

Honourable Ministers

Act Now

10,00,000 children have died from diarrhoea in South Asia in 2 years, since SACOSAN 2006

South Asia Conference on Sanitation and beyond

Editorial

Dear Friends,

Sanitation cover in South Asia is lagging behind. Of the 1.2 billion people who practice open defecation worldwide, 778 million people are in South Asia. This means enormous health burden for citizens and massive economic loss for countries and deprivation of dignity, especially for women.

In 2003, SAARC, the South Asian Association for Regional Co-operation (SAARC) initiated the ministerial level South Asia Conference on Sanitation (SACOSAN) to accelerate the pace of sanitation and hygiene cover in the region leading to the attainment of the Millennium Development Goals.

Since then, two SACOSAN's have

been organised in Dhaka and Islamabad in 2003 and 2006 respectively where the governments of South Asian countries came together reviewing the progress and making commitment to act. The Dhaka and Islamabad Declaration's emphasised the need for addressing sanitation issues with a people-centered, community-led and demand-driven approach. However, bad sanitation continues to take its toll. Around one million children have died of diarrhoea since the last SACOSAN in Islamabad in 2006. New Delhi hosted the third SACOSAN during November 16- 21, 2008. The theme was "Sanitation for Dignity and Health" and the programme included field visits in addition to the main conference and exhibition.

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The four day conference saw participation from governments of eight South Asian countries, civil society representatives, rural practitioners, international NGOs,

be a birth right of every citizen of South Asia". The conference culminated with the signing of the Delhi Declaration that outlined the strategy and action plan for addressing the cause of sanitation in South Asia. The Declaration while reiterating the commitment to follow key principles for promoting inclusive sanitation in the region spelt out specific actions that need to be implemented at household, local, sub-national and national levels to accelerate performance and rapidly achieve the sanitation goals.



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An important initiative on part of the civil society in the region was organizing a Pre-SACOSAN civil society meet involving over 170 participants from six countries. The meet was an attempt to highlight the sanitation scenario; voice the concerns and highlight key issues requiring urgent action of the government. The civil society declaration urged the government to take steps on the eight key issues identified in the meet which would help achieve equitable and sustainable growth for sanitation.

academicians and media representatives. The organising of SACOSAN-III was a collaborative attempt of the Department of Drinking Water Supply where they sought the engagement of the civil society in planning and organising the conference. The programme was divided into various sessions which saw presentation of country papers highlighting the progress on the sanitation sector and outlining the plans and programmes of the respective countries; papers by authors followed by discussion and sharing of experiences.

This issue of Water Drops focuses on SACOSAN-III and the pre-SACOSAN civil society meet. It provides a snapshot of the two events, the declarations and what needs to be done. There is a need to take forward the commitments made in the Delhi Declaration and embedding them into national policies. Every organisation involved in service provisioning or development needs to address sanitation issues. This can be done through engagement and advocacy with the government and non government organisations at all levels.

The conference was inaugurated by the Prime Minister of India, Dr. Manmohan Singh where he stated "safe sanitation to

We look forward to hear from you on this issue of WaterDrops and your experiences in addressing sanitation related issues. Do respond.

Cordially
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South Asia Conferences on Sanitation: Improving sanitation in South Asia

The South Asia Conferences on Sanitation (SACOSAN) are high-powered ministerial conferences being organised in the South Asian region, devoted solely to the subject of sanitation. They are intended to develop a regional agenda on sanitation, enabling learning from experiences of countries across the region in implementation of sanitation programmes and setting forth an action for the future.

The objectives of SACOSAN are to accelerate the progress of sanitation and hygiene in the region and to enhance people's quality of life leading to the fulfillment of the Millennium Development Goals.

Previous SACOSANs

The First SACOSAN was held in Dhaka in 2003 with the participation of nine countries, namely Afghanistan, Bhutan, Bangladesh, India, Maldives, Myanmar, Nepal, Pakistan and Sri Lanka. The conference recognised the dismal performance of sanitation in the region and considered it as a major threat for the well being of the people. The Dhaka Declaration emphasized the need for promoting proper sanitation as a people-centered, community led, gender-sensitive and demand driven approach.

The Second SACOSAN was hosted by Pakistan in Islamabad in 2006. Eleven countries including Afghanistan, Bangladesh, Cambodia, China, India, Indonesia, Maldives, Myanmar, Nepal, Pakistan and Sri Lanka participated in the conference. The Islamabad Declaration called for recognising sanitation being the basic human need and essential for improvement of environment, health and quality of life in participating countries. It urged for promoting equity in society by striving to reach more effectively to the poor, women, children and other disadvantaged communities through a combination of participatory approaches.

Third SACOSAN

The Third SACOSAN was organised in

New Delhi, India aiming for consolidating the learning of previous SACOSANs and looking beyond. The theme was "Sanitation for Dignity and Health", which was divided into the following sub-themes:

- Sanitation for Dignity
- Sanitation for Health
- Ecological Sanitation
- Urban Sanitation
- Media Advocacy
- Sanitation and Sustainability
- Scaling up Sanitation through Partnerships
- Sanitation- Definition, Indicators and Monitoring
- Sanitation beyond Toilets
- Sanitation in Community



Country heads and delegations from eight countries namely Afghanistan, Bhutan, Bangladesh, India, Maldives, Nepal, Pakistan and Sri Lanka along with international agencies, national and international NGOs, representatives of various state Governments, members



WaterAid India

of Panchayati Raj Institutions, local organisations, self-help groups and community leaders participated in the week long conference.

The conference programme included field visits on the first two days where the participants were taken to two villages, one each in Kurukshetra and Jhunjhunu districts to get a first hand experience of sanitation programmes in India.

The official programme began with the opening ceremony inaugurated by the Prime Minister of India, Dr. Manmohan Singh. Dr. Singh in his inaugural address stressed on the strong connection of sanitation not only with personal hygiene, but also with human dignity and well-being, public health, nutrition and education. "Good sanitation should be a birthright of every citizen of South Asia", was what the Prime Minister said.

The next three days were dedicated to the various session based on the sub-themes of the conference. Keynote addresses, country papers and paper presentations were made in the three days covering various issues and participation from across the region. The final day was devoted to the reading out, final drafting, sharing and the signing of the Delhi Declaration. An exhibition space was also provided as part of the conference to various national and international organisations.

Getting everyone involved

The Department of Drinking Water Supply, Ministry of Rural Development which was the focal department responsible for organising the event got the involvement of various agencies/ organisations working in the water and sanitation sector. An advisory group was formed comprising of members from various INGOs, UN Agencies, Civil Society Organisations and others to draft the agenda for the conference, decide on the speakers, select the Chairs, rapportuering for various sessions, preparation of reports and recommendations from each sessions for feeding into the Delhi Declaration. Adequate space was provided to civil society, research institutions, community leaders and practitioners in the sessions.

Success of SACOSAN

The involvement of various agencies/ organisations in the planning, preparation and organising the SACOSAN reinforces the commitment of the Department of Drinking Water Supply to engage in partnerships to address the cause of sanitation. The finalisation of the Delhi Declaration was also done after presenting the draft to the participants and taking aboard their suggestions. The challenge now would be to sustain the momentum and work for fulfilling the commitments made in the forward looking Delhi Declaration by all.

Turning a basic right into a reality: WaterAid at SACOSAN 2008

Tom Burgess, Regional Programme Officer-Asia, WaterAid

“Sanitation is crucial to food security. When you are suffering from a diarrhoeal disease you are like a leaky pot. Nutrients cannot be absorbed, your physical and mental growth will be stunted, and your genetic potential cannot be realised.”

- Dr. M.S. Swaminathan, an eminent agricultural expert and Member of Parliament

The true cost of slow progress on sanitation is wasted lives. Facing a crisis on this scale, ministers at the Delhi SACOSAN surely could not endorse business as usual, could they?

One million children died from diarrhoea in South Asia in the two years between the South Asian Conference on Sanitation (SACOSAN) in Islamabad in 2006 and the one in Delhi in November 2008. One billion people in the region still have nowhere safe or clean to go to the toilet. 778 million still defecate in the open.

Two days before the conference began WaterAid, Freshwater Action Network South Asia (FANSA) and the Water Supply and Sanitation Collaborative Council

(WSSCC) joined forces with more than 100 civil society organisations to demand immediate action. Read these extracts from our blog to find out what happened...

Day one: Sunday 16 November

In the heart of Delhi, we gathered this evening to silently commemorate the one million children killed by diarrhoeal diseases since the last SACOSAN in 2006.

In two days' time ministers from across the region meet for the SACOSAN. In forming our 'declaration', we cannot shy away from presenting sanitation ministers with the stark fact that a lot of previous promises have not been delivered on and that inaction has had fatal consequences.

Day two: Monday 17 November

The 'declaration' is finalised: sanitation programmes should be about eradicating open defecation, improving hygiene practices and removing barriers to a life of dignity – things as simple as separate facilities at schools for girls.



Tom Burgess

Jharana Thapa, a famous Nepali film actress and End Water Poverty ambassador, said: “As a cine artist I often work in the world of dreams. However, reality is different in South Asia. Here, many women don’t eat during the day because they are afraid to go out in the open to defecate.”

Day three: Tuesday 18 November

As today was registration day and the inauguration ceremony we didn’t expect to be able to report much back. We were wrong. In his opening address, Dr Manmohan Singh, the Indian Prime Minister, said: “Good sanitation should be the birthright of every citizen in South Asia.”

Day four: Wednesday 19 November

The WaterAid India team managed to monopolise the Indian Minister for Rural Development last night. We presented our declaration, pressed a copy into his hand, and the discussions rolled on from there. Bodyguards and advisers were helpless as our group walked and talked him over to our exhibition stand where we have posters about menstrual hygiene and a low-cost machine that makes simple sanitary pads. A colleague even asked him to sign one!

Day five: Thursday 20 November

This is the eve of the official SACOSAN declaration being announced. It’s crucial that ministers draft tomorrow’s declaration

with the voice of the poorest people in the region ringing in their ears. The action that flows from this conference has the potential to save millions of lives and transform society for future generations.

Oliver Cumming, our Sanitation Policy Officer, powerfully addressed the huge main hall, pointing to the evidence that hygiene education and sanitation are the most cost effective health interventions and yet poor sanitation and hygiene practices underlie a quarter of all child deaths – 2.4 million children a year.

Day six: Friday 21 November

The governments of South Asia have made an unprecedented statement: sanitation is now recognised as a basic right. Not only that but the official SACOSAN declaration addresses all of the themes in our ‘civil society declaration’, so our advocacy efforts have been successful.

As Ishaprasad Bhagwat, WaterAid’s then Acting Country Representative in India, said, “Now comes the task of translating the SACOSAN declaration into reality.”

So, sanitation is now a basic right in South Asia but it is far from being a reality. Words and declarations are important, and this one is historic, but one billion people need those promises to be honoured and fast.

Read the full blog at www.wateraid.org/sacosan



Tom Burgess

Declaration of the Pre-SACOSAN Civil Society Meet: Our demands for urgent action

We, the participants of the Pre-SACOSAN Civil Society Meet organised on 16 and 17 November 2008 in New Delhi by the Freshwater Action Network South Asia (FANSA), WaterAid and the Water Supply and Sanitation Collaborative Council (WSSCC) and those involved in a series of country level consultations; representing NGOs, CBOs, grassroots representatives and civil society organisations from Bangladesh, Bhutan, India, Nepal, Pakistan, and Sri Lanka, submit the following declaration to the delegates of SACOSAN III.

There is a sanitation crisis in South Asia demanding urgent action. Ten lakh children have died from diarrhoea in South Asia in the 2 years since SACOSAN II. At 1 billion, the region has the highest number of unserved and underserved people. This represents human suffering at an unprecedented scale, obstructing people's right to lead healthy, productive, dignified lives.

Since the organisation of the first SACOSAN in 2003 in Bangladesh, the governments of South Asia have subscribed to two Ministerial Declarations, committing to an ambitious programme of action. These commitments must be honoured - the need for more political commitment, better coordination and partnerships and good governance continue to constrain progress in the sector. While we agree that some progress has been made against these commitments, there is a need to speed up and scale up the delivery - the human cost of this crisis means that business as usual is not an option.

We have identified the following eight key issues that need to be addressed in order to achieve equitable, substantial and sustainable growth in the number of people able to access safe sanitation and hygiene services.

We commit ourselves to work on these issues, to create models, seek innovation, and demonstrate best practices, working

alongside communities, governments, international agencies and the private sector.

The right to sanitation and water

Access to sanitation is not only a development imperative; it is also a human right, firmly grounded in international human rights law. For better health outcomes, sanitation requires water supply in close proximity. Most governments in the region have recognised the right to safe drinking water and basic sanitation in the "Message from Beppu" at the first Asia Pacific Water Summit in 2007.

We call on governments to:

- Reaffirm their prior recognition that access to safe drinking water and basic sanitation is a basic human right and a fundamental aspect of human security and dignity.

Governance

Progress in the sanitation sector is constrained by weak accountability due to poorly defined institutional arrangements and the lack of accurate data on the real situation. Local governments, CBOs and CSOs are often sidelined in the process of planning and implementation. Recent advances in the right to information in the region can be used to improve service delivery outcomes and better governance.

We call on governments to:

- Establish accountable leadership at the national level, ensuring coordination among all relevant line ministries.
- Place local governments at the centre of planning and implementation of all sanitation programmes, coordinating activities of all actors at the local level.
- Create a dedicated budget line for sanitation with adequate financial provision to achieve universal access targets set by governments, and ensure judicious use of subsidies.



DesignMill



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Put in place mechanisms for independent assessments of the status of sanitation and the process of implementation of programmes.

Health outcomes

Improved health is a key outcome of sanitation. Sanitation and hygiene promotion are the most cost-effective health interventions. We need better information on health impacts, both to improve the effectiveness of sanitation programmes and to convince policy makers of the need to invest in sanitation.

We call on governments to:

- Involve the health sector in designing sanitation programmes and in monitoring health impacts.
- Develop and strengthen mechanisms to collect, validate and analyse incidence of excreta related diseases which should form the basis of policy and programme design.

Urban sanitation

Urban sanitation, including solid and liquid waste management, is a critical issue with implications for the environment and the dignity of the urban poor.

We call on governments to:

- Ensure that all urban and peri-urban communities have access to sanitation, de-linking access to basic services from land tenure and ensuring land tenure security, and that all public places have sanitation facilities.
- Prepare city/town/peri-urban area wide maps of existing infrastructure to improve transparency and make informed investment decisions and interventions in which all stakeholders can participate.
- Facilitate and scale-up local initiatives and promote appropriate and improved technologies using a decentralised approach and partnerships between communities, public and private sectors.

Manual scavenging

The practice of manual scavenging is a violation of human rights, a grave infringement of people’s dignity, and the worst form of caste-based discrimination. Laws to eradicate the practice have been passed in some countries but these are not enforced.

We call on governments to:

- Acknowledge and record the continuing practice of manual scavenging in order to allow for accurate assessments of the scale of the practice.
- Put into place improved waste management practices and technologies to avoid human contact with harmful waste and ensure safety of workers until the practice is eradicated.
- Eradicate manual scavenging by 2010, and support alternative livelihoods and education for all former scavengers and their families.

Sanitation in educational institutions

Many schools in the region do not have adequate sanitation and hygiene facilities, keeping children, especially girls, out of school. Sanitation and hygiene promotion are about behaviour change. Behaviours are formed at a young age and school sanitation and hygiene education can build a healthy future generation; children are also effective agents of change.

We call on governments to:

- Make budgetary provision for government schools and regulate private schools to construct and maintain sufficient and gender-friendly sanitation and hygiene facilities (soap and water supply) with facilities for menstrual hygiene management.
- Include hygiene as an integral part of education and improve monitoring of school sanitation and hygiene education programmes.

Menstrual Hygiene

Unsafe menstrual hygiene practices place a heavy and unrecognised burden on women in the region. This remains a taboo subject, surrounded by religious and cultural myths, and a blind spot in sanitation and hygiene promotion



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programmes.

We call on governments to:

- Recognize menstrual hygiene as integral to hygiene and health and sensitise and build capacity of people on Menstrual Hygiene Management by integration into sanitation, hygiene and health programmes.

Exclusion

Sanitation programmes currently are not reaching a significant proportion of the population. Especially vulnerable groups include - differently-abled people, those affected and infected by HIV/AIDS, tribals and discriminated castes, religious minorities, migratory people, construction workers, urban non-tenured slums dwellers, floating and homeless populations, those affected by natural calamities, Internally Displaced People and people living in hard to reach areas.

We call on governments to:

- Raise awareness at all levels on issues of exclusion and build commitments to excluded groups into policy statements and implementation guidelines.
- Include methodologies to identify the poor and marginalised and adopt inclusive approaches in all sanitation programmes and monitor performance in reaching these groups.

We as CSOs in the region continue to commit to:

Strive for the recognition of the right to safe drinking water and basic sanitation

in our countries' constitutions, laws and sector policies and support communities to realize this right, highlighting the plight and experience of excluded communities, amplifying their voices and complementing their actions.

- Lobby governments through advocacy, legal action and awareness raising, to enforce the laws and government schemes to end manual scavenging and achieve sanitation for all.
- Demonstrate and implement innovative sanitation and hygiene models in communities and schools, embodying inclusion, equity and community initiative and generate evidence of successful approaches.
- Facilitate local communities, CBOs and government institutions to create partnerships that support local initiative and strengthen capacity at local level.
- Raise awareness on school sanitation and hygiene, addressing the special needs of adolescent girls, including menstrual hygiene management.
- Focus our resources on working with excluded groups to enable them to live dignified and secure lives and share our experiences widely.

Civil society has a long history of engagement in sanitation and hygiene behaviour change. We are committed to supporting the SACOSAN process to tackle the sanitation crisis in the region by jointly implementing and monitoring progress on past and future declaration commitments. We submit the above to you in a spirit of collaboration, recognising that all actors will need to work together



The Delhi Declaration

We, the Heads of Delegations from Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka, participating in the Third South Asian Conference on Sanitation (SACOSAN-III), in New Delhi from November 16 to 21 2008, attended by Ministers, elected representatives, government officials, professionals, academia, civil society, non-government and community organizations, development partners and the private sector:

1. Recognise that access to sanitation and safe drinking water is a basic right, and according national priority to sanitation is imperative.

2. Confirm our commitment to achieving National and the Millennium Development Goals (MDGs) on Sanitation in a time-bound manner in all participating countries of South Asia.

3. Assert that achieving total and sustainable sanitation in all rural and urban communities in our countries is not only possible but also is our cherished goal reiterated in SACOSAN-I at Dhaka (2003) and SACOSAN-II at Islamabad (2006).

4. We draw attention and reiterate our commitment to the following key principles and specific actions that need to be implemented at household, local, sub-national and national levels to accelerate performance and rapidly achieve our sanitation goals:

a. Ensuring that the present and future generations enjoy a healthy environment, with clean air, soil and fresh water resources;

b. Achieving sanitation for all will be an inclusive process, involving all stakeholders at all stages, especially local governments, community and grassroots groups;

c. Sanitation will not be considered merely

an infrastructure or financing challenge, but one that requires effective policy, institutional and fiscal incentives to change behaviour, working in partnership with religious leaders, communities, institutions (e.g. schools etc.), local governments and service providers; and strengthening their capacities and accountability in mobilizing, implementation and monitoring;

d. Promote thinking of sanitation as the full cycle of proper arrangements, safe conveyance and sanitary disposal/re-use of liquid and solid wastes (including solutions that do not adversely impact the quality of land and water resources), and associated hygiene behaviour;

e. A range of sanitation provision and service options will be available to choose from. Basic access to sanitation facilities will be ensured to all by reducing disparities through appropriate budgetary policies, with active participation, contribution, decision-making and ownership by communities;

f. Incentives and support will be provided for the poor and people in vulnerable areas;

g. The needs and concerns of women and most vulnerable (e.g. infants, children especially girl-children, the differently-abled, the elderly) will be addressed as a priority. Innovative mechanisms e.g. micro-finance by Self Help Groups, will be effectively promoted;

h. Socially and economically disadvantaged households will be mobilized to form groups; and supported to access sanitation and other development programs;

i. The special sanitation needs of women (e.g. menstrual hygiene management) will be integrated in planning, implementation, monitoring and measurement of program outcomes. The key role of women in managing sanitation and hygiene in community settings will be enhanced;

j. Greater thrust will be placed on promoting adequate sanitation in schools

e.g. separate facilities for boys and girls, supported by safe drinking water and with adequate child-friendly facilities. Hygiene education will be incorporated into the school curricula to promote good hygiene behaviour and upkeep of facilities;

k. Collaboration between countries will be strengthened to develop capacities, sharing of best practices, and to promote mechanisms for independent monitoring;

l. Behaviour Change Communication and information sharing will be effectively utilized for creating demand for clean and healthy environment, and for promoting good hygiene behaviour; in partnership with Media and using Information and Communication Technologies;

m. Sanitation and hygiene needs to be integrated into health, education and other related policies, and regulations effectively enforced;

n. Technologies (e.g. which require less water and/or no water) and the practice of “reuse and recycle” of human wastes, and solid and liquid wastes (including conversion into energy), will be promoted;

o. Collaborations with the private sector (including toilet associations and groups of sanitary goods and service-providers) will be strengthened in developing sanitation standards, technologies and products that

are appropriate, affordable, ecologically-friendly and easily accessible;

p. For urban areas, an integrated city-wide approach will be adopted to ensure the safe management (including treatment and disposal) of human wastes, and all other solid and liquid wastes (including medical, industrial and commercial wastes, etc.);

q. The urban poor, especially those in slum settlements, will be facilitated and supported to obtain access to safe sanitation as a part of the integrated city-wide sanitation plans; and

r. The critical role of personnel involved in sanitation work will be recognized, and measures taken to raise their dignity.

Actions and Commitments

In this International Year of Sanitation 2008, we commit ourselves to achieving our national goals and the Millennium Development Goals on Sanitation in a time-bound manner, and shall take the following actions:

1. Continue advocacy and awareness to sustain the momentum given to sanitation explicitly at the regional, national, sub-national and local levels, in policy, budgetary allocation, human resources, and implementation;





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2. Strengthen community efforts and developing capacities of Local Governments, non-governmental organizations, youth and community groups to work in partnership for sustainable sanitation solutions;
 3. Ensure occupational dignity, health, safety and improve the profile and working conditions of personnel involved in sanitation work;
 4. Prioritise sanitation as a development intervention for health, dignity and security of all members of communities especially infants, girl-children, women, the elderly and differently-abled;
 5. Mainstream sanitation across sectors, ministries/departments, institutions, domains (private, household, schools, community, public), and socio-political persuasions, so that sanitation is everybody's concern and prioritised in their respective programs (e.g. railways or tourism agencies promoting access to sanitation facilities as a part of their programs);
 6. Develop and implement approaches, methodologies, technologies and systems for emergencies, and disaster situations, and for areas, with special characteristics/ terrains or groups suffering temporary displacement;
 7. Advocate globally the recognition of climate change impacts on sanitation provision in South Asia, and develop and implement strategies and technologies that adapt to and mitigate impacts;
 8. Enable flexibility and variety in options and practical solutions to suit local conditions, preferences, and resources;
 9. An inter-country Working Group, led by country focal points, will meet periodically to promote research and development, collaborations, exchanges of innovations, experiences and expertise; networks among intra-country groups and agencies will be created for sharing of knowledge; and,
 10. The Indicative "South Asia Roadmap for Achieving Sanitation Goals" (cf. Annex) may be consulted by the participant countries to develop their national Action Plans for implementation over the 2009-2011 period.
- The momentum gained by the three SACOSANs will be further continued by the hosting of the Fourth SACOSAN in Sri Lanka in 2010, and the fifth SACOSAN in Nepal in 2012.
- We are grateful to and thank the Government and people of India, for successfully hosting the Third South Asian Conference on Sanitation (SACOSAN-III).
- An Indicative South Asia Roadmap for Achieving Sanitation Goals is also part of the declaration. The Full Delhi Declaration can be viewed at <http://www.sacosanindia.org/ppt/Delhi%20Declaration%207.pdf>*

Sacosan III held in New Delhi in November 2009 was a fitting finale to the International Year of Sanitation. The Delhi Declaration that emerged from the deliberations has been largely welcomed. However, these now need to be grounded in national and state sanitation policies. A revision of the guidelines is urgently called for.

Given below are some of the areas which will need to be addressed:

Watsan as a human right

Drinking water and sanitation are recognised as rights. The drinking water and sanitation guidelines such as the Total Sanitation Campaign do not mention this.

Incorporating menstrual hygiene

Menstrual hygiene finds mention in the Delhi Declaration but is not in the national guidelines. These gender sensitive needs to be included in terms of IEC, technology and safe disposal facilities.

Eradicating manual scavenging

Manual scavenging is a scourge which continues to plague India and other South Asian countries. According to the Government of India, there are 7.70 lakh manual scavengers of which 3.42 lakh manual scavengers remain to be rehabilitated.

This figure is contested. In India the Government has committed to eradication of the practice by 2010. The rehabilitation of scavengers is with the Ministry of Social Justice and Empowerment while rural sanitation is under the aegis of the Ministry of Rural Development while urban sanitation is with the Ministry of Urban Development.

While the Declaration couched its commitment to protect the dignity of scavengers under the diplomatically correct garb of sanitation workers, in case of India, the Employment of Manual

Scavengers and Construction of Dry latrines (Prohibition) Act, 1993 refers to manual scavenging as different from sanitation workers, the former being those engaged in the manual removal of excreta. For complete eradication of this practice the government needs to include the rehabilitation of these communities into their national sanitation guidelines, destroy dry latrines and provide intergenerational rehabilitation programmes.



Ranjan Panda

Adopting inclusive approaches

The Delhi Declaration has stressed on the special focus for excluded communities. The Total Sanitation Campaign currently aims for complete environmental sanitation of the village, and thus there is no focus on excluded communities. People with disabilities need disabled-friendly toilets. Guidelines need to be modified to cater for this in terms of special focus on awareness, coverage and technology with appropriate investment. For communities excluded due to social, economic or geographical reasons special provisions need to be made.

Deepening monitoring

Monitoring of outcomes of the programme needs to be measured in terms of usage, health and socioeconomic outcomes rather than expenditure and toilet construction.

Feeling the pulse: A study on the Total Sanitation Campaign in Five States

Indira Khurana and Romit Sen, Water Aid India



WaterAid India

The Total Sanitation Campaign (TSC), launched in 1999 is the flagship programme on sanitation in India. TSC aims at improving the quality of life of people in the rural areas through creation of open defecation free (ODF) and fully sanitized villages. It has been ten years ever since the programme was launched in 1999 and it is imperative that there will be learnings' in programme implementation and delivery. With this in mind WaterAid India undertook a study of the Total Sanitation Campaign in five states during May- November 2008. The aim of the study was to understand the principles of what has worked and what has not worked in TSC, the focus being on learning lessons from the past for the future. Knowledge Links undertook the study on behalf of WaterAid India.

The study carried out in the states of Bihar, Chhattisgarh, Haryana, Karnataka and Tripura looked at all aspects related to TSC implementation at state, district, block, Gram Panchayat and village levels. It entailed covering the key components of the program that include IEC, HRD, and creation of sanitation facilities such as individual household latrines (IHHLs), school sanitation and hygiene education (SSHE), and community sanitary complexes (CSEs).

The major findings of the study include

Surge in sanitation: Though the programme was launched in 1999-2000 the impetus has come since 2005-2006. The progress during first five years was slow with an average annual growth rate of 7.14 per cent in sanitation coverage. The growth rate in sanitation coverage has picked up in many states since 2005-2006 resulting in average annual growth rate of 20.21 per cent.

The subsidy debate: The most debatable issue has been one of subsidy to individual households for construction of latrines. In fact TSC Guidelines do not use the term

subsidy and the money given to households is called incentive. As per these guidelines the money is available only for below poverty line (BPL) households. In Bihar and Chhattisgarh subsidy has been given to the APL households as well. Haryana has downplayed subsidy adopting the Community Led Total Sanitation (CLTS) approach. If one looks at the coverage in the states one finds that Bihar and Chhattisgarh with a high subsidy regime has a coverage of 10.1 and 27.8 per cent respectively, while Haryana with downplaying the subsidy has attained a coverage of 78.7 per cent. While making a comparison one would have to keep in mind the minimum level of sanitation and population in Bihar is more as compared to Haryana. The issue of subsidy, however remains debatable.

Sustainability of Nirmal Gram Puraskar (NGP): NGP is the post achievement award scheme introduced in 2003 and operationalised in 2004, has given an impetus to the programme as one can see a upsurge post 2004 in terms of number of villages attaining 100 per cent coverage for latrines. Attaining NGP has become a matter of pride and prestige for the gram panchayat, However, this target driven approach for getting NGP nominations and awards at the state and district levels could be doing more harm to the programme implementation than good. As NGP awards are mainly being given to GPs, it has emerged as a matter of status for GPs in general and concerned pradhans/sarpanches in particular. This has resulted in a desperate rush to secure the NGP status for the GP rather than in a community initiative to get the GP really open defecation free and fully sanitized. There have been issues with the construction and usage of toilets in nirmal gram panchayats and the study finds that not all NGP have been able to maintain their open-defecation status.

Technology aspects: The other major policy issue is one of technology. There is

Emerging lessons and future directions

TSC is the major sanitation programme in India. It has no doubt increased the coverage of latrines, school sanitation in rural India and has led to better sanitary facilities in villages. However, there are lessons that can be drawn following this study which may be of use to strengthen in programme for the future. These include:

- TSC is currently a guideline. A national sanitation policy that clearly articulates Government of India's policy and position needs to be in place.
- There is a need to urgently review the implementation strategy to focus more on usage of sanitation facilities created and the related behaviour change.
- It has been observed that in places where there is an implementation plan for the programme with roles and responsibilities defined, incorporating a campaign mode, the results have been positive.
- One would agree that in the decade of TSC programme operation the coverage

a clear lack of appreciation at the policy and programme implementation level about technology being a major factor in safe sanitation. The idea is not to have only sanitary latrines at the individual household level, but to have a safe pathogen free environment to ensure an improvement in the quality of life of people through significant reduction in avoidable morbidity and mortality, specially infant and maternal mortality. Quality of construction of toilets is emerging as one of the critical factors in ensuring usage and sustained behaviour change.

Impact of IEC activities: There have been considerable differences in the way IEC activities have been carried out in the five states. However, if IEC spending is taken as an indicator, even after initial 5 years of considerable IEC spending, the sanitation coverage was only a meager 7.14 per cent. In most of the cases IEC activities have been limited to street plays, jingles and songs, posters and pamphlets, wall paintings and slogans. However it was evident from the response of the communities that the recall factor for IEC is low with few people recalling the nature, content and the message the IEC campaign.





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- has gone up but currently the thrust is simply on coverage and there is a need to strengthen monitoring indicators that take into account usage or behaviour change and health benefits which is the stated thrust of the programme. The true impact of the programme can be achieved when the improvement in sanitation corresponds to better health outcomes.
 - It has been globally recognised that the impact of improved sanitation is majorly on women and thus it becomes important to engage them in the programme. Also there is a need to incorporate menstrual hygiene in the programme strategy. Women would benefit immensely from being aware of proper hygienic practices during menstruation.
 - The state and central share for the programme should be clearly demarcated so that there is no delay in release of funds by the central government. Linked to this is the aspect of increasing expenditure by the states where it is necessary that the states are encouraged to review their spending periodically and enhance their capacities for better and efficient spending of funds.
 - The IEC component of the programme needs to be re-oriented so that they are effective and result in necessary behaviour change.
 - It has been observed that the shortage of dedicated staff is affecting the implementation of the programme, thus it becomes crucial to have a dedicated and fully trained staff to implement the TSC programme with filling in the vacancies for the CCDU.
 - Special focus is required for meeting the needs of marginalised groups such as women, tribals, Scheduled Castes, the differently abled and the aged.
 - Ensuring the quality of construction is essential to ensure regular usage. Linked to this aspect is monitoring the supply chain so as to avoid malpractices in purchase and distribution of materials.
 - There is a need to felicitate champions and community leaders other than *sarpanches* so as to keep their motivation level high.
- Considering the overall aim of the programme is to make villages a clean and safe place for living, there is a need for convergence with departments like education and health. The study has shown examples where inter-departmental coordination has had better impact. It would be in the larger interest of the programme that various departments work together developing an integrated approach.

The following article contain excerpts from the National Urban Sanitation Policy announced by the Ministry of Urban Development, Government of India.

Vision

The vision for Urban Sanitation in India is: All Indian cities and towns become totally sanitised, healthy and liveable and ensure and sustain good public health and environmental outcomes for all their citizens with a special focus on hygienic and affordable sanitation facilities for the urban poor and women.

Key Sanitation Policy Issues

In order to achieve the above vision, following key policy issues must be addressed:

- **Poor Awareness:** Sanitation has been accorded low priority and there is poor awareness about its inherent linkages with public health.
- **Social and Occupational aspects of Sanitation:** Despite the appropriate legal framework, progress towards the elimination of manual scavenging has shown limited success, Little or no attention has been paid towards the occupational hazard faced by sanitation workers daily.
- **Fragmented Institutional Roles and Responsibilities:** There are considerable gaps and overlaps in institutional roles and responsibilities at the national, state, and city levels.
- **Lack of an Integrated City-wide Approach:** Sanitation investments are currently planned in a piece-meal manner and do not take into account the full cycle of safe confinement, treatment and safe disposal.
- **Limited Technology Choices:** Technologies have been focussed on limited options that have not been cost-effective, and sustainability of investments has been in question.
- **Reaching the Un-served and Poor:** Urban poor communities as well other residents of informal settlements have been constrained by lack of tenure, space or economic constraints, in obtaining affordable access to safe sanitation. In this context, the issues of whether services to the poor should be individualised and whether community services should be provided in non-notified slums should be addressed. However provision of individual toilets should be prioritised. In relation to “Pay and Use” toilets, the issue of subsidies inadvertently reaching the non-poor should be addressed by identifying different categories of urban poor.
- **Lack of Demand Responsiveness:** Sanitation has been provided by public agencies in a supply-driven manner, with little regard for demands and preferences of households as customers of sanitation services.



Vijay Kuttu



Gramalaya

- Policy Goals: The overall goal of this policy is to transform Urban India into community-driven, totally sanitized, healthy and liveable cities and towns.

The specific goals of the National Urban Sanitation Policy are as follows:

- Awareness Generation and Behaviour Change
- Achieving Open Defecation Free Cities
- Re-Orienting Institutions and Mainstreaming Sanitation
- Sanitary and Safe Disposal
- Proper Operation & Maintenance of all Sanitary Installations

Towards achievement of the Urban Sanitation Policy Goals Government of India will:

- Encourage states to prepare State Level Sanitation Strategies within a period of 2 years and the identified cities will be urged to prepare model City Sanitation Plans within a period of 2 years.
- Provide assistance for the preparation of Detailed Project Report (DPR) as per city sanitation plan as soon as requests for funding are received;
- Promote public-private partnership in respect of key projects/activities identified in the city sanitation plan;
- Provide technical assistance and support for awareness generation and capacity building to states and cities within this financial year;
- Periodic rating of Cities in respect of Sanitation, and recognition of best performers by instituting a National Award within this financial year
- Funding projects wherever possible from existing schemes.

The Government of India will support states in developing and implementing innovative strategies to accord priority to

urban sanitation. States and cities can explore a number of options in achieving sanitation goals including;

- Using existing provisions with regard to sanitation in municipal and other Acts to promote compliance;
- Amending municipal Acts, framing of bye-laws and regulations (e.g. building and construction bye-laws) to promote sanitation by public and private agencies, prohibit discharge of untreated sewage into open areas wherever necessary;
- Create a system of incentives and disincentives including punitive actions and levies and charges on polluters wherever appropriate;
- Re-orienting policies to ensure that urban poor households or residents in informal settlements obtain access to improved sanitation facilities;
- Ear-marking and making land available for community and public sanitation facilities;
- Promoting partnerships with public, private and non-governmental agencies for improved provision, maintenance and management of sanitation facilities;
- Mainstreaming sanitation in all public activities (e.g. by coordinating with health, education and infrastructure sectors);
- Taking up sanitation in a mission mode in order to mobilize joint actions from different public and non-government agencies. This can be accomplished by forming an urban sanitation steering committee at the state level and a task force at the city level;
- Exploring other options and innovations that may be suitable locally.

The full document on the National Urban Sanitation Policy can be downloaded from <http://www.indiawaterportal.org/blog/wp-content/uploads/2008/12/nusb.pdf>

Emergency preparedness in times of floods: WaterAid India's experience

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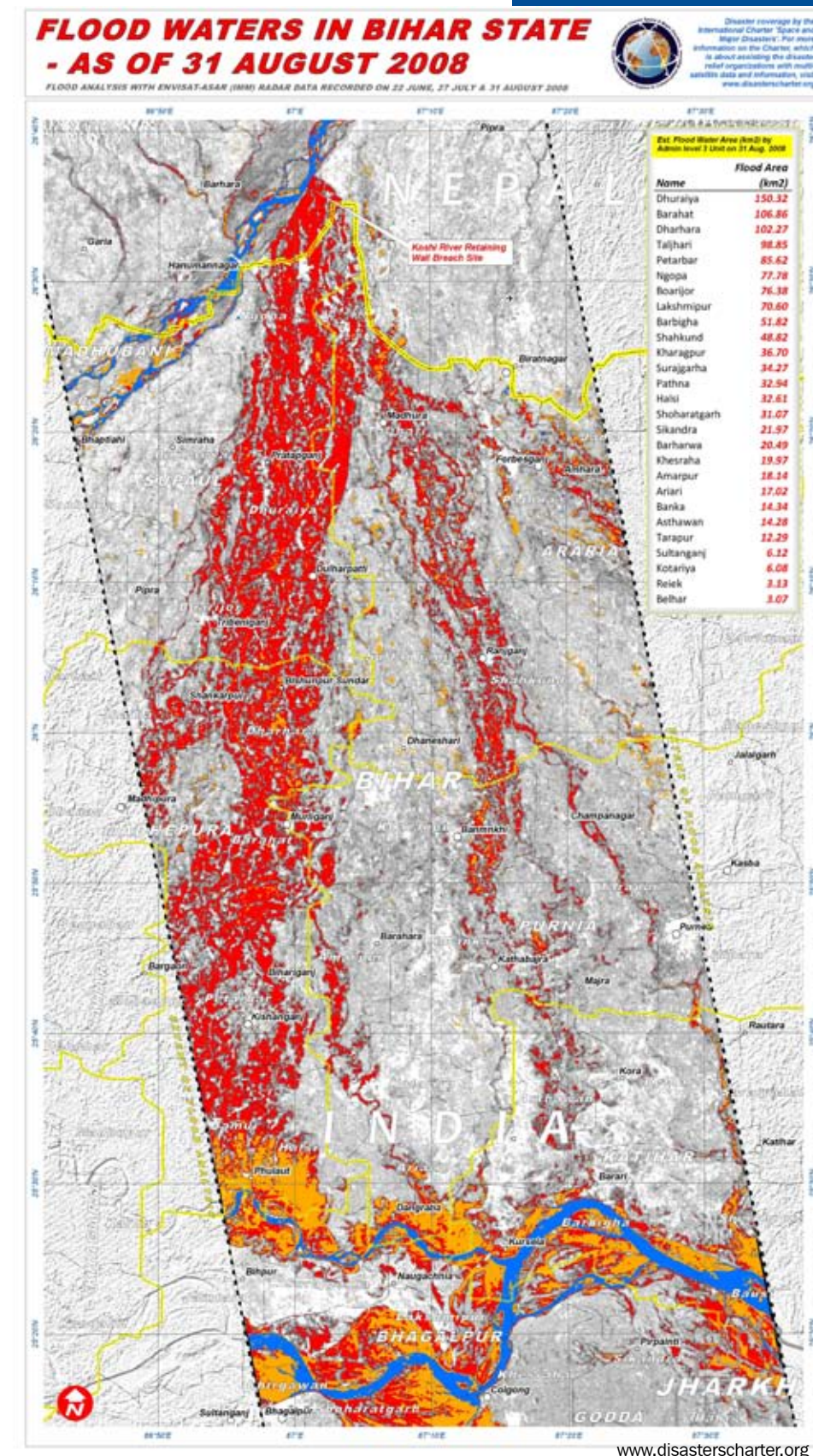
Bihar the third most populous state in the country with approximately 83 million people suffers from natural calamities. With the onset of the monsoon, rivers coming down the Himalayas in Nepal are in full spate and with them bring along a tale of distress, destruction and devastation.

Rivers like Ghagra, Kamla, Kosi, Bagmati, Gandak, Ganga, Falgu, Karamhasar, Mahanadi flow above the danger level and pose a threat to North Bihar. These rivers have been flowing in a fixed course; however the relatively young Kosi, "the sorrow of Bihar", has not yet matured enough to settle on a course, and has changed its course 15 times.

The National Commission on Flood has identified Bihar as one of the most flood affected state with it facing about 22.8 per cent of devastation caused by floods in India, where the food affected area is only 16.5 per cent. After Independence 25 lakh hectares of land was flood prone, this has now doubled to 50 lakh hectares clearly raising questions on the flood mitigation programmes

The Mega Kosi Flood of 2008

There has been hardly a year when Bihar was not exposed to the vagaries of these natural calamities and the year 2008 was the worst. Due to a breach in the eastern Kosi embankment upstream of the Indian border at Kushaha in neighbouring Nepal on the 18th of August, 2008, River Kosi, picked up a channel it had abandoned over 200 years ago, drowning towns and numerous villages coming in the way of its newly acquired course, displacing more than three million people. According to the Ministry of Home Affairs, as of 9th September, about 4,043,000 people from 2,349 villages in 16 districts (Muzaffarpur, Supaul, Patna, Katihar, Nalanda, Araria, West Champaran, Shekhpura, Saharsa, Purnea, Saran, Begusarai, Bhagalpur, Madhepura, Vaishali and Khagaria) were



affected. The weather being extremely hot, aggravated the suffering of the



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displaced population, particularly for children, pregnant and lactating women and the aged. Officials said floods had destroyed more than 227,000 homes and damaged about 100,000 hectares (247,000 acres) of wheat and paddy crops. Those displaced by the floods were not expected to be able to return home for another two or three months, when the embankment is repaired and the river moves back to its normal course.

The state Government sought the Army's help to launch relief and rescue operations in the severely affected districts. As per the Government officials, flooding this year has been caused by breaches in embankments along the Kosi river which have now widened to two km in length, leading to the deluge-like situation in the three border districts.

The satellite map on page 19 shows how the flood has taken its course (indicated in red) and flooded Bihar.

Watsan scenario during floods

Water and sanitation facilities are one of the worst affected by floods and the damages are generally irreversible. It also takes a long time for the situation to normalise. During floods, different types of waste materials are generated which contain biological, chemical and physical impurities that pollute ground and surface water sources. This mixing builds a heavy

load of pathogen colonies in drinking water that takes months to normalise, impacting the health of the people.

The provision of water supply and sanitation facilities has remained a neglected aspect of disaster preparedness and response, despite the fact that deluge and submergence contaminates the entire water supply and no open spaces are available for defecation, which in turn accentuates the risk of excreta getting dispersed in the residential surroundings. The people in flood affected regions are forced to defecate in whatever available spaces like roadsides or limited spaces outside the relief camps and sometimes from tree tops when that is the only place for shelter to prevent drowning. Women and children are worst sufferers during floods due to non provision of safe drinking water and sanitation facilities. The non availability of safe drinking water leads to widespread morbidity and mortality after floods. The diarrhoeal disease situation can be gauged from newspaper reports which quoted a health official saying that till September 2008 more than 1,000 acute diarrhoeal cases in relief camps were reported, leading to six deaths.

WaterAid India's response before and after floods

Temporary community latrines for safe defecation, bathrooms bathing and washing clothes, deep Bore Well

Activities done for Disaster Response by WaterAid		
S.No.	Activity	Nos
1	Temporary toilets in relief camps	71
2	Temporary bathrooms	35
3	Water drums	10
4	Deep Bore Well Handpump	15
5	Shallow Bore Well Handpump	7
6	Dust bins	56
7	Soaps	850
8	Dietary supplement for pregnant and lactating mothers and children	As per records with Aganwadi
9	Milk powder packets	According to need (450)
10	Compost pit	15
11	Cultural programmes	In all relief camps
12	Hygiene kits	1500
13	Buckets with mugs (use in latrine/bathrooms)	55

Handpumps for drinking water, shallow Bore Well Handpumps for domestic use, water tanks for drinking water storage, disinfection of water sources, handpump platform with soak pits, dust bins were provided in relief camps. As women and children were the worst affected, soap bars for handwashing, milk powder for women having children below one year, nutritious packed food for pregnant women and children, sanitary pads for adolescent girls and women were also provided to the residents. Awareness through *nukad natak* (street plays), counselling was also undertaken by volunteers. Management of the facilities created was emphasised by teams of volunteers and residents in the camp.

WAI Disaster Preparedness Programme:

WAI before the onset of this mammoth flood realised the importance of disaster preparedness and in partnership with Ministry of Disaster Management, Government of Bihar launched a pilot emergency preparedness programme in the identified districts. The long-term objectives were to support the state government in developing and implementing a comprehensive emergency

preparedness plan to effectively support water supply, sanitation and hygiene requirements in the flood prone areas of Bihar.

The short term plan was to set up models of flood preparedness in 25 villages in 5 districts (Madhubani, Darbangha, Samastipur, Muzffarpur and Sitamarhi), for emulation by the Government and other agencies. Developing IEC materials for promotion on a large scale, training of senior Government staff in disaster preparedness was also an important component of the programme.

In the model 25 villages, activities included awareness and sensitisation of community, capacity building and construction of flood proof water sanitation structures in places where people come during floods. As cases of diarrhoeal diseases are high in times of flood, training was given to volunteers on diarrhoea management. In the identified villages of the five districts, four seater community toilets with nearby water sources was constructed. A disaster management kit was also given to each of the villages. The disaster management kit helped reduce cases of diarrhoea and morbidity due to snake bites.



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WAI and the Ministry of Disaster Management, Government of Bihar having been involved in disaster relief and disaster preparedness programme realise that the latter, disaster preparedness, is more important as it is sustainable solution and disaster relief be part of disaster management. The following learning has emerged from the current experience:

- Government should start programmes with financial allocation in disaster preparedness as part of its disaster management programme rather than on focussing mostly on relief
- People should be at the centre in all disaster preparedness programmes for success, management and sustainability
- Inter Agency Groups help in coordination, cooperation and management and should be part of disaster management strategies
- In flood prone districts coordination between various departments is needed so that flood proof structures are created at time of installation in the villages like handpumps with raised platforms, community latrines in higher elevated areas, Eco-san latrines or raised Household latrines
- Schools which usually are relief centres during floods should have flood proof infrastructure

- Disaster management during floods should be part of school curriculum so that children are aware, and can act as effective agents who can save lives
- Rainwater harvesting can be adopted so that fresh water is used during floods

Based on the current experience the WaterAid India team is working on the following:

- Preparing a blue book on WATSAN during emergencies
- Expansion of the disaster management programme to 125 villages
- Promoting disaster friendly water and sanitation technologies in coordination with PHED
- Creating volunteers for emergency preparedness
- Developing IEC materials for a state wide campaign on disaster management
- Support Disaster Management Cell in water and sanitation issues during emergencies

In conclusion, floods can only be managed and if it is managed efficiently and effectively lives and money can be saved. The solution is thus “Be aware and prepare”.

The flood of 2008 in Orissa was severe, affecting 2.25 million people across 5,314 villages. The gushing waters inundated 293,267 hectares of crop area and disrupted communication networks and roads. Majority of the people affected were living in villages who depended on farming and livestock for their livelihood.

Brajakishore Das, a farmer lost his home, his land, his cattle and his livelihood in the floods. His family of 18 members was living on a rooftop, one of the few standing structures around. Chagarai village in Kendrapara district was still under water, a full 10 days after the first flood waters hit the village.

Rajani Bhoi, 20 years old was living with her family in a shanty on the breached national highway that skirts her submerged village. Her parents did not lose any land as they were too poor to own any, but they lost their only mud home.

As the water in reservoir was filled beyond capacity the Government was forced to release water from the Hirakud dam. In a scenario like this it becomes immaterial as to how did the flood occur but what matters most is how to provide relief to those in need. The Government of Orissa set up an Inter-agency Group (of which WaterAid is a member) whose main priority was to deliver life-saving supplies and to ensure that children and women, the most vulnerable to disease and distress receive medicines, clean drinking water, access to sanitation and enough food.

The maximum impact of the floods was on the most vulnerable the women and children. However, prompt preparedness, action and information by the Government and other agencies ensured that the damage to human life was minimised with people being shifted to higher place.

Meeting watsan needs

Apart from providing relief, the main

problem in the flood affected areas was the threat of an outbreak of water-borne epidemics such as diarrhoea, gastro-enteritis, jaundice, meningitis and malaria. There was also the danger of snake bites. The tube wells were submerged and in places where the flood waters had receded the tubewells had been contaminated thus providing safe drinking water and sanitation was taken on priority in the flood affected areas. Poor hygiene conditions in the camps aggravated the problem. Children, pregnant and lactating women, and the elderly faced additional challenges due to the extremely hot weather. The heat, combined with limited supplies of safe drinking water and poor hygiene conditions, posed a challenge for the organisations engaged in relief work.



Reaching out

As an immediate response halogen tablets, bags of bleaching powder and ORS (oral rehydration solution) packets were distributed in relief camps. State Government and the Army distributed clean water in sachets. The district administration of Puri with help of INGOs (including WaterAid) initiated steps to

enforce sanitation in the affected areas alongside removing rotting carcasses of animals and birds to prevent any outbreak of disease. The district collector was quoted by the Indian Express as saying “after receiving complaints from the residents of flood hit villages, I have instructed veterinary authorities to ensure disposal of dead animals.” There were reports of veterinary authorities having burnt about 3,200 dead chicken in the Pipili block alone, the worst hit by the floods.



IAG, Orissa

Working together

While the state government machinery responded to the floods, emergency response was carried out jointly by Inter-agency coordination group, civil society organisations and the state Government. In order to control the outbreak of epidemics in the flood affected areas, this being one of the major concerns in the aftermath of the floods, the local NGO partners focused in supporting the Government in outreach activities, providing information and the much needed human resource support in camps.

The response of the joint programme was to ensure the availability of safe drinking water by the following measures:

- Water quality surveillance and remedial measures.
- Diarrhoea management by providing ORS packets.
- Awareness creation to cover hygiene practices, water borne and related disease response, safe water in the home, environmental sanitation and use of latrines.

This success of this initiative lies in the fact that there was no epidemic following the floods, and this can only be attributed to the joint and comprehensive efforts by responding agencies. A model for replication indeed.

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