REPORT OF GWA PARTICIPATION IN
SOUTH ASIAN CONFERENCE on SANITATION - SACOSAN
Dhaka (Bangladesh) 21-23 OCTOBER 2003

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Introduction

With sanitation coverage of less than 40% South Asia is among the regions with the lowest figures particularly in the rural areas and among the poor. Sanitation and hygiene behaviours are poor, and the gender perspective is under-emphasised. However, several good practices exist; their factors for success need to be used in the scaling up at a background of the Millennium Development Goals (MDGs) and the World Summit on Sustainable Development (WSSD in Johannesburg). commitments.
SACOSAN aimed particularly to raise the profile of sanitation and hygiene in the region, to generate political commitment, and to strengthen leadership and advocacy.

Outcomes from SACOSAN

First of all, a ***joint*** **SACOSAN** ***declaration*** (appendix 1) was developed by ministers and high civil servants representing the nine participating countries (Afghanistan, Bangladesh, Bhutan, India, Maldives, Myanmar, Nepal, Pakistan and Sri Lanka). Commitments to speed-up the sanitation and hygiene improvements were made. Some countries gave target years for total sanitation coverage, e.g. Bangladesh by 2010. Each country discussed a structured monitoring framework for sanitation progress. The paradigm shift is towards a people-centred, community-led, gender-sensitive and demand-driven approach with key principles including hardware subsidies for the poorest of the poor only; subsidies for promotion, awareness-raising, capacity building; change of attitude and personal hygiene behaviours; a range of affordable technical options; involvement and enabling of small-scale private providers. The most disputed issue was subsidy, with a number of NGOs against any subsidy while government staff and politicians insisted to maintain hardware subsidy for the poorest of the poor. NGOs indicated negative effects of external subsidy and argued for internal subsidy arrangements for the poorest of the poor in their communities, or no subsidy at all and creating community-based cross-subsidisation. Much attention was given to the successful community-led Total Sanitation Approach in Bangladesh.
In 2005, the second SACOSAN will be organized by Pakistan and the third by India in 2007.
Presentations and country papers are available on http://www.sdnbd.org/sacosan/index.htm

Presentation of GWA Key Note "Sanitation, Hygiene and Gender"

A Power Point Presentation (see appendix 3) based on the key note (appendix 2) was presented on day 2; that was after all the country papers but before the plenary discussion on the draft Dhaka Declaration. That geared the participants' orientation towards gender. In the plenary on the draft declaration they made gender-relevant comments accordingly. Where the draft declaration did not state any reference on gender, the final version mentions gender-sensitive in the new paradigm and the required approaches.

Some reactions to presentation

- very good and clear on gender
- happy with clear views on points not really mentioned yet or not sufficiently emphasized
- this is the presentation we have been waiting for
- good presentation, should have come earlier in the conference

Interview for TV

After the presentation, Rose was interviewed by the media. The interview was held in front of the World Vision Exhibition stall. The major concern was whether there was any significant difference between the SACOSAN Conference and the WSSD Conference (Johannesburg 2002). This is especially in regard to the achievement of the MDGs. In response it was pointed out the SACOSAN Conference, was a step in the right direction by the South Asian countries in respect to addressing the commitments of the MDGs. The conference itself had recognized that lack of adequate sanitation facilities and hygienic practices was an issue in the region. But more importantly was the declaration and commitment by policy makers that "Open defecation must STOP". Consequently the outlined strategies by respective governments to support people-centred, community-led, gender-sensitive and demand-driven approaches with intermediate plans to realise these goals by the year 2025 were pointed out as important outputs of the conference. The challenge is the implementation and monitoring of the set targets.

Gender-specific statements in presentations and discussions

- The Conference's Background Paper-1 does not make specific mention of gender. It gives 'empowerment of women' as an example of the impact of improved sanitation and hygiene, and that good school sanitation may have an impact on girls' enrolment, attendance and retention.
- The Bangladesh country paper mentions that WSSCC identified the need to '… remove gender-based inequalities in access, resources and responsibilities'.
- The India country paper has a paragraph on 'gender in communication' to correct the focus on women in the hygiene and sanitation education into inclusion of the male family members.
- The Nepal National Sanitation Policy includes in its strategies the adaptation of a gender-sensitive plan. The accompanying plan-of-action targets the entire community with special focus on high-risk and disadvantaged groups. Also in hygiene promotion, the community participation aims to improve the gender and caste equity to resources and in decision-making.
- Most other country papers make reference to the involvement of all stakeholders, which includes poor men, women and children without mentioning them specifically.
- The UNICEF paper "Sanitation and Hygiene in South Asia: A Major Public Health Challenge" makes several clear references to the required (equal) participation from women and children in each stage of the project's development. It mentioned also the poor school sanitation/hygiene situation by which the girls are hardest hit. No separate school latrines for boys and girls can be a factor in the dropout rate of female students.
- The Total Community Sanitation Approach-paper (by Kar, K. (2003) Subsidy or Self-respect? IDS Working Paper 184), describes the impact the programme has on women. Robert Chambers gave the example of proud and dignity that sanitation can bring; a signboard in a 'total sanitised village' reads: "Daughters from village do not marry sons of villages with open defecation!"
- The UNICEF-Bangladesh paper "Motivation and Collective Action" shows that in the Social Mobilisation campaign, men, women, boys and girls are seen as different target groups. In

schools adequate sanitation for adolescent girls is almost completely absent. This makes girls students more reluctant to attend school full-time. Research showed that provision of school Watsan facilities increased girls' attendance by 11%. In the urban project community mobilization and hygiene promotion must also lead to gender equity. It recognises five target groups: women, men, adolescent girls and boys, and children. Each group has its own hygiene promotion theme. Furthermore, men will be particularly targeted for safe hygiene practices. Gender mainstreaming in the urban slums is strived for by making sure that next to men and boys, also women and adolescent girls benefit optimally from the Watsan improvements. Women will also be involved in planning and decision-making, and in O&M activities and therefore be trained. Adolescent girls will be involved in the community-based monitoring. Technology-wise, the urban project strives for a range of "Child and Women-Friendly" options.

- The 'Gender Issues in Bangladesh Sanitation Programs", a thematic paper by Suzanne Hanchett and Begum Shamsun Nahar, discusses the gender aspect of sanitation in: (i) use and maintenance of latrines; (ii) sanitation and social status/hierarchy; (iii) need for safe and separate facilities (public or private), and (iv) sanitation, pollution and health. Some key points:
    - Having a sanitary latrine gives status to the family.
    - Sanitary latrines have been on the lists of items provided as dowry during marriages.
    - Families want their latrine upgraded before they try to arrange marriages.
    - Rich people give poor families a latrine to increase their family honour.
    - But also rich families refused to install a sanitary latrine as all other families had one installed, because they wanted to be seen as 'leaders' and not 'followers' in the society.
    - Privacy for women is important in a Muslim society where women are expected to maintain *purdah* – seclusion or not being seen by unrelated men.
    - This may need attention in cyclone shelters as during floods people live in public.
    - Acid-throwing or rape attacks occur when women go at night to use latrines at a distance from their homes.
    - The taboo on menstruation leads to poor menstrual hygiene behaviour, for instance not properly cleaning or drying the cloths used to catch menstrual flow; this encourages bacterial growth and may cause reproductive health problems.
    - Men may be unwilling to use the same latrines as women because they do not want to be confronted with menstrual blood; the result is that those men defecate in the open, or a separate latrine is constructed. From a cultural and religious point, faecal matter and menstrual blood is 'pollution' and contrary to 'purity'. Usually it is harder to discuss sanitary and hygiene behaviours with men than with women. Often men are hard to reach on these issues.
- Strategies to reach the poorest of the poor are well covered in the WaterAid paper presented. An overview of country-specific strategies is given. The 'subsidy' issue is discussed in detail. Women issues are addressed, including the job opportunities to poor women as sanitation masons (e.g. in Nepal). Male community health volunteers are to persuade men on change of sanitation and hygiene behaviours. Apart from the Child-to-Child approach, also 'out-of-school' children are targeted via a range of popular methods. Women and the poor are strategically positioned in the *Gender and Caste Balanced Project Management Committees*.
- NEWAH (Nepal Water for Health), gives in its paper on gender and poverty approach more details and examples from Nepal's strategies to reach the poorest of the poor. Gender and cast equity are key issues in NEWAH's approach. It was found that some project staff (both men and surprisingly more women - despite the gender awareness training – were insensitive about gender issues. Sanitation upgrading gives job opportunities to poor women in the communities

as men are increasingly migrating to towns. School need to provide more child-friendly urinals as most children only urinate during school hours.

Distribution of GWA publications and flyers

About 50 GWA publications were distributed to interested conference participants. More than 100 flyers were handed out. With several participants visiting the exhibition, short discussions on GWA and its activities were held. All reactions on the work of GWA were positive. Information was given on the forthcoming regional training for gender Ambassadors held in Asia (in Chiang Mai-Thailand from November 24-26, 2003) and Africa (in Pretoria- South Africa from December 15-17, 2003) The training is aimed at strengthening advocacy skills for mainstreaming gender in IWRM. The demand for GWA posters for future display at such forums was recognised. This would be subject to availability of resources/budget for reprinting.

Appendix 1

SOUTH ASIAN CONFERENCE ON SANITATION (SACOSAN)

21st – 23rd October 2003
Bangladesh China Friendship Conference Centre Dhaka, Bangladesh

The Dhaka Declaration on Sanitation

1. We, the Heads of Delegation from the 9 countries participating in the South Asian Conference on Sanitation (SACOSAN) in Dhaka, Bangladesh, October 21-23, 2003, which was attended by 4 Ministers, State Ministers, senior civil servants, professionals from sector institutions, academia, civil society, NGOs, Development Partners, and the private sector,

1) *recognizing* that, although much has been achieved in last decade, the overall picture of sanitation in South Asia still remains dismal, and the practice of open defecation, unsanitary disposal of human excreta and other unhygienic practices by the majority of people in the region is a serious threat to the quality of life, control of disease and the environment;
2) *concerned* that about one million children under the age five in the South Asia region die each year of water and sanitation related diseases;
3) *being aware* of the need to pursue common strategies under a common definition of sanitation, to accelerate the progress of good sanitation and hygiene promotion in South Asia in order to improve people's quality of life and reduce child mortality and morbidity, and fulfil the Millennium Development Goals (MDGs) and the commitments made in the World Summit on Sustainable Development (WSSD) in Johannesburg;
4) *recognising* that significant improvements in the situation of sanitation and safe water will have large positive impacts on poverty reduction by increasing health and productivity and therefore should have a central role in country's poverty reduction strategies;
5) *noting* that it is the vulnerable and marginalized population in urban and rural areas that suffer most from minimal access to sanitation facilities;
6) *observing* from the experiences of the last two decades that conventional, top-down sanitation programmes driven only by high hardware subsidy have not brought about the desired improvements and sustainability, but that the use of direct and indirect subsidies for software are a must for sustainable sanitation promotion;
7) *understanding* that some Government Organizations, NGOs and small-scale private initiatives in generating demand and delivering door-to-door services have demonstrated

remarkable achievements of basic sanitation (every household having access to a hygienic latrine and practicing good hygiene);

2. Unanimously agreed that the focus of proper sanitation and hygiene in the region should be based on a paradigm that is: "people centred, community-led, gender-sensitive and demand driven" and that the following principles should facilitate this new paradigm, wherein the thrust:

1) Should be on the elimination of open defecation and other unhygienic practices, as well as the promotion of good hygienic practice;

2) Should provide hardware subsidies only to the poorest of the poor, who have no means of helping themselves, to be given under appropriate and effective monitoring and evaluation arrangements;

3) Should recognize the need for community subsidies for promotion, awareness, capacity-building and the creation of funding mechanisms for scaling up sanitation and hygiene programmes;

4) Should focus on understanding and creating demand, sustaining attitudinal and behavioural change and encouraging wider community participation, as opposed to top-down approaches to subsidized sanitation programmes;

5) Should consider giving proper and appropriate acknowledgement and rewards to Local Governments and communities demonstrating tangible success in the elimination of open defecation and other unhygienic practices, intensifying advocacy through political and religious leadership;

6) Should focus on the hygienic disposal of children's faeces, other hygienic practices and the development of hygiene education in school and community sanitation programmes;

7) Should recognize the need for gender-sensitive programmes;

8) Should be on the research and development of a range of viable, locally-appropriate, technological options that should be available at affordable costs;

9) Should create an enabling environment for small-scale private providers and innovative technical and financial mechanisms to be mainstreamed to promote better, faster and cheaper service delivery;

10) Should encourage Local Governments to engage in strategic partnerships with community based organizations (CBOs), NGOs and other concerned actors, so as to facilitate scaling up of this new paradigm;

11) Should recognize the need for special arrangements when dealing with sanitation programmes in conflict and emergency situations;

3. And the Ministers and other Heads of Delegations, on behalf of the delegates at the Conference, committed to accelerating the progress of proper sanitation and hygiene in the South Asia region, by:

1) Formulating and implementing national programmes in partnership with all sanitation stakeholders, to raise the profile of sanitation and hygiene in all political and development processes, leading to overall improvements in health;

2) Establishing national plans and programmes in partnership with all sanitation stakeholders, particularly through mechanisms like the Poverty Reduction Strategy Papers (PRSPs);

3) Working with other stakeholders to develop broad based alliances and coalitions, sharing and disseminating best practice, monitoring progress and aligning implementation programmes;

4) Sustaining collaborative efforts towards achieving the MDGs in sanitation, through the development of a SACOSAN Inter-Country Working Group, to meet annually to share information and exchange ideas on progress in countries across the region;

5) Agreeing to organize a SACOSAN meeting to be held every two years (the hosting country will be the coordinating point for Inter-Country Working Group for the period leading up to the next biannual event) with Ministers, Heads of Agencies, development partners and other actors with the potential to introduce and sustain a viable regional cooperation for sanitation, with the first of these events hosted by Pakistan in 2005, and the second hosted by India in 2007.

4. We express our profound appreciation to the Government of the People's Republic of Bangladesh for successfully hosting this first South Asian Conference on Sanitation (SACOSAN). We are fully appreciative of the cordial and warm hospitality accorded to us and thank the Government and the People of Bangladesh for the excellent arrangements made for the success of the conference.

(Mr. Abdul Mannan Bhuiyan)
Honorable Minister for Local Government, Rural Development and Cooperatives
People's Republic Of Bangladesh

(Mr. Kashi Ram Rana)
Honorable Minister for Rural Development
Government of India

(Mr. Buddhiman Tamang)
Honorable Minister for Physical Planning and Works
His Majesty's Government of Nepal

(Mr. Mohammed Nasir Khan)
Honorable Federal Minister for Health
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(Dr. Azam Mehraban Mir)
Honorable Deputy Minister for Health
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(Dr. Sangay Thinley)
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