

Workshop on Community initiatives in Rural Sanitation (Bogra, Bangladesh, February 12, 2002)

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At the outset, I would like to convey the greetings from Government of India to Government of Bangladesh and more particularly to Secretary, Rural Development of Bangladesh Government for organizing this Workshop-cum-field visit on such an important subject of "Community Initiatives in Rural Sanitation". I would like to compliment them for organising this Workshop exclusively for Indian Officials and NGO representatives.

2. Access to safe water & sanitation facilities is one of the fundamental requirements of the human beings globally whether they reside in urban or rural areas. However, it is noticed that problem is more acute in the rural areas as compared to the urban areas. Although significant achievement has been made in providing safe drinking water, only 60% people across the globe are under sanitation coverage. This means about 2.4 billion people in the world are yet to get improved sanitation facilities and 80% of such people live in rural areas. Unfortunately, the majority of this population lives in Asia and particularly in India and China.

3. The challenge of poverty alleviation is particularly acute for the South Asia region. With 20% of the world population, South Asia represents about 40% of the world's poor. Nowhere is this challenge more acute than in the area of providing safe drinking water and good sanitation services. In South Asia, the deficiency in terms of access to safe drinking water is anywhere from 15-30% of the total population and for sanitation in the area of 60% or more.

4. As per Fifty Fourth Round Report of National Sample Survey Organisation published in July 1999, only 17.5% of rural population were using the improved latrines in India. By the end of the Ninth Plan i.e. March, 2002, it is estimated that sanitation facility would improve to 20% of the rural households. As per Global Water Supply and Sanitation Assessment 2000 Report of WHO & UNICEF, 73% urban population and 14% rural population had access to sanitation facilities in year 2000, while the total coverage for the whole country was at 31%, which is far below the requirement.

5. Health hazards of poor water supply and sanitation facility are enormous. Approximately 4 billion of diarrhoea cases are caused every year because of this and approximately 2.2 million children, mostly under the age of five, die every year. The loss to human lives is abnormally high. About 10% population of the developing world is affected by intestinal worms, which can be controlled by better sanitation and hygiene facility.

6. In India, Government has taken up this challenge through a major National

Programme viz. the Rajiv Gandhi National Drinking Water Mission. The programme has allocated 500 million US dollars to finance a Programme in 63 Districts across 25 States impacting about 70 million people in the rural areas. The Programme is supporting a decentralized, drinking water and sanitation programme in partnership with our local governments and communities.

7. Although in India, Government intervention started in Rural Water Supply sector from early 1970s, the Rural Sanitation Program was started only in Seventh Plan (1985-1990). The Central Rural Sanitation Program was launched in 1986 to compliment the efforts of the State Governments. Approximately, Rs.20 billion have been spent by the Government of India and State Governments up to the end of Ninth Plan period. So far, the program was more focused on subsidy to beneficiaries and has been implemented mainly through government agencies.

8. Our own experiences of the past have made us believe that the approach to sanitation must be demand-driven rather than allocation-based, it must be with community participation rather than government imposed and there must be more emphasis on awareness creation among the masses to generate demand. Keeping these in view, in April 1999, the Central Rural Sanitation Programme was restructured. The Programme is now community led and people centered. It moves away from the principle of state-wise allocation primarily based on poverty criterion to a “demand-driven” approach. The Restructured Central Rural Sanitation Programme focuses on “Campaign Approach” and “Total Sanitation Campaign” is being implemented in identified districts. We have planned to cover 200 districts in the beginning and the implementation has started in 138 districts.

9. The “Total Sanitation Campaign” gives emphasis to community initiatives. There is paradigm shift in our strategy to sanitation challenges in this programme. Total Sanitation Campaign is being implemented taking districts as units. There is a shift from high subsidy to low subsidy regime. It focuses on greater household involvement and participation and provides technology options to the beneficiary households as per their choice. It lays stress on Information, Education and Communication as part of the campaign to generate demand for sanitation from the community. The Campaign involves the Non-Government Organizations, Community Based Organizations as well as Local Governments and local groups for greater coverage and better people participation. It lays much greater emphasis on school sanitation as the children can be the best carriers of the sanitation messages and motivate even the elders. Total Sanitation Campaign intends to tie up with various other rural development programmes as well as network with financial institutions.

10. So far we have already sanctioned 138 such projects with an outlay of Rs.1426 crores. The physical targets that these projects intend to achieve are: construction of 123 lakh individual household latrines, 1.20 lakh latrines for schools, 14048 sanitary complex for women, 9086 toilets for balwadis/ anganwadis and 1132 Rural Sanitary Marts/Production Centers. We also intend to cover all the remaining 374 districts during the Tenth Five Year Plan period, which will commence from April 2002.

11. In India, we have some very good successful initiatives taken by Non-Governmental Organizations and communities in the sanitation sector. The emergence of “Sulabh Souchalaya” is one of the most interesting and social innovations in modern India. It has

not only provided low cost sanitation facilities but also helped in liberating scavengers in the country. It has provided eco-friendly solutions. This organization has been able to construct and maintain 5000 public toilets with bath attached and has rehabilitated more than 36000 scavengers.

12. The “Rejuvenate India Movement” and “Safai Vidyalaya” have been launched by Sri Ishwarbhai Patel who belongs to the Gandhian school of thought. His organization has made significant achievement in imparting training in low cost sanitation to masons, sanitary workers, students, community social workers, policy makers etc.

13. The Midnapore experiment is no less noteworthy. It is from here construction of very low cost single/dual pit latrine construction on a large scale has started. The successes in Midnapore in West Bengal have helped us to reorient our strategies in the Restructured CRSP programme.

14. I am happy to note that Bangladesh has been effectively addressing these challenges and has achieved significant results. As per Global Water Supply and Sanitation Assessment 2000 Report, 53% population of Bangladesh was under sanitation coverage. 82% of urban population and 44% of rural population had access to sanitation facilities. I understand that private sector has been able to play a greater role in Bangladesh in extending water and sanitation coverage, and Government of Bangladesh is also reorienting its role from a “provider” to “facilitator” and encouraging community initiatives. The success achieved at Rajshahi and Bogra areas is a testimony to this and all of us have to learn from this experiment. It demonstrates that community groups can effectively be used for promoting hygiene awareness and sanitary latrines. Behavioural changes in people can take place by creating awareness and empowering the community to decide the solutions themselves. All that we have to do is to provide them all the technological options and information. The experiment also proves the point that providing subsidy is not a necessary condition for achieving desired results. It is more important to create awareness, provide information on technological options and generate demands from the community. Dedicated Non-Governmental Organizations and officials with missionary zeal can make things happen.

15. However, regardless of our individual efforts, the challenge of fighting poverty and providing safe water and sanitation services in particular cannot be addressed by the countries in isolation. There is a need to learn from each other - from our successes and from our efforts. This mutual learning from each other provides us the ability to truly scale up our fight against poverty. For this reason, we are delighted to be here in Bogra to find out how Bangladesh is taking on the challenge of providing sanitation in the rural areas.

16. We want to learn from your experiences as well as share our own success stories with you. That is why a team of Government officials and Non-Governmental Organizations has come here to participate in this Workshop. The socio-economic conditions in India and Bangladesh are no different. Successes achieved in either country are replicable in the other. Our problems and concerns are also common, so we need to work together to tackle our problems in the water and sanitation sector.

17. Both the countries are suffering from Arsenic contamination of the ground water. We need to work out a joint strategy to tackle this problem also. I am of the firm belief that

our officials and Non-Governmental Organization representatives will be better informed and more motivated to face the sanitation challenges in India and will be able to work as a team to deal with this problem. This exchange should however be only a beginning. Further, both Bangladesh and India are not only trying to find a solution to delivering sanitation services, but both countries are fighting a common crisis: arsenic in water. And unfortunately, there seems to be no quick solution. We hope that in the arena of mitigating arsenic in drinking water, Bangladesh and India can jointly learn from each others' experience. I understand that the Hon'ble Prime Minister, Begum Khaleda Zia, and the Minister for Local Government, Mr. Mannan Bhuyan, hosted a very successful and important international conference on the issue of arsenic mitigation. I hope to take the opportunity of this visit to learn from the Ministry about the conference's main findings and see if there is an opportunity for us to join our efforts in addressing the arsenic crisis.

18. The Government of India is fully committed to extend the proper sanitation coverage to all the people. We want to achieve this mammoth task with the help and support of the people themselves, which includes the three tier Panchayati Raj functionaries, the Non-Governmental Organizations/ Community Based Organizations and other local groups. We are of firm belief that we will be able to achieve our objectives by adopting the new approach as we have the will and the means to do it.

19. I once again thank Government of Bangladesh, and Water and Sanitation Programme – South Asia for organizing this Workshop and field visit which, I am sure, will go a long way in meeting the cause of sanitation movement in this part of the world.