Water and sanitation in the media
A collection of stories by South Asian journalists
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Introduction

In 2011, a group of dedicated journalists from South Asia writing on water, sanitation and hygiene (WASH) established a regional body called WASH Media – South Asia. The group consists of both print and broadcasting media personnel from Bangladesh, India, Nepal, Pakistan and Sri Lanka. As the members were already actively writing on WASH issues, the regional network helped to share their stories and coordinate their actions.

Since uniting, forum members have also been able to meet and consult with a West African journalists’ network during a global sanitation conference in Mumbai in 2011. They also organised an internal meeting in March 2012.

This publication contains selected stories by forum members from all five South Asian countries involved. The stories have been categorised into seven different themes which include monitoring political commitments to WASH, reporting on WASH during disasters, issues of equity and rights relating to WASH, issues related to WASH and health, problems of governance and financing in the sector; and best practice applied to WASH. Although other topics have been covered by the journalists, these categories were chosen to highlight key themes and organise the content of the book.

To reach the widest audience possible, the book is being published in English. However, there have been hundreds of stories published in national languages including Bangla, Hindi, Urdu, Nepali, Sindhi and Singhla. It is hard to present all of these stories here, but a section has been added to highlight the coverage.

The purpose of this publication is to share with stakeholders as many stories as possible from the five countries involved in the WASH Media – South Asia forum. By doing this, we hope to increase our role in improving the WASH situation in South Asia by bringing attention to many of the issues involved. The media is an important element of civil society and through it we want to highlight the importance of governance issues as well as play watchdog to improving accountability and transparency. We believe that increasing engagement by the media in water, sanitation and hygiene can contribute to raising the profile of the sector and awareness of the issues it faces.

WASH Media – South Asia team, 2012
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1 Monitoring political commitments

The single most important development challenge the South Asia region faces is in improving the use of sanitation and hygiene facilities to promote dignified lives, reduce preventable deaths, improve gender equality, contribute to the disposable income of poor people and safeguard the environment. Currently over one billion people lack improved sanitation facilities and nearly 700 million practice open defecation, which is an affront to society in South Asia.

In the Millennium Summit of 2000, all countries from South Asia committed to reverse these terrible conditions. A platform entitled the South Asian Conference on Sanitation (SACOSAN) was created to increase regional cooperation against this common challenge. All countries from the region supported and signed a UN resolution for the right to water and sanitation – committing to take steps towards the progressive realisation of these rights by upholding human rights principles and standards of non-discrimination universally.

In addition to regional and international commitments, all of the countries have made national commitments through formulating policies, master/sector development plans, national budget speeches and setting universal targets. However, despite these political commitments at all levels, the current progress rate is unsatisfactory and it is estimated that sanitation targets will not be achieved by 2015.

The media is an important civil society institution and has a responsibility towards citizens and society to dig deeper and highlight the reasons that governments in South Asia are falling short in fulfilling their political commitments. The media can not only hold to account those who are responsible for providing services to the people, but also through unfolding stories can empower citizens to engage with duty bearers and demand their rights.

The stories in this section were written by passionate journalists from South Asia who have tracked the progress on SACOSAN, SAARC and SWA commitments and reminded the political leadership about its failures as well as its successes. The stories also capture the causes of the failures, suggestions to address the core challenges and bottlenecks in expediting progress.

A young man is pulling a water bucket from a well with the help of donkeys in Thoorahu village, located in Sanghar district’s Achhro Thar, also known as the White Desert area of Pakistan. The vast desert that is spread along the Indian border is facing acute water shortage and people there usually consume underground water from the wells. Photo: Amar Guriro.
South Asian countries need progress on sanitation

November 4, 2011, 9:50 pm

By Ifham Nizam

SAARC needs to recognise the sanitation crisis in the region and challenge the inequity in the provision and distribution of resources, a senior official of the Water Supply and Sanitation Collaborative Council said.

Speaking at the launch of the report ‘South Asian People's Perspectives on Sanitation’ on Thursday in Colombo, the Council's Networking and Knowledge Management, Programme Manager, Archana Patkar said that governments needed to engage proactively to provide stronger leadership to water, sanitation and hygiene.

She said: “Regional mechanisms for implementation, coordination, research and knowledge sharing through the existing SAARC Secretariat is needed to strengthen the SACOSAN process.”

For people in South Asia, sanitation means ‘cleanliness’ and ‘dignity’, according to the report launched on Thursday by international development organisation WaterAid, together with Fresh Water Action Network-South Asia (FANSA) and the Water Supply and Sanitation Collaborative Council (WSSCC).

The report was launched ahead of the South Asian Association for Regional Cooperation social policy forum in the Maldives from November 10-11.

WaterAid Regional Officer Mustafa Talpur said that the report was the result of interviews and focus group discussions with needy communities and social groups across Bangladesh, India, Nepal, Pakistan and Sri Lanka, and aimed to bring the people behind the crude statistics into the sanitation debate.

“In 25 years and 16 summits, sanitation has never been on the agenda of SAARC. The global Millennium Development Goal target for sanitation by 2015 rests with countries in South Asia; if South Asia makes progress on sanitation, the world will make progress,” he said.

He also said that in South Asia, promising economic growth was countered with poor human development, poverty and disease, with almost half the region’s population without improved sanitation and more than seven hundred million people forced to defecate in the open.

Ramisetty Muraili, of FANSA, said: “The report clearly indicates that people want to live a life of dignity and health but are frustrated by the lack of effective support and the failure of poorly planned and implemented projects, while some communities are reluctant to adopt safe hygiene practices because of sociological and cultural barriers, and extreme poverty.”

Centre for Environmental Justice, Executive Director Hemantha Withanage said that the study appealed to policy makers to re-vamp institutional mechanisms that allowed for community participation in sanitation projects.

He added that above all the report called for greater accountability and transparency measures, and a focus on human-centered development, targeting ‘below poverty’ communities in India and the ‘hardcore poor’ of Bangladesh and Nepal.

Open defecation still a big hygiene problem in Bangladesh

Mustafizur Rahman. Colombo

The fourth South Asian Conference on Sanitation began here on Monday with special emphasis on ensuring sanitation and hygiene facilities for women and children who are the most vulnerable to lack of sanitation in the region.

Inaugurating the four-day ministerial conference, water supply and drainage minister of Sri Lanka Dinesh Gunawardena said that all governments in the region should target 100 percent coverage for water and sanitation in every home and school.

He said according to the United Nations, 2.6 billion people in the world do not have improved sanitation facilities. ‘The most disconcerting fact is that 72 percent of this 2.6 billion live in Asia,’ the minister said.

He, however, hoped that Colombo Ministerial Declaration would spell out the way for each country to reach target of 100 percent coverage of sanitation.

According to statistics presented during the sessions, more than half of the total population in the region still remain outside any improved sanitation coverage.

Representatives from civil society organisations including WaterAid, Water Supply and Sanitation Collaborative Council and Freshwater Action Network made their call for recognising access to water and sanitation as a human right as mentioned in the Delhi declaration in 2008.

Since SACOSAN III in 2008, 7.5 lakh children under-five have died of diarrhoea in South Asia.

Neither the LGRD minister nor the state minister nor even the secretary from Bangladesh is attending the ministerial programme.

Additional secretary of the LGRD ministry Syed Mahboob Hasan, who is leading an 18-member delegation to the conference, said open defecation was still a big problem for the country in ensuring sanitation for all. Almost half of the people of Bangladesh are deprived of improved sanitation facilities, according to the Bangladesh country paper presented in the biennial convention to review the progress made by the regional countries in the area of sanitation.

The WHO-UNICEF Joint Monitoring Programme 2010 shows that more than 54 percent of the population of Bangladesh have access to improved sanitation facilities.

‘Besides, 25 percent and over 15 percent of the population have access to shared and unimproved sanitation facilities which means more than 94 percent of the population have access to shared and unimproved sanitation facilities,’ says the Bangladesh country paper. It has been said in the paper that Bangladesh would achieve the basic sanitation for all by 2013.

Earlier in Delhi, the governments of Bangladesh, India, Nepal, Pakistan, Sri Lanka, the Maldives, Bhutan, and Afghanistan committed to recognise the right to water and sanitation. Later in November 2010, the United Nations General Assembly adopted a resolution on the right to water and sanitation.

The conference includes a number of technical sessions, besides the ministerial summit on April 6. President of the Democratic Socialist Republic of Sri Lanka Mahinda Rajapaksa is expected to be present at the ministerial meeting. More than 300 foreign delegates and 150 local participants are attending the conference which will be wrapped up with a press conference on April 7.

Ministers from India, Pakistan, Afghanistan, Nepal and the Maldives are, among others, attending the conference.

http://newagebd.com/newspaper1/frontpage/14266.html
From 1990s to present, a great leap forward

THE formulation of the much-awaited Hygiene and Sanitation Master Plan (2011-2017) that envisions an important role of local government bodies in providing water and sanitation facilities throughout the country is considered crucial at this stage to mainstream the efforts of the related actors at various levels.

The government, national and international partners, development agencies and donors are working together to meet the universal access to sanitation by 2017 since its declaration in 2002. There appears to be a gradual progress in recent years towards achieving the Millennium Development Goals of having at least 53 percent toilet coverage by 2015 and meeting the national target on sanitation by 2017.

During the 1990s, only six percent people in the country had sanitation coverage (access to toilet) while the government’s data in 2009 states that 43 percent of the country’s population has access to a toilet.

According to Bhusan Tuladhar, regional technical advisor, South Asia at the UN-Habitat, the formulation of the master plan will be instrumental in facilitating the effective implementation of the US $5 million Global Sanitation Fund (GSF) programme launched in 2010. Both the master plan and the GSF have mentioned an important role of local government bodies in providing water and sanitation facilities throughout the country.

As part of the GSF, one district in each of the five development regions has been selected and a population of 1,750,000 targeted. The major four components of the GSF are simulating Open Defecation Area, capacity building of stakeholders, implementation of Sanitation Master Plan and knowledge management.

Similarly, a positive initiative was undertaken by the Ministry of Physical Planning and Works with support from non-governmental organisations, international partners and donors in May 2010 to prepare a Joint Sector Review (JSR) status paper. It provided a common platform to discuss the existing condition of WASH (Water, Sanitation and Hygiene) sector and explore progressive ways to bring remarkable improvement in the sector through effective coordination, uniformity in planning and implementation of the programmes and policy monitoring and evaluation.

“The JSR has provided a right platform to develop a common understanding among sectoral agencies on the need for a commonly agreed guideline which could systematically address all components of the WASH sector,” said Nanda Bahadur Khanal, senior divisional engineer at the Sector Unit Implementation Unit under the ministry.

According to him, the major hindrance in achieving the target in overall sanitation situation is fragmented service delivery by multiple implementing agencies which are working independently. “Most of the programmes and actions led by various agencies at local levels lack a coordinated approach and are implemented on their own in the lack of proper policy to monitor and evaluate the work performed by them,” Khanal said.

So in an effort to enhance sector-level coordination with the involvement of the local government bodies, community-based organisations and communities, JSR is considered an important component in the WASH sector.

At the same time, experts share that there is still a long way to go to achieving remarkable results in the field of sanitation in the lack of a stable government,

strong commitment from authorities and effective coordination among the sectoral agencies.

Figures included in the Joint Monitoring Report prepared by the WHO and Unicef early this month show that nearly 21 million are without improved sanitation, with nearly 15 million (or half of the country’s total population) practise open defecation.
HIMALAYAN NEWS SERVICE

KATHMANDU: The government has launched the Sanitation and Hygiene Master Plan-2011 to give a boost to the national goal of achieving basic sanitation for all by 2017.

Ramdeep Shah, Chief, Environmental Sanitation and Disaster Management Section under the Department of Water Supply and Sewerage, said the SHMP targets 53 per cent toilet coverage by 2015 to meet the sanitation Millennium Development Goal.

According to SHMP, despite gradual achievements in sanitation, still 57 per cent of the country’s population lacks access to toilet. A gap of 37 per cent between people’s access to water supply and sanitation facilities stands as a big challenge in achieving the perceived health benefits from water supply and sanitation services.

Shah, who is also the member secretary of National Sanitation Coordination Committee, said the master plan had recognised the multi-stakeholders’ collaboration and campaign approach in total sanitation promotion and introduction of different strategic coordinating bodies at central, regional, district, municipality and village levels. He said apart from the goal of achieving basic sanitation over a period of years, SHMP had also targeted poor and disadvantaged communities.

"We have formed the coordination committees from district to national levels to prepare strategies and programmes to implement SHMP in the grassroots level,” said Shah. "The government has allocated Rs 300 million to the Ministry of Physical Planning and Works for sanitation."

The master plan has set a nine-point guiding principles that included open-defecation-free as the bottom line, universal access to sanitation in water supply and sanitation projects, technology choices for household toilets and leadership of the government local bodies.


**Efforts to meet sanitation goals**

KATHMANDU: The government is stepping up efforts to achieve national and international goals on sanitation, officials said today.

The remarks come as the country observes the 12th National Sanitation Week under the slogan ‘Sanitation for Health, Dignity and Development’.

The government today declared 203 VDCs, four municipals and 700 schools open-defecation-free zones.

“We still need to intensify efforts to achieve national and international goals for the sanitation sector,” said Krishna Prasad Acharya, director general at the Department of Water Supply and Sewerage under the Ministry of Physical Planning and Works.

According to government figures, around 56.96 per cent of Nepalis defecate in the open. Around 14 million Nepalis lack access to sanitation and 7.1 million lack safe drinking water, says WaterAid in Nepal. The country needs to provide sanitation facilities to all Nepalis by 2017 to meet the national goals on sanitation. Similarly, it must ensure 53 per cent toilet coverage by 2015 to achieve sanitation goal under the Millennium Development Goals.

Ram Deep Shah, chief of Environment and Sanitation section of the department, said his office is committed to meeting both national as well international targets. The department has prepared a master plan on sanitation, which is going to be presented before the Cabinet soon, he informed.

Anita Pradhan, communications and gender officer at WaterAid in Nepal, called on the government to help people living in tourism hotspots to build toilets at home in view of Nepal Tourism Year.

South Asia struggles to tackle sanitation crisis: Can SAARC make a difference?

November 8, 2011, 10:16 pm

By Mustafa Talpur

Talking about shit is neither romantic nor attractive for both politicians and media. But it is a reality in South Asia, where more than one billion people simply don’t have toilet to perform their natural functions, out of that about 700 million men, women and children defecate in open in highly undignified manner in remote rural villages to poor and informal urban localities in metropolitan cities. They are exposed to severe health risks, violence and adding to environmental pollution. Majority of schools in all the countries don’t have toilets and hand washing facilities for children, hence a chance to change behaviour in next generation is missed out.

Economically better performing region in the time of global economic slowdown is facing daunting health challenges emanating from basic sanitation and hygiene, the problem which developed world faced and resolved in early 18th century as a fundamental to human development. This deficit in human development might be consequential for future economic development potential. The economic, social and environmental consequences of this situation are globally known. The World Bank estimates that the consequences of inadequate sanitation cost India approximately USD 53.8 billion – 6.4 % of GDP – every year and Bangladesh BDT 295.5 billion (US$4.2 billion)-6.3% of GDP. In India alone every day, more than 1,000 children under the age of five die from diarrhoea caused by dirty water, lack of toilets and poor hygiene, placing India — in the top spot in world diarrhoea rankings. With Pakistan and Bangladesh, two other South Asian nations follow close behind.

Why is this pathetic condition are socially and politically accepted in the region, which otherwise inspires the world in many areas, or put another way how this very basic developmental challenge has been addressed by developed countries?

The single most factors we found are public sector investment and greater political commitment at higher level which transformed the societies. There is political commitment to change but not at required levels, with new policies and investment for public services but not adequate. The region also faces the inherent problem of exclusion. The biggest, and often overlooked, problems of exclusion and inequality deny millions of poor and marginalised people of their basic rights.

Digging deeper into the issues, early this year three non-governmental organisations carried out a review with a cross section of poor and marginalised social groups across Bangladesh, India, Nepal, Pakistan and Sri Lanka seek qualitative information on people’s understanding of sanitation, their sanitation and hygiene practices, the status of sanitation infrastructure and facilities in their communities, and their reflections on why interventions and projects in their settlements had succeeded or failed.

However the collection of voices from diverse people and communities that follow different cultures and traditions, live under different governments and regimes, and face different struggles and hardships, when comes to sanitation and hygiene they seem to speak almost the same language and some very clear messages have emerged from the review. The people in South Asian want a ‘clean’ and ‘healthy’ environment for themselves and their families. They aspire for dignity, privacy and freedom from a life of shame and embarrassment of defecating in the open. They want functional toilets, waste water disposal systems, and adequate and regular arrangements for disposal of solid waste.

People believe that sanitation programmes and projects have failed because of a lack of involvement and commitment from both communities and external agencies and the consequent lapses in technology, planning, implementation, supervision, support and, above all, accountability. For making services sustainable and programmes successful, the quality of construction work should be improved, minimising vested interest group to benefit, controlling corruption and establishing an effective operation and maintenance system.

The overarching message emerged from peoples’ voices across the region is that their political leadership must take a collective resolve in the region to promote right to sanitation and dignified lives, work to provide them and their children a disease free and healthy environment. How this aspiration could be translated into a reality when region faces political hostilities and struggling to share a common regional development vision. Can the sanitation be a joining factor in this unfriendly political environment?

The head of government from South Asia will be gathering in southern island of Maldives for 17th SAARC summit in early November. In 25 years and 16 summits, Sanitation has never been on the agenda of SAARC. People in South Asia are looking to see a country comes forward to stop them drowning in sea of shit. SAARC has demonstrated that it can make things happen with political will on the back. There are several successes on the credit to SAARC.

It is a high time for SAARC political leadership to come up with clear and ambitious targets, timeline and cash for sanitation- if South Asia makes progress-World makes progress on sanitation MDGs. SAARC leadership need to recognise that sanitation is the building block of dignified society in South Asia. They must recognise sanitation crisis in the region, diarrhoea is the biggest child killer in the region.

There is a greater challenge of inequity in resource distribution and service provision. National governments need to engage pro-actively to provide stronger political leadership to WASH; SAARC can encourage such moves by
national governments. They need to work out a regional mechanism for implementation, coordination, research and knowledge sharing and steering the plan through the existing SAARC secretariat and strengthening South Asian Conference on Sanitation process.

Information on WASH sector finance and service provision is inadequate coupled with data inconsistencies, definitional issues- hence creating bottlenecks to measure progress and ensure accountability. SAARC Governments need to work together to strengthen monitoring and financial reporting and improve transparency over WASH budget allocations and expenditure to ensure poor and most marginalised are being measure and targeted.

Government of Sri Lanka has been successful in achieving sanitation millennium development goals as well as leading the region in other social sector indicators. It will be very appropriate for Government of Sri Lanka to share the health outcomes and other social and economic benefits it has achieved through improving sanitation and hygiene with other government in region and lead the process through SAARC. The president of Sri Lanka made very inspiring speech during fourth South Asian Conference on Sanitation in April this year and committed his government vision for human development for which he mentioned sanitation as a fundamental. Since Government of Sri Lanka was the host of 4th SACOSAN conference, it is the responsibility of it to share the sentiments of SACOSAN conference with SAARC leadership with a clear political vision that why SAARC level political commitment is required to turn the tide, before it is too late to invest in sanitation. The incoming 17th SAARC summit provides an opportunity.

Mustafa Talpur is Regional Advocacy Manager WaterAid-South Asia


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**South Asian Conference on sanitation opens in Colombo**

by Itham Nizam

Minister of Water Supply and Drainage Dinesh Gunawardena said the country had a total coverage, in safe water and sanitation, of 85.5 percent in 2011.

“We have now set our own target to reach 100 percent coverage in safe sanitation and water by 2020. We are confident that it will be achieved, because our reconstruction programmes are centered to provide better sanitation and quality water supply for all people”, said Gunawardena, addressing the Fourth South Asia Conference on Sanitation yesterday in Colombo.

He said sanitation was a basic need and fundamental necessity for human beings to live with dignity. “Unfortunately, governments across the world face mounting challenges to ensure this basic facility for its people,” he said.

Gunawardena said that according to United Nations 2.6 billion in the world do not have improved sanitation facilities. “The most disconcerting fact is that 72 per cent of this lives in Asia. This gives us food for thought,” he added.

The fourth South Asian Conference on Sanitation will be held in the Sri Lankan capital Colombo from Monday to Thursday to tackle the sanitation crisis in the region.

Around one billion people or 64 percent of the total population in South Asia lack access to proper sanitation and more than 2.8 million children under the age of five face severe health risks, according to a recent report by WaterAid, an international non-profit organisation, that helps people escape the poverty and disease caused by living without safe water and sanitation.

The report said: The South Asian countries – India, Bangladesh, Pakistan, Nepal, Sri Lanka, Bhutan and the Maldives pledged their commitment at the first South Asian Conference on Sanitation in 2003 to meet the United Nations Millennium Development Goals on water and sanitation, which aims at achieving a 50 percent reduction in the number of people without proper sanitation by 2015.

But the promises made by most of the South Asian countries seem to be futile as thousands of children below the age of five still die every day due to improper sanitation, and one in every eight people drink contaminated water across South Asia.

According to the United Nations Children’s Fund, diarrhoea and pneumonia are the main cause of child modality, causing more than one million deaths in South Asia in 2008. It is estimated that safe disposal of excreta and improved hygiene practices could have reduced related deaths by 65 percent.

“About one billion people in South Asian nations do not practice proper sanitation and remain exposed to severe health risks in addition to environmental pollution,” Mustafa Talpur, the Regional Advocacy and Policy Advisor for WaterAid said.

He said only Sri Lanka and Maldives in South Asia have achieved progress in the water and sanitation sector.

The Centre for Environmental Justice (CEJ) and Friends of the Earth Sri Lanka said nearly 200,000 people are still engaged in open defecation in Sir Lanka and urged the government commitment to provide clean water and toilet facilities for them.

Will Sanitation find a place in the agenda of 17th SAARC Summit?

Fri, 2011-11-04 00:21 – editor

Alka Pande – CNS

More than a billion people do not have access to toilets in South Asia. Over 700 million of these people defecate in the open and get exposed to severe health risks, violence besides adding to environmental pollution. On top of this, majority of schools without toilets and handwashing facilities, which restrict the behaviour change in the next generation, are only making the situation worse. The above situation has brought the South Asian at a crossroad where though they are performing better economically but at the same time facing daunting health challenges.

Ironically, this problem was resolved in the developed world as early as 18th century, after a realisation that sanitation and hygiene are the fundamentals to human development.

However, this deficit in human development may pose a barrier in the future economic growth of South Asian nations. The World Bank estimates that the consequences of inadequate sanitation cost India approximately USD 53.8 billion (6.4 % of GDP), annually. Similarly, Bangladesh is losing USD 4.2 billion (6.3% of GDP) per year.

In India alone, more than 1,000 children under the age of five die every year due to diarrhoea caused by dirty water and poor hygiene. The situation places India in the top spot in the world diarrhoea rankings with Pakistan and Bangladesh closely following.

The question is why such a pathetic condition is socially and politically accepted in the South Asian region? The predominant factor is lack of public sector investment and negligible or no political commitment at higher level, which has otherwise brought a change in the developed world.

“There is political commitment to change but it is not of the desired level. There are policies and investments but they are not adequate. The region also faces the inherent problem of exclusion which denies millions of poor and marginalised people of their basic rights,” says Mustafa Talpur of UK based charity WaterAid, in Pakistan.

Digging deeper into the issue, early this year three non-government organisations carried out a study involving a cross section of poor and marginalised social groups across Bangladesh, India, Nepal, Pakistan and Sri Lanka. The study sought information on people’s understanding of sanitation, their sanitation and hygiene practices, the status of sanitation infrastructure and facilities in the communities and their reflections on why interventions and projects in their settlements had succeeded or failed.

The collection of voices of diverse people from diverse geographical and political backgrounds, echoed with each other. A common message that emerged from the study is that “People in South Asia want a ‘clean’ and ‘healthy’ environment for themselves and their families. They aspire for dignity, privacy and freedom from a life of shame and embarrassment. They want functional toilets, waste water disposal systems, and adequate and regular arrangements for disposal of solid waste”.

People believe that sanitation programmes and projects have failed because of lack of involvement and commitment from both communities and external agencies – government or non-government. Besides there had been lapses in technology, planning, implementation, supervision, support, and above all, accountability. They suggested that in order to make services sustainable and programmes successful, the quality of construction work should be improved, corruption should be controlled and an effective operation and maintenance system should be established.

A common but predominant message emerged from peoples’ voices across the region was that their political leaderships must take a collective resolve in the region to promote right to sanitation and assure dignified lives to people by providing them and their children with a disease-free and healthy environment.

Now the question emerges as to how the people’s aspirations could be translated into a reality when the region is facing political hostilities and struggling to share a common regional development vision?

The answer can evolve from the 17th South Asian Association for Regional Cooperation (SAARC) slated to be held this month in the southern island of Maldives where the heads of the governments in the South Asian nations will gather for the summit. Incidentally, during last 16 summits in 25 years time sanitation had never been on the agenda of SAARC Summit. The meeting should focus on clear and ambitious targets, appropriate timelines and sufficient funds for sanitation in order to help South Asian nations achieve their Millennium Development Goals. The Summit must recognise the sanitation crisis in the region where diarrhoea is the biggest child killer.

The Summit members need to act proactively to provide stronger political leadership to WASH (Water Sanitation Hygiene) issues. They can encourage their respective national governments in this regard. They need to work out a regional mechanism for implementation, co-ordination, research and knowledge sharing and steering the plan through the existing SAARC secretariat and strengthening the process of South Asian Conference on Sanitation (SACOSAN).

Information related to finance and service provisions, is inadequate in the WASH sector and this becomes worse due to data inconsistencies and definitional issues. This leads to bottlenecks in monitoring and accountability. SAARC Governments need to work together to strengthen monitoring and financial reporting and improve transparency over WASH budget allocations and expenditure to ensure that poor and marginalised section of the society is covered.

India, being a large, politically stable and economically growing nation should take up the responsibility to raise the issue in the Summit. The nation can also offer to lead the rest of the SAARC nations in ensuring a clean, pollution and disease-free environment to the citizens of this region.

SAARC Members Urged to Recognize Sanitation Crisis

COLOMBO, Sri Lanka (OOSKAnews Correspondent) – Members of the South Asian Association for Regional Cooperation (SAARC) should recognize the sanitation crisis in the region and challenge the inequity in the provision and distribution of resources, a senior official of the Water Supply and Sanitation Collaborative Council (WSSCC) said.

WSSCC Networking and Knowledge Management Program Manager Archana Patkar was speaking at the launch of a new report titled “South Asian People’s Perspectives on Sanitation.” The report was launched by international NGO WaterAid, together with the Freshwater Action Network-South Asia (FANSA) and the (WSSCC).

Patkar said SAARC governments needed to engage proactively to provide stronger leadership, water, sanitation and hygiene in the region.

Mustafa Talpur, regional advocacy manager for WaterAid, said early this year that three non-governmental organizations carried out a review with a cross-section of poor and marginalized social groups across Bangladesh, India, Nepal, Pakistan and Sri Lanka to seek qualitative information on people’s understanding of sanitation, their sanitation and hygiene practices, the status of sanitation infrastructure and facilities in their communities and their reflections on why interventions and projects in their settlements had succeeded or failed.

Some clear messages have emerged from the review. For people in South Asia, sanitation means “cleanliness” and “dignity,” the report found.

“They aspire for dignity, privacy and freedom from a life of shame and embarrassment of defecating in the open. They want functional toilets, wastewater disposal systems, and adequate and regular arrangements for disposal of solid waste,” the report added.

Talpur said that while in 25 years there have been 16 SAARC heads’ summits, sanitation has never been on the agenda.

“The global Millennium Development Goal target for sanitation by 2015 rests with countries in South Asia; if South Asia makes progress on sanitation, the world will make progress,” he said. The current year’s summit was held in the Maldives last week.

In South Asia, promising economic growth is countered with poor human development, poverty and disease, with almost half the region’s population lacking improved sanitation and more than 70 million people forced to defecate in the open.

Ramisetty Murali of FANSA said the report clearly indicates that while people want to live a life of dignity and health they are frustrated by the lack of effective support and the failure of poorly planned and implemented projects, while some communities are reluctant to adopt safe hygiene practices because of sociological and cultural barriers and extreme poverty.

The study appeals to policy makers to revamp institutional mechanisms that allow for community participation in sanitation projects.

It calls for greater accountability and transparency measures, and a focus on human-centered development, targeting “below poverty” communities in India and the “hardest poor” of Bangladesh and Nepal.

Patkar said national governments need to engage proactively to provide stronger political leadership on water, sanitation and hygiene.

“Regional mechanisms for implementation, coordination, research and knowledge sharing through the existing SAARC secretariat are needed to strengthen the South Asian Conference on Sanitation (SACOSAN) process.”

Talpur said Sri Lanka has been successful in achieving the UN Millennium Development Goal (MDG) target on sanitation, as well as leading the region in other social sector indicators.

“Therefore, it is appropriate that Sri Lanka shares the health outcomes and other social and economic benefits it has achieved through improving sanitation and hygiene with the other countries in the region and leads the process through SAARC,” he said.

In South Asia, more than 1 billion people simply do not have toilets and men, women and children defecate in the open in remote rural villages and poor and informal urban localities.

They are exposed to severe health risks and violence and contribute to environmental pollution. Many schools in seven South Asian countries do not have toilets or hand-washing facilities for children.

The World Bank estimates that the consequences of inadequate sanitation cost India approximately $3.8 billion USD – 6.4 percent of GDP – every year, while it costs Bangladesh $4.2 billion USD, or 6.3 percent of GDP.

Written by: Chandani Jayatilleke
South Asia struggles to tackle sanitation crisis

Can SAARC make a difference?

South Asia, where more than one billion people reside, simply does not have adequate toilets for performing the natural function, and out of that about 700 million are women and children. Hence in the open, highly underprivileged areas in remote rural villages to poor and informal urban localities in metropolitan cities. They are exposed to severe health risks, violence and adding to environmental pollution. The majority of schools in all the countries do not have toilets and hand-washing facilities for children, hence a chance to change behaviour in the next generation is missed out.

Digging deeper into the issue, early this year three non-governmental organizations carried out a review with a cross-section of poor and marginalized social groups across Bangladesh, India, Nepal, Pakistan and Sri Lanka seeking qualitative information on people's understanding of the sanitation situation, their sanitation and hygiene practice, the status of sanitation infrastructure and facilities in their communities, and their reflections on why interventions and projects in their settlements had succeeded or failed. However, the collection of voices from diverse people and communities that follow different cultures and traditions, live under different governments and regimes, and face different struggles and hardships, flat, when it comes to sanitation and hygiene. They seem to speak almost the same language, and some very clear messages have emerged from the review.

The people in South Asia want a 'clean' and healthy environment for themselves and their families. They require dignity, privacy and freedom from a life of shame and embarrassment of defecating in the open. They want functional toilets, waste water disposal systems, and adequate and regular arrangements for disposal of solid wastes.

The people believe that sanitation programmes and projects have failed because of a lack of involvement and coordination from both communities and external agencies, and the consequent lack of technology-planning, implementation, and supervision. There is a need for accountability. For making services sustainable and progress successful, the quality of construction work should be improved, minimizing vested interest groups to benefit syndromes of corruption and establishing an effective and transparent system.

The encouraging message emerging from the people's voices across the region is that their political leadership must take a collective decision in the region to provide right to sanitation and dignity to their children.

Since the sanitation challenge is beyond the control of any single country—though it is the primary responsibility of each state to provide basic sanitation facilities to each citizen, there is a greater potential for cooperation and learning in the region to tackle this human crisis.

SAARC SAARC has demonstrated that it can make things happen with political will on the back. It is high time for SAARC's political leadership to come up with clear and ambitious targets, timelines, and funds for sanitation, and, if South Asia makes progress in sanitation, SAARC leadership need to recognize that it is in the building blocks of a dignified society in South Asia. They must recognize sanitation crisis in the region, so disgrace remains the biggest child killer in the region.

There is a greater challenge of justice in reducing distribution and service provision. National governments need to engage positively to provide stronger political leadership. In WASH, SAARC can encourage such moves by national governments. They need to work out a regional mechanism for implementation, coordination, and knowledge sharing and steering the plan through the existing SAARC sanitation and strengthening South Asian Cooperation on Sanitation process. Information on WASH sector finance and service provision is inadequate coupled with data inaccessibility, definitions, trends, hence creating bottlenecks to measure progress and ensure accountability. SAARC governments need to work together to strengthen its monitoring and financial reporting and improve transparency over WASH budget allocations and expenditures to ensure the poor and marginalized are targeted.

The President of Nepal has recently launched a national master plan on sanitation and hygiene which demonstrates the resolve of the government of Nepal to address the sanitation challenge. As the Government of Nepal will also be hosting South Asian Conference on Sanitation in 2013 and most probably the next SAARC conference, it will be highly feasible for the government of Nepal to take the lead and bring sanitation agenda into the SAARC charter. Since the sanitation challenge is beyond the control of any single country, in the primary responsibility of each state to provide basic sanitation facilities to each citizen, there is a greater potential for cooperation and learning in the region to tackle this human crisis.
Karachi – For the people of South Asia, sanitation means “dignity” and “cleanliness”, said a report released on Thursday by WaterAid together with the Freshwater Action Network South Asia (FANSA) and the Water Supply and Sanitation Collaborative Council (WSSCC). The report titled “South Asian people's perspective on sanitation” has been released ahead of the South Asian Association for Regional Cooperation (SAARC)’s social policy forum to be held in The Maldives on November 10 and 11 prior to the SAARC Summit.

The report – put together from interviews conducted in South Asian countries, focus group discussions held with underprivileged communities and social groups across Bangladesh, India, Nepal, Pakistan and Sri Lanka – aims to bring the people behind the crude statistics into the sanitation debate.

Talking about the report, WaterAid’s Mustafa Talpur said sanitation has never been on the agenda of SAARC in 16 summits over the span of 25 years. He said, “The Millennium Development Goal target for sanitation to be achieved by 2015 rests with countries in South Asia. If South Asia makes progress on sanitation, then the world will make progress.”

In South Asia, promising economic growth is countered with poor human development, poverty and disease, with almost half the region’s population without improved sanitation and over 700 million people forced to defecate in the open.

FANSA’s Ramisetti Muraili said, “The report clearly indicates that people want to live a life of dignity and health, but are frustrated by lack of effective support and failure of poorly planned and implemented projects, whereas some communities are reluctant to adopt safe hygiene practices because of sociological and cultural barriers and extreme poverty.” Moreover, the collective voice of the people also associates sanitation with notions of happiness, pride, safety, health and education. The study appeals to policymakers to revamp institutional mechanisms that invite community participation in sanitation projects.

Above all, the study calls for greater accountability and transparency measures and a focus on human-centered development, targeting the below-poverty communities in India and the hardcore-poor of Bangladesh and Nepal. WSSCC’s Archana Patkar said, “SAARC needs to recognise the sanitation crisis in the region and challenge the inequity in the provision and distribution of resources. Governments need to engage proactively in matters related to water, sanitation and hygiene.” She added, “The regional mechanisms for implementation, coordination, research and knowledge-sharing through the existing SAARC Secretariat is needed to strengthen the process of the South Asian Conference on Sanitation.”

When asked how sanitation is essential for life, Pakistan’s Mohammad Rafiq – an illiterate daily-wage worker from the peri-urban Choa Ganj Ali Shah, Chakwal district, Punjab – said, “Sanitation is an important part of our religion too. Cleanliness helps a person get a better education and higher position in society. Washing one’s hands with soap after defecation is very important for maintaining hygiene. Food hygiene prevents diseases and keeps children healthy.” Punitha from Chinnavai – an urban panchayat in Kanyakumari district, Tamil Nadu, India – said, “Sanitation is the basis for happiness and satisfaction. It urges me to get up early and my first thought of the day is to keep my home and surroundings clean. As the day starts with cleaning, the whole day then becomes very active and happy.”

Pakistan’s Sughran Bibi – a housewife from Jungle Barali, Vehari district, Punjab – said, “In the absence of sanitation facilities, people feel degraded, especially when guests arrive. Many people have migrated from this area just because of poor sanitation.” Veerakala from Kota Dewara, Uttar Pradesh, India, said, “Everyone in the village goes to the nearby fields for defecation. It is dirty, troublesome, time-consuming and dangerous, especially for women and physically-challenged people. It is very common for pigs to attack us from behind when we are squatting in the field. We are forced to take someone along when going out to the fields.”

Ram Avtar – a prominent member of the community from Bhora village, Jalaun district, Uttar Pradesh, India – said, “We waste so much time in going to the doctor and then waste so much money on medicines. By just paying a little bit attention to sanitation, we can save all that time and money and thereby enhance our economic condition.”

HA Chandana from Uva province, Sri Lanka, said, “Considering the United Nations’ standards, it is the duty of the Sri Lankan government to ensure access to water and sanitation.” Maya Chaudhari – a social activist from Chhotipalai, Kailali district, Nepal – said, “When people really want it, change is definitely possible. There have been incredible changes in my village. Sanitary conditions have improved in a short period of time and the prestige of the community from Bhora village, Jalaun district, Uttar Pradesh, India, said, “Everyone in the village goes to the nearby fields for defecation. It is dirty, troublesome, time-consuming and dangerous, especially for women and physically-challenged people. It is very common for pigs to attack us from behind when we are squatting in the field. We are forced to take someone along when going out to the fields.”

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For South Asians, sanitation means ‘dignity’ and ‘cleanliness’

Friday, 4 Nov 2011

Govt. aims at water safe water, sanitation for all by 2020 – Dinesh

April 4, 2011, 10:10 pm

Target reached three years ahead: Sri Lanka achieves MDG on water and sanitation

By Shanika SRIYANANDA

Amidst international development agency – WaterAid – calling upon the South Asian region to invest more in sanitation to save the lives of over 2.8 million children under the age of five, the Sri Lankan Government said the island had achieved the United Nations’ Millennium Development Goals on water and sanitation that targeted a coverage of 84.5 percent by 2015, three years ahead.

Minister of Water Supply and Drainage Dinesh Gunawardene said that Sri Lanka had a total coverage in water and sanitation of 85.5 percent in 2011 and had set its own target to reach 100 percent by 2020.

“Sri Lanka is confident of achieving this target easily, because our reconstruction programmes are centred to provide better sanitation and quality water supply for all people”, he said.

In an interview with the Sunday Observer last Friday, just two days prior to Sri Lanka hosting the fourth South Asian Conference on Water and Sanitation (SACOSAN) in Colombo, from April 4 to 8, the Minister said Sri Lanka would be the most progressive story of the region committed to provide better water and sanitation to all Sri Lankans.

While Sri Lanka tops the other countries in the region with improved sanitation facilities and safe drinking water, many in India, Bangladesh, Pakistan, Nepal, Afghanistan and Bhutan die and suffer due to water and sanitation-related health problems.

According to WaterAid, the situation in the region is still shocking despite the commitments made at the previous SACOSAN conferences.

As 500 experts from SAARC countries gather in Colombo at SACOSAN IV to review the commitments set out in the Delhi Declaration in 2008, WaterAid has warned that all countries in South Asia except the Maldives and Sri Lanka are currently off track to meet the Millennium Development Goal (MDG) to halve the proportion of people currently living without access to a toilet.

Q: SACOSAN is a very important conference for the South Asian region, which is still lagging behind in the UN MDGs. How do you see Sri Lanka’s opportunity to host SACOSAN IV?
A: Yes, it is a very important conference, where especially the ministers’ in-charge of water and sanitation will meet to discuss the future steps to be taken to address the issue in the South Asian region. The event will be ceremonially opened by President Mahinda Rajapaksa who has recognised the importance of addressing this crucial issue.

The first SACOSAN in Dhaka in 2003 was a landmark event in meeting the challenge of ensuring access to adequate sanitation for all South Asians. It resulted in the first ever regional, ministerial level declaration on sanitation in which governments committed themselves to accelerate progress in sanitation and hygiene through a people-centred community led approach.

Other SACOSANs were held in Islamabad, Pakistan and New Delhi, India. Hosting this important conference, which helps save millions of lives in the region, is very important to Sri Lanka, which has given priority to safe drinking water and better sanitation facilities in its post-conflict development goals.

Apart from the ministers of the region, this conference will bring all agencies that work in the areas of water and sanitation together. They would deliberate on different issues such as climate change, water and sanitation and will discuss how to improve health through improving better sanitation conditions and safe drinking water. We are very proud to host this important event.

High standards

Q: Compared to other countries in the region, Sri Lanka records a high standard with regard to water and sanitation. Are you satisfied with this achievement?
A: Yes, Sri Lanka’s access to quality drinking water is around 82 percent and access to pipe-borne water in 2011 is over 40 percent. We have an annual target of two percent to increase the pipe-borne water supply.

We target over 50 percent access to pipe-borne water by 2015.

In some areas people do not want pipe-borne water as they have safe drinking water from protected wells in their areas.

Q: Though we have a good island-wide coverage for water and sanitation, there are pockets in slums, the coastal belt and the estate sector where more attention needs to be paid to improving access to safe drinking water and sanitation. What are the steps taken to address this issue?
A: We have given equal priority to supplying pipe-borne water to the plantations, coastal areas and the North and the East. Over 32 new projects are to start to provide safe drinking water for the people in the coastal belt. These projects to cost over One billion rupees will be built within the next four years, covering the entire island including Matara, Hambantota, Batticaloa, Jaffna, Trincomalee, Mannar, Gampaha and Kandy.

Slum dwellers are also to get access to pipe-borne water, but there is a problem here as most slums are regarded as temporary structures, prevents the Water Board from providing them with a piped water supply.

Providing quality drinking water and better sanitation facilities is important as a preventative tool to many water and sanitation-related illnesses.

Q: Improving school sanitation is another important area that needs urgent attention as there are over 1,299 schools with poor sanitary facilities. How do you plan to provide better sanitary facilities for schools?
A: Yes, this is an area that needs urgent attention. It has become a serious issue due to poor maintenance. Of the 1,299 schools, there are a few schools which don’t have any toilets, but the majority suffer due to poor maintenance. However, the Ministry together with the Ministries of Education and Health has plans to address the issue of school sanitation. Building a toilet is not the only issue as it needs better maintenance, to sustain the facility. The Government alone cannot address this issue and needs the support of the school authorities, parents, the community and the students.
We need to increase the number of toilets and rest-rooms in schools.

Our target is to double the present number of toilet, facilities in schools. Providing better sanitary facilities for girls schools is another important requirement.

Q: Some NGOs are helping improve sanitation in rural schools. How do you expect them to provide more support?

A: Unlike in other sectors, NGOs contribute a lot to improve water and sanitation facilities in rural areas. Apart from that, the Ministry is also involved in a programme with the Samurdhi Authority to build toilets in rural areas through our Community Water and Sanitation Project. Thousands of toilets have thus been built by a rotating fund. Here the community is playing a vital role by taking part in building toilets to their own communities.

Public toilets, which are built at transport points, are in poor condition due to poor maintenance. The responsibility of maintaining them lies with the local authorities, who should pay attention to improve the quality of their services.

National monitoring system

Q: Do we have a national monitoring system to pay more attention to areas where they need improved water and sanitation?

A: Yes, there is a survey and study, which are carried out once every three years. According to these studies, we are lagging behind our own set targets in providing safe drinking water and better sanitation facilities.

As I mentioned earlier, Sri Lanka is much better in providing safe drinking water and sanitation to our people, but we should not be complacent.

But we are happy to have achieved this progress while facing a tsunami, the decades-long battle against terrorism and recent disasters such as floods and landslides. These disasters destroyed the country’s water and sanitation coverage. All toilets in flood-hit areas had to be cleaned.

In Sri Lanka there is only five percent access to drainage systems which is a serious issue. This need to be tackled soon as it contaminates the ground water resources. We are seriously considering solutions to this problem.

Q: In the post-conflict development process, water and sanitation play a vital role. How do you plan to meet the challenge?

A: The Government has allocated a huge sum of money for the water and sanitation projects in the country. The major ongoing projects in the country cost over Rs. 60 billion and another Rs. 29 billion has been allocated from this year’s budget for new projects. They will be channelled through the National Water Supply and Drainage Board to rural water and sanitation projects. Sri Lanka has a fairly balanced programme to provide safe drinking water and improved sanitary facilities for the people.

As President Rajapaksa said, leading the country to make it the ‘Wonder of Asia’ is a leap forward and I am proud to say we are ready to take up that challenge.

Having better health facilities than the others in the region, Sri Lanka faces no challenge in providing people safe drinking water and quality sanitation. We will achieve our own targets soon to meet the Government’s new goal – development in the post conflict era.

Q: According to the UN MDGs in rural areas in South Asia 76 percent of the population do not use proper sanitation; in urban areas it is 34 percent. The SACOSAN’s target is to meet the target by 2015. Are we ready to achieve this?

A: Yes, Sri Lanka is doing better in addressing issues related to water and sanitation and has a good coverage island-wide. In 2000 the country’s sanitation coverage was 69 percent and it was decided to extend it to 84.5 percent coverage in 2015 to meet the target set at the 2003 SACOSAN. But we have already achieved this target in 2011 as we now have a coverage of 85.5 percent.

After reaching the target, we have set our own target to achieve a 100 percent coverage on better sanitation by 2020. Sri Lanka is confident that we could achieve this easily as our reconstruction programmes helps promote better sanitation and a quality water supply to the people when designing new housing projects after the tsunami, at slums, plantations and resettled villages for former internally displaced people of the conflict in the North and the East.

I should mention that there are special programmes to improve water and sanitation in the plantation sector, which were lacking for the last 30 years.

Dhaka declaration

Q: Sri Lanka had signed the Dhaka Declaration in 2003 and also participated in all the former SACOSAN conferences. What is the progress made since then?

A: Sri Lanka has made tremendous progress in terms of percentage in achieving the set target as I mentioned earlier. We are committed to what we have agreed at the SACOSAN meetings and the improvements made after each SACOSAN will prove it. I am proud to say that Sri Lanka is the most progressive story in the region. I would like to remind you of what former Indian President Abdul Kalam mentioned when he addressed the foundation session. He said the target should be to give ‘a toilet for each house’. This shows how acute the problem of sanitation is. India needs millions of toilets, but Sri Lanka, which has already met the set target, will reach our own target by 2015.

Q: How many toilets do we need to achieve this target?

A: Every family has access to a toilet in Sri Lanka, but that does not mean that every family has its own toilet. With regard to sanitation, this is the area we are working on at the moment; we are paying attention to building more toilets in the plantation and rural sectors. Over 200,000 people still practise open defecation, especially in the coastal belt, rural villages and plantation sectors. Of the 20 million population, over 1.4 million people do not have safe toilet facilities.

We have channelled the funds through Samurdhi through community participatory programmes to build toilets in these sectors. This is a very successful approach as the community is involved in their own affairs.

Q: You mentioned that there are some major water projects in the North and the East. What is the progress of these projects to provide safe drinking water for people in the North and the East?

A: In Jaffna quality drinking water is a major problem. We have addressed it through the implementation of a massive water scheme to supply water from the Iramamodu Tank in Kilinochchi by developing a 600 km pipeline. Water schemes have also come up in Mannar and Vavuniya to provide safe drinking water.

Two water schemes funded by the ADB and JICA to provide water for over 50,000 people in Ampara are coming up while another scheme also founded by the ADB to provide quality water to over 58,000 people in Muttur will commence soon. The MoU in this regard will be signed this week.

Covering the estate sector, six massive water schemes will come up while projects are to be implemented to provide safe drinking water to people in the coastal belt.

http://www.sundayobserver.lk/2011/04/03/fea02.asp
COLOMBO: The heads of the delegations from the eight South Asian countries here on Thursday adopted the ‘Colombo Ministerial Declaration’ at the concluding session of the fourth South Asian Conference on Sanitation (SACOSAN IV).

They affirmed in the declaration the value of the SACOSAN process in maintaining political momentum to tackle the sanitation crisis and renewed their joint commitment to invest in the people of the region through policies and programmes that deliver sustainable sanitation and hygiene to all.

The signatories of the declaration also recognised the potential of sanitation to empower communities and to be a powerful entry-point for development. They committed to work progressively to realise the ‘right to sanitation’ in programmes and projects and eventually in legislation in their respective countries; develop time-bound plans and allocate as well as mobilise resources for delivering on all previous SACOSAN commitments; design and deliver context-specific equitable and inclusive sanitation and hygiene programmes including better identification of the poorest and most marginalised groups in rural and urban areas; raise the profile of water, sanitation and hygiene (WASH) in schools; set up one national body with responsibility for coordinating sanitation and hygiene, involving all stakeholders including those responsible for finance, health, public health, environment, water, education, gender and local government at national, sub-national and local levels; establish specific public sector budget allocations for sanitation and hygiene programmes; to recognise the importance of people’s own contribution towards sanitation; develop harmonised monitoring mechanisms with roles and defined responsibilities, using agreed common indicators that measure and report on processes and outcomes at every level; include in monitoring mechanisms specific indicators for high priority measures such as WASH in schools, hand washing and menstrual hygiene; and adopt participation, inclusion and social accountability mechanisms from planning to implementation in all sanitation and hygiene programmes.

The heads of the regional countries’ delegations further called on development banks, external support agencies and the private sector to increase their support to provide financial and technical assistance for sanitation and hygiene in South Asia.

The four-day SACOSAN IV which began under the theme ‘Sanitation Enhances Quality of Life’ concluded on April 7. It was attended by 450 delegates, 320 foreign delegates, ministers, policy makers, senior civil servants, grass-roots activists, professionals from academia, NGOs, development partners and the private sector from South Asian and other regions.

The SACOSAN is a government-led biennial convention held on a rotational basis in each South Asian Association of Regional Countries (SAARC).

Inaugurating the ministerial summit, president of the Democratic Socialist Republic of Sri Lanka Mahinda Rajapaksa underlined the need for political will of the respective countries to implement the commitments on sanitation and water, especially with regards to schools, poor section of people and the differently able people.

He said: “Safe sanitation, hygiene and provision clean drinking water are the key to overall socio-economic uplift. However, it is need of the hour to divert colossal funds being wasted on wars and conflicts to development research and technology to fight poverty and ease suffering.”

“Public expenditure on rural centric initiatives and on farmers, on children and similar expenditures on the provision of water, sanitation and clean environment are more productive and beneficial to the welfare of the citizens. Thus, at a ministerial conference such as this, our determination should be to appeal to the world to divert their defense expenditure to development” the Sri Lankan president said.

He urged the South Asian governments to strive for achieving the Millennium Development Goals (MDGs) within the stipulated time of 2015.

The heads of delegations, experts on water and sanitation, international donor organisations including United Nations, World Bank, Unicef, WHO, WaterAid, Freshwater Action Network South Asia (FANSA) and government representatives from South Asian countries, key leaders of other national and international civil society organisations agreed on the need for more spending on increasing access of safe sanitation, hygiene and drinking water and water infrastructure development, to the people of the region.
After extended and in-depth deliberations, discussions and meetings at the South Asia Conference on Sanitation IV, they concluded that no country can achieve sustainable economic growth without improving its sanitation, water, education and health profiles.

The countries in the region sustain significant economic losses equal to at least 5.8 per cent of the total regional GDP due to poor sanitation.

“Most shockingly, children and adults are still dying needlessly. Since the last SACOSAN, about 750,000 of South Asia’s children have died of diarrhoea,” said Amarananda Abeygunasekara, Sri Lankan secretary in the Ministry of Water Supply and Drainage.

Earlier, Pakistan’s Minister for States and Frontier Regions Engineer Shaukat Ullah, in the country progress report ‘The MDG of Sanitation for SACOSAN IV’, said that 60 per cent of the total number of child mortality cases in Pakistan are caused by water and sanitation related diseases and 20-40 per cent of hospital beds in the country are occupied by patients suffering from such diseases.

“Nevertheless, Pakistan is committed to extending improved sanitation facility to 67 per cent of population by 2015. Review of sanitation date of government indicate that the use of latrines has increased significantly from 57 per cent in 2001-2002 to 78 per cent in 2008-09 and open defecation has decreased from 43 per cent to 22 per cent during this period,” he said.

And given this baseline, the country has progressed and succeeded in providing access to improved sanitation to 45 per cent of the population by 2008-09 that brings it closer to the attainment of MDG of Sanitation by 2015, Shaukat Ullah said confidently.

He said, “The government is engaged with international partners and donor agencies to accelerate the implementation of the sanitation agenda. Besides, projects worth US$ 61 million are under implementation at different stages in the implementation cycle. The National Disaster Management Authority (NDMA) has in the pipeline US$ 244 million worth of projects under WASH cluster.”

Talking about impacts of the projects and interventions for promotion of safe sanitation and hygiene, Head of WaterAid – Pakistan, Abdul Hafeez, said that interventions and projects aimed for safe sanitation, hygiene and clean drinking water have followed different trajectories, which have produced divergent outcomes.


Pakistan’s Failure on SACOSAN

Commitments

DAWN.COM By Saleem Shaikh 1st April, 2011

The report also notes that in Pakistan some 45 per cent people use improved sanitation facilities while 90 per cent have access to improved drinking water sources. But, water and sanitation experts dispute the findings, saying that situation is worse than the figure shows. – AP File Photo

Three years back, Pakistan had made commitment at the 3rd South Asian Conference on Sanitation (SACOSAN) to improve access of the people to safe water and sanitation and hammer out and put in place policies and programmes to achieve this. But, the country is way behind as far as implementation of the commitments is concerned.

The 3rd SACOSAN took place in New Delhi in 2008 under the theme of ‘Sanitation for Dignity and Health’. The conference was attended by country representatives of the all South Asian countries to discuss state of water and sanitation issues and challenges in their respective countries to come up with strategies to tackle them.

Along with the other South Asian countries, Pakistan had recognised ‘access to safe sanitation and drinking water as a fundamental human right’ at the SACOSAN and pledged to incorporate water and sanitation in the country’s Constitution as basic human rights.

Federal Minister for Environment at that time, Hameedullah Jan Afridi had made commitments that the government of Pakistan, within an stipulated timeframe, would assign priority to sanitation, improve conditions of sanitary workers and leave no stone unturned to achieve Millennium Development Goals (MDGs) within deadline of 2015, ensure basic access to improved sanitation facilities to all by reducing disparities by means of substantial budgetary allocations, with pro-active
conditions of sanitary workers.

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was made either on the second
national constitution. No progress
‘access to safe sanitation’ in the
government failed to incorporate
practices open defection and thus are
without improved sanitation facilities
for performing the natural function of
lack access to improved sanitation and
almost every second person practices
open defection.

The report highlights that almost
two-thirds of the population in the
region face indignity everyday simply
for performing the natural function of
defection. Besides, around 716 million
people out of the 1.027 billion, who are
without improved sanitation facilities
practices open defection and thus are
exposed to severe health risks.

The report also notes that in
Pakistan some 45 per cent people
use improved sanitation facilities while
90 per cent have access to improved
drinking water sources. But, water and
sanitation experts dispute the findings,
saying that situation is worse than the
figure shows.

As it pledged, the Pakistani
government failed to incorporate ‘access to safe sanitation’ in the
national constitution. No progress
was made either on the second
major commitment made at the
3rd SACOSAN ministerial summit,
which was to pay adequate attention
to capacity building of the local
government and improving working
conditions of sanitary workers.

The Pakistani government had
also made commitment that it would
establish a performance monitoring
mechanism for sanitation. But, no
such move has been adopted.

“Failure to achieve the SACOSAN
targets demonstrates the government’s
lack of seriousness towards improving
people’s safe access to the sanitation,”
said Abdul Hafeez, of WaterAid in
Pakistan.

Child mortality in the country is
around 97 in every 1,000 births, while
diarrhoea accounts for 14 per cent
of the total deaths. Estimated annual
diarrhoea deaths in 2008 were put
at 59,220 – second to India, where
around 413,400 die from diarrhoea,
according to WaterAid in Pakistan.

“In Pakistan, poor sanitation has
emerged to be a major obstacle in the
fight against child mortality. Strong
political will is direly needed to address
this crisis,” said a senior official in the
federal ministry of environment, who
preferred anonymity.

Both the costs associated with lack
of access to safe water and sanitation
and benefits obtained from it are very
important for the poor segment of the
society.

The ratio of economic benefits from
investment of US $1 in water and
sanitation infrastructure is estimated
to yield benefits to the tune of US $9
in developing countries like Pakistan
(WHO 2008).

Under MDG, Pakistan has
committed to achieve target by 2015
of halving the proportion of people
without access to safe and improved
sanitation. It is not possible without
increasing water supply and sanitation
coverage to 93 per cent and 90 per
cent, respectively, by 2015. (Water
Supply and Sanitation Programme,
Planning Commission of Pakistan)

Besides, the country’s sanitation
policy 2006 envisages that 100 per
cent population shall have access to
safe sanitation before 2015.

“But, seeing the current pace of
work on the sanitation, the country is
unlikely to achieve the sanitation MDG
before 2028,” said Mustafa Talpur, Regional Advocacy & Policy Advisor
of WaterAid in Pakistan.

Following devolution of power in
2001, under the Local Government
Ordinance (LGO) 2001, it was felt
that provision of water and sanitation
services needed to improve from the
abysmally dismal state. A large portion
of urban and rural areas were intended
to receive services and programmes
and funds were earmarked. But, such
intentions never transpired into reality.

However, the complications of the
devolved system mean urban areas
have benefited but the rural areas still
face the same uphill task.

The yawning urban-rural disparity
in the use improved sanitation facilities
is a cause of serious concern.

According to WHO, only 29 per cent
people in rural Pakistan have access to
improved sanitation facilities. These
are the people who spend estimated
over 60 per cent of their household
income to fight different water-borne
diseases. On the other hand, estimated
72 per cent people in urban areas have
access to improved sanitation.

The Pakistan Strategic
Environmental Assessment
(World Bank 2006) concludes that
environmental degradation costs more
than 365 billion annually, substantial
portion of which comes from ailing
water and sanitation infrastructure.

However, given the pace of work
political will and allocation of funds
for strengthening water and sanitation
infrastructure, achieving Sanitation
MDG in Pakistan seems to be a distant
reality.

There is strong need that policy
makers, politicians and those at the
helm of affairs realise unprecedented
socio-economic benefits of the
improved access to safe water, adequate sanitation.

“Neglectful of this realisation on their
part will have grave socio-economic
and health-related repercussions on
the economic development of the
country,” warned Mustafa Talpur.

http://www.dawn.com/2011/04/01/
pakistan%E2%80%99s-failure-on-sacosan-commitments.html
MPAs unaware of sanitation strategy

By: Ramzam Chandio | December 06, 2011 |

KARACHI – Most of the MPAs are unaware about the recently approved ‘Sindh Sanitation Strategy 2011 prepared by the Sindh government to deal with the sanitation problems.

Even, some of the ministers as well as MPAs from ruling PPP have no knowledge about any policy recently prepared by their own government through Local Government Department, which runs under its minister Agha Siraj Durrani.

The Sindh government had recently approved the ‘Sindh Sanitation Strategy 2011, which was prepared by the local government through consultants of foreign aid agency. The officials concerned claimed that strategy was approved after holding series of consultations with provincial departments, district government officers, civil society organizations and other stakeholders.

But according to lawmakers, who are the main stakeholders in the process, they were not taken on board during the process of finalising this important strategy which actually relates to them as they are directly connected with the people.

In this regard, MPA Heer Soho of MQM while talking to The Nation expressed lack of knowledge about the existence of any sanitation policy. Bureaucracy does not consult with them during finalisation of important policies such as water and sanitation strategy. I will take up the issue in the provincial assembly as even Sindh Sanitation Strategy 2011 was not shared with the lawmakers, she added.

However, Nusrat Sehar Abbasi of PML-F shared the same views and expressed her unawareness about any policy to deal with sanitation issues.

 Provincial legislator Nawaz Chandio of PPP said that bureaucrats prepared policies without taking lawmakers on board. Some ministers, who wanted not to be named, said that they had no knowledge about any sanitation strategy prepared by the provincial government recently to improve the facilities. The Sindh government has recently prepared the Sindh Sanitation Strategy 2011, in which Sindh’s sanitation sector is divided into larger/smaller cities and villages (secondary towns, Hyderabad and mega city Karachi) to implement the plan easily.

According to Sindh Sanitation Strategy 2011, which is also available with The Nation, the strategic interventions would be based on the directions set-forth by the relevant national policy guidelines and the findings of a comprehensive stakeholder consultation process to bring forth the issues and concerns specific to Sindh.

The strategy emphasises that sanitation services development should be based on comprehensive and strategic medium-term sanitation planning that follows the development of the current provincial sanitation strategy. This planning process is important as it may take years for cities and towns in Sindh to meet all the requirements of total sanitation services. In the strategy, it has been emphasised that an efficient and timely implementation of the strategy recommendations would require both consistency and enforceability of the relevant legal frameworks.

The Sindh sanitation plan observed that system of sanitary drainage throughout the Taluka areas is extremely poor and predominately ineffective in its requirements to collect, treat and safely dispose of human waste and surface water. Coverage of the system of piped underground sewers is very low and those sewer systems that exist are generally old and badly maintained, the report pointed out. The sewage treatment is absent in all talukas and where exists, it is Oxidation Pond process adopted for treatment before disposal in receiving body i.e Irrigation Canal/Minor.

It pointed out that the sewage is only properly treated in the case of Karachi in Sindh and even here the sewage treatment plants operate at 60 percent of their total capacity. The sewage in all other cities in Sindh is discharged onto land or water bodies.

The analysts said the Pakistan was already far from the UNs MDGs, under which Pakistan made commitment of sustainable access to safe and improved sanitation and provide safe drinking water to 93 percent of the population by 2015. The government of Pakistan is recognising that there are clear links between sanitation, water, health and economic productivity has since then took significant steps by making policies and evolving strategies to achieve the commitments it made in UN and SACOSAN. But more steps yet are to be taken by the government to reach close to the world in providing improved sanitation and safe drinking water to the population, which are so far deprived of this basic right, analysts observed.

17 arrested: Pakistan Rangers (Sindh) have arrested 17 suspected persons in raids and snap checking during the past 48 hours.

This was stated by a spokesman of the Rangers in a statement issued here on Monday. It said that the Rangers conducted raids in various areas of Karachi during the last 48 hours. The areas included Manghopir, Gulshan-i-Maymar Gadap Town, Singer Chowrangi Landhi Town and Khayaban-i-Shujaat Clifton Town. As many as 17 suspected persons were arrested in these raids and snap checking. Seven weapons and a motorcycle recovered from their possession, the Rangers statement added.

South Asia experiences monsoon rains from June through to September. The season is vital for replenishing depleted water supplies and sustaining agriculture.

In 2010 however, monsoon rains brought one of the worst natural disasters in recent history to Pakistan. Floods, spreading from north to south, displaced up to 20 million people and took over 2,000 lives. Homes and livelihoods were destroyed and water and sanitation systems damaged, allowing waterborne diseases to spread. In Sindh province, many families were struck again by severe flooding in 2011 – two years in a row.

In India, the states of Bihar and Uttar Pradesh also faced inundation, affecting a further five million people; and in Bangladesh the terrible legacy of Cyclone Aila remained, with many in southern parts of the country living in poor conditions by road sides, with little or no access to clean water or sanitation.

Journalists in this forum reported tirelessly on these disasters. The following stories give an insight into local situations and the critical need for safe water, sanitation and hygiene.

Women of Ghulam Rasool Mallah village in the Badin district, Pakistan, walking in flood water to fetch drinking water from a nearby village. The 2011 flood affected large parts of Southern Pakistan.

Photo: Mustafa Talpur.
Thatta flood survivors living in miserable condition

By: Ramzam Chandio | August 31, 2010

KARACHI – To wait for food and sleep empty stomach, have no option but to drink contaminated water and lack of medical facilities have plagued hundreds of thousands people of District Thatta, who have migrated temporarily towards Makli graveyard under fear of floodwater. Moreover, almost 90 per cent of the total displaced people are living without shelter, under open sky, in miserable condition on hilly graveyard and along the Thatta-Karachi road and streets of Makli.

This scribe went to Thatta City on Monday and visited relief camps, where hundreds of thousands people are staying under scorching-heat without any government relief.

The people from Thatta city, Sujawal, Daro, Belo, Chohar Jamali, Jati and other towns and villages are living in 14th to 18th century old Makli graveyard, where more than half a million tombs and graves, spread on area of six square miles near Thatta city.

Muhammad Usman Soorja, who left his home from Sujawal city with 13 other family members, told The Nation that he took 40 kg rice flour with him and other all belongings washed away in floodwater. He said that he had been living at Makli graveyard for last five days and had not received any relief including food or tent from the government. He expressed his worries that how he would feed his children as rice flour they brought was about to finish.

An elderly woman Majia almost shared the same problems, saying that non-availability of potable water was their severe problem as they were forced to fetch polluted water from the nearby well, which was not fit for human consumption. Sharing the alarming situation at relief camps, she said that despite the fact that people threw polythene bags and other rubbish into the well water and even women wash their clothes from the same water, they had no other option but to use the well water for drinking.

She said that children were getting sick due to consumption of polluted water, adding that the government had turned a blind eye towards their problems. Nobody bothers to know how we are living; what problems we confront; you yourself can observe the abject miseries we are living in, he lamented.

Rukhsana Mirbahar said that they fled from homes after arrival of floodwater in Sujawal but the government did not provide them transport facility. She rejected the tall claims of government regarding supply of relief aid to flood affectees, saying that her two minor children had not received milk since three days, while they prepare food from their own stuff which they brought with them.

Mai Rukhsana, who is 9 months pregnant, was worried about her baby who will come within next few days. She said that she could not managed a medical check-up because neither there was any medical facility at camp in the limits of the graveyard, nor she had money to go to a private hospital. However, majority of the displaced people complained about lack of relief aid, potable water and medical facilities.

Meanwhile, Sindh Culture Minister Sassui Palijo told The Nation that the government was trying to provide relief to all the flood affectees. She, however, admitted that food and potable water could be reached to all the flood devastated people so far.

MP-local rep row deepens Aila victims’ woes

No rehabilitation yet in worst-hit Koyra, Shyamnagar

Mustafizur Rahman – Satkhira

Hundreds of victims of the cyclone Aila in the worst affected areas of Koyra and Dacope in Khulna and Shyamnagar in Satkhira are still living in roadside shacks as the authorities have neither completed repairs in the badly-damaged embankments nor released funds for construction of houses.

Sufferings of these coastal people multiplied on the advent of winter this year, said apartment occupiers in Koyra.

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Five million people hit by monsoon floods in India

By Nita Bhalla

Sat Sep 3, 2011 4:16am IST

NEW DELHI (AlertNet) – More than five million people in India have been hit by floods caused by annual monsoon rains, forcing many to flee as rivers burst their banks and torrents of water washed away homes, aid workers and government officials said on Friday.

South Asia experiences monsoon rains from June to September, which are vital for its agriculture. But the rains frequently affect millions of people in countries like India, Bangladesh, Sri Lanka, Pakistan and Nepal – devastating crops, destroying homes and sparking outbreaks of diseases such as diarrhoea and dysentery.

Aid workers estimate that 5.2 million people in the worst hit areas of Bihar, Uttar Pradesh and Assam in the northeast of the country have had their lives disrupted by the flooding, which was sparked by incessant rains that caused burgeoning rivers to overflow and embankments to breach. 158 people have died so far, mainly due to drowning.

“The number of people affected by the floods has more than doubled in the last ten days. We have sent teams to do more accurate assessments of the situation, but we do feel it’s going to get worse,” warned John Roche, country representative for the International Federation of Red Cross (IFRC) in India, adding that it some places it was continuing to rain.

Roche said villagers remained stranded in some areas as flood waters had made it difficult for search and rescue teams to reach them, while hundreds of thousands of people had been displaced and forced to seek refuge on higher ground until water levels receded.

In the most severely affected state of Uttar Pradesh, 125 people have died and around 2 million have been affected, said government officials, adding that authorities had deployed rescue and relief teams with hundreds of boats, to dispatch aid to flood-hit communities and set up around 200 relief camps.

“Of the 29 districts which have been affected by floods, 10 are in a critical state,” said the state’s Relief Commissioner K.K. Sinha, adding that about 70,000 people were homeless and around 300,500 hectares of mainly rice paddy had been destroyed.

PROTESTS
Monsoon rains often cause mighty rivers like the Brahmaputra and its tributaries to rise to dangerous levels and overflow, inundating vast low-lying areas.

Experts say decades of mass deforestation have led to soil erosion where sediment is washed downstream, ending up in rivers where it builds up on the river bed and raises the levels of water far higher than normal.

Poor management in regulating water levels in dams has also led to huge volumes being released into rivers over a short period and local populations have accused officials of siphoning off funds meant for flood risk projects, resulting in shoddy repair and the construction of embankments that are regularly breached.

In Bihar, where about 2.6 million people from 1,364 villages have been affected, major rivers are continuing to rise above danger levels. Local authorities say they have launched “relief and rehabilitation works on a war-footing,” but hundreds of angry villagers have been protesting, complaining of the lack of aid.

“We’ve been left to starve. There is just no one to take care of us,” Nitu Devi, a local village elder, told reporters during a demonstration outside the office of the district magistrate in Bihar’s flood-hit Bhojpur area on Friday.

“We have lost both the present and the future,” she said, referring to the fact that their homes, as well as their mainstay of income – rice paddy – had been destroyed by the disaster.

(Additional reporting by Alka Pande in Lucknow, Biswajyoti Das in Assam)

(Editing by Rebekah Curtis

http://in.reuters.com/article/2011/09/02/idINIndia-59118920110902
200,000 wait for aid in Umerkot

By A.B. Arisar 10th September, 2011

UMERKOT, Sept 9: More than 200,000 rain victims who have taken shelter in government buildings and on sand dunes are waiting for relief goods and tents but there is no government functionary to take care of their needs.

The unabated heavy rains have flooded the entire district of Umerkot, caused thousands of houses to collapse, displaced 400,000 people and led to breaches in almost all canals, minrs and distributaries.

Most displaced people took shelter in government buildings or on high ground like roads, sand dunes, forts and banks of canals.

According to an estimate, more than 250,000 people are still living in the open and looking towards government for food, water, shelter, medicines.

Over 20,000 people were stranded in the villages of union councils Talhi, Nabisar road, Fazal Bhambhro and of them 3,000 have been rescued through boats but many are still missing.

Water level in Nara canal rose in the wake of continuous rains and water was released into old Dhoro in order to save Umerkot, Chhore and other areas.

As a result Dhoro developed four breaches and inundated more than 20 villages, including villages of Choudhry Shah Nawaz, Mithu Maher and Natha Singh.

Khalid Kumbhar, a social activist busy in rescue work in Kunri taluka, told Dawn that more than 100,000 people had taken shelter on sand dunes and banks of canals near Nohto and they were hungry.

Sources said that two men drowned near Haido village when they were trying to go across a flooded area with the help of an inflated tube but unfortunately the tube burst and both drowned. Another body was found near Kunri.

The rain victims who were migrating to safe places along with their livestock have to pay three times high fares because the government has not made any arrangements to shift them.

Officials of revenue, irrigation and roads departments are missing from the district.

Our Sanghar correspondent adds: Inhabitants of many villages have taken shelter in government schools in the wake of large scale destruction in Sanghar after heavy rainfall.

Over 75 per cent government schools have been converted into relief camps where rain hit people are facing acute shortage of relief goods.

KARACHI — In the absence of sanitation facilities, Taijee Jogi and her two dozen female relatives have to wait till night to go to the sporadic bush patches near their colony for urination and defecation.

Until three months back, they could do this whenever they wanted. But after the recent monsoon rains inundated their almost entire area, they are left with no choice but to wait until it is dark so that everybody in the colony is asleep and there are no passers-by. “What else can we do? Despite the severe heat, most women also drink little water so that they do not feel the urge to use the ‘bathroom’,” says Taijee.

She lives in a small colony of traditional gypsies, Goth Lakhano Jogi, which comprises around a dozen dilapidated huts and now surrounded by water, appears as if it is a small island. The dwellers of this settlement lived in another village in Thatta district. But after their village was completely washed away during the floods of 2010, they moved to their current location at Jati Chowk, where a nongovernmental organisation (NGO) helped them build their huts.

But misery followed them there and this year's rains flooded their new settlement. The NGO built huts for them, but did not construct a single toilet in the colony. “We are thankful to the NGO, which helped us build our huts, but perhaps they think we gypsies do not use toilets, so they did not build one in the colony,” said Lakhano Jogi, the chieftain of the tribe.

Women of the Goth Allah Bachayo village in Jati taluka in Thatta district are also facing similar problems. Their village was completely submerged when rainwater caused breaches in the Karo Gongaro drain and they left their village to start living on the banks of the Shah Kapoor canal. Some international donors with the help of local NGOs provided them with tents, but there is no toilet in the tent village.

The surrounding areas are also submerged and the women of this village too have to wait until night to use the open space to answer the call of nature. Some male villagers have dug two large trenches behind the tents so that women can use them. But there are four pregnant women in the village and they find it hard to get down into the trenches and come up again.

“We usually wait until night. But if we are not in a position to wait anymore, we just use the roadside and if somebody arrives there, we just lower our head,” says Amina, a resident of the tent village. Healthcare experts say that holding back on urinating and defecating for a long time can harm kidneys and eventually result in renal failure.

Consultant gastroenterologist of the Department of Medicine at Aga Khan University, Prof Dr Hasnain Ali Shah said by doing this, a person can suffer from severe constipation and there would be lot of pressure on kidneys too. According to the United Nation’s Office for the Coordination of Humanitarian Affairs, the recent torrential monsoon rains in southern Sindh have triggered serious flooding, affecting over five million people. Among them are communities, which are still recovering from last year’s extraordinary floods.

An official of the United Nations Children’s Fund, Samiullah, told Pakistan Today that they are going to build 9,000 toilets in the rain- and flood-hit areas, but they would be constructed at government’s relief camps only.
3 Rights and inclusion

In July 2010, the United Nations declared water as a fundamental human right, yet millions of people across the South Asia region are denied this right simply because of who they are. Poverty, marginalisation and social exclusion are closely linked to access to safe water and sanitation.

In 2010 and 2011, journalists wrote about groups excluded from these services: from women and children in cyclone-hit areas of Bangladesh to the tea picking regions of Sylhet in the north and rural areas of Sri Lanka; to the ill-equipped sanitary workers in Lahore, Pakistan.

The following stories also highlight the key role that women and children play in improving services, including the relationship between access to toilets in schools and girls’ opportunities for education.

*Women walking to fetch water from a nearby pond in the Thar desert in Pakistan. The desert faces acute water shortage with the only source being rain. Photo: Saleem Sheikh*
Transforming lives: Right to water and sanitation vital

Shanika SRIYANANDA

She goes to work at the tea estate where her mother plucks tea leaves for a daily wage. Climbing the sloppy hilly estate is no mean task for a teenage girl, who starts her day before dawn.

Savithri, the 17-year-old, is happy as she can support her mother, who fed five mouths, including her paralysed father, with her meagre daily earnings. Being one of the brightest students of the small estate school – Troup Estate Tamil Vidyalaya – with 150 students, poverty struck early in her life and she dropped out from school.

While her two small sisters and brother were crying in hunger and her helpless mother, who spent half her daily wage on her father’s medicine, was also silently crying, Savithri decided to give up her education and look for a job on the estate.

Apart from poverty, if she says the non-availability of a toilet in her school made her stop schooling, will the world believe her? This is not fiction but a true story of a Sri Lankan girl, who had firmly decided to maintain her dignity. She did not attend school during her menstruation as she could not use the toilet in school, because it was dysfunctional.

This was the day Savithri really and truly decided that she was never going to school again because she was not going through the trauma of not being able to use a toilet when she menstruated and face the humiliation of the other boys and girls in school.

This was the last straw for the girl who aspired to become a dancing teacher.

Though it does not directly relate to the issue of school drop-outs, the lack of sanitary facilities in schools is an added reason for some girls in rural Sri Lanka to stop schooling. Poverty being the major cause, other reasons such as poor sanitation facilities at schools are overlooked but silently contribute to the dilemma.

Compared to other countries in the South Asian region, sanitary facilities in Sri Lanka are of a higher standard. But the situation needs to be improved as toilet facilities in many of the rural schools are outdated or beyond repair. In some schools the newly built toilet is locked and only opened during the school interval.

Access to safe water, adequate sanitation and improved hygiene are vital elements for human development to reduce the spread of disease and even death at times. South Asia has progressed in many sectors but still a significant number of people continues to be denied the right to water and sanitation to maintain a healthy and dignified life.

Poorest communities

According to WaterAid, an organisation that initiates programmes to transform lives by improving access to safe water, hygiene and sanitation in the world’s poorest communities, of the 1,595 billion people in South Asia, over 1,027 do not use improved sanitation. Over 716 million people practise open defecation and are exposed to several health risks.

The latest UN Millennium Development Goals (MDG) report that over 76 percent of South Asia’s population has no access to improved sanitation.

Lal Premanath, General Manager of the National Water Supply and Drainage Board (NWSDB) agreed that there were issues with regard to sanitation facilities in schools.

He said there were some schools in the rural areas which do not have toilet facilities and in some schools students were reluctant to use the toilets as they were in a dilapidated state.

“There are lapses in providing water and sanitation facilities to schools by the Government. It is sad to note that there are some schools in rural areas which do not have even a single toilet and children practise open defecation. Each school is given toilet facilities but the school authorities have failed to maintain them properly”, he said.

We spoke to several school principals to assess sanitary facilities in their schools. While saying the situation is
manageable with available resources, they emphasised on obtaining better sanitary facilities for children, especially primary students.

Asoka Dissanayake, Principal of D.S. Senanayake Maha Vidyalaya, one of the leading schools in Kandy said some of the toilets needed to be repaired and there was a dire need for toilets for the primary section, which has only one for over 600 children.

He has informed the Provincial authorities about the lapses in sanitary facilities in his annual report.

The Principal of Royal College, Colombo, Upali Gunasekara said the number of toilets in the school was enough and denied receiving any complaints of poor sanitary facilities in the school.

“ I have not received any complaints about children drinking less water due to lack of sanitary facilities”, he said. The school authorities promote good health habits among children and also encourage them to maintain school resources well.

L. Ongaramoorthy, Principal of Jaffna Central College said serious concern was given to the maintenance of toilets and taps and also cleanliness.

Awareness programmes
“ We conduct awareness programmes on water and sanitation to improve good habits among children”, he said adding that the sanitary facilities were at a satisfactory level.

Kanagaratnam Srinath, Principal of Chenkalady Central College, Kalkuda, said more water and sanitary facilities were required where there is not even a single toilet for the primary section which has over 696 children.

“We have only a small well to supply water. I have requested a water tank where over 2,000 gallons of water can be stored”, he said.

A majority of students are from very poor families. The lack of toilet facilities is one major problem faced by the school, which is situated 15km off Batticaloa town. With no water connections, well water is filled in tubs in each toilet. The primary section children share the toilets with the upper class students as there are no toilets in the primary section.

“The small boys do not face many difficulties but girls have to be accompanied by a teacher or an older student to go to the toilet in an emergency. This disturbs their education”, he had complained about the poor facilities to the Zonal Director of Education, Kalkuda, he said.

Though the water and sanitary facilities have been provided to Talawakelle Tamil Maha Vidyalaya, a section of the school, where Grade 6 and 9 classes were being held, was completely denied of a water supply as the system is not powerful enough to supply water to the hilly area. Toilet facilities need to be improved in the school.

“There are over 540 students in the primary section but we have only six toilets. The smaller students face difficulties as their toilets are far away from their section.

We need to build toilets in each section as the terrain of the school is hilly”, R. Krishnaswamy, the principal said. He said out of 28 toilets in the school, some need urgent repair and educational authorities have been informed.

Water supply being a major problem, the students in the upper classes have to fill water in buckets for toilet use and the cleaning of toilets is done by teachers as the school does not have any staffers other than the security guard.

Estate families
Over 98 percent of students belong to estate families and nearly 50 percent of them stop schooling due to poverty.

Krishnaswamy said though they lack sanitary facilities, they educate children about good sanitary habits and also how to maintain toilets.

The picture is not so rosy when sanitary facilities in city, urban, and rural schools in Sri Lanka are compared. According to sources there are schools where there is not even a single toilet and children have to go to nearby jungles to relieve themselves.

A recent study by the Public Interest Law Foundation states that many schools have satisfactory sanitation facilities that include a cleaning system, with a few exceptions to this situation.

The survey states that toilets in some schools were not usable due to the lack of water and pits overflowed in the rainy season. Second, there were no toilets in some cases. Third, in general there were no separate toilets for female teachers and this was a problem. Fourth, the construction of lavatories (i.e. open drains) devoid of water for male students creates unhygienic conditions, emanates a strong odour and becomes unusable. Fifth, some male students in many schools urinate in the open. And, finally female students refrain from using the toilets when they are unclean and not in functioning order.

By staying until they go home to use the toilet, they suffer a lot of discomfort and stress. Further this practice can have some impact on the health of students in the long run. In an era where some elite city dwellers spend huge sums to install luxurious toilets, poor children in rural schools lack even a very basic toilet. The Government spends over Rs. 100 million to develop water and sanitation facilities for schools, annually. “But the Government alone cannot do everything.

There is no doubt that providing water and sanitation facilities is a major responsibility of the Education Ministry, which has to look into several other major issues in schools. The main issue of poor sanitary facilities in schools is poor maintenance”, Director School Health and Nutrition of the Ministry of Education, Renuka Peiris said.

She said over 80 percent of schools in Sri Lanka, which consists of over 9,600 schools have a good coverage of water and sanitation facilities. “The Ministry has launched a four-year project estimated at Rs. 800 – 900 million in 2010 to provide sanitation facilities to 1,299 schools.

The World Bank, UNICEF and Plan Sri Lanka are the other financial partners of the project, which aimed to solve the sanitary problems in these schools by the end of 2013”, she said.

Peiris said no school building was approved without toilet facilities and all schools in Sri Lanka had toilets but due to poor maintenance over 1,299 schools lack proper sanitary facilities.

“The Government spends money to develop water and sanitation facilities in schools but the school authorities are responsible to maintain them with the help of teachers, children and school development societies. The Ministry conducts
awareness programmes for schoolchildren under ‘Child friendly WASH (Water, Sanitation and Health) concept to inculcate good habits among children”, she said.

Peiris said Sri Lankan schools needed to have a culture where they give priority to maintaining their resources for sustainable use. She said the annual survey by the Public Health Inspectors about school health facilities that are submitted to principals would be a guide to adjust their priorities of the school to improve water and sanitation facilities in schools. Peiris said the simple repair of a tap or a toilet at the initial stage would save the system but negligence on the part of school authorities cost huge amounts of money to correct the damage.

While authorities are happy and proud with the progress made by the Government to provide taps and toilets to schools and with good health indicators that made Sri Lanka top the South Asian region, inquiries carried out by the Sunday Observer found that many children in schools, including some leading schools in Colombo, were reluctant to drink them required amount of water due to poor sanitation facilities and the cleanliness of toilets in schools.

“The school authorities say there were enough toilets for students as well as teachers, but they are poorly maintained and some are beyond use. This has resulted in some urinary problems among schoolchildren as they don’t drink enough water during school hours as they are reluctant to use the toilets which are unclean”, said a urologist who wanted to remain anonymous.

He said the issue needed the serious attention of the authorities as it was still a silent health problem that triggers serious health repercussions in their health in adulthood. Although diarrhoea is under control due to good hygienic conditions in Sri Lanka, some primary schoolchildren in rural schools suffer due to diarrhoea as a result of poor toilet facilities in schools. “Compared to the situation in the South Asian region, this is insignificant. But I see a slow increase in diseases spreading due to poor sanitation, especially due to cleanliness among rural schoolchildren”, he said.

Infant mortality
According to WaterAid, in Sri Lanka, where infant mortality fell from 141/1000 in the 1940s to 13/1000 at the beginning of this century, Local Government action on sanitation was a critical factor. Recent findings show that there are strong links between improved sanitation and reduction in child mortality.

However, despite strong commitments of the countries of the SAARC region – India, Bangladesh, Pakistan, Nepal, Sri Lanka, Afghanistan and Bhutan – to provide access to clean water and adequate sanitation, over 7,000 children still die before they reach their fifth birthday everyday and 2.8 million children under five die in South Asia.

Globally, 8.8 million children below the age of five years died due to illnesses caused due to inadequate sanitation and poor quality drinking water. The increasing number of cases indicate that the promises made to provide clean water and improved sanitation is just gathering dust without turning decisions into actions. This is more evident with every second person defecating in the open and every eight-person drinking contaminated water.

According to the World Health Organisation (WHO), for every US dollar invested to improve water and sanitation, countries can earn economic returns worth nine US $ by reducing illnesses and death caused due to poor sanitation and poor quality drinking water. The WHO said despite these economic benefits, South Asian countries except Maldives and Sri Lanka are off-track in achieving the sanitation related MDGs. With notable achievements in improving access to clean drinking water and better sanitation, Sri Lanka will obviously be the best example to show the Government’s commitment towards keeping the promises made at the previous South Asian Conference on Sanitation (SACOSAN) meetings.

While presenting the success story, Sri Lanka will hopefully put her energies to address the remaining grey areas of the water and sanitation issue to ensure all Sri Lankans are provided with clean drinking water and decent sanitary facilities in its goal of becoming the ‘Wonder of Asia’. The new resolutions made at the forthcoming SACOSAN meeting that planned to be held in Colombo from April 4 to 7 will encourage SARRC government to utilise more funds and attention to develop the neglected areas in Water and sanitation. They would ultimately contribute to teenagers such as Savithri to continue schooling with dignity when all the schools in the country get toilets, in future.

http://www.sundayobserver.lk/2011/03/27/fea01.asp
Make women champions of water and sanitation

By Alka Pande, Lucknow, Aug 26: Seminar at Stockholm Water Week stresses women’s role in improving water, sanitation and hygiene in developing countries.

Morning starts as early as 4.30 for Beena – a 35 year old woman from a remote Indian village. The first 2-3 of hours of the day are used to collect water for cooking, cattle and for specific needs of family members. Yet, she is hardly able to take bath once a week. “The water I collect is not sufficient for all the other requirements, how can I waste in my bathing. I ask my children also to bathe on alternate days,” Beena rues rubbing her face with her sari, which she is wearing for last many days.

This is the condition of more or less all the women inhabiting in the rural areas of India. Traditionally, in most of the cultures all across the globe the responsibility of collecting water falls on the shoulders of women and children, especially girls. It is not water alone but they also face the brunt of lack of sanitation facilities. Cases of violence, injuries, diseases and school drop outs are rampant at places which do not have improved sanitation.

The Government of India though perceives right to water in its constitution under right to life, people like Beena are neither aware of their rights nor they put forward their demands.

“The time for change has come. The warning bells are heard across the globe. The poor and the marginalised people cannot wait any longer for the realisation of their basic rights,” says Hilda Coelho, the President of Centre for Rural Studies and Development (CRSD) in India.

CRSD is a grass root organisation, which is working in Andhra Pradesh with the communities to ensure that the communities are equipped with the tool of enough knowledge to claim their rights to water and sanitation.

Coelho spoke in favour of empowering the communities with knowledge whilst addressing an international audience comprising water and sanitation experts at a seminar “Do Right-based policies enhance women’s leadership and contribute to sustainable WASH outcome: Taking stock and moving forward.”

The seminar, held to mark the Stockholm Water Week, today, was jointly organised by Department For International Development, Government of UK (DFID), Freshwater Action Network (FAN), US Department of state, WASH (Water Sanitation Hygiene) Advocacy Initiative and WaterLex.

The event stressed on the added values of right-based policies in order to enhance women’s leadership and their contribution in sustainable WASH outcome.

Prompting the achievements of CRSD in capacitating the communities, especially women, Coelho said, “A twin strategy of organising the people around their rights as well as undertaking development interventions, is required so that communities can access and sustain water and sanitation services.”

CRSD stresses on right-based approach and highlighting the same, Coelho said the right-based approach deepens people’s knowledge and increases their participation in the development process. “There has been a significant improvement in service delivery in the WASH (Water Sanitation Hygiene) sector because of the demand raised by informed and empowered communities, who exercised their rights to water and sanitation,” she averred. Coelho also exhorted all the stakeholders to adopt the strategy in a mission mode.

Earlier, opening the session Christian Holmes, the USAID Global Water Coordinator, reinforced the critical role women play in securing access to WASH services. He said, “It is time to support and enhance the capacity of woman to develop and lead the implementation of water and sanitation solutions. Women have the right to participate equally in decision making within the communities to help address these needs.”

During the seminar, a panel discussion was held, in which experiences were shared by the partner organisations in Africa, Asia and Europe. The discussion emphasised on four key issues: best practices around equity and inclusion, women’s leadership in sustainable WASH programming and policy development, right-based standards in WASH management and citizen service engagement.

“Today the challenges in the water sector are due to the growing lack of accountability of all stakeholders”, said Helene Boussard, the Research Coordinator on Water Governance for WaterLex.

Addressing the critical role of women’s leadership in sustainable WASH programming, Kate Harawa, the Country Director for Water For People, Malawi, stated, “When women are supported and trusted to take on management positions in water service delivery, they do it with passion and expertise. The reason for this is that women arguably have the greatest stake in the health of their families and communities. Therefore, expanding the efforts in this direction can ensure the success of the future programmes.”

Concluding the seminar, Sanjay Wijesekera, the Team Leader, Water, Sanitation and Hygiene, DFID, called on all participants to move evidence into practice. He said, “Rights-based approaches have been successfully deployed to drive change and accelerate progress on the WASH related Millennium Development Goal targets. However to use such approaches effectively we need to ensure that the legal and policy frameworks are harmonised with human rights commitments. Besides, these experiences should be documented systematically so that we can learn from them to bolster in future as to how these approaches deliver results on the ground.”
Water and Sanitation in India – At a Glance:
It is estimated that around 37.7 million Indians are affected by waterborne diseases annually and 1.5 million children are reported to die of diarrhoea alone. The reports of WaterAid mentions that 73 million working days are lost due to waterborne disease each year. Therefore the economic burden of poor water and sanitation facilities is estimated at USD 600 million a year. India also faces the problems of chemical contamination as nearly 200,000 habitations are affected by poor water quality.

Access to clean drinking water and basic sanitation facilities could transform the lives of millions in the world’s poorest countries, including India. Universal access to water and sanitation could prevent thousands of child deaths and give more working days to women and children to go to work or school. Various studies have proved that girls are 12 per cent more likely to go to school if water is available within a 15 minute walk rather than a one hour’s walk and also if there is a toilet in the school.

Investing in water and sanitation is also a smart economic choice. Every USD 1 spent on water and sanitation generates the equivalent of USD 8 in saved time, increased productivity and reduced health care costs.

CRSD (Centre for Rural Studies and Development) is a grass root organisation, which is working in Andhra Pradesh with the communities to ensure that the communities are equipped with the tool of enough knowledge to claim their rights to water and sanitation.

FANSA (Freshwater Action Network South Asia) is a network of organisations working on water and sanitation. It aims to strengthen the engagement of Civil Society Organisations in policy making and development initiatives in order to achieve international targets on water and sanitation. (IBNS)

In this mass exodus from Dadu, families flee not from conflict but in search of water

By Hafeez Tunio
Published: May 9, 2011

DADU: Worried families of the Kachho region, the area next to the Kirthar Mountains, trudge along in the scorching heat. It is 47 degrees Celsius. Their two charpoys, rilli (Sindhi patchwork quilt), pots and pans are tightly fastened around camels. Sheep and goats follow.

People in the villages of Kachho, south of Dadu, are leaving their homes, not because of conflict or injustice, but because they do not have water.

These villages get water from the Fakha shaakh, which is a tributary of the Johi Canal that branches out of the Dadu Canal.

Kareem Bux of Mohammad Murad village recalls his teenage years. “We used to cultivate every possible crop here and sell the vegetables to Dadu and Naushehro Peroz. But we have not received a single drop in the Johi Canal for many years. The canal is full of mud.”

Ironically, the village has an abundant supply of underground water that can be drawn from a depth of 400 to 500 feet, but it is not drinkable. “The water is so saline that even our animals cannot drink it,” says Hassan Lund, a resident of Ahmed Ali Lund.

“Some NGOs tested the water and strictly told us not to drink it, but we have no choice but to use it,” says Kareem Bux.

This is second time in a year that people of the area are migrating. First, they moved after the devastating flood last year, and now, the drought-like condition is forcing them out of the village.

Cracks snake across the ground, dryness everywhere. Not a single crop or any form of cultivation could be seen for miles. Camels and birds have also been found dead in the villages.

Since 1992, the people here have not received barrage water to irrigate land either. “More than 70 per cent of the population has moved to Sanghar and Khairpur Mirs,” said Lund. “I have lost two buffalos because of the water crisis. Now I have to move to another place, for survival’s sake.”

Paddy, cotton, sugarcane, wheat, onions, tomatoes and chillies used to grow here. Now all you can see is just barren, brown land. “The total cultivation area of Dadu district is around 1.93 million acres. The barrages and rainwater are major sources for irrigation, but due to a shortage of both sources, there is a drought-like situation,” explains Muzzafar Panhwar, the regional manager of the Research and Development Foundation (RDF). The organisation works on drought and rehabilitation in the area.

Quoting figures from the revenue department, Panhwar said that around 1.6 million acres of land was to be cultivated this year.

But only 0.2 million acres have been irrigated. Rain has been sparse during the last few years. Panhwar said the contaminated underground water has also made the conditions extremely dry. People of an adjoining village in Johi tehsil have been suffering from water-borne diseases. “Many people lost their lives. These incidents are not reported because the villages are in remote areas,” he says glumly.

Empty promises

“Our ministers only come to us for votes. When we take our problems to them, they do not have time for us,” Kareem Bux complains. Before the election, all the MPAs had promised to provide drinking and barrage water.

For the last one year, villagers have been trying to approach their MPA, Murad Ali Shah, who is also the finance minister. But they have not succeeded.

“It has been difficult for us to even talk to the minister’s secretary. “Our children are deprived of water and education. We have now decided not to vote for them,” he says. “The education minister [also] belongs to our district [Dadu].”

Tea garden workers lack sanitation facilities

Mustafizur Rahman. Sylhet

Laxmi Rani Das, a physically challenged girl, has to walk almost a kilometre to find a secluded spot surrounded by bushes on a hilltop to respond to the call of nature. She usually takes her mother’s help in going out as she was born with only one leg.

‘We do not have any toilet. Most people here cannot afford sanitation facilities due to lack of money,’ said Laxmi Rani, who lives in the state-owned Daldali Teagarden in Sylhet.

She said she had trained herself not to respond to the call of nature at night. Unlike many of the 3,000 people living in Daldali Teagarden, Laxmi Rani, a student of Class VIII, is aware of the importance of sanitation because she goes to a school outside the plantation. Her mother Aroti Das, 50, once a teagarden worker, left the job to take care of Laxmi and her two sisters while her two brothers support the six-member family by working in the plantation. Her father died eight years ago.

The authorities of the state-owned teagarden provide quarters to the workers but, in most cases, without any toilet facility. As a result, the workers have to use the plantation and bushes on hillocks for the purpose of defecation and urination.

Many generations of the same families have live in the same houses in the tea estate. A worker here gets around Tk 48 a day and a weekly ration of three kilograms of wheat. There are more than 400 workers in Daldali Teagarden. The situation is similar in other tea plantations.

Sylhet Public Health Engineering Department executive engineer Mohammad Hanif said neither the government nor the non-governmental organisations had come up with sufficient measures to ensure sanitation facilities for teagarden workers, one of the country’s underprivileged groups.

In his opinion, the government’s target to provide sanitation facilities to all teagarden workers by 2013 would not be achieved if large-scale programmes are not taken in the areas.

Hanif, however, said the authorities provided around 250 sanitary toilet rings every year to each union of the country free of cost, which had not even been utilised properly for setting up sanitary latrines.

Raju Guala, a community leader of Lackatoorah Tea Estate, another government-owned plantation, said most people did not like to use sanitary latrines as they felt more comfortable to defecate in the open.

Some residents in the plantation even think, if they construct sanitary toilets, these will spread foul odour, he added.

Raju said, at most, 10 per cent of the residents of Lackatoorah Tea Estate, a home to around 1,000 families, had access to toilet facilities.

Habit is a big factor, observed Raju’s mother Behula, 60. ‘All the workers here are used to defecate in the garden or by the stream flowing from the hills,’ she said.

A number of teagarden workers told New Age that with the meagre wages they earned they could hardly make both the ends meet, let alone set up sanitary toilets.

Lackatoorah Tea Estate manager Imdad Hossain said the workers were not accustomed to using latrines. ‘We are trying to motivate them not to defecate in the open. We, too, feel bad about it.’ He said the plantation authorities had a plan to bring the workers under proper sanitation coverage.

Sabita Karmi, a teacher at an NGO-run primary school at Lackatoorah which runs for four hours in the morning, said the one-class school having 27 students had no water-supply or any toilet facilities. Women, girls, and the old suffer a lot due to the lack of toilets in the plantation, she said. Dinesh, 40, a teagarden worker, however, said he had just built a sanitary latrine for his family with the support of an NGO.

Sylhet City Corporation mayor Badar Uddin Ahmed Kamran said he could not use any city corporation funds for constructing latrines for teagarden workers as the estates were outside his jurisdiction.

Sylhet Sadar upazila chairman Ashfaque Ahmed said the funds allocated for each of the unions under the upazila was so inadequate that they could not improve the sanitation facilities for the underprivileged community in the teagardens. There are around 6,000 registered workers in 19 teagardens, including the private-sector ones, in Sylhet district, officials said.

http://newagebd.com/newspaper1/frontpage/8603.html
Call for water rights
2011-03-26
HIMALAYAN NEWS SERVICE

KATHMANDU: Concerned bodies today drew the government attention towards tackling water and sanitation crisis facing the country.

WaterAid in Nepal, in coordination with Standard Chartered Bank Nepal Ltd, Rotary International District, Nepal, and other civil society organisations today held ‘Walk for Water’ programme in the Capital demanding that the government provide safe drinking water and make easy sanitation access to all. At the programme, participants walked six kilometres as a symbolic message that millions of people walk an average of six kilometres every day to fetch water to meet their basic needs.

Billions have no access to toilets. It keeps the people in a vicious circle of disease and poverty, according to WaterAid in Nepal. WaterAid in Nepal Country Representative Ashutosh Tiwari asked the government to take a concrete action and political leadership to meet the Millennium Development Goals-2015 and national goal — to provide water and sanitation to all by 2017. “While Nepal is waiting for action on water and sanitation crisis, 10,500 children below five die annually in the country from the related illnesses,” said Tiwari.

According to WaterAid in Nepal, 14 million people have no access to sanitation and 7.1 million are deprived of safe drinking water. More than 50 per cent are without sanitation and almost two thirds are deprived of safe drinking.

At school for deaf and blind, students with special needs struggle for a basic one, water

By Hafeez Tunio
Published: October 28, 2011

KARACHI: “Every morning, blind and deaf students cry at me, demanding water for their showers which now seem to be increasingly infrequent now at our school,” said Haleema, a domestic staffer at the Ida Rieu School for the Blind and Deaf. “Screams come out from their hostel rooms and they knock on the doors while getting ready for their classes.”

For two years now, the school, located near the Mazaar-e-Quaid, has been functioning depleted supplies of water.

Named after Lady Ida Augusta Rieu, who devoted her life to social welfare, chiefly among the poor, the school is financed by donors and philanthropists. It is affiliated with Karachi University and offers pre-primary to graduate level education. In addition to the usual subjects, the school for the hearing and visually impaired also teaches its deaf students how to use computer technology known as the Linux Operating System. There are about 1,000 students enrolled at the school and of them, 80 girls and boys live in the school’s hostels.

Despite all the institution’s good work, the students living at the school have been dealing with a shortage of water ever since a fault developed in the institute’s water mainline. The students complain that, despite multiple complaints, town officials are not bothering to address their problem. The students have appealed to the chief minister and governor as well as other government officials.

The school’s principal, Qudsia Khan, told The Express Tribune that the problem has persisted for the last two years and they have been relying on water tankers since then. Now, even the KPT and other people have stopped sending them tankers which means the amount of water is barely enough for the kitchens.

She explained that when the problem arose, they wrote to water hydrants run by different people and used to get two water tankers a week from hydrants near Guru Mandir. But since the hydrants were taken away from the Rangers, the supply has stopped.

“The area falls in Jamshed Town and we have written to the town administration and other officials but to no avail,” she said. Once it appeared that the administrator was not going to step up, the school installed a waterline that cost them Rs40,000. Once the line was completed, however, it was...
Jamshed Town Administrator Aqeel Tanzeem Naqvi admitted that the water supply was stopped because of a major fault in the lines. He however claimed that the line has been restored and the water supply to schools has been released. "There has been a water shortage in all of Karachi," he told The Express Tribune. "We provide them with water as per their share, however, sometimes load-shedding creates problems." Sohail Asim, an 18-year-old blind first-year student, lives in the Infaq House Boys Hostel. He claims that getting ready for class in the morning becomes very difficult when the taps are dry.

"Besides, there is severe stench in the toilets due to the scarcity of water that prevents people from entering them," he added.

The shortage means that even when it comes to drinking water, the students have to wait. "We have to wait for hours to get sweet water for drinking," said Rubab, 23, a blind girl who recently completed her Master's from the school and lives in the Sarah Mujahid Girls Hostel. "We are told to wait for the water tanker to come and then we will get potable water."

When the long-awaited tankers arrive, their water's murkiness leads Hanif Ahmed, 17, to worry if he can use it for ablution before prayers. "I have become tired checking the water taps," he said. "But whenever it comes, the quality seems very poor because it is being transported here through tankers."

Sajida Parveen, a 50-year-old domestic worker, has been at the school for 10 years. She is struggling to pacify the disgruntled students. "They don't know I can't get the water for them, but it is difficult to convince them."


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**‘Toilets key in girls’ education’**

**Himalayan News Service**

*Kathmandu, March 7*

As the world prepares to mark the year’s International Women’s Day, those working in the sectors of health, education and sanitation have said building and managing toilets for girls is key to improving their education status.

The call comes at a time when around 60 per cent of Nepali girl students are forced to use open spaces due to lack of basic girl-friendly facilities in school toilets. — sufficient water, small incinerator to manage sanitary pads and lack of privacy.

"The issue is more closely related to education than most people think," says Arthi Pradhan, gender officer at WaterAid in Nepal. Around two million Nepali girls do not have access to a toilet in school. As a result they are forced to stay at home for days during menstruation and often drop out of school altogether.

Sanitation in public schools has long been overlooked, government data shows. Of the 28,000 community schools in Nepal, only 1,600 have toilets for students. The situation is dire when it comes to toilets for girl students as only around 1,000 schools have some structure that they call a ‘separate toilet’ for girl students.

"More toilets need to be built in community schools and special attention must be paid in the needs of girl students," adds Pradhan.

Challenges in providing girl students access to toilets are immense and the government understands the gravity of the situation, say officials. Authorities have included plans to build toilets for girl students in the School Sector Reform Programme.

Chappar Singh Vishwakarma, senior divisional engineer at Department of Education said of the 7,000 toilets being built in community schools, 3,000 will be for girl students.

"Under School Sector Reform Programme, there are plans to build at least one toilet in all community schools by 2015," said Vishwakarma. Last year the government built 10,362 toilets out of which 5,500 were girl-friendly.

Sushan Acharya of the Department of Education, Tribhuvan University, said access to toilets for girls is a human right. "Toilets should be kept clean in mind the social, religious, cultural and economic status of the place," she said.

Badin coastline dwellers cry out for potable water
By: Ramzam Chandio | June 28, 2010 |

KARACHI We don’t want any development schemes rather the government should provide us only drinking water at our villages. The water wells, which is the only source of drinking water in all the villages in District Badin have turned brackish due to steady intrusion of sea water, said locals residing in coastal villages, around 50 km far from Badin city. This scribe visited a number of villages in coastal area of Badin and observed miseries facing the rural population, living in abject poverty and lack of basic facility of drinking water.

According to locals, the Shaikh Gharhi, Shaikh Kario, Haji Mallah, Chanesar Mallah, Majeed Mallah, Weedho Mandhro, Moryo Mandhro, Gaji Mallah, Bakhsan Mallah and other villages in the same number in coastal area are deprived of drinking water facility.

Each village comprising 100 to 300 houses, where people dig wells to fetch sweet water as no such provision of fresh water facility provided them by the Sindh government. Most of the water wells in coastal area have either dried up or their water level has dropped down to 300 to 750 feet, making the water brackish and rendering it unfit for human consumption, said Banho Mallah, who goes into sea for fishing every day. The underground water is brackish due to steady intrusion of seawater, he said, adding that people of coastal villages have no other option but to drink brackish water.

The water borne-diseases like gastro and diarrhoea are common among the children due to use of salty water, said Suleman Shaikh, who owns sufficient area of land, but it has been turned into saline owing to the sea intrusion. There were no health and education facilities in coastal area, but lack of drinking water was our primary concerns, and we want nothing from the government, except drinking water facility, he said.

The women of villages walk in groups for 4 to 5 km to fetch drinking water from far areas as male members of family go into the sea for fishing, Suleman said. Though, the coastal area of Badin comes in the constituency of the Speaker National Assembly Fahmida Mirza and her husband Dr Zulfiqar Mirza, who is also Home Minister of province, but according to villagers, they have not seen priority at government level to provide them drinking water facility.

During his visit of relief camps set up for coastal people who were evacuated in fear of cyclone ‘Phet, the people from different villages approached Home Minister Dr Zulfiqar Mirza, appealing him for grant of water supply schemes and to ensure flow of fresh water in small canal, ‘Mirwah which used to suitable source of drinking water for all the villages situated in coastal area, he said, regretting that their appeal didn’t get any attention.

The fertile lands of District Badin which used to produce bumper crops are now turned into saline lands due to sea intrusion, especially of LBOD (Left Bank Outfall Drain). Though, the LBOD was constructed to dispose-off industrial waster of cities of lower parts of province and drainage water into sea. In contrast of disposing off draining water into sea, the LBOD project has increased the miseries of the locals through bringing sea water back due to its wrong design.

However, the sub office of Pakistan Council of Research in water resources of Ministry of Science and Technology has conducted Physico-Chemical analysis of water samples, being used by the people of coastal area, declaring it unfit for human consumption. The Sindh government has allocated Rs3.5 billion for drinking water and sanitation schemes in annual budget for FY2010-11, but huge population of hundreds of thousands in coastal villages of District Badin are not on priority list of the government’s budget.

Since 15 years, Pervez Masih, 38 year old father of six and a resident of Youhannabad, has been starting his day at 4 in the morning. “Like all sanitary workers in city, I have to be at my workplace by 5 in the morning because residents of the city want to see their streets clean before they get up”. First he sweeps the main road assigned to him then small roads and then streets. Like all other sanitary workers, he lifts heaps of garbage and hazardous solid waste from the metropolis with bare hands as he does not have any gloves, mask or gum boots.

“It is a very tough routine. Many of us catch dangerous diseases like hepatitis, asthma and TB but majority of the people still look down upon us as dirty people,” he says. Their actual duty hours are eight but they have to spend 10-12 hours at workplace. “We have to mark attendance thrice a day; first in office at 5 am, then at union council nazim office at 10am and then again at the assigned work place”.

Masih is one out of about 7,000 sanitary workers, including 3,000 work charge employees employed with Solid Waste Management (SWM) Lahore. Out of them 1500 are women who had to face more problems than their male counterparts. Women workers also have to work in two shifts, which disturb their household life. Their day starts as early as 4 in the morning. The situation for work charge staff is even harder. They have to work on daily wages, with 90 days allowance along with salaries. Sanitary workers get Rs100 as medical allowance along with salaries.

People who keep the city clean
Sanitary workers are most unprotected both health-wise and otherwise
By Aoun Sahi

no promotion based on seniority, no gazetted holidays, not even May Day holiday and no housing facility for sanitary workers. In case of death the family gets Rs120,000 as death claim which was just Rs 20,000 till 2009. The sanitary workers get Rs100 as medical allowance along with salaries.

Different estimations put the population of Lahore at somewhere around 10 million. The average household size of the city is 7.12 while Lahore currently produces more than 4,500 tonnes of waste daily. According to international standards one sanitary worker is required for a population of 500, it means there should be at least 20, 000 sanitary workers for the fast growing city of Lahore. While there are only 7,000 sanitary workers in the city at present. The overwhelming majority of sanitary workers though are Christians but at present there are more than 1500 Muslims working as sanitary workers. They are basically political recruits therefore workers have many complaints.

There are about 1500 regular and 400 work charge sewer men in Lahore for 150 union councils, that gives 12 workers to each union council. Around 100 Muslims are also working as sewer men. In 1988, a sewer man died of poisonous gas while performing his job and so far more than 70 workers have been killed by deadly sewer gases. “No action has ever been taken against any official despite clear cut instructions that no sewer man should descend into the sewer without taking appropriate safety measures,” says Younis Alam, Executive Director Minority Rights Commission. His organisation has been working on the issues of sanitary workers since long and in 2008 it issued a report ‘Working conditions of sanitary workers and sewer men in Lahore’.

The report found that around 90 percent of the sanitary workers interviewed were suffering from TB, Asthma or other respiratory system related diseases. “In spite of the fact that sanitary workers perform their duties in quite unhygienic condition they are not provided with health cover. No reliable data is available with any government department regarding types of risks and diseases affecting sanitary workers, sewer men and their families. None of the respondents replied positive to vaccination against deadly diseases. They were never vaccinated against tetanus and hepatitis,” reads the report.

Alam says that the tools provided to the sweepers are of poor design and quality. The sweepers use short brooms for sweeping and wheel barrows for collecting the sweepings. They create small or large heaps on the side of streets which are then collected by tractor trolleys or small trucks. “In some areas of the city mechanical sweepers are under use to clean main roads of the city but around 90 percent of the sweeping is done manually. The waste is also picked up from the ground manually with the help of rakes and baskets in most part of the city,” he says.

Government officials are well aware of the situation. “It is true that government does not provide any safety equipment to sanitary workers and they also come to duty on odd hours. They have been facing serious health issues as well and we have been unable so far to vaccinate them or provide them health insurance but we are trying to do it this year,” says Waseem Ajmal Chaudhry, managing director SWM.

Interestingly, government of Pakistan made commitment during 2008 South Asia Sanitation Conference (SACOSAN) held in Delhi to take specific actions to improve the working conditions of sanitary workers but has not taken even a single step or evolved any strategy to improve the conditions of the sanitary workers. “Federal government never directed us or helped financially to work on the betterment of these workers,” says Chaudhry.

http://jang.com.pk/thenews/apr2011-weekly/nos-03-04-2011/she.htm#4
WASH Media – South Asia
Regional Director talking during the second forum meeting on March 4 2012 at Dhaka

Meeting with a community group in Korail slum, Dhaka, Bangladesh

Dhaka meeting group
South Asians call for equitable sanitation programmes

DAWN.COM Saleem Shaikh 4th April, 2011

COLOMBO: Civil society members at an international consultative meeting, just ahead of the fourth South Asian Conference, on Sanitation (SACOSAN), in Sri Lanka, called upon their respective governments to hammer out viably equitable and inclusive sanitation and hygiene programmes.

They strongly urged for a time-bound action plan for delivering the previous SACOSAN commitments made in Dhaka, Islamabad and Delhi.

The four-day fourth SACOSAN, to be held from Monday in Colombo is expected to focus on safe sanitation and hygiene issues. The ministerial level meeting will conclude on April 7.

Talking during a post consultative meeting press conference, Freshwater Action Network South Asia (FANSA) convener Ramisetti Murali said despite commitments during last SACOSAN, the South Asian countries have not made progress in providing basic sanitation, due to which millions of the people in these countries are suffering.

“I visited Hyderabad Dakhan last year where 12 people reportedly died of contaminated water due to the absence of basic sanitation system in the area, but it is not the only example, official data reveals that around 750,000 children have so far reportedly died due to the diarrhoea since last SACOSAN and that is an alarming figure," he said.

He said that although the South Asian countries have rectified the United Nations declaration that states sanitation as a basic human right, all these countries have so far not made it as party of country constitution. He said that sanitation is also related to health and the worst sanitation causes an increase in the cost of health budget.

“Poor sanitation now stands as a major obstacle in the fight to reduce child mortality in Bangladesh, India, Nepal and Pakistan," he said.

Governments of South Asian countries must be held accountable to the commitments they made at the SACOSAN, said Ceridwen Johnson, FAN Global Network and Communications Manger.

Around 140 representatives from civil society groups from the South Asian countries that included Bangladesh, India, Pakistan, Sri Lanka, Maldives, Nepal, Bhutan and Afghanistan, and from international organisations working in the region, gathered in Colombo to exchange experiences and draft peoples’ demands from the governments of South Asian Countries for the betterment of the sanitation crisis.

The Delhi Declaration 2008 set out clear commitments and milestones for tackling the crisis. It also recognised that access to safe sanitation and drinking water is a basic right and in particular that national priority to sanitation is imperative. This reaffirmed the commitment to achieving millennium development goals on sanitation by 2015.

Non-government organisations – Freshwater Action Network, South Asia, Water Supply and Sanitation Collaborative Council and WaterAid jointly organised the two-day consultation meeting that began Friday.

Women, children suffer most as diseases spread in Aila-hit areas

Mustafizur Rahman. Khulna

The victims of cyclone Aila, particularly women and children living in the worst affected coastal belts of the southern districts of Khulna and Satkhira, are suffering from various diseases due to the lack of safe water and sanitation facilities.

The situation has worsened with the advent of winter as cold-related and water-borne diseases, like scabies and dysentery, have spread fast. Many of the affected people say that they are not receiving any community-based medical facilities from either the government or non-government organisations. Hundreds of victims from the upazilas of Koyra and Dacope in Khulna and Shyamnagar in Satkhira, which were devastated by Aila in 2009, continue to live in roadside shacks.

'At least seven families here have to share a single latrine... Many women are suffering from infection of the uterus, but they are too shy to tell anyone. We neither have any MBBS doctor nor any woman physician at Koyra sadar whom we can consult,' said Anwara Nasrin, 40. She said that people in some affected areas have to travel a long way to collect drinking water from tube-wells, and they depend on saline water for bathing and washing their household utensils.

Anwara, a midwife who is also involved in social welfare activities in the village of Madinabad, said that it is mostly women and children who are exposed to water-borne diseases as the men spend most of their time working either in the Sundarbans or in other remote areas to earn much-needed money.

'I itch all over, I cannot sleep at night... My stomach frequently gets upset. For the last few days I have been suffering from dysentery,' said Aiman, 70, of Madinabad.

She said no one had come to them with medicines and that the upazila health complex was far away from the village.

Anjuara, 30, a housewife in the same area, has been suffering from dysentery for over a month. She told New Age that her husband very often gets infected with diarrhoeal diseases, and that her 11-year-old girl child Suraiya was suffering from skin disease. Shahar Ali Sardar, 69, of Koyra sadar said he had been suffering from dysentery for the last six months.

Koyra upazila’s health officer Emdadul Haque said that the situation was not as alarming as the people say.

'We are aware that women and children are exposed to various diseases, particularly scabies and dysentery, with the advent of winter. We will send medical teams to the affected areas so that the diseases do not become an epidemic,' he told New Age.

He said that the local administration was telling the affected people not to use contaminated water.

The lone 31-bed upazila health complex of Koyra is supposed to deal with a population of over three lakh and is located at Jaigirmahal, 15 kilometres away from the upazila headquarters. There is neither any gynaecologist nor any woman physician to treat women patients at the hospital.

Koyra, a remote upazila isolated by rivers, is at least 100 kilometres away from Khulna city. Emdadul said that the use of saline water was not directly responsible for infection of the uterus. 'As long as saline water is not contaminated, it is not unsafe for washing. But it is true that these women lack hygiene and sanitation facilities,' he said.

'Women with gender-based diseases feel too shy to come to the health complex as there are no women doctors here. Still, around 15 per cent of the women patients who come to us complain of female complications which include uterus infection,' Emdadul added.

A number of women and girls in the area said that they feel too shy to use latrines as all of them are on the roads and embankments where people are always moving around. 'Around 50 to 60 people are using one latrine. We have to wait in the queue to get a chance to use the latrine in the morning... Excrement from the latrines is contaminating water around the embankments where we bathe, wash clothes and cook food,' said Hasina, 45, who lives in a makeshift shed in Koyra sadar.

Many of the children and elderly persons are also suffering from pneumonia due to the biting cold on the roads and embankments.

'I have found many women suffering from infection of the uterus,' said Nila Bati Sana, who works as a community mobiliser for a local non-government organisation. 'They do not have proper sanitation facilities.' The principal of Jobeda Khanam Mohila College, SM Aminur Rahman, said that about 50 per cent of the students remain absent, which he partly attributed to the ill-health suffered by the children in Koyra.

When his attention was drawn to the Aila victims’ difficult situation, food and disaster management minister Muhammad Abdur Razzaque, who is also responsible for overall coordination of the rehabilitation work in the affected areas, said that the authorities could not take rehabilitation measures as the repair of the embankments has not been completed in time.

He, however, said that the rehabilitation would begin as soon as repair was completed, which he hoped would be by January.

Md Abul Bashar, the upazila nibrabi officer of Koyra, said that the local administration had already sent teams to find out the areas where people were being infected with diseases during the winter. Shyamnagar upazila’s health officer Nazrul Islam said that there is a community clinic in the isolated union of Gabura where many people at present are suffering from diarrhoeal diseases. 'The situation is under control.'

He, however, said there was no doctor at the clinic and four health assistants were running it. According to official records, around 1.5 lakh people belonging to 48,000 families were worst affected in Dacope, Koira, Ashashuni and Shyamnagar when Aila ravaged the south-western coastal areas on 25 May, 2009.

http://newagebd.com/newspaper1/frontpage/3441.html
Tea garden workers lack sanitation facilities

Mustafizur Rahman. Sylhet

Laxmi Rani Das, a physically challenged girl, has to walk almost a kilometre to find a secluded spot surrounded by bushes on a hilltop to respond to the call of nature.

She usually takes her mother’s help in going out as she was born with only one leg.

‘We do not have any toilet. Most people here cannot afford sanitation facilities due to lack of money,’ said Laxmi Rani, who lives in the state-owned Daldali Teagarden in Sylhet.

She said she had trained herself not to respond to the call of nature at night.

Unlike many of the 3,000 people living in Daldali Teagarden, Laxmi Rani, a student of Class VIII, is aware of the importance of sanitation because she goes to a school outside the plantation.

Her mother Aroti Das, 50, once a teagarden worker, left the job to take care of Laxmi and her two sisters while her two brothers support the six-member family by working in the plantation. Her father died eight years ago.

The authorities of the state-owned teagarden provide quarters to the workers but, in most cases, without any toilet facility. As a result, the workers have to use the plantation and bushes on hillocks for the purpose of defecation and urination.

Many generations of the same families have live in the same houses in the tea estate. A worker here gets around Tk 48 a day and a weekly ration of three kilograms of wheat. There are more than 400 workers in Daldali Teagarden.

The situation is similar in other tea plantations.

Sylhet Public Health Engineering Department executive engineer Mohammad Hanif said neither the government nor the non-governmental organisations had come up with sufficient measures to ensure sanitation facilities for teagarden workers, one of the country’s underprivileged groups.

In his opinion, the government’s target to provide sanitation facilities to all teagarden workers by 2013 would not be achieved if large-scale programmes are not taken in the areas.

Hanif, however, said the authorities provided around 250 sanitary toilet rings every year to each union of the country free of cost, which had not even been utilised properly for setting up sanitary latrines.

Raju Guala, a community leader of Lackatoorah Tea Estate, another government-owned plantation, said most people did not like to use sanitary latrines as they felt more comfortable to defecate in the open. Some residents in the plantation even think, if they construct sanitary toilets, these will spread foul odour, he added.

Raju said, at most, 10 per cent of the residents of Lackatoorah Tea Estate, a home to around 1,000 families, had access to toilet facilities.

Habit is a big factor, observed Raju’s mother Behula, 60. ‘All the workers here are used to defecate in the garden or by the stream flowing from the hills,’ she said.

A number of teagarden workers told New Age that with the meagre wages they earned they could hardly make both the ends meet, let alone set up sanitary toilets.

Lackatoorah Tea Estate manager Imdad Hossain said the workers were not accustomed to using latrines. ‘We are trying to motivate them not to defecate in the open. We, too, feel bad about it.’

He said the plantation authorities had a plan to bring the workers under proper sanitation coverage. Sabita Karmi, a teacher at an NGO-run primary school at Lackatoorah which runs for four hours in the morning, said the one-class school having 27 students had no water-supply or any toilet facilities.

Women, girls, and the old suffer a lot due to the lack of toilets in the plantation, she said.

Dinesh, 40, a teagarden worker, however, said he had just built a sanitary latrine for his family with the support of an NGO. Sylhet City Corporation mayor Badar Uddin Ahmed Kamran said he could not use any city corporation funds for constructing latrines for teagarden workers as the estates were outside his jurisdiction.

Sylhet Sadar upazila chairmain Ashfaque Ahmed said the funds allocated for each of the unions under the upazila was so inadequate that they could not improve the sanitation facilities for the underprivileged community in the teagardens.

There are around 6,000 registered workers in 19 teagardens, including the private-sector ones, in Sylhet district, officials said.

http://newagebd.com/newspaper1/frontpage/8603.html
4 Health implications

Water, sanitation and hygiene are critical to efforts to meet the Millennium Development Goals, especially on health and child mortality but also in relation to education, gender and other targets.

Lack of safe drinking water and proper sanitation has all the contours of a public health disaster. Nutrition deficiencies, diarrhoea and worm infestations are all related to poor water, sanitation and hygiene (WASH). Poor WASH is strongly linked to the transmission of common childhood diseases such as diarrhoea and acute respiratory infections. Tragically, diarrhoeal disease remains one of the leading killers of children around the world, responsible for the deaths of nearly 1.6 million children annually, yet is no longer considered a global health priority. The burden is greatest in the developing world where access to safe water, sanitation, and medical care are often limited. One in every ten deaths is linked to poor sanitation and hygiene and one out of every five children who die of diarrhoea worldwide is an Indian.

The World Health Organisation (WHO) estimates that around 10% of the global disease burden is caused by poor WASH. This burden falls heaviest on children. In an atmosphere of poor health caused by a variety of pathogens and parasites, primarily from contaminated water or due to poor sanitation, children are unable to fulfil their education potential. Non fatal common illnesses such as diarrhoea and intestinal worm infections are another cause of absence from school.

Personal and environmental hygiene have been identified as crucial determinants in reducing the spread of another disease, Trachoma. In countries and communities where significant improvement in personal hygiene, water supply and disposal of human and animal excreta and domestic solid waste have occurred, Trachoma has ceased to be a public health problem. Sanitary infrastructure and services, lifestyle and health related behavioural factors constitute critical aspects in the primary prevention of Trachoma. They all need to be included in interventions aiming at the sustainable and long-lasting reduction or elimination of this blinding disease. Coincidentally, these measures are among the essential elements of the primary health care approach, as are health education and the treatment of locally endemic diseases. Hand-washing with soap, the safe disposal of human and animal waste, and clean drinking water all help to prevent diarrhoeal disease.

The media can play an effective role in raising awareness about the impact of health due to a lack of WASH and making governments more accountable to their citizens. The stories in this section have been written by journalists from South Asia, covering the serious health implications of a lack of access to safe water, and adequate sanitation and hygiene – especially for children.
Water, sanitation and hygiene the priority at WHO Geneva assembly

May 18, 2011, 10:02 pm

By Ifham Nizam

Water, sanitation and hygiene will be given top priority for the first time when senior officials on the World Health Organisation meet in Geneva for a discussion this week.

International development agency WaterAid, in a resolution, made the plea to give priority to sanitation and water and adopt measures to arrest and prevent the spread of cholera. This is due to be discussed and approved at the Assembly in Geneva.

WaterAid South Asia’s Policy Advisor Mustafa Talpur told The Island yesterday that the Assembly provided a vital opportunity to achieve real progress in public health through improving the availability of clean water, better sanitation and hygiene.

“It is the first time that a discussion on the role of water, sanitation and hygiene in health will be undertaken,” he added.

He says Cholera can be a thing of the past if leaders at this week’s Assembly focus on improving access to sanitation and water in the world’s poorest countries.

“Cholera is a highly infectious diarrhoeal disease and can be life-threatening, but the measures to prevent it are basic – access to safe drinking water and basic sanitation, accompanied by good hygiene practices,” he added.

According to him, the World Health Organisation has repeatedly stated that efforts to address cholera should be focused on improving water and sanitation, there has been a strong push for stricken countries to adopt the use of oral vaccines.

“We warned that vaccines must not be the sole method applied to contain cholera but that they should be part of a comprehensive strategy to prevent the disease.

“The development of safe, effective and potentially affordable oral cholera vaccines is important. However, it is imperative that this approach is complementary to, and not a substitute for the existing effective prevention and control measures; particularly safe water and sanitation,” he added.

In South Asia, nearly one billion people live without access to adequate sanitation and more than 700 million practice open defecation – exposing people to serious and potentially fatal health risks as a result. Diarrhoeal diseases are the leading cause of child mortality in India, Nepal and Pakistan. In Bangladesh, it is the second leading cause of death in children under five years old, after pneumonia.

In 2009, an outbreak of diarrhoeal diseases in 20 districts of Nepal killed more than 346 people and affected 62,016 people. One district alone, Jajarkot, suffered 154 deaths. In India, at least 140 people died in similar circumstances in Orissa state in 2007.


Health challenges of basic sanitation and hygiene

By Shanika SRIYANANDA

This story is not a rosy one. It’s about the one billion South Asians clamouring for toilets. Though sanitation is not an attractive topic, it means a lot to these people as it has a bearing on their ‘dignity’ and ‘cleanliness’. Out of this number, about 700 million men, women and children do not have toilets and have to adopt a undignified modes to relieve themselves in remote rural villages and the poor in informal urban localities in metropolitan cities.

They are exposed to severe health risks, violence and add to environmental pollution.

A majority of schools do not have decent toilets and hand washing facilities for children hence, a chance to change their hygiene in the next generation is missed out. Economically better performing regions during the global economic slowdown is facing health challenges of basic sanitation and hygiene.

This is a problem which the developed world faced and resolved in the early 18th century as a fundamental human development. This neglect in the way of human development may be consequential for future economic development potential.

The economic, social and environmental consequences of this situation are globally known. The World Bank estimates that the consequences of inadequate sanitation cost India approximately USD 53.8 billion – 6.4 percent of GDP – every year and Bangladesh BDT 295.5 billion (US$4.2 billion)-6.3 percent of GDP. In India
The factors we found are public sector investment and greater political commitment at higher level which transformed the societies.

There is political commitment to change but not at the required levels, with new policies and investment for public services but these are not adequate. The region also faces the inherent problem of exclusion.

The biggest, and often overlooked, problems of exclusion and inequality deny millions of poor and marginalised people of their basic rights”, Mustafa Talpur, Regional Advocacy Manager-WaterAid South Asia said at a function held in Colombo to release the report in Colombo.

He said sanitation had never been on the agenda of SAARC in 16 summits over the span of 25 years and the Millennium Development Goal target for sanitation to be achieved by 2015 rests with countries in South Asia and it had demonstrated that it can make things happen with political will.”If South Asia makes progress on sanitation, then the world will make progress.

The overarching message emerged from peoples’ voices across the region is that their political leadership must take a collective resolve in the region to promote right to sanitation and dignified lives, work to provide them and their children a disease-free and healthy environment.

How this aspiration could be translated into a reality when this region faces political hostilities, struggling to share a common regional development vision. Can the issue of sanitation be a common factor in this unfriendly political environment?”, he said. Mustafa said it was high time for SAARC political leadership to come up with clear and ambitious targets, timeline and cash for sanitation and the SAARC leadership needs to recognise that sanitation is the building block of a dignified society in South Asia.

“They must recognise sanitation crisis in the region as diarrhoea is the biggest child killer in the region.

There is a greater challenge of inequity in resource distribution and service provision. SAARC can encourage such moves by national governments.

They need to work out a regional mechanism for implementation, coordination, research and knowledge sharing and steering the plan through the existing SAARC secretariat and strengthening South Asian Conference on Sanitation process”, he pointed out. FANSA’s Ramisetty Muraili said the report clearly indicates that people want to live a life of dignity and health, but are frustrated by lack of effective support and failure of poorly planned and implemented projects, whereas some communities are reluctant to adopt safe hygiene practices because of sociological and cultural barriers and extreme poverty.”Moreover, the collective voice of the people also associates sanitation with notions of happiness, pride, safety, health and education.

The study appeals to policy-makers to revamp institutional mechanisms that invite community participation in sanitation projects. Above all, the study calls for greater accountability and transparency measures and a focus on human-centred development, targeting the below-poverty communities in India and the hardcore-poor of Bangladesh and Nepal.

WSSCC’s Archana Patkar said, “SAARC needs to recognise the sanitation crisis in the region and challenge the inequity in the provision and distribution of resources. Governments need to engage pro-actively in matters related to water, sanitation and hygiene.” She added, “The regional mechanisms for implementation, coordination, research and knowledge-sharing through the existing SAARC Secretariat is needed to strengthen the process of the South Asian Conference on Sanitation”, she said.

The report states that the level of understanding of sanitation and hygiene, and its articulation, was influenced to an extent by both the educational attainment of respondents and interventions in the area. Interventions made communities more educated and aware, and in turn people in these communities described sanitation as ‘hygienic toilets’, ‘closed drainage’ and ‘rubbish-free settlements’. For such communities, it also meant regular maintenance of the facilities and sustained availability of services. Similarly, it was observed, especially in India and Sri Lanka, that the higher the educational status of community leaders and respondents, the better knowledge they possessed and the better they could articulate their understanding of sanitation.

However, at the same time even the illiterate respondents had a basic understanding of sanitation and hygiene.
Mina Begum of Aadibasi Sundarpura of Shyamnagar, Satkhira, Bangladesh, is illiterate and belongs to a minority group.

To her, sanitation means a hygienic latrine, safe drinking water, washing hands with soap, and disposing of children's faeces in the latrine. "Sanitation is essential for life. It is an important part of our religion too. Cleanliness helps a person get a better education and higher position in society. Hand-washing with soap after defecation is very important for maintaining hygiene. Food hygiene prevents disease and keeps children healthy," she said. There was also a difference between women's perspective of sanitation and men's. For women it especially meant keeping themselves, their houses and their children clean.

Women from some rural communities in states like Tamil Nadu said that a clean house gave them immense ‘happiness’ and ‘pride’."Sanitation is the basis for happiness and satisfaction. It urges me to get up early and remains as the first thought for the day to keep my home and surrounding clean. As the day starts with cleaning, the whole day then becomes very active and happy” Punitha, Chinnavai, urban panchayat in the district of Kanyakumari in Tamil Nadu, India said. It is a matter of dignity despite the gender.

Understanding of sanitation was closely related to open defecation and the need for toilets, especially in crowded urban settlements. Whether recalling exposure to a sanitation intervention or not, almost all women and most male respondents reported feeling acutely embarrassed in front of neighbours as well as outsiders in the absence of a private toilet.

Privacy and dignity are especially important to women. "There is a need for separate toilets for each house because people without toilets are cornered by others and face difficulties entertaining guests", that was the view of Gayani Mendis, from Galle, Sri Lanka. The safety of men, women and children was often found to be compromised by poor sanitation.

Open fields – especially in the night or during the rainy season - or railway tracks were described as unsafe and instances of people losing their limbs, or even their lives, and of women being molested were frequently reported, “Everyone in the village goes to the nearby fields for defecation.”

According to 50-year-old Veerkala, 50, Kota Dewara, Uttar Pradesh, India it was ‘dirty, troublesome, time consuming and dangerous as well, especially for women and physically challenged people. It is very common for pigs to attack us from behind when we are squatting in the field.

We are forced to take someone along when going out to the fields”. Goma Chaudhari, community leader in Bhiratnagar Municipality, Nepal said some people, especially children, still defecate in the open, and while almost all households have toilets, the drainage is open and sewage poorly managed. “People know about health and hygiene in general, but they lack the attitude. For example, they know the importance of hand-washing but do not act upon it. I guess only 40 percent of people in the village are active regarding their cleanliness.” Many people across all the countries believed that keeping one’s body and environment clean, leading a healthy life and protecting oneself from disease constitute sanitation and hygiene.

Those who had a clear understanding of hygiene perceived that living in an unhygienic environment led to all kinds of diseases.

They said that following simple hygiene practices, like washing hands before meals or cooking food, keeping the drinking water covered and so on, would eliminate many of the diseases. They were clear that it would therefore also contribute towards reducing poverty, H. A Chandana, from the Uva province, Sri Lanka, who was quoted in the report, said: “It is government responsibility that it should expand people’s right to them. I do not know much about non-government organisations; if they help people we deserve that.

I believe if people collectively struggle for the solution of problems, they can achieve any goal. Considering the United Nations’ standards, it is the duty of the Sri Lankan Government to ensure access to water and sanitation.” For Sughran Bibi, a housewife of Jungle Barali, district Vehari, Punjab, Pakistan it her and her family dignity to have a toilet. “In the absence of sanitation facilities, people feel degraded, especially when guests arrive.

Many people have migrated from this place just because of poor sanitation.”Is sanitation a ‘right’? Although notions of sanitation as a ‘right’ were not always clear in many countries, most people, whom were interviewed, thought that it was important and it meant that the government was responsible to provide adequate facilities and services to the people. The disposal of used cloths and sanitary napkins is a huge issue across South Asia.

In most countries they are thrown into nearby ditches or places where other waste is thrown.

In Sri Lanka schools reported that as toilets lacked proper bins or disposal systems, soiled napkins were strewn around toilets, dissuading other children from using them. According to the report, projects have been successful where there has been a high level of community involvement from the planning to the implementation stage. Community leaders in Nepal for instance suggested that projects need to first sensitise communities to construct public and private toilets, and engage local people to monitor and maintain the initiatives.

They believe that unless people take ownership of what they receive, success is not possible. Most community leaders believe that support for infrastructure alone is not sufficient to make sanitation initiatives successful.

Why the health sector is silent on child mortality in South Asia

By Mustafa Talpur

April 5, 2011, 8:40 pm

This approach of divorcing sanitation interventions from health policies, planning and programming especially from child health policies has serious consequences on future interventions too if the South Asian government are still reluctant to shift the paradigm. Unless sanitation is brought on the mainstream development agenda, considered a priority area for poverty alleviation, improving public health, the crisis will continue. The sector engaged in providing sanitation services need to be fully recognised and strengthened but other sectors such as health and education should also take lead in provision of sanitation services to improve school enrolment and reduce burden on national health systems.

In the light of above discussion, health sector could play a critical role in lifting millions of the citizens’ of South Asia from these pathetic conditions and could be instrumental in not only saving the lives of children but also reducing morbidity burden. What could be the role of health sector and what kind of interventions health sector need to be doing to pro-actively engage in improving sanitation condition. Most important and foremost could be prioritising sanitation in all health related policies, planning and programming. Sanitation should be made an integral part of national health systems. Secondly the decision regarding health related interventions and investments must be guided by the disease burden data, if half of the hospital beds are occupied by the patients having diseases related to unsafe water and poor sanitation then resources must be diverted to address those causes rather building more hospitals, hiring more doctors and paying...
pharmaceutical bills. Thirdly almost all the countries in South Asia have large contingents of rural health workers; these could be trained, equipped and resourced to deliver public health messages including hygiene. The institution of rural health workers need to be strengthened and mandated to carry out primary health care programmes including sanitation. The performance of these workers could be linked to improved sanitation conditions and resultantly improved child health in the specified geographical locations or jurisdictions.

On the occasion of the fourth South Asian Conference on Sanitation, a regional forum where government officials, civil society and donors sit together to articulate future priorities of sanitation sector in the region, it would be appropriate to bring health professionals and other agencies working on health to listen, plan and pro-actively engage with this process of improving sanitation a root cause of child deaths. They need to think differently and act innovatively to contribute to this noble cause of saving lives and returning dignity for which the children and citizen of South Asia are looking for and this is what their profession demands.

Global Handwashing Day: Soap?
There’s no clean water even…

AMAR GURIRO Sunday, 16 Oct 2011 6:15 am

KARACHI – In a small village in the Badin district, Subhan and his friends used to play cricket in a vast ground nearby. But this season’s monsoon rains have flooded the entire ground with rainwater mixed with agricultural wastewater; and what used to be a playground, has now become a swimming pond.

Even as the children enjoy their swimming in the huge pool of water, they and their parents are unaware of the disastrous consequences that this polluted water can bring to them. Already, teenaged Subhan and many of his friends are suffering from various skin diseases, with rashes and inflammation patches spread all over their bodies.

On Saturday, as countries across the globe arranged different programmes to highlight the importance of handwashing by celebrating the Global Handwashing Day-2011, most of the children in this flood-hit village are suffering from skin diseases with no doctors or a clinic to attend them in the vicinity.

As planned, the Global Handwashing Day was to revolve around activities in playgrounds, classrooms, and community and public places to drive forward the ‘handwashing with soap’ campaign and trigger a behavioural change in children on a massive scale. The Global Handwashing Day is celebrated every year on October 15 to highlight awareness on washing hands with soap as a key approach to disease prevention that can contribute to a significant decrease in child morbidity and mortality – more than 50 percent.

But for the residents of this village in Badin, using soap is entirely a new concept – as when someone falls ill and approaches a doctor, they are first prescribed by the medics to drink mineral water as medicine. Talking with Pakistan Today, Subhan’s father, Anwer, said: “Despite the passage of three months [since flooding], wastewater is running through most of the freshwater courses in our village.”

“We have no other option than to consume this water. When there is a meal on the table [in the prevalent conditions], who cares about handwashing and that too with soap,” he added. Due to unsatisfactory sanitation and no trend for handwashing, abdominal diseases among children are widespread.

According to official data compiled by international institutions, diarrhoea remains the second leading cause of death globally among children under five years of age with nearly one in five deaths – about 1.5 million each year. The data further reveals that diarrhoea kills more children than the combined toll from acquired immune deficiency syndrome, malaria and measles.

In Pakistan, more than 250,000 children die every year due to abdominal diseases. Even when most people, non-governmental organisations and even the media highlight lack of clean water, nearly one billion people across the globe lack access to safe water while 2.5 billion do not have proper sanitation facilities.

Subhan’s village, it seems, will take long time before it appears on the radar of international donors, non-profit organisations and institutions working on healthcare and child morality to be informed about how to stay away from the polluted water.
Adopt sanitation, hygiene and clean water for healthy living

By Alka Pande

After India’s most celebrated Bollywood star Shah Rukh Khan becoming the brand ambassador for Geneva-based Water Supply and Sanitation Collaborative Council (WSSCC), now Indian cricket players are to promote sanitation and hygiene in the country. Yusuf Pathan and Irfan Pathan have already shot a clip, in which they are asking people: “Adopt the WASH hat trick – sanitation, hygiene, clean water – for healthy living”.

An international organisation WASH United is negotiating with various other cricket palyers also, including Sachin Tendulkar and MS Dhoni, to take them on board in Wash United Cricket Club, for promotion of hand washing, especially among children. The posters of Pathans were displayed at the Global Forum on Sanitation and Hygiene, which has recently concluded in Mumbai. The Forum held by the WSSCC (Water Supply and Sanitation Collaborative Council), saw the participation of over 450 people from over 70 countries.

The WSSCC works with its partners all across the globe to ensure sustainable sanitation, better hygiene and safe drinking water for all people. “The idea was derived from a similar venture with football players, which proved great success in African nations,” International coordinator for WASH Thorsten Kiefer told this correspondent in Mumbai.

Wash United is a social club that brings together leading sports stars, voluntary organisations, UN agencies and the private sector. Using the power of sports, it organises various activities in schools and reaches out to children to raise awareness about hygiene with a specific focus on hand washing. In South Asia, WASH United is focusing particularly on sanitation and hygiene through cricket. The expanse of the campaign also includes other cricket loving South Asian nations – Sri Lanka, Bangladesh and Pakistan.

“There is probably no other sport that unifies and moves billions of people in South Asia like cricket does,” says Keifer. “Sanitation is a non-attractive subject but celebrities like cricket stars can make it sound cool and an excitement can be built around the issue,” he adds.

The experiment became a success in Africa during the 2009 World Cup Football. Over 100 organisations in across eight nations – Lesotho, Kenya, Ghana, Burkina Faso, Mali, South Africa, Tanzania and Uganda – used football players namely Didier Drogba and Michael Ballack, to educate children the importance of handwashing.

The result was that 30,000 children were trained and became the member of the club. Over 100 international and local stars supported the cause.

“South Asian nations too are facing a crisis situation, tak the example of India where 600 million people go for open defecation every day although 700 million use mobile phones. The situation needs to be addressed through innovative ideas,” says Kmal Kar, the Development Consultant and Chairman of the Community-Led Total Sanitation (CLTS) Foundation, India.

“Poor sanitation is costing developing nations 3-7 per cent of GDP every year. There is an urgent need to prioritise sanitation at national, regional, global and political levels,” says Jon Lane Executive Director of WSSCC.

As per United Nations statistics, a thousand children die in India from diarrhoea, which is a preventable disease as it is caused by consuming unsafe and dirty water and poor hygiene. The figure puts India at the top in the world in diarrhoea ranking – much ahead of neighbouring nations like Pakistan, Bangladesh and China.

Starting a pilot campaign on Hand Washing Day on October 15, WASH United will aim to intensify the campaign during the next international 20:20 cricket series, which is scheduled to take place in Sri Lanka, Bangladesh and India in 2012, 2013 and 2014, respectively. It will involve cricket players from these nations to convey the message of sanitation among the masses, especially children and youth.

(The author is a senior journalist based in Lucknow, India and writes for Citizen News Service – CNS. Website: www.citizen-news.org)

By Alka Pande

LUCKNOW, India, (AlertNet) – More than 400 people in northern India have died in the past month from encephalitis, a rare condition that causes inflammation of the brain, government officials said on Wednesday.

Encephalitis is most often caused by a viral infection from eating or drinking contaminated food or water, from mosquito or other insect bites, or through breathing in respiratory droplets from an infected person.

Around 347 people have died in the Indian state of Uttar Pradesh, while 54 children have died in the neighbouring state of Bihar. Over two thousand cases have been reported in the last three months.

"Acute Encephalitis Syndrome has two types of infections – Japanese Encephalitis, which occurs due to mosquitoes and Entro-viral Encephalitis, which is caused due to unsafe drinking water," said Dinesh Kumar Srivastava from the Community Medicine Department in Uttar Pradesh's Gorakhpur district, where patients are receiving treatment.

Officials said the main areas where the outbreak of the virus has been noticed have been poor, flood-hit areas of the region, where this year’s monsoons have left pools of stagnant water that have allowed mosquitoes to breed and infect villagers.

The floods have also led to the contamination of clean water sources such as wells, leaving many people with no option but to use the same dirty water for both drinking and sanitation.

According to the World Health Organisation, viral encephalitis causes high fever, headache, stiff neck and back, vomiting, confusion and, in severe cases, seizures, paralysis and coma. Infants and elderly people are particularly at risk of severe illness.

The infection spreads every year in impoverished parts of Uttar Pradesh during the monsoon season, resulting in hundreds of deaths.

Officials say the government has earmarked 22 million rupees ($450,000) to tackle problems like the unavailability of clean drinking water, lack of sanitation and water-logging, to prevent the virus from spreading.

But local aid workers say efforts need to be stepped up.

"The infection started in the early 1970s and since then it has become an annual feature. The government is adopting short term measures to deal with the infection instead of making any long term plan to get rid of the virus," said Sanjay Kumar Srivastava from Action for Peace, Prosperity and Liberty (APPL), a charity doing research on the disease.

"Besides, no preventive measures are taken to stop the outbreak," he added, suggesting that vaccinations be more readily available to adults as well as to children.

(Writing by Nita Bhalla, additional reporting by AlertNet correspondent in Patna)

Asia Views – Thousands of South Asian kids dying due to water woes

By Alka Pande | Tue., March 22, 12:48 AM |

Alka Pande is a journalist based in Lucknow, India

Despite years of global commitments to improving access to clean water and adequate sanitation, more than 7,000 children below the age of five years old still die every day across South Asia.

Under the umbrella of the South Asian Association for Regional Cooperation (SAARC) as well as part of the U.N.’s Millennium Development Goals, India, Bangladesh, Pakistan, Nepal, Sri Lanka, Afghanistan and Bhutan have committed to improving access to clean drinking water and sanitation for their people.

The promises and resolutions passed by these nations have really not materialized, with every second person forced to defecate in the open and every eighth person drinking contaminated water.

“About one billion people in South Asian nations do not practice improved sanitation and remain exposed to severe health risks, besides adding to environmental pollution,” says Mustafa Talpur, regional advocacy and policy advisor for WaterAid in Pakistan.

“Similarly, over 211 million people in South Asia do not use improved source of drinking water and stay vulnerable to a number of diseases, especially diarrhoea,” he adds.

Agencies like the World Health Organisation estimate than for every $1 invested in water and sanitation, countries will save $9 in costs related to sickness, death caused by diseases due to poor water supply.

HIGH COST

Last year, the World Bank said that a lack of toilets and poor hygiene practices in India’s third largest economy cost more than $54 billion every year.

Premature death, treatment for the sick, wasted time and productivity as well as lost tourism revenues are the main reasons for such huge losses.

Yet this has not spurred South Asia countries to take the issue seriously enough.

“Of the eight South Asian nations, only Sri Lanka and Maldives have done parallel progress in the water and sanitation sector,” says Ashutosh Tiwari, country representative for WaterAid in Nepal.

“In the rest of the nations – India, Nepal, Bangladesh, Afghanistan, Pakistan and Bhutan – sanitation facilities are much lower than facilities for water,” he adds.

The region is now gearing up to discuss the importance of improving water and sanitation at the South Asian Conference on Sanitation or SACOSAN expected to be held in Colombo in April.


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Child killers

MUSTAFA TALPUR – KATHMANDU, APR 24 – 2010

Access to safe water, adequate sanitation and sufficient hygiene are critical to human development and well-being by reducing disease burden and deaths, increasing economic benefits, contributing towards human dignity especially of women and protecting the environment. Both costs associated with lack of access to safe water and basic sanitation and the benefits derived from improved access are greatest for the poor. The ratio of economic returns from every US$ 1 invested in water and sanitation is estimated at US$ 9 in the developing countries. Despite these benefits, almost all the countries in South Asia are off-track in achieving the sanitation Millennium Development Goals.

The countries in the South Asia region have made some efforts, but still a large number of people do not have access to safe assured drinking water or sanitation so that they can lead healthy and dignified lives. The UN joint monitoring programme of MDGs estimates that 1.027 billion (64 percent) out of the 1.595 billion people in South Asia do not use improved sanitation; and similarly, 211 million people, or one in every eight people, do not use improved drinking water sources.

Almost two-thirds of the population in South Asia faces indignity every day, and 716 million people or every second person in this region practices open defecation and is exposed to severe health risks besides adding to
environmental pollution. The urban-rural disparity in the use of improved sanitation facilities is another important issue. A majority of the un-served 895 million people out of the 1.027 billion are located in rural areas. Afghanistan, Bhutan, India, Pakistan and Nepal are facing huge urban-rural disparities in the use of improved sanitation facilities. This gap affects a significant number of people in Pakistan and India due to their population size. The urban-rural disparity in South Asia indicates a larger issue of severe social exclusion and injustice prevailing in this part of the world.

The slow pace of progress, the urban-rural divide and open defecation are the major reasons for the sanitation crisis in South Asia. With the current rate of annual progress, Bangladesh, India, Nepal and Pakistan will achieve their MDG target in 2029, 2047, 2030 and 2028 respectively. It is important to note here that achieving the MDG target is not sufficient as a large portion of the population will be living without improved sanitation facilities. Being 13-32 years behind the MDG target is too late to serve only half of the population!

The progress made in the use of improved water sources in South Asia is encouraging. Almost 87 percent of the people were using improved sources in 2008, which is equal to the global use and slightly higher than the use in other developing regions of the world (84 percent). The immediate challenge faced by drinking water is quality and sustainability of services. Minerals including fluoride and arsenic have been found in several regions of South Asia. Surface water bodies such as rivers, lakes and canals have been heavily polluted by urban sewerage disposal and industrial waste. Factoring in the water quality may change these figures or undo the progress. Depleting ground water, pollution of surface water and source sustainability are the major future challenges in fulfilling the rights to water in this region. Climate change will be exacerbating this problem as coastal sea intrusion renders groundwater saline and increased disasters such as floods and cyclones destroy water and sanitation infrastructure.

With an increasing population and subsequent rise in energy and food demands, more water will be required for agriculture. Many countries in South Asia share trans-boundary rivers. In the wake of increasing energy and water demands, tensions may increase over control of water which will affect the already fragile political environment.

A research by WaterAid, a UK-based charity, has found that inadequate sanitation may be the biggest killer of children under the age of five globally. According to UNICEF, 8.8 million children died in 2008 before reaching their fifth birthday. Historical as well as recent evidence shows a strong link between improved sanitation and reduction in child mortality. In the decade of peak investment in sanitation in the UK from 1900 to 1910, the infant mortality rate fell from 160 deaths per 1,000 live births to 100, one of the steepest declines in history.

Similar patterns have been observed in others parts of the world where huge gains in public health within a short period of time were achieved. In Sri Lanka, where infant mortality fell from 141 per 1,000 in the 1940s to 13 per 1,000 at the beginning of this century, local government action in sanitation was a critical factor. Recent research has revealed the impact of sanitation as a catalyst for reducing child mortality in three East Asian developmental states.

In 2008, 2.8 million children under the age of five died in South Asia. This is almost one-third (32 percent) of the 8.8 million children who died in the world. This means that every day, 7,762 future citizens of South Asia are being lost. UNICEF estimates that 17 percent and 19 percent of the deaths globally are due to diarrhoea and pneumonia respectively. It is complicated to quantify the impact of poor sanitation and unsafe water on child mortality as it also manifests in other fatal diseases. These estimates also vary from continent to continent. However, to simplify the matter, let it be stated that diarrhoea and pneumonia alone caused 1,019, 880 deaths in South Asia in 2008.

If malnutrition caused by diarrhoea is factored in, this number will increase substantially. According to rigorous research and expert opinions, these deaths could have been prevented with improved sanitation and safe drinking water. It is estimated that safe disposal of excreta and improved hygiene practices could reduce incidences of diarrhoeal deaths by 65 percent. Similarly, the only study conducted in a developing country found that washing the hands with soap reduced the incidence of pneumonia by 50 percent.

By providing effective water and sanitation services, there is a possibility that half of the deaths occurring due to diarrhoea and pneumonia could be prevented.

The extent and magnitude of water, sanitation and hygiene issues in the region is out of the league of a single country. It has a regional dimension and requires a shared vision, common understanding and solution. Not only do the countries of South Asia share many fresh water rivers, applied knowledge on sanitation technologies need to be widely shared, distributed and adapted. South Asia has many similarities including a lower level of human development and poverty. The South Asian Association for Regional Cooperation (SAARC) is an appropriate platform of the governments in South Asia to discuss and develop a regional response to this crisis. SAARC has taken cognisance of these issues in Article III of the SAARC Social Charter and the Colombo Statement of Children in South Asia.

Despite these commitments and recognition of the problem, SAARC so far has not developed any mechanism to increase regional cooperation and set targets for moving towards realisation of the rights to water and sanitation. Looking at the severity of the crisis and its implications, it is suggested that SAARC develop a shared water and sanitation vision, set ambitious targets and devise an urgent plan to tackle the water and sanitation crisis in order to guarantee dignified lives to their citizens and work out a regional mechanism for implementation, coordination, research and knowledge sharing. It can be done through the existing SAARC secretariat. It is necessary to develop a regional water and sanitation fund from the perspective of improving public health in the region as already committed in the social charter.

(The author is regional advocacy and policy advisor, WaterAid – South Asia Region)

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Diarrhoea leading cause of child deaths in SA

Mustafizur Rahman. Colombo

Representatives of civil society groups on Saturday called on the South Asian countries for taking time-bound action to make sanitation and hygiene available to all the people in the region.

Speaking at a consultation ahead of the fourth ministerial level South Asian Conference on Sanitation, which begins in Colombo on Monday, they urged the national governments in the region to pay attention to designing equitable and inclusive sanitation and hygiene programmes.

Safe disposal of Human excreta, a big challenge, would bring together the ministers of the region at the four-day conference. The civil society groups urged for a time-bound action plan for the full implementation of all the commitments made at the previous South Asian Conferences on Sanitation held in Dhaka, Islamabad and Delhi.

In two years since the Delhi conference, diarrhoea claimed 750,000 children under five in South Asia due to poor sanitation and unsafe water, Freshwater Action Network South Asia convenor Ramisetti Murali told a news briefing. Country director of the WaterAid in Bangladesh Khairul Islam told New Age that around 200,000 children under five died in Bangladesh for lack of sanitation and safe drinking water during the period.

He said although Bangladesh had made some progress in reducing open defecation, it still remained far from achieving the goals of hygiene, especially menstrual hygiene set in the Delhi Declaration.

Speakers at various sessions underlined the need for launching awareness campaigns to ensure improved sanitation for enhanced quality of life to reduce the health costs.

They identified poor sanitation as a major obstacle in the fight to reduce child mortality in Bangladesh, India, Nepal and Pakistan.

Around 140 representatives of civil society groups from the South Asian countries of Bangladesh, India, Pakistan, Sri Lanka, Maldives, Nepal, Bhutan and Afghanistan, gathered here besides international organisations working in the region to exchange experiences on the sanitation crisis for tackling the challenges.

The Delhi Declaration 2008 set out clear goals for tackling the crisis recognising access to safe sanitation and drinking water as a basic right.

The nations of the region reaffirmed the commitment to tackle the crisis on priority for achieving the millennium development goal on sanitation by 2015.

NGOs – Freshwater Action Network, South Asia, Water Supply and Sanitation Collaborative Council and WaterAid jointly hosted the consultations.

http://newagebd.com/newspaper1/frontpage/14017.html
5 Governance and financing

In contrast to other developing regions, South Asia has two of the oldest, continuous democracies in the Third world: India and Sri Lanka. Currently all five states in South Asia have graduated to functioning democracies. These positive political tendencies have, however, not been potent enough to improve the quality of governance in South Asia\(^1\). There is widespread agreement that governance is intrinsically important for improvements in economic and social outcomes\(^2\). South Asia’s development performance has lagged behind its East/South East Asian neighbours. All South Asian countries have a low ranking on the Human Development Index. South Asia accounts for nearly 23% of the world’s population, but its share in global Gross Domestic Product (GDP) is less than 3%. The region is home to 400 million of the world’s poor, which means that nearly 30% of the region’s population lives below the poverty line\(^3\).

In South Asia currently over one billion people lack improved sanitation facilities and nearly 700 million practice open defecation. The South Asia region holds the key to the fulfillment of the Millennium Development Goals related to water and sanitation. Any effort towards achieving the 2015 targets would require political commitment, a clear institutional home, policies, capacity and financial resources. As such it is increasingly recognised that understanding and addressing issues of governance is crucial for sustainable sector development, accountability and aid effectiveness.

In South Asia it is generally difficult to analyse the financial allocation and spending in the WASH sector as in most countries there is no separate budget line in national and sub national budgets for WASH. This makes it even more difficult to analyse issues such as financial gaps, funds flow, equitable distribution of funds, transparency and effective implementation on the ground.

At the citizens and civil society organisations level there is very limited literacy on the economic aspects of WASH. People are unable to demand both rights of and access to water and sanitation services as they lack skills in understanding the underlying principles, processes and the scope of budgeting from formulation to the auditing phase. This makes it even more difficult for citizens and civil society organisations to monitor government budgets for accountability and decision-making for just and democratic governance.

The media can play an effective role in making governments more accountable to their citizens; making aid providers more accountable to those intended to benefit from it. The media can also supply information to citizens on budget data and related policy explanations given by the government and donors. The stories in this section have been written by journalists from South Asia who have covered many of the issues.

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Nurul Islam Hasib

Dhaka, Mar 22 (bdnews24.com) – The underground water level is depleting fast, while the use of surface water is simply scanty: a perfect recipe for triggering drinking water crisis.

And, this is true of a country like Bangladesh, which is known for its predominantly inequitable distribution of water.

Going by the expert view, while pollution of water sources and weak distribution system management affect quality of water supplied to urban households, access to pure drinking water remains a far cry for coastal as well as lot many rural areas.

Given an ever-increasing demand for safe and clean drinking water consequent to the fast population growth and urbanisation, the experts insist the government come to terms with the challenge of water management sooner than later.

Harvesting rainwater on the rooftops and use of both underground and surface water equally can stem the crisis to a great extent, they feel.

URBAN WATER SUPPLY

According to the water management authorities, densely-populated Dhaka city gets 87 percent water supplied from the groundwater sources, while the rest comes from the surface water options.

But the actual rate of groundwater exploitation is going to be much higher in the days to come, as Wasa does not count the use of pumps for sucking out drinking water by various universities, medical colleges, cantonment, hospitals, etc.

Although alarming but true that the groundwater level in the capital is depleting by two to three metres a year, according to a 2004 survey by the Institute of Water Modelling.

In short, the dependency on groundwater is increasing with each passing day.

“It might create scope for land subsidence and crisis in water output,” opined environment engineer Md Mujibur Rahman of Bangladesh University of Engineering and Technology (BUET).

He said there was a critical need for a quick reduction in over-dependency on groundwater. “Attention should be given to use of surface water.”

Only Chittagong City Corporation manages 30 to 35 percent of its water from the surface water sources, apart from the capital city.

“Utilising surface water will involve reclaiming and saving the rivers and canals from illegal occupation as well as checking pollution boom,” Rahman said, adding efforts of government agencies apart from Wasa were imperative in this regard.

WATER MINING

Experts also warn that groundwater base in Dhaka would not sustain for long, given the limited number of water bodies.

In fact, what has worsened the scenario is unabated grabbing of waters bodies by land sharks and city dwellers erecting houses at all open spaces the city.

“Groundwater does not get recharged automatically, as fast urbanisation has left no open space to accumulate rainwater. It threatens both quantity and quality of water,” said WaterAid in Bangladesh country representative Md Khairul Islam.

“We are pumping out groundwater from beneath the earth and it’s not recharging... one day it will finish,” he expressed apprehension, terming the phenomenon ‘mining of water’, and pointed out that some residents in Mirpur and old part of the capital were not getting water from their age-old tube-wells.

INEQUITY IN WATER USE

As for supply of water, it varies from city to city and person to person in Bangladesh.

About 83 percent people get pipe water in the capital Dhaka, while it is 41 percent for Chittagonj, 45 percent for Khulna and 40 percent for some of the 102 municipal towns.

Although the people in slums constitute 35 percent of the total city population, pipe water supply remains a pipedream for most of them.

“Ironically though, low-income slum-dwellers have to pay more than high-income people due to fixed water rates,” pointed out Rahman.

He calculated, “There is wide gap in consumption pattern – from about 20 litre per person per day in low-income slums to about 400 litre per person per day in high-income areas.

“But poor slum-dwellers without piped-water service end up buying water at higher costs – about Tk 100 per 1,000 litre, whereas it is only Tk 7.30 per 1,000 litre in piped-water supply areas.”

But in coastal region, the scenario is quite different. Recently, local government bodies and NGOs of the Khulna division gathered at a coastal water conference, which was unanimous on the appalling state of water supply in the region.

Even upazila towns, like Pikgacha under Khulna, have to depend on reserve ponds for drinking water. “As per then definition, they are urban areas, but they have no access to safe water… they have to queue up at far-off places to fetch drinking water,” said Islam.

WATER SUPPLY IN RURAL AREAS

Experts contend that rural people mostly depend on shallow hand-pump tubewells, of which 19 percent are found arsenic-contaminated.

Besides, as the water level drops, the shallow tubewells in those areas, particularly in the northwest and central regions, are unable to yield water, posing a serious threat to the present shallow tubewell-dependent rural water supply system.

Nurul Amin, a retired teacher of Mathbaria under Pirojpur district, said their family tubewell did not pump out water anymore.

BROKEN PROMISES

To address the rural water crisis, the government in its Water Supply and Sanitation Policy 1998 kept the provision of a government reserve pond in each union for public use.

“But it has not been implemented...
to date. There are some ponds in some unions, but the union administrations leased them out for fish cultivation,” said Zobair Hassan, a Development Organisation for the Rural Poor researcher.

He said even people had no idea about their allocation, adding that policy decisions were not carried out at the field level.

The Annual Development Programme 2010-2011 ensures pipe-water supply in those unions where water is not safe for consumption, but measures are yet to be taken despite only three months to go before the close of this financial year.

**WHAT TO DO:**

“First we should change our mindset,” said Islam, as he believes there should be a unique system for water supply.

“Only the town people get piped water…even for kitchens and toilets, and the rural people do not get even for drinking… This mindset must change,” he stressed.

Besides, the water experts say, the authorities should learn more about water management. “They should fix a national target…how much drinking water they would collect from rain and otherwise,” Islam said and stressed that in the present situation, priority should be given to rainwater harvesting.”

The target can be achieved by different city corporations, who would collect rain water based on their annual rainfall.

But everything should be done in a planned way, he said.


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**Govt urged to form Ganga panchayats**

Arun Kumar, TNN | Jun 8, 2011, 07.21AM IST

PATNA: National River Ganga Basin Authority (NRGBA) member and Magsaysay Award winner Rajendra Singh here on Tuesday expressed concern over the discharge of sewage effluents into the Ganga.

Singh, who visited the Ganga ghats here earlier in the day, discussed the issue with urban development minister Prem Kumar, principal secretary Shashi Shekhar Sharma and urban development department additional secretary D K Shukla in the state secretariat.

The Magsaysay Award winner also discussed the need to form Ganga panchayats in all the 21 towns of the state located along the bank of the Ganga. He advised the state government officials to form these panchayats with the help of people who are known for their commitment to clean the Ganga -- they may be religious leaders, civil society members, journalists, engineers, planners and community leaders.

In course of his discussion with the minister, Singh emphasised on creating awareness about cleaning of Ganga for which the latter advised him to take up Ganga Chetna Yatra. He also advised the minister to formulate a balanced, people-friendly, eco-friendly Ganga River policy. He said the state river policy should also be framed. Bihar needs a river zone control act to regulate encroachment of river land, stop change of river land use pattern and pollution, Singh told the minister.

In course of his discussion with principal secretary of the department, Singh advised him to demarcate the Ganga river land and its encroachment and reclaim the land usurped by the people. Sharma assured him that the department had all the records related to river land and it will be done very shortly. Drafting of river zone control act also figured in the discussion with the principal secretary, Singh said.

PATNA: Nitish Kumar’s ‘sushasan’ and the political class’s avowed concern for the poor notwithstanding, basic human dignity would continue to elude the downtrodden in Bihar till 2135 – more than a hundred years from now – what with their women and girls having to defecate in the open till then. That is if the figures of the department of drinking water and sanitation (DDWS), Union rural development ministry, are to be believed.

According to the department’s figures, none of the 38 Bihar districts is likely to meet the Centre’s deadline of being open defecation-free by 2012. The present pace of work on this programme suggests that the task could be achieved in Jehanabad district only by 2135!

The DDWS figures on sanitation coverage show that Katihar district is likely to be the first district to be open defecation-free by 2014 – two years after the deadline. Vaishali and Muzaffarpur will follow next, achieving the target by 2015.

At the present pace of implementation of the Total Sanitation Campaign (TSC), DDWS figures show, Begusarai, Rohtas and Patna districts will achieve this target by 2022, 2023 and 2024 respectively. Presently, TSC coverage rate of Begusarai is 50.74%, Rohtas 45.32% and Patna 50.56%.

Twelve districts are expected to achieve the target between 2030-50. These districts are: Bhojpur and Buxar (2032), Saran (2034), Siwan and Khagaria (2039), Gaya (2041), Kishanganj (2043), Bhagalpur (2044), Sheohar and Banka (2045), and Munger and Nawada (2049).

Rest of the districts are expected to achieve the target of being open defecation-free after 2050. In Jehanabad, which is expected to achieve this target in 2135, the current Total Sanitation Campaign coverage rate is 27.39%.

Araria, with 11.19% TSC implementation rate, is expected to achieve the target by 2120. Aurangabad’s coverage rate is 24.14% and will achieve the target by 2077. Darbhanga, with the current TSC coverage of 25.31%, is expected to achieve the target by 2084, according to DDWS statistics.

Jamui district’s TSC coverage rate is 19% and may achieve the target by 2074, while Madhubani (TSC coverage of 21.35%) is likely to achieve this target by 2075. Madhepura may achieve the goal of being defecation-free by 2067.

Nalanda is likely to achieve this target by 2053, West Champaran (2054), Purnia district (2051), East Champaran (2080), Samastipur (2058) and Supaul (2107).


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Toilets for all may take 124 years in Bihar

ARUN KUMAR, TNN Apr 23, 2011, 04.42pm IST

Umerkot littered with heaps of garbage

From the Newspaper By A.B.Arisar 15th April, 2011

UMERKOT, April 14: Shabby roads, heaps of garbage strewn at every nook and corner and rundown water and sewerage system are popular sights of Umerkot, the gateway to Thar and an international border connecting Pakistan with India.

Ruptured pipelines and overflowing gutters is an everyday sight. These conditions exist despite an unspent amount of Rs160 million was lying in the account of administrator of Umerkot taluka. The local government (LG) system though had flaws but was thousand times better than the present one, said saner elements of the society.

Funds can be spent on beautification and other development work after the consent of local MNAs and MPAs, said TMO/taluka administrator Umerkot town. Faulty sanitary conditions were giving rise to cases of gastroenteritis and other water-borne diseases.

Former UC-II Nazim Muhammad Ramzan Rajar appreciated the compatible system of governance during the LG rule and blamed some officials in bureaucracy of disbanding it with the intentions of keeping all powers with them instead of devolving these at the grassroots level. He agreed that some powers were misused during the LG rule and local laws could not be implemented fully which developed a negative concept towards the system.

“Delay in local elections has stalled the development process of democratic leadership giving rise to bad governance. It is also true that some nazims followed the policy of favouritism and nepotism even then the system was good because elected representatives could be easily approached. However, now, public can’t put their cases before ministers, MNAs and MPAs as they mostly remain in Islamabad or Karachi,” he said adding that whenever they visit their constituencies there’s already a hoard of applicants and public woes remain wherever these are.

He said that women were given a representation in the LG system and they strived for resolution of problems of their respective areas. Now, not a single woman had been incorporated even in district development committee. Financial constraints were not letting the ruling parties to conduct LG elections in their provinces.

A local writer, Anjum Mehndrani condemned the LG system as it failed in coming up to the expectations of people. He contended that union council nazims were elected by the votes of people but taluka and district nazims were imposed. They were the implementers belonging to corrupt politics and in the habit of committing blunders though receiving enough of funds in yearly budgets.

“The town is being supplied contaminated water after remaining parched for 10 days but no one has raised a voice over it, he said. It is bereft of chlorination and filtration and what to say of condition persisting in union councils and villages.”

A representative of Free and Fair Election Network Yunus Bandhani explained that the LG system had become a provincial subject under the 18th Amendment and the government wanted to hold elections through revenue and local government ministry. However, it agreed to conduct LG polls under the
Election Commission of Pakistan (ECP) after coming under pressure.

He quoted an ECP official saying that the Commission demanded a hefty sum for LG elections but the cash-strapped government refused and now it was clear the polls were unlikely to be held in the coming year, even if provincial governments agree to set aside their political differences.

The demand of MQM to retain nazim system and PPP’s to revert to old commission rate system had delayed the process, he said.

TMO/ taluka administrator Abdul Jalil when questioned about the sanitation, water and sewerage and non-utilisation of Rs160 million, replied that the TMA was facing staff shortage, including sanitary staff, drivers, plumbers, fire fighters and others. He had only 116 staffers as against the required 300. Funds can be utilised on receiving proposed schemes and work from local MPAs and MNAs.

Provincial Minister Syed Ali Mardan Shah said that the MPAs and the MNAs had proposed the schemes to the TMA and now it was up to them to start work.


Silent sanitation crisis in South Asia – Governance systems fail in the bid

MUSTAFA TALPUR

Around 716 million people in South Asia, out of the 1.027 billion, practice open defecation and are exposed to severe safety and health risks as well as adding to environmental pollution.

Women and children bear the major brunt of this crisis. About 500,000 children die every year due to disease related to poor sanitation and hygiene, and many more fall seriously ill, compromising their future potential and overburdening the health services. In addition to death and disease burden, and its subsequent costs on the national economy, poor sanitation is polluting environment and compromising dignity—the very essence of human beings.

To address this challenge and find collective solution of these undignified conditions, countries in South Asia gathered in Bangladesh in 2003, under the umbrella of South Asian Conference on Sanitation. In the last eight years, hundreds of high government officials, relevant ministers, sector actors and civil society met three times in Dhaka, Islamabad and Delhi in 2003, 2006 and 2008 respectively to find a common solution. This year more than 400 people from across South Asia met in Colombo to review the sanitation situation and progress made against previous commitments.

Three previous conferences have made a range of political and financial commitments, including adopting “people centred, community-led, and gender-sensitive and demand driven approach, elimination of open defecation and other unhygienic practices.”

No doubt, this eight-year drive by SACOSAN to turn the trend and achieve Millennium Development Goals (MDGs) has achieved several successes including recognition of access to safe drinking water and sanitation as a basic right, raising sanitation profile at the regional level, formulation of national policies, strategies and plans, increase in sanitation coverage, broadening partnership. However, there are several critical areas committed above but have not been really translated into concrete actions. This indicates the failure of the governance system, its responsiveness to the people’s demand and a system accountable to the people.

With the current rate of progress, the sanitation MDGs will not be achieved until 2028— too little and too late. Following are the important governance challenges if addressed might expedite the progress and lift millions of South Asians from undignified conditions and put them on the path of development, poverty reduction and prosperity. Despite political commitment for establishing performance monitoring system, indicators are yet to be decided against which information collected provides the guide for better decision-making. Improving sanitation information system to avoid any statistical discrepancies is also an essential element of strengthening monitoring and accountability. Due to the unavailability of clearly defined national performance monitoring mechanism, keeping track of the difference between building and use of services is quite difficult, so is the difficulty in sustaining the services without robust monitoring and clearly defined operation and maintenance roles and responsibilities.

Prioritising sanitation, including increasing the finances for sanitation and their better utilisation, has gained recognition. There has been some increase in sector financing, but in comparison to other social sectors and magnitude of crisis, it is still inadequate.

Better coordination, broad-based alliance and partnership and clear institutional mechanisms are the other areas repeatedly promised. Better institutional arrangement, which is able to coordinate the function and build a broad-based alliance for sanitation movement, and programming is central to success. Despite the commitments and institutional importance, countries in the region are still struggling to determine the clear institutional home of sanitation.

In very first SACOSAN, people-centered approach was recognised as sanitation is not just building toilets but it is the use of facilities as well as behavioural change. Centrally designed and delivered programmes run a risk of remaining non-functional and lack of ownership by the community, and thereby unsustainability. Giving real meaning to participation is still an area which requires urgent action for going beyond words to meaning. This calls for a revamping of the institutional mechanism that will allow for proactive community participation.

Total sanitation has been delayed in South Asia by a lack of focus on human-centred development, and particularly on people-centred sanitation programmes.

Improved governance is central to address the challenge. The South Asian people want to see a governance system where decisions are informed by evidence and institutions, and decision makers connect to the people, where information flows freely, the poor get response, and justice and equity are made values. If these governance principles are followed, it may offer a better future for the South Asian children.

Govt may levy water tax

PATNA: The state government is considering a proposal to levy water tax on users. Public Health Engineering Department (PHED) minister Chandramohan Rai on Wednesday said that with a view to checking the misuse of water, the proposal is being discussed at the department level.

He, however, categorically said that interests of the vulnerable sections of society – dalits, mahadalits and slum dwellers – will be protected and they will be exempted from paying water tax. In the proposed Drinking Water and Sanitation policy of the state government, there is a provision for financial sustainability of the safe drinking water supply projects, Rai said.

Ranjan Kumar, who works on water and sanitation issues in urban areas of several districts of the state with the purpose of ensuring access to sustainable water and sanitation services to urban poor, said that he had organised a daylong discussion on the state government's Drinking Water and Sanitation Policy on August 29 to make the state policy more people-friendly, responsive and comprehensive for addressing the future challenges in the state.

The discussion was attended by people working on water and sanitation issues, academics, social activists, subject experts and representatives of civil society organisations besides PHED minister Rai and Magsaysay awardee water activist Rajendra Singh. On this occasion too, the PHED minister, in his speech, had mentioned about the proposal to levy water tax. In course of the daylong discussion, the issue of water tax figured. But there were two opinions on it. A sizeable section was against levying water tax, whereas another section was in favour of a balanced approach to it.

Even those who were in support of water tax wanted it to be executed with a rider. Those in favour said that water tax should be levied only in urban areas, not in rural areas. Besides, high tax should be imposed on water used for industrial purposes.

48 million of us poop in the open?!

KARACHI – For around 48 million Pakistani citizens basic toilet access is a distant dream and they defecate under the open skies, according to the WaterAid – a UK-based charity working in 27 countries across the globe to transform lives by improving access to safe water, hygiene and sanitation.

This was disclosed in a report released on Friday – the eve of World Toilet Day – by WaterAid in Pakistan titled “Off-track, off-target: Why investment in water, sanitation and hygiene is not reaching those who need it most”.

World Toilet Day 2011 will be observed globally today (Saturday), with over 51 events being hosted by various water and sanitation advocates in 19 countries. The WaterAid in Pakistan report also reveals that 97,900 people die annually in Pakistan due to unsafe water and improper sanitation.

Quoting official data from World Health Organisation (WHO) and UNICEF, it is stated in the report that 54,000 children under the age of five die from diarrhoea every year in Pakistan.

“By the year 2015, under the Millennium Development Goal (MDG), Pakistan is committed to supply 93 percent and 64 percent of its population with safe water and adequate sanitation, respectively. As yet, only 45 percent people have access to improved sanitation facilities in Pakistan and at the current rate, the water target will be missed at least by seven years [by 2022] and the sanitation target by 13 years [by 2028],” it is claimed in the report.

The “off-track” nations in South Asia should spend at least one percent of their gross domestic products on providing sanitation services and the donor countries should double the global aid for water, sanitation and hygiene by prioritising an additional US$10 billion per year.

If the Pakistani government does not take urgent action, the country will fail to meet the MDG pledge it made to halve the proportion of people without sanitation by 2015, and this will have massive consequences for child mortality.

According to WaterAid, the poorest people in South Asia are being left behind and are 13 times less likely to have access to sanitation than the rich. “The governments should tackle this inequity through better targeting of water and sanitation resources and services to the poor.”

In a statement, the WaterAid's country representative in Pakistan, Siddiq Khan, said that every year thousands of children die in Pakistan due to a lack of adequate sanitation and clean water.

“This is the true cost that we bear from our failure to ensure basic water and sanitation services,” stated Khan. “The government must demonstrate political and institutional leadership in carrying out its responsibilities at federal and provincial levels.”

“We must increase the level of spending on water and sanitation – and with the donors increasing their share of aid – we can work together to turn this situation around,” the WaterAid representative said.
World Headed for Failure in Tackling Water and Sanitation Crisis: WaterAid

COLOMBO, Sri Lanka (OOSKAnews-Correspondent) — There are more people in the world today lacking adequate sanitation services than there were in 1990, according to a new report, “Off-Track, Off-Target,” released on November 18 by international charity WaterAid.

Unless urgent action is taken, nearly all governments in Sub-Saharan Africa and many in South Asia will fail to meet the Millennium Development Goal (MDG) pledge they made to halve the proportion of people without sanitation by 2015, the report says.

Globally, around 1 billion people will miss out on adequate sanitation by 2015.

The WaterAid analysis shows that many countries in South Asia may also fail to meet the sanitation MDG targets.

Based on WaterAid projections, it will be 2028 before Pakistan meets its MDG pledge on sanitation, while Bangladesh will not reach its targets until 2029, Nepal until 2030 and India until 2047.

Released a day before World Toilet Day, the report says that to get the sanitation and water MDGs back on track, off-track countries in South Asia need to spend at least 1 percent of GDP on sanitation.

The report calls on donor countries to double global aid flows to water, sanitation and hygiene by prioritizing an additional $10 billion USD per year.

In addition to increased financing, the report says governments should better target water and sanitation resources and services to the people and countries that need it the most. The poor in South Asia are 13 times less likely to have access to sanitation than the rich.

In India alone, lack of water and sanitation services costs the economy around 6.4 percent of GDP.

In a coordinated move, an international group of 34 female economists have also written an open letter to the leaders of 11 donor and developing country governments, to draw attention to the international water and sanitation crisis.

“On the day you read this letter, 4,000 more children under five will die due to diseases brought about through unsafe water and poor sanitation,” they say. “Every $1 USD invested in water and sanitation generates on average an $8 USD return, making it the deal that will deliver for billions of the poorest people across the globe.”

WaterAid Chief Executive Barbara Frost said “Investments in these basic services are engines of economic growth and prosperity in developing countries, but unless we grasp this opportunity we will be failing the millions of poor people whose health, livelihoods and opportunities suffer because they lack these essential services.”

Written by: Chandani Jayatilleke
One down, more to go

More work needs to be done to improve and expand safe drinking water and other sanitation facilities

By Aoun Sahi

Pakistan, among other countries, has achieved one of the Millennium Development Goals (MDGs) of reducing in half the number of its population without access to safe drinking water. That has happened five years ahead of the 2015 target.

A report issued by the WHO/UNICEF Joint Monitoring Programme (JMP) for Water Supply and Sanitation last week says that over 2 billion people gained access to safe drinking water between 1990 and 2010, which means 89 percent of the world’s population has access to safe water source by end of 2010.

It is one percent more than the goal of 88 percent set at the UN Millennium Summit in 2000. According to JMP, Pakistan has achieved the target of providing safe drinking water source to 92 percent of its population by the end of 2010 while the target is to provide facility to 93 percent by 2015.

The target is achievable though there are still some areas that need to be looked further into. “News that the world has met the MDG target on water is a great encouragement. Good progress has been made on water in Pakistan, yet sustaining the water services and monitoring quality are the greater challenges in Pakistan”, says Abdul Hafeez, manager advocacy WaterAid, an international NGO dedicated exclusively to the provision of safe drinking water, sanitation and hygiene education, Pakistan.

This is a huge achievement for the world but it is only the beginning and still there is a lot of work to do to achieve the MDG on sanitation which the world is still far from meeting. According to report only 63 per cent of the world now has basic sanitation and the figure will increase to just 67 per cent by 2015, well below the 75 per cent required to reach the target. Globally, it is predicted, the MDG target on sanitation would not be reached until 2026. The situation in Pakistan even worse, Pakistan’s sanitation target under MDGs is 67 percent and currently only 48 percent people are using improved sanitation. Progress to achieve sanitation targets in the last two years has been very slow in Pakistan with only 1.5 percent increase per year. With this rate of progress it will take more than ten years to achieve MDGs and 34 years to provide access to 100 percent population. In Pakistan, 14 million people still do not have access to safe drinking water and over 90 million are without improved sanitation.

“State of sanitation is of even greater concern. It is highly unacceptable that 40 million people nearly one fourth of the population in Pakistan practice open defecation which is a violation of their right to live with dignity,” he says, adding, “We are calling on the government of Pakistan to strengthen and clarify institutional roles for implementing sanitation programmes, expedite reform process at provincial level to prepare time bound action plan to translate policies into real actions.

He calls upon the federal and provincial governments “to prepare a programme to target un-served and excluded people and fulfill commitments made at the 2011 South Asian Conference on Sanitation (SACOSAN)”. Hafeez informs that new figures have revealed that South Asia as a region is facing an even more daunting challenge in sanitation. The target for providing access to sanitation, which is even more crucial in tackling killer diseases in developing countries, is one of the most off track of all the MDG targets. Over a billion people in South Asia do not yet have access and the region has the highest proportion of people (67 percent or 690 million) still practicing open defecation.

“Despite several commitments,” he says, “South Asia is lagging behind other regions in sanitation. This is an affront to citizens’ rights. We need a better monitoring mechanism to improve sector governance and bring the required accountability to ensure that programmes and policies are delivering and governments are reaching people with the greatest need. We are calling for effective regional cooperation to address this challenge through governments targeting the un-served and proactively engaging in the existing regional and global mechanisms, such as SAARC, SACOSAN and (SWA)”. Pakistan has been bearing a huge cost due to lack of improved sanitation facilities. According to WHO, 52000 children die annually due to diarrhoea in Pakistan. The World Bank Strategic Environmental Assessment for Pakistan estimates the total healthcare cost of diarrhoea and typhoid, both water and sanitation related diseases, to be Rs112 billion (US$1.33 billion), or 1.8 percent of the country’s gross domestic product (GDP).

“The problem is prevalent in underdeveloped urban areas and a majority of rural areas of the country as 72 percent urban population has reach to improved sanitation while the number is only 34 percent for rural areas. Pakistan will be attending the Sanitation and Water for All (SWA) High Level Meeting next month to take stock of progress made since 2010 in the sector. Pakistan needs to spend more on sanitation from domestic resources and politically prioritise sanitation in development programmes.

Experts believe that there is discrimination in Pakistan with regard to budget allocations for sanitation schemes and municipal services in urban and rural areas. “More than 85 percent of sanitation and solid waste management budget is used in big cities” says Nazir Wattoo, Chairman Anjuman Samaji Behbood, Faisalabad and member Water and Sanitation Committee of Punjab government.

Wattoo says the problem is in the mindset of our policy makers who hardly consider sanitation and solid waste management as an issue of rural areas. “Have you ever heard about a national emergency for sanitation for all in Pakistan though there are some for safe drinking water for all like installation of water filtration plants all over the country? We need to change our mindset and make sanitation a top priority, otherwise diseases like diarrhoea and polio can never be controlled”, he says, adding, “this is time for authorities to rethink policies as after the 18th Amendment the issue has become provincial.”

http://jang.com.pk/thenews/mar2012-weekly/nos-11-03-2012/pol1.htm#4
Stinking toilets await govt remedy

2011-07-20

HIMALAYAN NEWS SERVICE

KATHMANDU: The condition of public toilets in the Kathmandu Valley is deteriorating day by day due to the lack of regular maintenance, a study has found.

The study titled ‘Condition of Public Toilets in Kathmandu–2010’ reported that the lack of a monitoring mechanism is responsible for dreadful condition of the public toilets. The study, conducted by Urban Dabali, further said inadequacy of water is also a common problem for these public toilets.

In the valley, around 33 public toilets (including those in business complexes) serve around 15 lakh urban dwellers – one toilet for around 45,000 people.

The government operates 16 public but not a single toilet has been made accessible to children and the physically challenged.

Raj Kumar Sapkota, caretaker of a toilet in front of Bir Hospital, said they pay around Rs 62,500 per month to the contractor, who is authorised by the Kathmandu Metropolitan City to operate the toilet. "We earn around Rs 3,000 a day," he said. "Although we have been asking the contractor to maintain a roof and a sink, he is reluctant to do so,” Sapkota added.

The report also showed that more than 60 per cent of the toilets rely on ground water, while 25 per cent purchase tanker water and 10 per cent depend upon city supply. Rajaram Karmacharya, community mobiliser at KMC’s environment management department, said the number of public toilets has not increased as per the increase in population.

500 VDCs to be open defecation free zones

HIMALAYAN NEWS SERVICE

By Pragati Shahi

KATHMANDU: The Department of Water Supply and Sewerage (DWSS) is working to declare 500 VDCs as Open Defecation Free (ODF) areas this year.

The department has already declared 265 VDCs and five municipalities ODF zones, an official at the department said today.

“The government is working to meet the targets of the Millennium Development Goals and the national initiative to ensure universal access to water and sanitation,” said Thakur Prasad Pandit, senior civil engineer at Environment Sanitation and Disaster Management Section.

“Although only 260 out of 3,000 VDC have been declared ODF zones, people are becoming more aware about sanitation and safe drinking water,” said Pandit.

According to reports compiled by the government and partner organisations, in 2010, only 43 per cent of the population had access to basic sanitation in Nepal and more 53 per cent defecated in the open.

(http://www.thehimalayantimes.com/fullNews.php?headline=500+VDCs+to+be+open+defecation+free+zones&NewsID=320579)

Mega sanitation plan to ensure clean Nepal

KATHMANDU, AUG 06 –

By Pragati Shahi

To meet the national target of universal access to basic sanitation facilities (access to toilets) by 2017, the government has approved the ambitious Sanitation and Hygiene Master Plan (2010-2017) after more than three years of its recognition in the country’s national plan in 2008.

Approved this week, it will be vital in enabling the environment for institutional and financial mechanisms to meet the Millennium Development Goal and national targets in sanitation. To meet the sanitation MDG, Nepal has to achieve at least 53 percent toilet coverage by 2015. The present coverage stands at around 43 percent. The master plan is formulated by the National Steering Committee for National Sanitation Action to expedite sanitation promotion and demonstrate Nepal’s commitment to its sanitation endeavours. Nepal needs an annual investment of Rs 7.5 billion to enable universal access to basic water and sanitation facilities by 2017, according to government data.

Despite gradual achievements in sanitation 57 percent of the country’s population lacks access to toilets, said Nanda Bahadur Khanal, senior divisional engineer at the Ministry of Physical Planning and Works (MoPPWs).

Khanal said the master plan envisages four sequential steps for promoting hygiene and sanitation – institution building, planning and programming; Open Defecation Free (ODF) campaigning, behaviour change and post ODF campaigning (total sanitation).

The trend of toilet coverage indicates Nepal will attain the MDG but it needs pragmatic vision, operational strategies, strengthened institutional arrangements, adequate resources and stakeholders’ collaborative efforts to achieve national goal of universal toilet coverage by 2017.

Implementation of the plan is timely and important at this point of time, according to experts, who state that the launch of Global Sanitation Fund in 2010 and which is to be managed by UN-HABITAT for the next five years will play an instrumental role in speeding up programmes and activities envisioned by the Sanitation and Hygiene Master Plan.

A total of US $ 5 million is committed under GSF to help the country implement the plan, increase sanitation coverage and strengthen concerned stakeholders including civil society, local administration and the private sector, among others. Bhusan Tuladhar, UN-HABITAT chief technical advisor, said the declaration of ODF areas and adoption of total sanitation approach across the country particularly in rural parts is the plan’s important aspect. Under the plan, village development committee and municipalities have been identified as basic units of sanitation planning and emphasis has been given at the local level for strategic plans on sanitation. "The endorsement of the master plan is timely and appropriate at a time when the country is working to meet the sanitation MDG target and national target of universal access to sanitation by year 2017," Tuladhar said.

District at a time

By Pragati Shahi

The government has recently come up with a five-year plan to restrict open defecation in the country. In an attempt to raise awareness on the importance of sanitation and support the poor families in rural parts to adopt sanitary practices, the Ministry of Physical Planning and Works (MoPPW) has decided to launch a five-year plan against open defecation in 200 village development committees and five municipalities.

According to the government, the project is the first of its kind in the country with the District Development Committees, VDCs and municipalities be selected to execute it.

Funding for the project does not seem to be a big problem as the Global Sanitation Fund (GSF) set up by the United Nations Office for Project Support (UNOPS) and Water Supply and Sanititation Collaborative Council (WSSCC) will provide Nepal US $5 million to raise awareness on sanitation and support the very poor families to adopt sanitary methods. GSF works on a global scale, and runs projects in more than half-a-dozen countries in Asia and Africa.

The government initiative is a milestone in creating awareness about basic sanitation and personal hygiene among the poorest families who have neither access nor have resources to control the outbreak of communicable diseases that takes lives of dozens of people every year.

In 2009, the diarrhoea outbreak resulting from impure water supply and poor sanitation in 13 districts of the Far-Western and Mid-Western regions took 367 lives and affected more than 64,000 people. (The main reason for this preventable tragedy being lack of access to proper toilet and basic sanitary facilities.) In developed countries, a toilet is a basic facility in every type of accommodation while in poor developing countries like Nepal, it is common for a rural household to have no toilet.

The scale of the 2009 outbreak was not repeated this summer, thanks to the collective effort in increasing awareness on basic sanitation and against open defecation among the rural households.

A good example was set in Dailekh, one among the aforementioned 13 districts. Dailekh alone witnessed 43 deaths and was home to scores of patients in 2009; the number of casualties due to diarrhoea was minimised to four this year. At the joint initiative of government and non-governmental organisations over 35 wards, including the badly-hit Lákuri VDC, were declared Open Defecation Free (ODF) area in Dailekh.

Under one-fourths of all households in the Mid-West have toilets, a report of the regional monitoring and supervision office under the Department of Water Supply and Sewerage reveals. It pinpoints lack of toilet facilities as the main reason behind frequent epidemics.

According to SUDECC, a local organisation working with Oxfam in the field of water, sanitation and hygiene in the district, female health workers have been mobilised in remote villages to spread awareness about four basics of personal hygiene and sanitation—hand washing, defecation practice, water purification and oral rehydration solution preparation.

Devendra Kumar Jha, coordinator of WASH (Water and Sanitation for Health) cluster working in the district, says many rural villages are faring well in personal hygiene and sanitation. The sanitation programme helped the locals construct toilets as well as making them aware of the dangers of open defecation.

Meanwhile, the locals of the district are practicing the use of soap while washing their hands, using chlorine-treated water and making the locals aware of the importance of toilets—the initiatives which have been highly appreciated even in the remotest parts of the country.

Dailekh has recently endorsed a five-year sanitation plan which has been approved by the local communities, local government authorities, local development authorities, representatives of political parties and different national and international organisations working in this sector. The plan aims at 100 percent success rate at providing basic health and sanitation in the district by 2017. If this happens, Dailekh will be declared the first ODF district in the country.

Health experts say washing hands with soap and drinking safe water are the most effective and cheapest ways to control communicable diseases. The chance of contracting water-borne communicable diseases varies between 50-85 percent, depending on the level of awareness on personal hygiene, safe drinking water and sanitation.

Although 148,000 toilets are constructed in the country annually, only 10 per cent of the poor have access to one. There is a wide gap between urban and rural areas. Generally, health receives lower priority in rural areas and there are inadequate resources for sanitation and hygiene. As much as 54 percent of the population still defecates out in the open; 13,000 children under the age of five die annually because of waterborne diseases like diarrhoea and cholera.

According to the World Health Organisation, 1.6 million people die every year from diarrhoea-related diseases (including cholera) attributable to lack of access to safe drinking water and basic sanitation; 90 percent of the dead are children under five, mostly in developing countries. Around 2.4 billion people globally (the majority of them in Asia and Africa) do not have access to basic sanitation.

For a country that witnesses dozens of deaths due to poor sanitation, lack of awareness and inadequate access to safe drinking water, promoting simple habits of hand-washing, using toilets and providing people with access to safe drinking water are among the best methods to water-borne diseases every summer.

(Shahi is a reporter on environmental issues with the Post)
India gets more funds for sanitation

By Alka Pande, Lucknow, Mar 19

The Indian government has hiked its budget for water and sanitation this year. The water sector has seen a 27 per cent hike as the allocations have gone up to Rs 14,000 crore from Rs 11,000 crore last year.

On the other hand, sanitation sector has seen a 133 per cent jump as the allocations to go in the sector have been hiked to Rs 3,500 crore. The last year budget for sanitation was Rs 1,500 crore.

The move has been unanimously welcomed by all working in the water and sanitation sector and concerned about the lack of facilities for poor and marginalised.

“It is a welcome move by the government and increasing the allocation implies that sanitation has finally become a priority for the government,” commented R Murali, the Regional Convenor of Freshwater Action Network South Asia [FANSA] – a network of grassroots Civil Society Organisations working on water and sanitation in South Asian nations.

Incidentally, the Indian budget has come immediately after the Joint Monitoring Programme Report [UNICEF and WHO] and the Indian Census 2011 report. Both the reports presented a dirty picture of sanitation status in the country.

The JMP report mentioned that “In India, more than 808 million people are without improved sanitation.

Of the 2.5 billion living without adequate sanitation globally, 32 per cent live in India. Open defecation remains a considerable challenge with India, which is home to 60 per cent of the global population [620 million people] practicing open defecation.

The latest census [2011] data too established that at least 53 per cent people in India do not have toilets.

The sanitation coverage that the country has achieved in last decade has failed to reach the bottom 40 per cent of the population, which is the lowest income groups and which remains most excluded.

This is a great concern in India to achieve equity in providing sanitation services and include all the groups.

While presenting the budget, even Indian finance minister Pranab Mukherjee indicated that the government would intervene decisively to address the problem of malnutrition especially in the 200 high burden districts of the country.

“Along with water quality, poor sanitation is one of the factors contributing to malnourishment,” the minister had admitted.

However, commenting on the budget hike Dr Indira Khurana, Director Policy, WaterAid said, “Hike in the budget is good news but past experiences indicate that hiking budgets alone is not enough as issues like utilisation of funds, quality of construction, lack of water and usage pose serious challenges.”

She underlined the need for considerable efforts to ensure that the funds are well spent. “No longer can we afford to let people, especially children die of waterborne disease,” she added.

WaterAid has appealed that along with a high allocation, the government should also prepare a programme to target un-served and excluded people and fulfill commitments made at the 2011 South Asian Conference on Sanitation (SACOSAN) and the 2010 Sanitation and Water for All High Level Meeting (SWA).

Following the decision taken in the Prime Minister’s National Council on India’s Nutritional Challenges, a multi-sector programme to address maternal and child malnutrition in selected 200 high burden districts is being rolled out during 2012-13.

It will harness synergies across nutrition, sanitation, drinking water, primary health care, women education, food security and consumer protection schemes. (IBNS)

Hungry but not thirsty

POSTED BY WASHMEDIA-SOUTH ASIA | JULY 19, 2011 | LEAVE A COMMENT

By Alka Pande Lucknow, July 18 (IBNS)

Having been a member of many Parliamentary Committees on various important issues, Gurudas Kamat’s political career is a long roster studded with achievements, not the least of which is representing India in Kashmir and Human Rights issue at the United Nations……”

This is how the official website of a senior Congress leader Gurudas Kamat describes him. Unfortunately, this dynamic Indian leader did not understand the dynamism of sensitive issues like water and sanitation and refused to head the Ministry of Drinking water and Sanitation.

“It is really unfortunate that the minister who was put in charge of this portfolio did not realise the opportunity that was offered to him which would have given him an opportunity to serve the rural citizens of India. This is a country where even today giving water to a thirsty person is considered a “punya ka kaam” (deed of blessings), said a representative of an International agency working on issues of water and sanitation. Indian government keeping up its words given at various platforms, including that of the United Nations, (UN has recognised water and sanitation as human rights) recently set up a separate ministry for Drinking water and sanitation. Earlier, it used to be a department under the Ministry of Rural Development. Last week, reshuffling the cabinet the Prime Minister Mammoohan Singh chose Gurudas Kamat to head the ministry of Water and Sanitation as Minister for State (Independent charge). However, Kamat requested the PM to “relieve him of the duty”. The rumour was that Kamat found the portfolio too small and unimportant for a politician of his stature albeit his argument to go before the public was ; “There is no question of disappointment as drinking water and sanitation are important issues concerning a large section of the society. The reasons are totally personal.” Politically the issue may have got subsided but the social workers and environmentalists all across India have taken a dig at Kamat for refusing the post. “Water and sanitation are the most important aspects of the communities and for the uplift of the rural population of India but for our politicians it is the priority,” says Sanjay Singh a social activist from the parched Bundelkhand region of Uttar Pradesh. “The politicians in India are hungry for power but they do not have the thirst to serve their own people, who have brought them to power,” Singh adds. Presently, rural drinking water coverage in India is around 70 per cent whereas the investments are to tune of about 35,000 crore Rupees.

Similarly, rural sanitation coverage at individual household level is around 64 per cent and the government has so far invested somewhere around 20,000 crore under its Total Sanitation Campaign. Yet Kamat found the job too small. “At a time when water is already starting to decide political equations world over, considering water as an unimportant subject is rather unfortunate,” Says Ranjan Panda, the environmentalist from Odisha. He says that India is already in a state of water crisis and providing drinking water, which is a fundamental right for the citizens of the nation, is already proving to be a Herculean task. Quitting by the minister is highly condemnable. The government has eventually handed over the ministry (as additional charge) to Jairam Ramesh, who is also a cabinet minister for the ministry of Rural Development. Since Ramesh has established his credentials as a climate crusader whilst heading the Ministry of Environment in the past and therefore his appointment has given a reason to a few to heave a sigh of relief.

“It is fortunate for the ministry and also for the common people. With multinationals eying water resources and majority of population still waiting to be covered under sanitation – the issues require sincere attention and immediate action. Keeping in view the earlier track record of Ramesh, we can expect some good decision from his side,” says researcher and analyst Yogesh Bandhu. However, there are different views and concerns as well. “As the evidence go, Ramesh has been an active minister and Rural Development is the most time and energy consuming ministry of the nation. Immediately after taking over, the minister has already sounded a thorough review of the National Rural Employment Guarantee scheme besides completing the survey of families living below the poverty line. In such a situation he will not be able to devote the time required for the critical issues like water and sanitation. A separate minister to deal with these issues is quintessential,” says Panda, the environmentalist.

The challenges Ramesh is set to face are to ensure sustained supply of drinking water and functional sanitation systems in the country, especially in the rural areas. India is facing the problem of water scarcity, which is topped with contamination. According to World Bank statistics, open defecation is another big challenge before the nation, which is losing 6 per cent of its GDP every year due to lost productivity.
6 Best practice

Stories by WASH Media – South Asia forum also highlighted innovation and best practices in water and sanitation, from rainwater harvesting in Pakistan and Bangladesh to newly declared open defecation free (ODF) districts of Nepal – highlighting the joint responsibility of individuals, communities and the state in promoting total sanitation, safe water and hygiene.

Journalist reporting on issues of water and sanitation, often competing with busy and conflicting news agendas, are in themselves contributing to vital levels of awareness and commitments-tracking across the South Asia region.

Tamachi, a resident of Raablaoo village located in Sanghar district’s Achhro Thar, or White Desert area, is trying to fix a broken rope so that he can get water from the well. The vast desert that is spread along the Indian border is facing acute water shortage and people there usually consume underground water from the wells. Photo: Amar Guriro.
Rainwater harvesting in parched Tharparkar

7th March, 2011
Inpaper Magazine By Saleem Shaikh 7th March, 2011

THE Tharparkar district receives on an average 100mm rain every year, which should be sufficient for its drinking and agriculture purposes. But much of it goes waste due to lack of rainwater harvesting and poor water conservation facilities.

During August last year heavy rains in the Thar Desert recharged parched shallow wells, raised water table in deep wells and filled household cisterns. But, after four months, the Tharis were without sufficient water even for drinking, and many had to walk miles to fetch water. Herdsman had to take their livestock to barrage areas to avoid mortality among them due to water shortage.

“When it rained heavily, it turned our dusty and arid villages in the district into an oasis with lush green foliage and plenty of water to drink and take bath. It also turned our dried-up rangeland into green meadows and pastures for our cattle. But the accumulated rainwater evaporated within a few months and we had to walk for 4-5 miles thrice a week to fetch water from deep wells. Water of such wells is brackish, contaminated and injurious to both humans’ and animals’ health,” said Ali Akbar Rahimo of the Association for Water, Applied Education and Renewable Energy in Nagarparkar.

Thar normally experiences drought every third year and famine after each decade, triggering mass migration of peasants to irrigated areas in lower and central Sindh in search of fodder, labour and water. A large number of cattle also die during such arduous journeys.

According to a study of the Pakistan Council for Research on Water Resources (PCRWR), the entire Thar Desert receives around one trillion litres of rain annually “sufficient, if stored, for three years to meet domestic water needs of the Tharis and their livestock. But, more than 95 per cent of it is lost under sand dunes or evaporates in the sizzling summer due to inadequate storage and rainwater harvesting facilities.

“Even if 0.25 per cent of the rainwater is conserved or harvested, it can meet the domestic water needs of the entire human population and livestock of the area,” said water conservation experts of the PCRWR.

The council’s study found out that hardly 0.06 per cent of the overall annual rain water is harvested by Tharis in household cisterns or in other indigenous ways. However, the study suggests that the water shortage problem can be addressed by improving capacity of rainwater harvest by scaling it up from 0.06 per cent to at least 0.25 per cent of the rainfall.

The Tharparkar district, spread over nearly 22,000 square kilometres, is a chronically poor with an estimated population of 1.2-1.3 million. Of them, 95 per cent people live in and around 2,000 villages.

In a normal day, members of each household spends around 4-6 hours in fetching 4-5 pots (50-60 litters) of water from wells However during the dry season they collect water throughout the day including at nights. However, rains in Thar invigorate socio-economic activities as people start cultivating crops, bringing back their livestock in herds from barrage areas and storing rainwater as much as possible.

Usually Tharis prepare their fields every year much before the rainy season starts by ploughing and broadcasting seeds of millet (bajhri), cluster bean (guar), sesame (tir), kidney bean (mooth), cow peas (Choonra), Musk melon (gidro), water melon (hindano), squash melon (meho), wild cucumber (chibbhar), amaranths (mario), digeria (lular) and other wild plants. The land in Thar is so fertile that once the ploughed fields receive the first shower, they turn green.

Prior to the rains, the Tharis also clean ditches and depressions locally known as Tal and Tarayoon for storing rainwater.

This water is used both for domestic and drinking purposes. But, the accumulated rainwater in these ditches and depressions lasts only for three to four months. And for the rest of the eight months of the year, they depend on brackish water of wells, which results in health hazards among humans and livestock. Often the outbreak of diseases among livestock deepens poverty situation in Thar manifold, as livelihood of the poor 70 per cent depends on livestock rearing.

Mukesh Suther, an Umerkot-based water conservation expert, remarked that “building large ponds and laying a geomembrane sheet under these (ponds) to stop seepage and covering them with roofs can be of great help in slowing down evaporation of stored rain water during the sizzling summer days.”

He said the government should introduce these low-cost techniques to harvest huge stocks of water, which can help meet needs of the people throughout the year rather than spending millions of rupees on schemes, which have huge recurring costs for maintenance.

Water conservation experts of PCRWR have suggested that piped roof water harvesting, hamlet level chonra pond, hamlet level nadi pond, chalho pond and dug well recharging system could help conserve huge stock of rainwater. But, introduction and promotion of such water conservation techniques was not possible without one time investment by the government.

A senior official in the water section of the Sindh Planning and Development (P&D) Department said: “Although no initiative for rainwater harvesting in Thar has ever been launched by the provincial government, multi-million rupees schemes for tapping rainwater in the desert area are now under consideration of the department’s planners.

There is possibility that such schemes may be included in the next year’s Annual Development Programme (ADP).”

Kaski to be first open defecation free district

By Pragati Shahi

KATHMANDU, JUN 22 – Marking a step towards achieving the national goal of universal access to safe drinking water and sanitation by 2017, Kaski in the Western Development Region will be formally declared the first open defecation free (ODF) district in the country on Friday.

Prime Minister Jhala Nath Khanal will make the announcement at a programme organised by the District Development Committee (DDC), Kaski, on June 24. According to Guru Prasad Subedi, local development officer, Kaski, 43 Village Development Committees, Pokhara Sub-metropolitan City and Lekhnath municipality will be declared ODF with each household having access to toilets for personal hygiene and sanitation. On May 31 last year, the DDC had declared Kaski as an ODF district.

Subedi said the 15th Kaski District Council meeting decided in 2007 to make the district open defecation free by mid-April 2010. Meanwhile, a strategic plan was drawn up highlighting the joint responsibility of individuals, communities and the state in promoting total sanitation. The campaign was led by the District Water and Sanitation Coordination Committee.

Rallies from all over the lake city will congregate to be the largest gathering ever in Nepal of people washing hands with soap to mark the programme on Friday.

As its Millennium Development Goals, the United Nations aims to provide basic sanitation and drinking water services to 53 and 73 percent people, respectively, by 2015.

According to Namaste Lal Shrestha, sanitation specialist at Unicef, the major drivers for the positive change in the district are an increase in awareness level among local communities on personal hygiene, sanitation and education as well as building toilets. Kaski is one of the major tourist destinations in the country and this also helped the government, non-government organisations and local communities to work for the betterment of environment in the area, said Bipin Poudel, environment officer, Department of Water Supply and Sewerage (DWSS).

Investments from the local government, concerned stakeholders and community themselves supported the district to gain the status.

The DDC and various government and non-government offices invested more than Rs 330 million to help construct toilets in Kaski and carry out other cleanliness campaigns.

Meanwhile, other districts in the region set to be declared open defecation free include Chitwan, Tanahun and Nawalparasi.

According to the government statistics, 43 and 80 percent people have access to basic sanitation and drinking water in the country, respectively, while the equity and access to quality amenities is still far from satisfactory. Out of 3,915 VDCs in the country, 203 have been declared ODF so far.

Meanwhile, a report on status of basic drinking water and sanitation facilities compiled by WaterAid in Nepal in March 2011 put Kaski on top in a list of 72 districts in terms of providing access to these amenities. Kathmandu, Lalitpur and Bhaktapur have not been included in the list.

In Kaski, access to basic sanitation and drinking water was found, by the agency, to be 87 percent and 92 percent, respectively, while the same was 11 percent and 87 percent for Bajura, which features the last on the list.


Experts Stress on Rain Water Harvesting in Dhaka City

Dhaka city needs 2.2 billion litres of water every day. Ninety percent of which is extracted from underground. Unlimited extraction of underground water to meet the city’s increasing demand is lowering the water level at an alarming rate. Under these circumstances professionals underscore the need to conserve and use rain water.

Shortage of pure drinking is very common scenario in the city during the dry season which is due to further sinking the underground water level causing insufficient of water supply. Experts say conservation & use of rain water is an alternative to such crisis. They say that the city building could easily collect & use rain water. Rain water could be used for all purposes including drinking for which it must be collected and conserved in hygienic way. It could be filtered through different methods if required.

The process could continue round the year especially during the rainy season. Rain water collected during the rainy season could be used round the year which in turn would significantly reduce the use of underground water. Specialists stress the need on continued research on the subject and making owners of buildings aware in this regard.

Asif – Producer (News) Bangladesh Television (BTV)

(30 minutes visual report on the above mentioned issue broadcasted on BTV & BTV World).
Good job done in Kaski, says report –
SANITATION, DRINKING WATER ACCESS

KATHMANDU, MAY 16 –

By Pragati Shahi

Kaski district in the western region of the country has topped a list of 72 districts that has provided the people access to basic sanitation and drinking water facilities, a recent report published by WaterAid in Nepal said.

The report published in March this year has Bajura district in the far-west at the bottom of the list. WaterAid studied the status and access to basic sanitation and water and investment in this sector in 72 districts.

In Kaski, access to basic sanitation and drinking water was found to be 87 percent and 92 percent respectively, while the same was found 11 percent and 87 percent in Bajura.

Other districts that topped the list include Chitwan, Parbat, Kavrepalanchowk, Illam and Syangja, while those that figured in the bottom include Sarlahi, Darchula, Salyan and Bajhang. Three of the remaining districts of the country—Kathmandu, Bhaktapur and Lalitpur—were left out of the study.

Joint Secretary at the Ministry of Physical Planning and Works (MoPPW) Krishna Acharya said that despite positive signs in the campaign to make basic health and sanitation facilities accessible to the people in the country in recent years, the government’s goal to provide the access to all by 2017 is still a far cry.

The United Nations Millennium Development Goals’ target is to provide basic sanitation and drinking water to 53 and 73 percent of the population by 2015.

According to Acharya, although the report compiled by the government and partner organisations including I/NGOs shows that 43 and 80 percent of the population has access to basic sanitation and drinking water, the equity and access to quality amenities is still below the satisfactory level.

“Investment is comparatively less in rural areas as compared with urban areas when it comes to providing access to basic amenities like drinking water and sanitation,” Acharya said. On an average, the cost of providing the access to one household in rural areas comes to around Rs 2,000, while it is expensive in urban areas due to rapid urbanisation and population growth and the high cost incurred in setting up plants to treat sewerage.

In Nepal, 5.6 million people (about 20 percent of the population) do not have access to drinking water, data prepared by the Department of Water Supply and Sewerage (DWSS) in 2010 show. “Nepal needs an annual investment of Rs 7.5 billion to meet the universal access to basic water and sanitation facilities by 2017,” Acharya said. Coordinator, Research and Advocacy, of WaterAid, Rabin Lal Shrestha, said the 2015 MDG and the government’s goal to provide access to basic sanitation and drinking water to all is a big challenge for all stakeholders concerned.

However, according to him, some major achievements in recent years include the level of awareness among the local communities, particularly in rural parts of the country, on basic health and sanitation.
7 Stories in local languages

The South Asia region is diverse in language and culture and so it is important that media stories are written in vernacular languages to reach a wider readership, including those whose voices are being raised.

In addition to English language articles, WASH Media - South Asia members have published hundreds of articles in local languages on water, sanitation and hygiene over the past year. As a result, in Pakistan, for example, Sindhi media have started to cover water, sanitation and hygiene stories on a more regular basis.

Visit to Korail slum Dhaka, Bangladesh. Women washing dishes.
Look at her eyes, they seem thirsty, wandering in Kachho. Her tears have dried up due to searing dry winds. I observed that in the Kachho area, women living from Pat Suleman to Sawro have no more tears left in their eyes. Whether its dawn or sizzling midday or the dead of night, the women of Kachho, hiding all their sufferings, walk to fetch water. There seems no end to this ordeal.

The Kachho area lies in the lap of the Khirthar hills range and is spread over 0.3 million acres. There are only a few water supply schemes in some villages but these remain dysfunctional. If you have not observed this thirst and the thirst of Kachho, you should travel in Kachho in the scorching summer season. You can see the desert everywhere and each and every adult or child, man or woman is spotted with pot on head or in their hands fetching water that is far from them.

Several people have lost their lives in the desert of Pat Suleman due to thirst. Women from this area of Kachho have to walk five to six kilometres daily to fetch water from the wells dug in the bed of Nain Gaj (Torrential scream). The women of the Kachho area spend their lives in search of water. Sometimes they have to walk at midnight to fetch water and many women have been bitten by snakes in the darkness of the night. Is it written in the fate of these women of Kachho that they would walk for water from generation to generation? The women and children implore the clouds to drop some water, but often the clouds do not accede to the clamouring prayers and betray them by crossing the Kachho without allowing any drop to fall on the parched soil and the dried lips of the people of Kachho.
Global city, Karachi, faces threat of contaminated drinking water by climate change

Keenjhar lake, which is the only source of drinking water for Pakistan's largest populated city, Karachi, is missing its marvellous paste due to environmental and climate changes in the region.

Karachi city is located at the coast of the Arabian Sea in the south-east end of the country. It is the main sea port and financial hub of Pakistan. Karachi is the most populous city in the country, one of the world's largest in terms of population and also the tenth largest urban agglomeration in the world. Its population is now approaching 20 million. Karachi is also counted as a global city and is ranked as a Beta world city.

Keenjhar lake is one of the largest freshwater lakes in Pakistan which is spread over an area of 13,468 hectares. The lake has been declared a Ramsar site since 1976. It is located in the Indus eco-region, one of the world's 40 eco-regions. Keenjhar lake is filled by the K.B Feeder canal which is a branch of the Indus river.

Over the last three decades, when the Himalayan glaciers were gradually melting, the Indus River witnessed drought. After that the climate of Keenjhar lake also gradually changed and it became contaminated because the lake was deprived of the fresh water it needed. The water quality also decreased because it was contaminated by the effluent of chemical industries and the thermal power house of Jamshoro. The huge effluent from the Kotri Industrial Area and Nooriabad Industrial Area is discharging into the K.B Feeder which is the only source of fresh water from the Indus river for this lake.

Water experts are of the view that Pakistan is to face water scarcity by 2035 because the country's productivity per unit of water, per unit of land is the lowest in the world. More than 54 million Pakistanis out of a population of 165 million do not have access to safe drinking water and 76 million lack access to sanitation. Last year the United Nations declared safe drinking water and sanitation to be a basic human right. The tragic aspect of this situation is that Pakistan's government is not giving any attention towards these alarming climate change impacts.
These articles were published in the Desh Bandhu newspaper from New Delhi on World Water Day 2011.

The articles present stories around the emerging global water and sanitation crisis and give special mention to developing countries, especially India.

The first article is based on excerpts of Ban Ki Moon’s (UN Secretary General) views on impending water stress globally and its impact on urban agglomeration. The article makes reference to girls skipping schools in the absence of adequate sanitation facilities, and women facing hardships while accessing distant sanitation facilities.

The second article titled “Pani ke liye Pani Pani” and “Ghtate Jal star ka khatra” first presents the alarming situation of water resources in India and then enlists the causes of depleting water tables and places emphasis on water harvesting and public education for using water resources judiciously.

The third article from Punam Gujrani discusses about using toilet water for drinking purposes and the research underway in this regard. It advises in the end on water harvesting to boost the depleting water tables.

The fourth article by Rajendra Manhas is on saving water for future generations as we save money.

And at the end there is an article by Sudheesh Pachauri (Professor Hindi department JNU) who talks about the water crisis in the urban cities of India and advises the Government to run a campaign for public education about harvesting water for future generations. If we don’t wake up in time, then for future generations there will be no more availability of fresh water and air to live a healthy life.
By: Dipendra Bista

Kaski District first in sanitation

Kathmandu: Kaski district in the western region of the country has topped a list of 72 districts that has provided the people access to basic sanitation facilities. According to a data set compiled by WaterAid in Nepal on status and access to basic sanitation and water facilities, Kaski district is at the top and Bajura district in the far west is at the bottom of the list. Around 87 percent people in Kaski have access to sanitation facilities while only 11 percent in Bajura district have access to sanitation facilities.

Chitwan ranks second and Parbat third in the list. Three districts including Kathmandu, Bhaktapur and Lalitpur were left out of the study. The Government of Nepal has allocated Rs. 428.5 million for water and sanitation in Kaski from FY 2062 to 2068 and Rs. 122.3 million for Bajura. Communications and Gender Officer at WaterAid in Nepal Anita Pradhan told that residents of Pokhara— a famous tourist destination—has more access to sanitation facilities compared to other districts. “Public awareness level of Pokhrelis is higher compared to others in terms of sanitation. May be, it’s the impact of being a tourist destination,” said Pradhan, adding, “Lack of public awareness and poverty are the major causes for limited access to sanitation facilities in Bajura.

According to National Planning Commission, only 43 percent populace in the country have access to sanitation facilities while only 19 use toilet and practice handwashing. “We cannot meet the universal access to provide basic water and sanitation facilities by 2017 if the progress on water and sanitation moves ahead at the current snail’s pace,” said Pradhan, adding, “The government should encourage the organizations working in health and education sector to give due attention to sanitation and water.”
In collaboration with the Federal Government of Pakistan and the provincial Government of Punjab, the local government started excavating different roads of Lahore city to construct sewage lines several months ago. Due to the delay in completion of the project, the residents and shopkeepers are facing a lot of difficulties.

The residents of Laurence Cooperative Society Lahore, one of the richer localities of the city, are suffering contaminated water being supplied by the authorities. The residents also suffer heaps of garbage lying everywhere in the vicinity. During a survey conducted by the paper, residents have said that they got stranded in their houses as there was sewage water everywhere.
Ifham Nizam
The Island, Colombo, Sri Lanka

Ifham Nizam is a print media journalist based in Colombo, Sri Lanka. He started his career as a full time journalist at The Sunday Leader in 1994 and is currently working with The Island. He is an environmental journalist, but has also covered almost all major beats including parliament, economics, defence, cinema and sports. His present focus is on power and energy, the environment and economics.

Alka Pande
Country Coordinator: WASH Media – South Asia, India
Thomson Reuters, Uttar Pradesh, India

Alka Pande is a print media journalist based at Lucknow in the state of Uttar Pradesh, in India. She is primarily a development journalist with a special focus on issues related to the environment, gender, climate change, agriculture and commodity. She has written a large number of stories whilst working with many reputed national English dailies of India, including the Times of India, The Indian Express and Outlook weekly magazine. She is currently reporting for Thomson Reuters from Uttar Pradesh. www.alkapande.blogspot.com. Email: alkapande@gmail.com.

Md. Asifur Rahman (Asif)
Bangladesh Television – BTV, Dhaka, Bangladesh

Md. Asifur Rahman is a versatile electronic media journalist from Dhaka, Bangladesh. He has been attached to state-run BTV as a Producer (News) since November 2008. He mostly edits copy, writes news and produces panel interviews on the desk, but he also covers different social issues. He has reported several stories on different issues for BTV. He is also a fellow of the UK-based non governmental organisation, WaterAid in Bangladesh’s, Media fellowship programme, under which he has reported dozens of stories related to water, sanitation and hygiene (WASH) issues. Email: ashif_ef@yahoo.com.

Mustafizur Rahman
Country Coordinator: WASH Media – South Asia, Bangladesh
New Age, Dhaka, Bangladesh

Mustafizur Rahman is a Senior Staff Correspondent at Dhaka-based English language national daily—New Age. He covers mainly civil bureaucracy, public policies and development issues. As a print-media journalist, he has covered various issues and events at national and regional levels. He is currently a media fellow of UK-based WaterAid Bangladesh and writing reports on water and sanitation of the marginalized communities in Bangladesh among other issues. Having a master’s in English Literature, Rahman has been in the field of reporting since 2002.

Aoun Sahi
The News on Sunday, Islamabad, Pakistan

Aoun Sahi is a print media journalist based in Lahore, Pakistan. He works as a reporter for The News on Sunday, the weekend magazine of The News International. A Daniel Pearl and Alfred Friendly Press fellow in 2010, Sahi worked with The Wall Street Journal as a reporter for six months as part of his fellowship. He has also contributed to Newsline, Agence France Presse, Inter Press Service and Western newspapers such as the Los Angeles Times, Sunday Times, Wall Street Journal and Washington Post.

Aakash Santorai
Daily Kawish, Hyderabad, Sindh, Pakistan

Aakash Santorai is a professional development journalist based in Hyderabad, Sindh, Pakistan. He has ten years’ journalism experience and is also a social and human rights activist. He is attached to one of the largest circulated regional papers, the Daily KAWISH, which is published in Hyderabad city. He is a Senior Sub-editor and head of a magazine and current affairs section of the paper. He covers the environment and the economy. He can be contacted at his personal email aakashsantorai@yahoo.com.

Pragati Shahi
The Kathmandu Post, Kathmandu, Nepal

Pragati Shahi has been working as a Sub-editor with The Kathmandu Post, a leading English national daily published in Kathmandu, Nepal, for the past four years.

As an environment and development journalist, she has extensively covered different environmental issues at local and international level ranging from participatory and sustainable management of resources to global climate change. She has been working as an assistant editor for an e-magazine on the water, sanitation and hygiene (WASH) sector, ‘Panee ra Sarsafal’ for over a year.

Saleem Shaikh
Dawn, Karachi, Sindh, Pakistan

Saleem Shaikh is a development and investigative journalist associated with Pakistan’s premier English daily, Dawn, in Karachi, Pakistan. He has also worked at Dawn News TV as a copy editor/associate news producer and as Senior Sub-editor at The News, Geo News TV in Karachi. He has published news stories, features and investigative articles on different subjects including the environment, climate change, fisheries, water, drinking water, sanitation, women’s rights, gender issues, agriculture, irrigation, alternative energy, drainage, rainwater conservation, political economy, education, human rights and health.

Shanika Sriyananda
Sunday Observer, Colombo, Sri Lanka

Shanika Sriyananda is a print media journalist and a freelance photographer from Sri Lanka. She is now working with the Sunday Observer as Assistant News Editor. She is an environmental journalist and has covered the environment, science and health beats for a long time. She temporarily shifted to war reporting in 2007 but has now returned to covering the environment, water and sanitation. She also reports weekly interviews with politicians and ambassadors and is working on the online issue of her newspaper, the Observer Online.
Who are we?

WASH Media – South Asia is a group of journalists from Bangladesh, India, Nepal, Pakistan and Sri Lanka writing and broadcasting on the issues of safe drinking water, sanitation and hygiene (WASH) in the region.

We are convinced that access to safe drinking water, adequate sanitation and hygiene are the building blocks for human development. Unfortunately these fundamental rights of citizens across the region have been severely undermined, placing a huge burden on citizens’ health, livelihoods and quality of life. Even worse, diarrhoea, caused by unsanitary living conditions and unsafe drinking water, is the second biggest killer of children in South Asia, after pneumonia.

Our first meeting was held in February 2011 in Kathmandu, Nepal. The media forum emerged as a result of two days profound deliberation on the role of the media as a watchdog to monitor and make accountable respective public institutions. We also firmly believe that the media can play an important role in raising public awareness on health and hygiene.

Now with over 30 members from Bangladesh, India, Pakistan, Nepal and Sri Lanka, we are associated with renowned newspapers, television channels and radio stations in the region.

Our aims

We strongly believe our efforts will strengthen others to save the lives of children, men and women, by pursuing the following objectives that we collectively developed:

1. Extensively writing and broadcasting on important but ignored issues of water, sanitation and hygiene.
2. Collectively targeting important political meetings, regional and international events to improve governance and accountability.
4. Sharing stories, knowledge and learning with fellow journalists across the region.

How we work

The media forum is governed by a regional coordination committee comprising of two members from each country. This is a volunteer initiative.

We plan to meet face to face every second year and coordinate through other communication means such as Skype. We have also established an e-group and blog to regularly share our stories and experiences, which is the source of inspiration for all of us. We consult with experts working in this area to inform our stories.