely	are not	Affordability schemes exist and are widely used
_	a.	Urban sanitation		a.				
	b.	Rural sanitation		b.				
	c.	Urban drinking-water supply		c.				
_	d.	Rural drinking-water supply		d.				
	е.	Is affordability of WASH services defined in please indicate how it is defined and wheth						come)? If yes,
	f.	Please provide examples of affordability sc for these schemes.	hemes in use	and the sco	oe of coverage	e, including ho	w specific	groups are targeted
ΓΙLΙΖ	ZATIC	ON OF AVAILABLE FUNDS (ABSORPT	ION)					
7.		orption of external funds: What is the e	stimated pe	rcentage u	tilized of do	nor capital c	ommitme	nts for WASH
	(thre	ee-year average)?						
				Less than	Between	Over 75%		le, please provide
-	a.	Urban sanitation	a.	50%	50 to 75%		specific %	o:
	b.	Rural sanitation	b.				<u> </u>	
	с.	Urban drinking-water supply	C.					
	d.	Rural drinking-water supply	d.					
-	u.	Rufal utiliking-water supply	u.			Ш		
08.		nestic absorption: What is the estimated age)?	l percentage	e utilized of	domestic ca	pital commit	ments (th	ree-year
				Less than 50%	Between 50 to 75%	Over 75%	If availab specific %	le, please provide 6:
_	a.	Urban sanitation	a.					
	b.	Rural sanitation	b.					
	c.	Urban drinking-water supply	c.					
	d.	Rural drinking-water supply	d.					
				1	1		1	

		Drinking-water supply, sanitation, and hygiene only	Total water sector (if available)
a.	Number of donors providing funds to the water sector		
b.	Time period (e.g. financial year) for donor expenditures shown in (d) below.		
c.	Currency/units for donor expenditure shown in (d) below:		
d.	Total donor expenditure/disbursement		
	ON-BUDGET		
	<ul> <li>Funding provided for specific expenditures or lines in national budget, and are channeled through treasury (includes basket funding)</li> </ul>		
	<ul> <li>Funding provided for specific expenditures or lines in national budget, but not channeled through treasury</li> </ul>		
	OFF-BUDGET		
	iii. Direct funding to sector not through national budget or treasury		
	GENERAL GOVERNMENT BUDGET SUPPORT		
	iv. General budget support, funds channeled through treasury		
e.	Per cent (%) of donor funds aligned with national WASH plan		
f.	If unable to provide disaggregation of donor funds according to categories and/or provide the available data below.	in question (d) above, p	lease describe

monetary amount) available from all sources, monetary amount 50% of what is 75% of w	In a specific and candidation and care are available finance needs and funding are no available.  Estimated annual need, monetary amount (indicate currency)  Between 50 to 75% of what is needed in needs and funding are no available.  Less than 50% of what is needed in needs and funding are no available.  Less than 50% of what is needed in needs and funding are no available.  Less than 50% of what is needed in needs and funding are no available.  Less than 50% of what is needed in needs and funding are no available.  Less than 50% of what is needed in needs and funding are no available.  Less than 50% of what is needed in needs and funding are no available.  Less than 50% of what is needed in needs and funding are no available.  Less than 50% of what is needed in needs and funding are no available.  Less than 50% of what is needed in needs and funding are no available.  Less than 50% of what is needed in needs and funding are no available.  Less than 50% of what is needed in 15% of		fficient finance to meet targe ater/sanitation/hygiene is su				y ji oili uli s	ources allocat	
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d. Rural drinking-water supply e. Hygiene f. WASH in health care facilities g. WASH is schools  h. Please indicate the source or methods used to determine costed monetary needs indicated above, if applicable.	d. Rural drinking-water supply e. Hygiene f. WASH in health care facilities g. WASH in schools  h. Please indicate the source or methods used to determine costed monetary needs indicated above, if applicable.	b.	Rural sanitation	b.					
e. Hygiene f. WASH in health care facilities g. WASH in schools  f	e. Hygiene f. WASH in health care facilities g. WASH in schools  f	c.	Urban drinking-water supply	c.					
f. WASH in health care facilities g. WASH in schools  f	f. WASH in health care facilities g. WASH in schools  f	d.	Rural drinking-water supply	d.					
g. WASH in schools  g	g. WASH in schools  g.   h. Please indicate the source or methods used to determine costed monetary needs indicated above, if applicable.	e.	Hygiene	e.					
h. Please indicate the source or methods used to determine costed monetary needs indicated above, if applicable.	h. Please indicate the source or methods used to determine costed monetary needs indicated above, if applicable.	f.	WASH in health care facilities	f.					
		g.	WASH in schools	g.					
i. Please indicate specific areas of funding gaps. (e.g. human resources, expansion of services, operations and maintenance, etc.)	i. Please indicate specific areas of funding gaps. (e.g. human resources, expansion of services, operations and maintenance, etc.)			netno	ods used to determine co	osted monetary needs indic	cated above,	if applicable.	
				netno	ods used to determine co	osted monetary needs indic	cated above,	if applicable.	
		i.							tc.)
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		i.							rtc.)
		i.							tc.)
		i.							tc.)

FINANCIAL FLOWS														
D11. Financial flows for sanitation, drinkin of financial flows are based on three be (i.e. financing type). The table should which data are not available. Informat of this gap. Please see the survey qui	proad categories: tari capture the sources of tion on these data ga	ffs, taxes a of data, but ps is usefu	nd transfe t also high I. Please ir	ers (3Ts), w light any re ndicate in t	hich we have eporting ga he relevant	ve classifi ps (i.e. da box whe	ed under h Ita that wa re data so	nousehold, as not readi urces may	governm ly availab	ent and ex le). For ex	cternal sou ample, yo	irces of fin u may be a	ancing aware of	expenditures for
Country: Currency / units (e.g. USD millions): Financial Year (e.g. 2016, 2017 or 2018): Contact Person: Contact Email:														
					Exp	enditure	or Inflow							
		Dri	nking-wa	ter		Sanitatio	n		Hygiene		Gen	eral, unallo	ocated	Sources, and data gaps
Financing unit/type	Total	Total	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	(additional space provided next page)
a. Users (households / commercial / industrial)  - Tariffs/charges (households/commercial /industrial)  - Households' out-of-pocket expenditure for self-supply														
<ul><li>b. Government or public authority</li><li>Central level</li><li>State / provincial level</li><li>Local level</li></ul>														
c. External sources - International public transfers (grants only) - Voluntary transfers (NGOs and foundations)														
d. Repayable financing (inflows) - International public transfers (loans only) - Other debt (commercial loans, bond issues)														
e. TOTAL EXPENDITURE														

D11.	(Co	ntinued from previous page)	
	f.	Please provide details on sources of financial information used to complete Table D11a and any data gaps:	

It is acknowledged that the data requested in Table D11 may not be readily available for some countries. Please complete as best as possible based on the available data. To improve information on financial flows in WASH, GLAAS has developed the TrackFin initiative which is an in-depth study on WASH finance. This initiative is a global standard methodology for tracking financing in the water, sanitation and hygiene sector at the national level. Should your government be interested in participating in TrackFin, please contact: <a href="mailto:glaas@who.int">glaas@who.int</a>

For more information on the TrackFin initiative and the methodology, please refer to: http://www.who.int/water\_sanitation\_health/monitoring/investments/trackfin-methodology/en/

#### THANK YOU FOR YOUR PARTICIPATION IN THE GLAAS SURVEY

We truly appreciate the time and effort involved in completing this form. Please return this form to:

UN-Water GLAAS Team
Water, Sanitation, Hygiene and Health Unit
World Health Organization
20, Avenue Appia
CH-1211 Geneva 27, SWITZERLAND
E-mail: glaas@who.int