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Editorial

Dear Friends,

The second South Asian Conference on Sanitation (SACOSAN) was hosted by Pakistan in the third week of September 2006. SACOSAN is a regional, ministerial level conference exclusively dedicated to the issues of sanitation. Eleven countries including China had participated officially and presented their respective country coverage statistics and details of programmes for achieving total sanitation and meeting millennium development goal targets in their respective countries. What was evident is that since the first SACOSAN in 2003, many countries have revised policy frameworks and initiated new programmes and that sanitation coverage is increasing in all the countries. In this respect, the SACOSAN process appears to be creating

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healthy competition between countries as well as a supportive policy environment whereby countries can learn from each other's experiences. The conference focused on livelihoods and sanitation, awareness, education and capacity building and the role of International Finance Institutions in Sanitation.

So where does India stand with regard to sanitation? A boost in India's sanitation programme started with the international decade for drinking water and sanitation in 1980. In 1986 Department of Rural Development, Government of India initiated the Central Rural Sanitation Program (CRSP) for providing rural sanitation services. The Total Sanitation Campaign (TSC) that was launched in 1999 enhanced the sanitation coverage further. However, there are few drawbacks of government's sanitation programme that some of the papers in this issue are covering. These shortcomings have been highlighted in the position paper of WaterAid through its experience in working in three countries - India, Bangladesh and Nepal and was presented at SACOSAN II in Islamabad.

Our experience shows that the sanitation programme has not been reaching the poorest and the most vulnerable people. Special attention is required to address the needs of women, children and disabled people. Apart from this, there is an absence of a government programme that looks into urban sanitation issues. The recently launched Jawaharlal Nehru National Urban Renewal Mission does mention this but on the face of it, it looks a highly capital intensive programme with limited participation from the urban poor who are worst affected by the urban sanitation crisis due to lack of infrastructure, space and money for having a toilet of their own. Further, the current levels of investment in sanitation are not sufficient to meet national sanitation targets. Finally, the term total sanitation is equated to latrination in government programme and so one has to move away from only building latrines to larger issues of solid and liquid waste management and other sanitation plus activities.

We also take this opportunity to thank you for the responses that poured in on the first issue of WaterDrops. We will be happy to receive comments on the articles and suggestions for further improvement.

Cordially,

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So where does India stand with regard to sanitation? Our experience shows that the sanitation programme has not been reaching the poorest and the most vulnerable people. Special attention is required to address the needs of women, children and disabled people.

India: Sanitation firmly on the map but still a long way to go

Excerpt from the Position Paper for the second South Asia Conference on Sanitation, Pakistan, Sept 2006 prepared by WaterAid India and Partner NGOs

India saw a major fillip in its sanitation program during implementation of the 6th Five year plan (1980-85) and start of internal decade for drinking water and sanitation. In 1986 Department of Rural Development, Government of India initiated the Central Rural Sanitation Program (CRSP) for providing rural sanitation services. In light of the 9th Plan strategy, Government of India introduced a comprehensive sanitation program in the name of Total Sanitation Campaign (TSC) with objectives of improving the sanitation coverage on demand driven principles. Nation wide TSC has set ambitious targets of attaining the MDGs by the end of tenth five year plan itself. This commitment was made in recognition of the high costs of inadequate sanitation including the death of approximately a million people a year, most of them children, from sanitation-related diseases. Besides this, millions of people face shame, indignity and nuisance due to lack of access to toilets.

Still around 60% percent of the total rural population remains without access to adequate sanitation. The vast majority of this un-served population is poor rural inhabitants. By a simple estimate, India needs to ensure additional 106 million people with household toilets to meet the MDG target. Though huge progress has been registered in terms of creating water and sanitation facilities in schools, still in large number of schools, the sanitary and hygienic conditions are appalling, characterized by the absence of properly functioning water supply, sanitation, and hand washing facilities. Hygiene, sanitation, and water in schools can create an enabling learning environment that contributes to children's improved health, welfare, and learning performance.

The real challenges in sanitation are to find ways and means to stimulate and sustain demand (and thus resources) for sanitation at all levels, from the private household to the national budget. Supply-driven approaches to building more toilets with household subsidies have often been ineffective, as they can waste resources building sanitation facilities that are unwanted, inappropriate, and unused. When community members have committed their own time, effort, and resources to establishing improved water and sanitation systems, they are more committed to maintaining and sustaining their investments. For basic sanitation, Government of India will have to ensure that public funds are allocated principally to the promotion and stimulation of demand for sanitation. Public financing for sewage, drainage, and wastewater treatment and garbage is warranted, as they produce benefits for society as a whole, as well as better services to households.

Still around 60% percent of the total rural population remains without access to adequate sanitation. The vast majority of this un-served population is poor rural inhabitants.



While there is criticism that some of the highest performing states (in terms of latrine coverage also have the largest non used toilets)¹, one thing is clear (from the TSC coverage estimates) that progress in rural sanitation has been most pronounced where;

- ? Strong incentives and promotion of sanitation by the state governments. Nearly twice the numbers of toilets are constructed for BPL households than APL
- ? Enabling cultural, social, economic and political factors encourage positive behaviour change at individual level. This alone explains why sanitation progress is not dependent on only one of the factors and why some states perform better than others

Sanitation improvement cannot be implemented as a top down infrastructure led programme or project. While rural sanitation improvement faces a challenge for demand creation and people's initiative to construct and use toilets, urban sanitation improvement is dependent to a great extent on government intervention and investments in city wide infrastructure and inclusion of the slum dwellers in large infrastructure projects.

Sector professionals, NGOs and government programmes tend to look at individual factors like technology, finance and behaviour change as targets for intervention to improve sanitation coverage. Lack of water availability is also a major problem in certain parts of India. It is possible that a combination of all the above mentioned factors are operating that inhibit construction and usage of household toilets.

¹NC Saxena's Report to UNICEF dated 2003, quoted in Maggie Black & Rupert Talbot's: Water A Matter of Life and Death; 2005

The overall Policy recommendations for consideration of Government of India are;

1. While sector reviews and vision and plan of operations being undertaken by state governments, the national government may initiate the following:
 - i. Integrate implementation of Swajaldhara and Total Sanitation Campaign through financing of joint proposals where need for water and sanitation are unmet.
 - ii. Establish appropriate institutional arrangements at state and local level which ensures participation of communities and civil society and ensures community procurement and management.
 - iii. Vest State Water and Sanitation mission with greater funds for capacity building of communities, PRIs and civil society organizations who can understand the local socio-cultural milieu, poverty levels and could respond accordingly.
 - iv. Increase allocation for sanitation and monitor its utilization. Though huge amounts have been approved there is a huge gap in its release and utilization.
 - v. Promote public private partnership for managing the supply requirements. The logistics and supply for the possible demand for sanitary wares and production materials is highly unmet.
 - vi. TSC could have separate budget allocation for aided and private schools post 2007. It is expected that most of the government schools shall be covered by end of financial year 2007.
 - vii. Enhanced role and opportunity for NGOs involvement in community led water and sanitation programmes, through financial support for NGOs and a commitment to devote atleast 75% of the budget of the central grants under TSC and Swajaldhara for water and sanitation to credible NGOs.
2. Slum sanitation commitment as a national priority and a pro poor commitment. Government of India (GOI) to support access to sanitation for slum dwellers as a priority through;
 - i. Prioritising Community Managed Toilets in urban slums of India as non profit community managed intervention with separate funding support of GoI. Financial allocation for this could be made under JNURM launched nationally.
 - ii. Assess institutional strengthening needs for pro-poor service delivery.
 - iii. Make targeted interventions and increase the purview of sanitation related works at Municipal level. Linking all slums to city wide water supply and sewerage infrastructure
 - iv. Expand the choice of service providers for slum dwellers.
 - v. Leverage funds for sanitation in slums from other urban development initiatives, IFCs etc.
 - vi. Expand the scope of Citizens Associations: Charters be developed for service delivery and citizens groups are involved in deciding locations and service levels.

Sanitation improvement cannot be implemented as a top down infrastructure led programme or project.

A Movement towards Total Sanitation - India

WATERDROPS

Excerpts of the Position Paper of Government of India presented at SACOSAN II, Islamabad, Pakistan during September 20-21, 2006

The practice of open defecation in India is born out of a combination of factors. The most prominent of them being the traditional behavioural pattern and lack of awareness of the people about the associated health hazards. As per the census data of 2001, only 36.4 per cent of the total population have latrines within or attached to their households. However in rural areas only 21.9 per cent of the population has latrines. Out of this, only 7.1 per cent households have latrines with water closets which are the most sanitized toilets. With the introduction of the Total Sanitation Campaign (TSC), there has been rapid growth in the coverage, which is estimated to be about 38 percent in the year 2006.

Sanitation Initiatives and Policy Reforms

Water supply and sanitation was added to the national agenda during the country's first five year plan (1951-56). It was only in the early 80s, with the thrust of the International Water and Sanitation Decades that India's first nationwide programme for rural sanitation, the Central Rural Sanitation Programme (CRSP), was launched in 1986. The CRSP was restructured in 1999 with a provision for phasing out the allocation based component and TSC was launched in 1999. TSC advocated shifts from high subsidy to a low subsidy regime with increased people's participation and promotion of a range of toilets options with increased affordability. TSC is being implemented in 559 districts of India. In June 2003, an incentive based scheme called the Nirmal Gram Puraskar was initiated for fully sanitized and open defecation free gram panchayats, blocks and districts.



Anjal Prakash

Challenges and Achievements

The pace of the campaign is considered slow and since sanitation is a state subject in Indian constitution, it is necessary that the State Governments accord high priority to the programme. In states such as West Bengal, Tripura, Kerala, Tamil Nadu and Maharashtra where the campaign got state's priority, results are better compared to other states. Apart from this, there is a need to emphasize on IEC activities and to promote range of technological options apart from converging various sanitation activities towards targeting total sanitation.

TSC has also shown success in rural sanitation. From the initial start, now 559 districts are covered under the programme. The remaining 27 are expected to be covered in the year 2006-07. The budgetary allocations have increased from 36.67 millions USD in 2001-02 to 117.78 million USD in 2006-07. This has led to the rural sanitation coverage increasing from 22 percent in 2001 to 38 percent in 2006. The growth rate which was 1 percent in 1981-2001 has increased to 7 percent in 2005-06 periods. Hundred percent coverage is likely to be achieved by the year 2012.

Lesson learnt

Some of the key lessons learnt in the process of achieving sanitation at a large scale could be summarised as follows:

Nirmal Gram Puraskar a key catalytic factor in mobilising different stakeholders for sanitation promotion

Technological choice if given to people leads to achieving sanitation when they are culturally suitable and addresses the needs of all economic classes

Supply chains such as access to sanitation supplies, ancillary services, trained masons etc help in meeting the demand for sanitation generated through IEC activities

Self Help Groups are powerful local institutions to manage sanitation and hygiene education at the grass roots level

Targeting Gender issues in communication strategy helps in focusing on the needs of women and yields considerable success

Coordinated and holistic approach that includes participation of all relevant government departments helps in achieving the sanitation goal at a faster pace

TSC has also shown success in rural sanitation. From the initial start, now 559 districts are covered under the programme. The remaining 27 are expected to be covered in the year 2006-07.

Open Defecation Free India by 2012 - A Mirage or a Reality

WATERDROPS

Shipra Saxena & UVKV Sastry

South Asia had sanitation coverage of just 40 percent in the year 2004. In the focus countries within the region-Bangladesh, India, and Pakistan-millions of people are still without access to safe water and/or adequate sanitation. The rapid population growth is contributing to this problem further. India in comparison to Bangladesh, Pakistan, and Nepal has a large population and majority of its population is living in rural areas. With all the claims about fast growing Indian economy, the real picture is shown up when we look at the sanitation coverage. Traveling into any Indian city or village by train or bus, the stench of faeces, open drains and rotting garbage is a very disturbing sight. People, especially women young and old, venture out in the dark to defecate to avoid public view. Today 62 percent Indian rural households are without access to sanitary latrines.

In the 1980s, the Union government initiated the Central Rural Sanitation Programme (CRSP) to encourage the development of safe sanitation in village communities. It promoted one design - the twin-pits, pour-flush latrine with a brick superstructure, which costs Rs. 2,500. The programme became untenable because the government gave a subsidy of Rs. 2,000 for every latrine. The programme however did raise the coverage of sanitation facility to 11 percent in the 1990s from almost zero in the 1980s. Now even, a recent government study shows that hardly 3 percent of the latrines built by the project were used; most were converted into storerooms, while others were damaged because of poor construction.

The field experiences of WaterAid India with its different NGO partners on sanitation have proved that hygiene education and motivation can generate demand for sanitation.



Anjal Prakash

A milestone in sanitation programme in India is the Integrated Sanitation Programme (ISP) that was initiated in Medinipur in West Bengal by UNICEF, Ramakrishna Mission that was responsible for contributing to restructuring CRSP and launching of Total Sanitation Campaign (TSC) as demand driven and participatory campaign. A strong IEC component for behaviour change and effective use of sanitation facilities were added as learning from ISP. Further, the programme moved from high subsidy to low subsidy and offered a range of technology options for sanitation.

Community Led Sanitation in Tamil Nadu

In 1996, Water Aid India started its sanitation programme in 1,750 villages in Tamil Nadu. The main features of the programme were varying options for the construction of latrines depending on the water supply situation and the geology of the place, and raising people's awareness and participation in constructing and maintaining latrines. By 2000, all the villages, where the programme was implemented were moving towards full coverage and few had achieved 100 percent sanitation coverage, sustained primarily by collaboration of local government and participation of people.

The field experiences of WaterAid India with its different NGO partners on sanitation have proved that hygiene education and motivation can generate demand for sanitation. A district level networking model was initiated in the Cuddalore District in Tamil Nadu. The model demonstrated that with adequate credit facilities and engagement with Community Based Organization (CBOs), sanitation can be a people-led movement. The Network addressed the sanitation challenges in a threefold strategy - by [1] involving local CBOs to unlock latent demand for sanitation; [2] supporting the demand with poor-friendly financial arrangements; and [3] empowering CBOs and local bodies to bring about change. The network worked in collaboration with the district authorities in the total rural sanitation programme. The network selected 101 Panchayats and aimed to promote 70 per cent coverage in 3 year period. The 101 Panchayats are divided into 16 clusters, each consisting of five Panchayats. The network with approximately 800 self help groups as members, operated in the area to achieve total sanitation in Cuddalore district. The model, thus shows that concentrated work at the district level can achieve the larger sanitation goal in a specified period if strategised correctly and targeted through inclusive approaches.

Way Ahead

After the launch of TSC (restructured CRSP) in 1999, there has been substantial increase in the rural sanitation coverage in India, from 22% in 2001 to about 40% in September 2006. TSC is currently operational in 559 districts out of 604 districts in the country and adequate focus on software components like IEC, capacity development in TSC can be attributed to its success. First South Asian Conference on Sanitation (SACOSAN) in October 2003 in Dhaka gave new momentum to the sanitation sector. Since SACOSAN I, there has been an added thrust on implementation which was also visible in IInd SACOSAN in September 2006 in Islamabad, Pakistan. At the conference, Government of India has committed to making India open defecation free by 2012. National Common Minimum Programme, adopted by the present Government of India, has also given highest priority to provide water and sanitation to all especially in rural areas. Nirmal Gram Puraskar (NGP) distributed by President of India to the open defecation free PRIs in two consecutive years has fuelled the attainment of total sanitation. So far 38 GPs and 2 Block Panchayats from 6 states in 2005 and 759 GPs and 9 BPs from 14 states have

been awarded with NGP. Government of India has increased the budgetary support for rural sanitation considerably and adequate funds have been provided for the programme. Since there are large number of households to be reached, disbursement of subsidy is still a challenge. In some areas, efforts need to be made to move out from individual subsidy to group subsidy and target SHGs, Village Water and Sanitation Committees (VWSCs), Gram Panchayats (GPs). In addition, the sanitation programme must have linkages with education, health, women and child and tribal development sector.

The Planning Commission agreed for only Rs.955 crore as the 10th Plan outlay for Rural Sanitation, which is totally inadequate to implement the TSC in all the districts if MDGs to be achieved. With a plan for ensuring 100 percent coverage by 2010 and focusing more on software inputs, the actual calculated shortfall is of \$6.4 billion in financing between 2002-15 to reach the MDG sanitation target in rural areas. Allocations and annual increases continue to be skewed towards rural water supply where coverage is relatively higher (WaterAid India, 2005). Though sanitation is picking up as compared to yesteryears and receiving political commitment, sanitation has no meaning without water. There is a need to bring convergence in the water (ARWSP & Swajaldhara) and sanitation schemes (Total Sanitation Campaign) at the implementation level.

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¹ Speech of Dr Raghuvansh Prasad Singh on the occasion of Nirmal Gram Puraskar on 23rd March 2006.

²It is a consortium of Afghanistan, Bangladesh, Bhutan, India, Maldives, Myanmar, Nepal, Pakistan and Sri Lanka The overall goal of the SACOSAN conference is to accelerate the progress of sanitation and hygiene work in South Asia so as to enhance people's quality of life. This is in fulfilment of the Millennium Development Goals and the commitments made in the World Summit on Sustainable Development (WSSD) in Johannesburg.

³Drinking Water and Sanitation Status in India: Coverage, Financing and Emerging Concerns, WaterAid India, 2005

Hygiene Promotion as an Integral part of Water Supply and Sanitation: Some Issues to Ponder

Anjal Prakash

Over 2 million children worldwide die annually from diarrhoeal disease which accounts to about a third of under-five child mortality rate. According to World Health Organization (WHO), more than half of all illnesses and deaths among young children are caused by germs which get into the child's mouth via drinking water and food. In communities without safe drinking water, proper latrine and appropriate refuse disposal, it is difficult for the families to prevent the spread of germs and disease. Human excreta are discovered to be the root cause of many enteric diseases such as cholera, dysentery, typhoid, hepatitis, hook worm and diarrhoea. Diarrhoea alone is responsible for the untimely death of half a million children in India. The Ministry of Health confirms that "Diarrhoea contributes to roughly 25 per cent of mortality in the under-five age group in India". According to the Central Bureau of Health Intelligence, Ministry of Health and Family Welfare's report of 1998-99, in India, around 0.6 to 0.7 million children die of diarrhoea annually contributing to an economic loss of Rupees 12 billion annually due to loss of person days on account of the disease.

The problem in the above figure is that almost all the diarrhoeal deaths are preventable and handwashing during critical times i.e. before eating and after defecation can nearly halve diarrhoeal incidence and related deaths. Is that really so? There is ample evidence worldwide to support this thesis. Let us consider some of them here. Dr. Stephen Luby of the Center for Disease Control and Prevention, Atlanta published a paper in the Journal of the American Medical Association in 2004. The paper shows that an intensive programme of handwashing education and promotion in Pakistan decreased the incidence of diarrhoea by more than 50 per cent among children. The study was conducted among 36 low income neighborhoods in slums of Karachi. It was found that children less than 15 years that received handwashing education and soap had a 53 per cent lower incidence of diarrhoea compared to children living in households that did not receive such education or soap. Similar efforts were carried out in Kerala, south India, where diarrhoea is the second largest infectious disease, after acute respiratory infection, according to the government sources. The Kerala Rural Water and Sanitation Agency (KRWSA), Department of Water Resources, State Government supported a one year campaign called "health in your hands". The programme was carried out by AanganWadi Workers (AWW) in 300 selected aanganwaadis of Kerala. These centres received soap for about 4 months, handwashing facilities, soap, kits to promote hygiene among mothers, for changing the hygiene behaviour of the community through aanganwaadi workers. The results were astonishing. It showed if handwashing at critical junctures increases, diarrheal diseases incidence is expected to drop by 43%. However, health activists consider the connecting diarrhoeal disease with child

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Anjal Prakash

mortality in a simplistic model undermines many issues faced by resource poor communities in developing countries. These issues are - access to safe drinking water, sanitation and socio-economic status of communities. Many believe that child mortality rate is an indicator of community's ill health which in-turn directly related to their access to safe drinking water, sanitation and health infrastructure. Therefore diarrhoeal death is a symptom of a disease that lies in unequal social and economic relations and is therefore goes beyond the issue of health and hygiene.

What lies within these two streams of thinking is a middle path which means no one can wait until economic and social inequities are solved. Instead, if simple change in hygiene behaviour may bring in big benefits, one should go for it. Hygiene promotion strategies in water supply and sanitation projects in India, thus is catching attention. These new approaches have not come in isolation but have developed and evolved through active learning process in a project cycle. A recent study by USAID shows that though safe storage and treatment of water can reduce 30-50 percent in diarrhoeal disease, safe sanitation reduces it by 30 percent. Handwashing with soap can alone reduce 40 percent of the diarrhoeal disease. New community drinking water projects thus are designed in integrative manner where sustained hygiene behaviour change is an important component along with providing access to safe water and sanitation.



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What lies within the two streams of thinking is a middle path which means no one cannot wait until economic and social inequities are solved. Instead, if simple change in hygiene behaviour may bring in big benefits, one should go for it.

Islamabad Declaration Adopted at the second South Asian Conference on Sanitation (SACOSAN-II) on September 21, 2006

WATERDROPS

We, the Heads of Delegations from Afghanistan, Bangladesh, Cambodia, China, India, Indonesia, Maldives, Myanmar, Nepal, Pakistan and Sri Lanka participating in the South Asian Conference on Sanitation (SACOSAN) in Islamabad, Pakistan, September 20-21, 2006, which was attended by the Ministers, State Ministers, senior civil servants, professionals from sector institutions, academia, civil society, non-government organizations, development partners and the private sector,

- i) Recognizing that Sanitation being the basic human need is essential for improvement of environment, health and quality of life in participating countries;
- ii) Mindful that half of the population in participating countries have no access to proper sanitation and about one million men, women and children reportedly die annually due to water and sanitation related diseases;
- iii) Being aware that poor sanitation and related health issues need pursuance of strategies in solid and liquid wastes management, provision of proper sanitation facilities for improvement of hygienic environment; and that sanitation has close relationship with disposal of domestic, hospital, agriculture and industrial wastes; and being equally aware of the need to improve social delivery system, human settlement and better urban planning for ensuring improvement in sanitation; and
- iv) Noting, with acknowledgment, that the first South Asian Conference on Sanitation held in Dhaka, People's Republic of Bangladesh, October 21-23, 2003 facilitated the participating countries for the formulation of sanitation policies, strategies and resolved to accelerate their implementation by the countries of the region and that the first conference on Sanitation also provided opportunities to the participating countries to share their experiences for meaningful improvement in the sanitation sector.



Anjal Prakash

We the participating countries reaffirm our commitment and political will to achieve the targets of basic sanitation in pursuance of Millennium Development Goals (MDGs) and Dhaka Declaration and that we further reaffirm at Islamabad to accelerate progress for achievement of adequate sanitation delivery system in a planned and phased manner by:

- i) According high priority to sanitation;
- ii) Strengthening inter-governmental cooperation in this region by activating the SACOSAN Inter-Country Working Group comprising of senior level representatives from the member countries to meet annually;
- iii) Discussing progress on all aspects of sanitation on a regular basis by reporting at the next South Asian Conference on a common set of indicators to be developed by the Inter-country working group;
- iv) Continuing to promote equity in our societies by striving to reach more effectively the hardcore poor and other disadvantaged communities through a combination of participatory approaches;
- v) Striving tirelessly to increase the priority, including financial, given to sanitation by the stakeholders; and
- vi) Promoting active participation of women and children in all the activities relating to the sanitation sector.

Agreeing that momentum gained at first and second SACOSANs will be further continued through hosting of third SACOSAN by India in 2008, fourth by Sri Lanka in 2010 and fifth by Nepal in 2012.

Finally we profess our profound appreciation to the Government of the Islamic Republic of Pakistan for successfully hosting the Second South Asian Conference on Sanitation (SACOSAN-2). We are grateful for being accorded such a warm and hospitable welcome and stay by the Government of Pakistan and thank the Government and the people of Pakistan for making this conference such a success.

(s\d Makhdoom Syed Faisal Saleh Hayat)
Honorable Minister for Environment,
Islamic Republic of Pakistan

(s\d Mr. Gopal Man Shrestha)
Honorable Minister for Physical
Planning & Works Government of Nepal

(s\d Mr. Rohana Disanayake)
Honorable Deputy Minister of Highways &
Urban Development and Water Supply
Democratic Socialist Republic of Sri Lanka

(s\d Mr. Fiazullah Kakar)
Honorable Deputy Minister for Health
Islamic Republic of Afghanistan

(s\d Mr. S. M. Jahrul Islam)
Secretary, Ministry of Local Government
Rural Development and Cooperatives
People's Republic of Bangladesh

(s\d Mr. Guo Ninglin)
Director of International Cooperation
China National Development and Reform
People's Republic of China

(s\d Mrs. Surykanta Patil)
Honorable Minister of State for
Rural Development and
Parliamentary Affairs
Government of India

(s\d Dr. Chea Samnang)
Director Department of Rural Health
Republic of Cambodia

(s\d Ms. Maraita Listyasari)
National Development Planning Agency,
Republic of Indonesia

(s\d Mr. Ahmad Abdullah)
Honorable Minister of Environment,
Energy & Water, Republic of Maldives

(s\d Dr. San Shway Wynn)
Deputy Director General (Public Health)
Department of Health, Ministry of Health
Union of Myanmar

Upcoming Events

1. Water & Sanitation for Development & Emergencies,
12 - 24 February, 2007, Fort Dauphin, Madagascar
(<http://bushproof.biosandfilter.org/index.php>)

This course is tailored for those interested in starting a career in water and sanitation, while also being useful for those already working for NGOs who find they lack basic technical and theoretical background.

2. Delhi Sustainable Development Summit 2007
22 - 24 January, 2007, New Delhi
(<http://static.teriin.org/dsds/2007/about.htm>)

Commenced in 2001, the DSDS (Delhi Sustainable Development Summit), an annual event organized by TERI (The Energy and Resources Institute), has emerged as the most credible platform for international deliberation and dialogue on issues of long-term sustainable development. Each year, discussions among participants from the corporate sector, governments, international agencies, and institutes result in a comprehensive framework for practical and workable strategies to take the sustainable development agenda forward.

3. International Workshop on Integrated Water Resource
Management- (IWRM-2007)
5 - 7 February, 2007, Bangalore
(<http://www.egr.msu.edu> <http://www.angelfire.com/planet/kerf>)

The Karnataka Environment Research Foundation (KERF), a non-profit and non-government organization, working on raising public awareness concerning the seriousness of the environmental problems in Karnataka.





Diarrhoea kills thousands everyday, especially children. Hand-washing at critical times such as before eating and after defecation with soap or ash can significantly reduce incidence of diarrhoea. Join WaterAid India's Campaign on Hand Washing.

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