

INAUGURAL CEREMONY SPEECHES

Mr. AYBI Siddiqi

Conference Director and
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Cooperatives, Government of People's Republic of Bangladesh

*Mr. Chairman & Member of Ministerial Advisory Committee on Sanitation in Bangladesh, the Hon'ble Minister for Environment and Forests, Mr. Shajahan Siraj,
Chief guest, the Hon'ble Minister of the Host Ministry of Local Government, Rural Development & Cooperatives and Chairman of Ministerial Advisory Committee on Sanitation, Mr. Abdul Mannan Bhuiyan,*



Ladies, gentlemen & participants,

Please grant me the honour of welcoming the members of each and every participating country most heartily for responding to our call and attending this conference on a very important but really neglected issue, i.e. sanitation.

Firstly, Afghanistan led by the honourable Deputy Minister for Health Dr. Azam Mehraban Mir, who is going to arrive this morning;

Secondly, Bhutan led by Dr. Sangay Thinley, Secretary of Health;

Then, India led by Hon'ble Minister for Rural Development Mr. Kashi Ram Rana;

Maldives led by Mr. Faruq Md. Hassan, WSSCC representative;

Myanmar led by Dr. Wann Maung, Director General, Department of Health;

Nepal led by Hon'ble Minister of Physical Planning & Works, Mr. Buddhiman Tamang;

Pakistan led by Hon'ble Minister for Health, Mr. Md. Nasir Khan, who will arrive this morning (at the moment led by Mr. Wakil Khan, Secretary, Local Government & Rural Development);

Sri Lanka led by Mr. Piyasena Wellakkage, Director, Water Supply and Sanitation; and

Finally, a very special guest from the continent of Africa, Minister of State for Water of Uganda Ms. Maria Mutagamba, arriving today.

I would also welcome the two presenters of this session from UNICEF and WSSCC;

Hon'ble Ministers & Members of Parliament present;

Our partners, Co-hosts the donor agencies, i.e. UNICEF, WSSCC, WSP-SA/WB, WHO, DANIDA, DFID, ADB, UNDP, Water Aid and Plan Bangladesh;

I would also mention a few NGOs who have been with us from the beginning of our Sanitation Campaign, they are BRAC, ASA, NGO Forum, DAM, DSS, PSTC, For You For Ever (FYFE) and TMSS;

My colleagues in various government departments, particularly the field officers, including Divisional Commissioners, Deputy Commissioners, UNOs, Officers of LGED and DPHE and others;

Respected representatives of Local Government Institutions present;

Participants;

Ladies and Gentlemen,

Good Morning & Assalamu Alaikum.

As the Conference Director, let me inform you that the South Asian Conference on Sanitation (SACOSAN) is the result of a strong partnership emanating from the desire of the Government of Bangladesh and supported by the co-hosts whom I have just mentioned. We have planned the conference in such a manner that knowledge and expertise of all of us could be best utilized in achieving sanitation facilities for all the peoples of our region.

Hon'ble Ministers, Distinguished Participants, Ladies and Gentlemen,

It is unfortunate that we have not been able to provide proper sanitation facilities to million of peoples of our region. A large number of our citizens still defecate in open places, which is not only unhygienic but also disgraceful. Needless to say, this scenario should change and this conference has the aim of giving us the direction to really improve the situation. We have a long list of tragic consequences that we face just for neglecting the sanitation aspect of our livelihood. I leave it to our experts to examine and measure the extent of losses, taking into account the high degree of child mortality and morbidity, which is caused due to low access to sanitary means of excreta disposal in the vast population of our neighboring countries. I would only remind you of the negative impact that we are having on happy and healthy existence of millions of our peoples and on our efforts on poverty reduction.

Ladies and gentlemen,

The guiding principles that drove our vision of SACOSAN were four-fold:

1. To assess the state of sanitation and hygiene in South Asia, sharing experiences and lessons by people and organizations working in the field;
2. To raise the profile of sanitation, health and hygiene in South Asia following the World Summit on Sustainable Development (WSSD);
3. To generate political commitments through a joint declarations that prioritizes and facilitates a regional policy and strategy for sanitation and hygiene including national targets;
4. To strengthen leadership/advocacy for improved sanitation and hygiene in South Asia;

In the process of determining these principles, we wanted to explore the notion that SACOSAN becomes an annual or at the most a bi-annual regional event, to be hosted in turn by countries across the region. We hope that over the next three days, you will consider formalizing this goal.

Ladies and gentlemen,

Now about the programme: our activities will be divided into seven working sessions. There will be closing session, in which we will have the honour of having as chief guest, the Hon'ble Prime Minister of Bangladesh, Begum Khaleda Zia.

There will be thematic discussion groups, where delegates will get to listen to presentation on a number of topics.

I would humbly request you to please attach due importance to these thematic presentations and favour us with your valuable contributions. We have not made any groups in these events. The choice is yours. However, our suggestion is: there should be a good mixture of country-wise participation. In other words, each presentation should have proportionate presence from each participating country.

Throughout the conference, there will be keynote presentations including 3 topics today. At 1630, we hope to complete today's deliberations after which you have the liberty to go back to your hotels and prepare for the next items, i.e. cultural programme & dinner. However, if you decide to stay on, there will be an opportunity for you to hear in "Grass Roots Voice" a number of organizations who are working towards 100% Sanitation in Bangladesh.

Country papers will be presented in three sessions, and these will be followed by a brief peer review to summarize the key lessons. We will hear from Afghanistan, Bhutan and Bangladesh today, and the remainder will follow tomorrow morning.

There will be a Participatory Session on the Dhaka Declaration, where delegates will be able to put their comments to a panel of country delegation leaders in a one hour moderated discussion.

As regards the discussion session at 1200 hours, the secretaries or the heads of technical delegation, would participate for preparing groundwork for Hon'ble Ministers to examine the Dhaka Declaration. There will be one Ministerial Round Table Conference tomorrow & this will consist of the Heads of Delegations themselves, where they will put the finishing touches to the Declaration.

Throughout the conference, tea and lunch will be served on each day in the Banquet Hall and in cafeteria and delegates will have facilities for prayer.

This evening as mentioned, conference delegates will be invited to attend a dinner and cultural show, here at the BCF centre.

On Thursday, the Closing Ceremony will begin promptly at 11:00 a.m., here at the BCF centre, which will be attended as mentioned before by the Hon'ble Prime Minister of Bangladesh as chief guest. Please ensure that you are seated in the conference hall by 10:45 a.m. at the latest.

After the closing ceremony, we will take our lunch together in the Banquet Hall. After that, heads of delegations will address the press and the delegates may return to their hotels.

Ladies and gentlemen,

Before I conclude, I would apologize for having formulated a programme, which may seem to be a little too busy and heavy. But we really want your time. We really want your attention to discuss

vital issues, many of which will have the potential of far reaching implications on the lives of millions of peoples in our region who are living without adequate access to sanitation or even have no knowledge of living a healthy hygienic life.

However, Ladies and gentlemen, Tomorrow and the day after, you have free time at your disposal. We have a protocol officer and transport for each delegation. You will be guided for short trips within our capital city Dhaka.

Finally, I would request you to please overlook the inconveniences, which could be caused due to our fault. I want you to enjoy yourselves, make friends with your neighbours, remember your goals, discuss topics in an open and committed way and, perhaps most importantly, take something home with you, whether it is a memory, a new friendship or a target to achieve.

Ladies and gentlemen, I thank you once again and goodbye!

Mr. Umesh Pandey

Director, Nepal Water for Health (NEWAH)

Participation and Sanitation in South Asia

*Honourable Chair,
Honourable Ministers, Secretaries, Heads of
Delegations, Agency Heads,
Distinguished Guests,
Ladies and Gentlemen*

It is a great pleasure and honour for me to have been given time in the opening ceremony of SACOSAN to represent civil society voices, and in particular to raise the issue of Participation and Sanitation in South Asia. This I do as a representative myself of an NGO working on water, sanitation and hygiene in Nepal, and also in my capacity as WSSCC national representative, a forum of multi-stakeholders operating nationally and regionally here in South Asia.



My presentation will aim to do three things:

- First, to remind and recall to us of why we are here at SACOSAN, the scale of the challenge we face and the priorities we must not lose sight of.
- Second, to propose some strategies for how we can gain greater participation on sanitation issues in South Asia.
- Last, to describe how we can mobilize towards more effective participation, and in turn achieve our common goals of water, sanitation and hygiene for all.

Lest we should forget why we are here:

- Recent figures from the UNICEF-WHO Joint Monitoring Programme in 2000 indicated that coverage is very low in our region, only 39% coverage here in South Asia, and 48% in East Asia.
- Although the numbers with access to sanitation increased significantly during the 1990-2000 period (by 567 million people), a staggering 1,916 million remain unserved in Asia.
- The toll on human health, dignity, productivity and the environment has been well documented by others as a result of this lack of access.

Lest we should forget some key principles:

- Sanitation is not a dirty word. We need to end the long neglect of sanitation, compared to water supply. Moreover, we must programme more effectively for hygiene and sanitation in support of water supply. It is what will make these interventions more cost effective and sustainable.

Above all, civil society can help to ensure more effective programming of sanitation interventions by helping to identify, explain and respond to people centred approaches. Our starting point must be to understand what people do, want and need.

Moving on, I'd like to focus a little on how we can gain greater participation on sanitation in South Asia:

- **Partnerships.** Much is written about them, but they are much harder to achieve than the rhetoric suggests. What we must be searching for is wider collaboration between civil society groups ourselves – we should avoid duplication of effort – but also with others, government in particular, international agencies, small scale private sector. Moreover, we must avoid business as usual, of talking to the same inner circle of players working in the sector, and embrace those who work outside water and sanitation to learn from them. In essence, we need new partners, and the implication of this is new skills, particularly in relation to the media, advocacy and communications.
- **Progress.** The Millennium Development Goals represent a huge political opportunity for us all. Translating these targets into operationally achievable goals is the challenge. Part of the process to support understanding of how progress is being achieved is for civil society to act as a watchdog for government and others' actions on these targets. Baseline surveys, facts and figures on the implications of the MDGs on district and sub-district level and indicators of government performance are all important means to achieving this.
- **Promotion.** Civil society will not have a stronger role to play in addressing the water, sanitation and hygiene challenge in this region unless we learn how to advocate, promote and communicate its importance. To this end, we have to improve – we must know who the audiences are (many of them are here today, on this stage, but shouldn't we also be targeting Honourable Ministers of Finance??) – and we must learn different ways of gaining access to these targets. We must build our own capacity in these types of campaigning approaches. Being a good water and sanitation engineer is not sufficient.
- **Profile.** As a civil society sector, we must also make clearer our guiding principles, and use opportunities like SACOSAN, to be visible, demonstrate our value and advantage, point out how we can be complementary. Civil society has much to offer, but we must realize the best ways in which to say these things.

Finally, I'd like to conclude with some thoughts on how to mobilize participation...

- **Through better preparation and assessment.** Following the example of Vision 21 in this region, to take stock of existing policies, conduct baseline surveys, and establish indicators and targets.
- **To initiate a campaign for raising awareness.** The WASH Campaign has taken some different guises here in South Asia (partnership with one of India's biggest NGOs, Sulabh International, has led to Sulabh WASH), but we must engage more with the media, and it is encouraging to see so many of them here, and writing on water and sanitation.
- **If we are going to meet the challenge of 'going to scale',** a critical element will be to ensure that we have more and better trained professionals. In this regard, the Streams of Knowledge initiative, a coalition of global resource centres operating in South Asia, offers a much needed resource base for information, training and education.
- **Learning projects.** We should aim to implement and monitor learning projects through participatory planning in specific areas on priority themes. Review and disseminate the lessons from these plans, both their successes and failures.

My presentation represents a few key points that I hope you will think about and consider during the next three days. The scale of the change required to do more better in South Asia is large; but I submit to you that we must know and remind ourselves of the 'basics': people centred approaches, learning from what people are doing already, building alliances, being better advocates. Simple, do-able actions. Let us not forget them.

Thank you.

Ms. Vanessa Tobin

Chief, Water and Environmental Sanitation (WES), UNICEF

Sanitation in South Asia

*Excellencies,
Distinguished guests,
ladies and gentlemen,*

The importance of water, sanitation and hygiene to human health, to fighting poverty and to sustainable development has been articulated at many high-profile occasions and by many prominent figures.

The awareness at the international level has not been low. Our knowledge about and means to control water-related diseases are plentiful. Still, diarrhoeal disease remains one of the most significant child health problems worldwide killing more than one and a half million children each year. In addition, diarrhea attacks leave millions more children underweight, mentally and physically stunted, easy prey for deadly diseases and so drained of energy that hardly anything is left for the primary task of childhood, which is learning.

Yet the world as a whole did not achieve the international goals it set thirteen years ago for achieving universal access to safe drinking water and sanitation by the year 2000. Most people agreed that the main reasons for the slow progress were low investments in the sector, weak political will and the enormity of the task itself.

Although some progress has been made over the past decade in increasing people's access to water supply and sanitary means of excreta disposal – the former rose from 77% to 82% and the latter from 51% to 61%, the latest assessment shows that 1.1 billion people still lack access to improved drinking water and 2.4 billion lack access to improved sanitation. By using the word “improved”, the water and sanitation professionals really mean that the standards used to assess the coverage rates are far less ideal and much lower than what we generally enjoy – a public standpipe or a tube well, and a simple pit latrine are counted as improved water supply or improved sanitation.

Much of the world's unserved population live in South Asia with about 900 million people not having access to a sanitary means of excreta disposal and 200 million do not have access to improved water supplies. Although progress has been made since 1990, south Asia still has the lowest sanitation coverage in the world at 34 per cent. Water quality is a serious problem in the region and tens of millions of people are affected by arsenic and fluoride contamination of groundwater supplies.

More recently, the World Summit on Sustainable Development in Johannesburg in September 2002, focused on the problems of lack of access to water and sanitation. World leaders pledged to support major efforts to accelerate coverage rates. A new goal was established for sanitation as part of the overall strategy for poverty reduction, to halve, by the year 2015, the proportion of people who do not have access to basic sanitation.



But, how can we make sure this time we do not break our promise? The joint monitoring programme of WHO and UNICEF measures progress toward achievement of the goals. Preliminary analysis of 2003 data is indicating that, of the 100 largest developing countries, about half are on track for water and about a third on track for sanitation.

What are the major lessons that the sector has learned to date from supporting sanitation initiatives?

First, Government and political commitment at all levels is essential and supporting the development of suitable sanitation policies is a priority. In a 2002 UNICEF survey of 44 countries, less than half had a national sanitation policy.

Second, community commitment and participation is needed for successful introduction of new sanitation systems. In Karachi, low-cost sewerage systems have been introduced as a result of community demand where each has to demonstrate its organisational and financial capabilities. Among the implementation strategies adopted, the most important were to gain support from the affected communities and participation from women, children and community leaders at each stage of the project's development.

Third, availability of financial resources, particularly credit schemes, to assist people who are willing to pay for sanitation facilities. Where revolving funds are used, as demonstrated by the Grameen Bank in Bangladesh, these financing schemes have enabled communities to take advantage of opportunities to improve sanitation facilities whilst being responsible for repaying the loan. The repayments enable other communities to have access to the revolving fund and so improve their sanitary conditions.

Fourth, the simultaneous targeting of schools and the community to maximise impact. Using school networks alongside a community sanitation programme adds another channel of communication through which children learn good practices early and help to reinforce good sanitation and hygiene behaviour practices. This approach has been used successfully in Bangladesh and Nepal.

Fifth, application of appropriate, user-friendly technology. The composting latrine, introduced in Afghanistan, is affordable and culturally acceptable to farmers, providing safer fertiliser for their crops. It can be built by local masons with local materials and has increased construction of improved latrines in rural and urban areas. Another example is the twin pit pour flush toilet promoted in India.

Sixth, capacity building and training of local entrepreneurs. In many countries in south Asia, artisan training has been supported on a large scale to help promote low cost pour-flush toilets. Subsequently it has been recognised that capacity-building needs to go further and train promoters to increase latrine coverage.

Seventh, 'positioning' messages according to what people know, do and want, to motivate behaviour change. In many countries, having found out that hygiene was considered to be an important social virtue, the hygiene promotion programme positioned the messages for mothers around the social desirability and convenience that the new practices could bring.

So, what are UNICEF and its UN partners doing to translate these lessons into action?

Firstly, UNICEF has spearheaded efforts in rural water supply and sanitation in developing countries since the 70s, applying these strategies. We have gained a strong expertise in supporting cost-effective water and sanitation interventions to improve children's health. We will accelerate our support to sanitation efforts even further, involving community and household management of systems, deciding on technology, tariffs, speed of repayment and operation and maintenance with the equal participation of women and promotion of key high impact hygiene messages. We will work with our sister UN agencies and other partners to accelerate access in low-income urban areas.

Secondly, support to basic education is neither complete nor effective if children do not have basic hygiene knowledge and habits. "Education for all" means ensuring that all children have quality education. Worldwide far too many schools lack hygienic conditions. Where they exist, water supplies and toilets are often broken, dirty, unsafe and poorly adapted to children's needs. Girls are often the hardest hit by this situation. Many schools do not have separate facilities for boys and girls and this can be a factor in the dropout rate of female students. In addition, or as part of these conditions, health and learning achievement of school children is seriously threatened by common infections such as diarrhoea and worms.

To overcome this, UNICEF is urging that a major global effort be launched to ensure that every school has a clean water supply and separate sanitary facilities for both girls and boys, as stated by Carol Bellamy, UNICEF Executive Director, at Johannesburg in September 2002. In the past five years we have doubled the number of countries where we are supporting activities, with Governments and NGOs, to nearly 50 countries. We recently launched an advocacy campaign with the Water Supply and Collaborative Council, "WASH in Schools", to promote child friendly water and sanitation facilities for all primary schools combined with hygiene education including simple cost effective interventions such as hand washing.

Thirdly, we support partnerships formed at the local level involving communities and grassroots NGOs, which are essential for reaching the hard-to-reach population and ensuring local ownership of water and sanitation facilities. History has shown that solutions and ideas imposed on communities often fail to meet the needs of the people. Sustainable development and the empowerment of the community are inseparable. Communities must assess their needs, generate solutions and manage their resources. It is the community's right to benefit from its own resources and ingenuity.

UNICEF, with its partners, will continue to press for safe household water, adequate sanitation and hygiene promotion. These basic needs are the foundation for human rights, development and dignity.

Thank you.

Dr. Mir Azam Mehraban

Deputy Minister for Health
Transitional Islamic Republic of Afghanistan

*Honourable Guests,
Excellencies,
Ministers and Heads of delegation from
participating countries,
Members of the UN Organizations, International
Agencies, Donor agencies, NGOs,
Participants, Ladies and Gentlemen,*

Assalamu-Alaikum

First of all I would like to extend my thanks and gratitude to the organizers of SACOSAN and the Government of the People's Republic of Bangladesh for their invitation to Afghan delegate and for their warm hospitality.

As you know Afghanistan has newly revived after 23 years of worst civil war and political turmoil, by support of international community. We've lost everything needed for human life. One of the most suffering issues was sanitation.

The mortality rate among children under the age of five years and reproductive women increased. We lost our houses and sanitation facilities and poverty prevailed across the country, which put a huge negative impact on sanitation and hygiene at all.

I am happy to see Afghanistan among the regional countries working together for improving the status of sanitation and hygiene.

Besides the least developed South Asian countries, Afghanistan is the most needed one to address the poor sanitation and unhygienic condition. Illiteracy, unemployment, drought, poverty and long war era increased the misfortunes of the people.

In these recent efforts for reconstruction and rehabilitation of destroyed infrastructures and primary health services, one of the main focuses of the Transitional Islamic State of Afghanistan is improvement of sanitation and hygiene behaviours as a high priority.

For this nation wide task Ministry of Health and Rural Rehabilitation with the cooperation of line ministries, UN agencies, international organization, international and national NGOs, developed the sanitation policy and strategies documents.

Basic Package of Health Services (BPHS) as a health policy developed and the role of community health workers are specified to improve the health situation across the country. National sanitation action plan has been prepared and is ready for implementation.



We need support of donor countries and UN agencies to achieve the target of 100 % sanitation and hygiene so as to reach whole rural and urban population in next coming 10 years.

Distinguished participants

I am glad to see all delegates with their enthusiasm for joint work for increasing the progress of sanitation and hygiene in the region.

Afghanistan will renew its commitment to work with other countries to achieve the target of improving sanitation in south Asia.

One of our colleagues will give a presentation on the status of sanitation and hygiene with brief related information to you, so once again I am expressing my thanks to the organisers of this conference.

Dr. Sangay Thinley
Secretary, Ministry of Health
Royal Government of Bhutan



The Honorable Secretary, Ministry of Health, Royal Government of Bhutan delivered a spontaneous speech at the opening ceremony. We apologize for not publishing his outstanding speech for an unavoidable circumstance. The audio recording system collapsed at the time and the situation did not allow us to keep any record of the speech. We are extremely sorry for the inconvenience.

Mr. Kashi Ram Rana

Hon'able Minister for Rural Development
Government of India

First of all I would like to complement the Government of Bangladesh for taking the initiative for organizing this Regional Conference on Sanitation at Dhaka for the South Asian countries. The conference would, undoubtedly, provide an appropriate forum for bringing rural sanitation issues upfront of public policy and plans, as it is felt that this section has not received the priority it deserves in the Region. I am thankful to his Excellency Abdul Mannan Bhuiyan, Honourable Minister for Rural Development, Local Government and Co-operatives, Government of Bangladesh for extending the invitation to me to share my thoughts with all of you. I on my own behalf and on behalf of my own country convey good wishes to the people of Bangladesh.



This conference, which is being held in the wake of the World Summit on Sustainable Development (WSSD) at Johannesburg, (September 2002) to discuss and shape up a strategy to achieve the Millennium Development Goals (MDG) set up in the Summit. As per the MDG, by the year 2015, we need to reduce the uncovered population with water supply and sanitation by 50%. As far as, water supply is concerned, we have already made significant progress in extending safe drinking water supply and, it is our endeavour to provide water to all the remaining rural habitations in India by the end of 2004. We have 1.42 million rural habitations in the country. Out of which, 1.32 million habitations (92.7%) are already having water supply level of 40 litres per capita per day (Ipcd) or more. 94,468 habitations (6.6%) are having water service level between 10 to 40 Ipcd and only, 11,246 habitations i.e. 0.8 percent are having service level less than 10 litres per capita per day. Our government have taken up various initiatives to ensure that all the remaining habitations get adequate water supply by the end of 2004 at a cost of Rs. 100 billion (US \$ 2.12 billion).

Considering the importance of sanitation in reducing various health hazards and, bringing down the Infant Mortality Rate (IMR) and Maternal Mortality Rate (MMR), we feel that we should not wait till 2015. So, Government of India have resolved to sanction the Total Sanitation Campaign (TSC) projects to all the districts by the end of the year 2006, which are likely to be implemented by the year 2010. With the combined action of implementation of TSC and the community incentive through the Nirmal Gram Puraskar supported by a strong Panchayati Raj Institution network, it is expected that we will be able to rapidly extend sanitation coverage in India.

As we all know, improved water supply & sanitation and good hygiene practices have tremendous positive health impact. Absence of these, lead to large number of water and vector borne diseases. The situation is alarming globally. About 2.4 billion people in the world do not have to sanitation facilities. Annually, approximately 4 billion diarrhoea cases take place globally and about 3 million people die only due to diarrhoeal and other related diseases. This situation is equally bad in the

entire South Asian countries, including India; and, about 30 million people in rural India suffer from diseases caused due to unsanitary conditions. About 0.6 million people die annually from diarrhoea diseases. In addition to the health hazard, the people particularly women, old and infirm, also suffer on account of lack of privacy, inconvenience and dignity.

Mahatma Gandhi used to say, 'Cleanliness is next to Godliness'. Sanitation, cleanliness or purity is a virtue, which every human being yearns to achieve. It is an inseparable part of human life and civilization. It is a manifestation of the level of awareness and internal happiness of the human being.

It has been noticed that most of the people give lot of emphasis on personal cleanliness but do not take any initiative on keeping their surroundings clean. People may take bath twice or thrice a day but won't mind defecating in the open and thereby polluting the environment. This mindset is posing a serious threat to us and to change this mindset of an overwhelming majority of the population is the real challenge. The policy planners in each county have a responsibility to think deeply over these issues and develop suitable strategies to change such age-old deleterious practices and mitigate the health hazards.

Realising the importance of sanitation, Government of India launched the first programme (CRSP) in 1986, which could achieve a limited success only. In the beginning of 1980's, sanitation coverage in rural India was as low as 1%, which increased 22% in the beginning of 2001. Similarly, coverage in urban areas was about 36% in 2001. It is expected that the rural population and, total coverage about 42%.

India is a vast country, with more than one billion people living in different provinces of the country. There are more than 0.6 million villages in the country. Their development cannot take place by following a centralized, top down approach. During the independence struggles, Panchayats (local self-government) were central to the ideological framework of our national movement. Mahatma Gandhi visualized that the "Panchayats shall have all the authority and jurisdiction required. Panchayats will be the legislature and executive combined... There is perfect democracy based upon individual freedom. The individual is the architect of his own Government". India after attaining independence adopted its new Constitution, which guaranteed 'self-government' at the local level. The local self-government found a place in the Constitution because of the fact that an overwhelming number of leaders of free India were ardent believers of Gandhiji's idea of Gram Swaraj i.e. the village should have its own Government.

In order to achieve the desired goal, the government of India have brought about polity changes by introducing reforms in the rural drinking water supply and sanitation sector. A paradigm shift was brought about in 1999, wherein the emphasis is on demand responsive approaches, empowerment of local communities and ensuring their participants in the implementation and operation of drinking water supply and sanitation schemes. In this new approach, the Government's role is primarily that of a facilitator. The efforts are focused on creation of awareness amongst the people to ensure their effective participation in the programme. The programme is based on the subsidiary principle, and recognizes that the lowest appropriate level should deliver services. The responsibility for the delivery of water and sanitation services vests with the local Governments.

To operationalise the reform, rural drinking water sector reform pilot projects were initiated in 67 districts of the country. These pilot projects have demonstrated that the alternate delivery system involving the local self-government and community organization is more effective in meeting the aspiration of the people and sustaining the assets created. The success of sector reform pilot projects has been the motivating factor for further accelerating the pace of reform and extends the

reform process to the whole country. Hon'ble Prime Minister of India, Shri Atal Bihari Vajpayee ji launched Swajaldhara – community based rural water supply programme on the 25th December 2002, which is applicable to the whole country. It is one of the biggest initiatives in transferring powers to the communities to Own, Operate and Maintain their own water supply schemes.

Government of India have launched reform initiatives in the Rural Sanitation sector also. The Central Rural Sanitation Programme was completely restructured by our government in the year 1999 by introducing a demand driven, participatory, people centered programme called the Total Sanitation Campaign (TSC) which is being implemented on a campaign mode, taking district as a unit. The programme gives strong emphasis on Information, Education and Communication for effecting behaviour changes with the involvement of NGOs, Community Based Organizations (CBOs) and local groups. It follows a principle of “low to on subsidy” where a nominal subsidy is given to rural poor households, which is a maximum Rs.500 (US \$11). A wide range of technological options is given to the individual to choose the appropriate design, matching with his paying capacity. There is no subsidy given to the economically better off people. Realising the importance of inculcating good hygiene behaviour among the children right from the young age, we have embarked upon a School Sanitation and Hygiene Education Programme within the Total Sanitation Campaign (TSC) with the objectives of providing adequate water and sanitation facilities in each Government school and Anganwadi as well as to impart hygiene education to the children and teachers. There is also convergence of efforts by integrating with activities of other Developments like Education, Health and Women & Child Development.

The Total Sanitation Campaign (TSC) follows a paradigm shift in approach from an allocation based and supply driven programme to a demand driven programme, from a top down to a participatory approach, from a high to a low subsidy regime; and, more importantly, it tries to generate a campaign in the entire district to highlight the issues related to sanitation by involving all the stakeholders. The pace of implementation was slow initially but it has improved considerably over the last two years and, it is expected to further accelerate in the coming years.

In India, the Panchayati Raj Institutions have already been set up. About 30 lakh PRI functionaries take decisions related to development of their villages and Government of India and the State Governments provide the required finances and technical support. The people's aspirations have been met through these institutions. We want to further strengthen these institutions by not only giving them more finances and other powers but also by making them more accountable. We feel that their energy is harnessed correctly, success can be achieved. To give a fillip to our endeavour, we have instituted “Nirmal Gram Puraskars” which essentially is an incentive scheme for those Panchayati Raj Institutions, which attain full sanitation coverage in their respective geographical areas. Full sanitation coverage includes eradicating the menace of open defecation, provision of latrines in all households and educational institutions, promoting hygiene education at the school level and maintaining general cleanliness in the village. Individuals who have also played significant role in improving Sanitation in their respective areas of operation will also be suitably rewarded under the scheme. It is hoped that this incentive scheme will go a long way in promoting sanitation coverage in rural India. A very handsome amount is going to be given to the PRIs as incentive ranging from Rs 2,00,000 (US \$ 4300) to Rs 50,00,000 (US \$ 110,000) which can be used by drainage in villages, soakage pits, community toilets at public places or any other step required for solid and liquid waste disposal.

In addition to the PRIs, we have over 1.5 million Self Help Groups in the country. These Self Help Groups are formed by enthusiastic men and women, who are organising themselves into a group for their economic and social upliftment. Over a period of time, they have become organized institutions in the rural areas, which have been able to deliver various social services through their

members as well as through the community where they are located. Effective use of Self Help Group in various parts of the country has led to good implementation of various social sector programmes, including sanitation. We have a large number of success stories appearing in different parts of the country where Self Help Group have played a catalytic role in successful implementation of the sanitation programme. We would like to strengthen their role and develop their partnership with the Panchayati raj Institutions for promoting sanitation.

In the last financial year, we have been able to reach 2 million rural households through this programme, which is almost 5% of the below the poverty line households in rural India. We also intend to provide water supply and sanitation facilities in all the schools and Anganwadis by the year 2005. Few blocks in the country have attained full sanitation coverage following the TSC approach. Nadigram block in West Bengal was the first to achieve full sanitation coverage but now, the number of such blocks has increased significantly. The financial outlay for the total sanitation Campaign (TSC) project in India is already Rs 3378 crore (US \$ 719 Million). It is likely to increase further to US \$ 1100 Millions, which will be met through contribution from Government of India, State Governments and the community. It is going to be one of the largest Rural Sanitation Programme in the world and Government of India are committed to make available the resources required for implementing the programme. A detailed country paper on the status of Rural Sanitation in India is being presented separately in the conference which will throw light on the various issues related to the Rural Sanitation Programme, which may be common to many of the other South Asian countries. Realising the importance of sanitation and hygiene education in the progress of nation, we feel the necessity of having a National Sanitation Policy. We are working in this direction.

I understand Bangladesh is making good progress in extending sanitation coverage in its rural areas with the help of the NGOs. This is despite the fact that a large area in Bangladesh is having high water table, which requires improved technological solutions. Professionals from India and Bangladesh have exchanged their experiences in the past and tried to learn from each other. Culturally also we share a common heritage and there is a lot to learn from each other's experiences. So, is with other countries.

I am hopeful that this conference will discuss in detail all the issues related to sanitation in different working groups. A large number of experts from India and other countries are attending this conference and, I am confident that at their experience sharing will enrich us all. I hope this conference will make a good beginning in the scaling up of the sanitation coverage in the South Asian Region.

Before I conclude, I would like to thank once again the Government of Bangladesh and the Organizing Committee for taking the initiative in organizing such a momentous Conference that would give a new impetus to implementation of sanitation related programme in our countries. I am confident that with a pragmatic implementation strategy, favourable and enabling environment and sincere efforts, we will be overcome our problems. Finally I would like to quote a hymn from the Atharva Veda – “We are the priests who can awaken our Nation”. Let's strive to make sanitation a way of life in our countries.

Ms. Aminath Rasheeda

Assistant Executive Director
Department of Public Health
Ministry of Health, Republic of Maldives

*Honorable chief guest Mr. Abdul Mannan Bhuiyan,
Minister for Local Government, Rural Development &
Cooperatives,
Excellencies,
Distinguished participants,
Ladies and Gentlemen,*

It is an honor and privilege for me to represent Maldives at this august gathering of South Asian conference on Sanitation (SACOSAN).

Maldives is an island nation, composed of over 1200 coral islands scattered over a vast area, each surrounded by sea, making accessibility and provision of services difficult and expensive.



The availability of fresh water is very scarce in Maldives and the inhabitants depend mainly on ground water as a source of fresh water, since there are no rivers or lakes.

The health services are provided through a 5-tier system from the island level to the central level through a well established network of hospitals, health centers and health posts from island level to central level.

Intensive health awareness programs and expansion of health services and high coverage of immunization, over the past decade have resulted in many gains. Life expectancy have increased to 72 percent, infant mortality have reduced to 17/1000 live births and maternal mortality reduced to 1/1000 live births.

The access to safe water and improved sanitary means of excreta disposal are universal needs and important for sustainable development. The Maldives has made a firm commitment to the achievement of the goals of safe water and sanitation to the entire population of the Maldives. As a result we have now achieved almost 80% coverage for water and sanitation for the total population and 100% coverage for the urban population. However, more work has to be carried out to achieve the set targets and goals for which we are fully committed.

I am sure this conference will generate new ideas and commitments to raise profiles of sanitation and hygiene in South Asia region.

We look forward to future collaboration and sharing of experiences in making the deliberation of the first SACOSAN to become a reality.

Thank you.

Dr. Wann Maung

Director General, Department of Health
Ministry of Health, Union of Myanmar

It is my honour to have the opportunity to speak at this important meeting building partnership among countries in South Asia to meet the challenges of diseases and disparities due to poor sanitation and hygiene.

First of all, I would like to thank the government of the Peoples' Republic of Bangladesh, especially the Ministry of Local Government, Rural development and Cooperatives, and the organizers of the conference.

Although our country is situated in South-East Asia, we are one of the friendly neighbors of Bangladesh, sharing all the opportunities for development and collaborating in creating better future among the people of two countries.



Let me share some of our experiences in water, sanitation and hygiene sector that was actively commenced since 1980s. Starting partnership with the "International Water Supply and Sanitation Decade" movement, we could manage to sustain the momentum of participation, mainly by the communities, and important partners including UNICEF, UNDP, WHO, INGOs and NGOs.

In the past, as a developing country, we have not given priority to sanitation, hygiene and water related issues that cause diarrheal diseases and deaths. IDWSSD concluded with low sanitation coverage. Project- based activities after that could cover up to (46%) only.

Realizing the importance of water, sanitation and hygiene, and in order to involve relevant international agencies, INGOs and NGOs, an "Inter-agency Working Group" was formed with "Department of Health" as a leading agency.

Department of Health is successful in advocating water, sanitation and hygiene issues to the policy making body named "National Health Committee" which is chaired by the Prime Minister of the Government of Myanmar. "Universal Access to Sanitation" was the goal set by that policy making body since 1995. This goal is implemented through National Sanitation Week (NSW) movement and other supporting projects that could make the difference. NSW brings active participation with many success stories including "Doubling of Sanitation coverage above (80%)". Now we are aiming for quality latrine and a possible universal access in 2005. The details will be presented in our country paper.

Our country paper, according to the guidelines given by the conference coordinators, is the wrapping up of all the activities, intended to share our success stories in this area as well as future challenges to be dealt with.

We are grateful to the organizers for providing opportunities to learn from other countries' experiences and their success stories, also.

Finally, I would like to invite all of you to collaborate for the successful completion of this "SACOSAN" that could play a pivotal role in the success of the whole region.

Let me thank again the government of the Peoples' Republic of Bangladesh for their warm welcome and successful organization of the "SACOSAN".

Thank You.

Mr. Buddhiman Tamang

Hon'able Minister for Physical Planning and Works
His Majesty's Government of Nepal

*Mr. Chairman,
Honorable Ministers, Excellencies,
Distinguished Delegates,
Ladies and Gentlemen,*

It gives me great pleasure and honor to address this august gathering of the high-level delegates, experts and participants from different countries in the South Asian Conference on Sanitation. I am also delighted to be in this beautiful and bustling Dhaka city, which exemplifies for its hospitality, dynamism and optimism. And so goes with our meeting here in this magnificent Conference Centre, where everything has been done impeccably. The presence of such a high caliber of participants and speakers at this meeting is a fitting recognition attached by the countries of this region to the growing importance of sanitation.



I would like to express my sincere thanks to the Government of the People's Republic of Bangladesh, and particularly the Ministry of Local Government, Rural Development and Cooperatives and other organizations for inviting me to participate in the conference on sanitation.

Now, I would like to brief here about the situation of our country with regard to the efforts, achievements, challenges and commitments associated in sanitation sector. Nepal, with the population 23.6 million, is situated on the southern slopes of the Himalayas. The country is predominantly agricultural and nearly 80 per cent of the people are directly or indirectly involved in this sector. The per capita income of the people is US\$ 250; while the sanitation coverage at the national level is 25 percent.

History of sanitation movements in Nepal shows that there was no formal system of record keeping on sanitation before 1980. At the United Nation's initiative, Drinking Water and Sanitation Decade was launched in 1980. After 1987, the major focus was given to people's participation in various sanitation program activities. National Sanitation Policy was announced in 1994. Nepal has continued to observe National Sanitation Action Week each year since 2000. School Sanitation and Hygiene Education Program Guidelines were introduced in 2000. The same year, Nepal published the State of Sanitation Report 2000. Besides, the National Sanitation Policy was revised in 2002.

As a result of our efforts to improve the sanitation situation, the sanitation coverage has increased from 6 percent in 1990 to 25 percent in 2001, which is still below the average situation coverage in South Asia. There is a considerable reduction in infant and child mortality. Average life expectancy of the people has also increased. His Majesty's Government of Nepal has been allocating an increased budget for water and sanitation programs.

Nepal, however, lags behind in sanitation as majority of people are yet deprived of sanitation facilities. The majority of the population go for open-air defecation. Inadequate allocation of resources, neglect of consumers preference, poor economics demand, limited technologies option and variation in support modality are some of the main causes of inadequate Sanitation.

Mr. Chairman,

Currently, Nepal is suffering from terrorism and various socio-economic problems. It has posed a great threat to our development process including our sanitation activities programs.

In the progress of execution of the sanitation and hygiene related plans and programs, major lessons learnt indicate the need for joint effort among the stakeholders, effective advocacy and awareness at policy and community level, adequate budgetary investments in sanitation, people-centered approach, shift from curative to preventive health care; and discouraging open air defecation.

Nepal has also recognized that the country has a great potentiality to benefit through regional cooperation level by sharing information and experiences in the sanitation and hygiene sector under the framework of Millennium Development Goals; for which this conference on Sanitation might prove a milestone. I am confident that a special package with incentive for the promotion of sanitation for the poorest of the poor will also be designed.

On this occasion, I would like to make a commitment that my country Nepal would implement the sanitation promotion activities in the country developing a master plan based on the vision as envisaged in the Millennium Development Goals and on the recommendations made in the conference.

Finally, I would like to express my sincere hope that the conference will come out with concrete and pragmatic approach making the conference a milestone in the history of sanitation promotion. Once again, I would like to express my sincere thanks to the Government of the People's Republic of Bangladesh for hosting this meeting devoted to the important issues of our region.

Thank you.

Mr Wakil Khan Afridi

Secretary, Local Government, Environment and Rural Development Department, NWFP
Islamic Republic of Pakistan

(This speech was delivered on behalf of Mr. Mohammed Nasir Khan, Federal Minister for Health, who could not arrive during inauguration of the Conference)

Ladies and Gentlemen,

Pakistan is undergoing demographic and epidemiological transition and as a consequence is trapped in double disease burden, which is a major challenge for the country. The Communicable diseases are still rampant and the non-communicable diseases are rapidly making inroads resulting in undue suffering of the people and contributing in poverty. The infant and maternal mortality due to preventable causes is still unacceptably high. The scourges of Tuberculosis, Malaria and HIV/AIDS still pose a threat to health of the millions. These challenges are made more onerous in light of the increased vulnerabilities of population due to malnutrition and poverty.



In the wake of the recent National Health Policy health sector is being given top priority in Pakistan. A new vision for health sector development is professed in this Policy. The central planks of our national healthy policy are as follows:-

First we need to reach out the diseases affecting the masses. Secondly, as prevention is better and much more cost effective than cure, our stress is on preventive aspects of health. Thirdly, we have a straight focus on infant and child health because we believe that our infant and child mortality rates are unacceptably high.

The policy directions are in the ambit of poverty alleviation initiatives and human development as delineated in the Millennium Development Goals, which are high on the government's agenda. In my view, alleviation of pain and suffering lies at the heart of health policy as a whole. Such pain alleviation involves timely detection and skills of care and cure.

The main impetus is on the "Health for all" approach. This is being accomplished through the programs and projects with focus on equity, efficiency and effectiveness. This holistic vision entails commensurate investments and interventions in infrastructure and health care services to reduce disease prevalence. The governance issues including managerial and health care provision are being addressed. The main thrust is on the creating mass awareness and capacity building of the health care providers.

The key areas, which have a direct bearing on the communicable diseases and are relevant in the context of today's deliberations, are increased immunization coverage including special focus on the Polio eradication and introduction of new vaccine against Hepatitis B. Gaps and inadequacies in Primary Health Care are being addressed by Lady Health Workers, which in turn is also reducing the gender inequities. Pakistan being a signatory of the millennium development goal

Pakistan is investing in the health sector to enhance the implementation capacity in an attempt to translate the policy into action.

One of the areas that need attention being the pillar of primary Health care is water and sanitation. We have gathered here to deliberate upon sanitation and hygiene in South Asia. These are important issues for our region. Access to safe water and sanitary disposal of excreta are common human needs and, indeed, basic human rights. They constitute an indispensable component of primary health care and, in my opinion, are essential elements of human development.

The lack of environmental sanitation causes more illness and death in South Asia than any other single factor. Human excreta are the leading pollutant of our environment; contaminating our water supplies, spoiling our food, and killing our children.

Inadequate sanitation, poor hygiene practices, and contaminated water also result in higher health costs, lower worker productivity, lower school enrolment and retention rates. The lack of privacy for defecation also deprives many, especially women, of their right to live in dignity.

Pakistan is a populous country. It is experiencing rapid population growth. Expenditures on the social sectors have been limited by resource constraints. Six out of ten rural dwellings do not have a sanitary latrine. There is less privacy and fewer safe spaces for open defecation owing to expansion of villages and the women are the most inconvenienced segment of the society.

Most urban dwellings in Pakistan have an internal latrine. However, in densely settled urban areas, sanitary infrastructure has to extend beyond the dwelling unit to protect people from diseases. Only half the urban wastewater is disposed off through underground sewer or covered drain.

Access to sewer line does not mean that the sewage is treated. In fact, only a few sewage treatment plants exist in the major cities of Pakistan. For all practical purposes, all urban sewage in Pakistan is discharged raw and untreated.

It is apparent that Pakistan needs a multi-dimensional approach to sanitation that integrates social programmes for literacy, primary health care and environmental management. Significant efforts in this direction have been made. However I must point out that the key to human health in countries such as ours is not to counter diseases with drugs alone. Even the richest of economies cannot simply afford this. What is required is behavioural change. With appropriate behavioural change and a healthy life style you can ensure a more productive life style.

Provincial Local Government and Rural Development Departments have been implementing a sanitation acceleration programme in collaboration with directorates of health, population welfare, public relations and information, social welfare and elementary education. The media, private sector and community change agents have also been involved. The two objectives of the sanitation acceleration programme are to raise awareness and inculcate a sanitation culture, and to facilitate construction of household latrines on a non-subsidized basis.

There are also some splendid community led initiatives for sanitation beyond the dwelling unit. The Orangi Pilot Project (OPP) is a leading example of a non-governmental organisation working since 1980 to support people's efforts in upgrading Orangi Township, a large *katchi abadi* (low-income informal settlement) of over a million persons in Karachi. The OPP model of sanitation comprises of two components. Internal development consists of house latrine, lane sewer and collector sewer at neighbourhood level. OPP has demonstrated that communities can finance, manage and maintain internal development through a collaborative approach. External

development consisting of trunk sewer, treatment plants and outfalls are the responsibility of the government.

In Orangi, people have invested \$1.5 million on internal development, constructed 1.5 million running feet of sewerage lines and sanitary pour-flush latrines in 90,000 houses. If a contractor had done the same work, it would have cost six to ten times more, and if it had been done through a foreign aided loan project, it would have cost even more. The OPP model has been replicated in 42 settlements in Karachi and in seven cities across Pakistan with varying degrees of success.

The devolution plan of the Government promises the scaling up of such good initiatives. The Local Government Ordinance, 2001 empowers Tehsil Municipal Administration for providing water supply and sanitation services to the people of Pakistan. A number of progressive Nazims across the country have established public-private partnerships for sanitation. A social approach motivates communities to lay lane sewers on self-help basis. Local Government provides downstream trunk infrastructure. Quetta city and Lodhran town are examples of this practice.

As the next step in the devolution process, the Local Government Ordinance envisages citizen community boards supported by Union Council and the Tehsil Municipal Administration for local development, including sanitation and solid waste management.

Pakistan seeks to fulfil its commitments as a signatory to the Millennium Development Goals by adopting the following strategic approach:

- Clarifying and communicating its national sanitation policy to all stakeholders;
- Raising awareness for behavioural change based on core religious values;
- Ensuring the participation of stakeholders in planning, designing, implementation, operation and maintenance of sanitation systems;
- Generating more resources both locally and nationally;
- Improving monitoring, planning and coordination;
- Making appropriate technical choices at all scales;
- Establishing public, private sector and civil society collaborative arrangements; and
- Building up implementation capacities at Tehsil and Union Council levels.

The South Asian Conference on Sanitation is a timely initiative. I thank the sponsors and organizers for their hard work in bringing together a critical intellectual mass of policy makers and advisors in South Asia. I am certain it will provide a platform for promotion of human well being in the region with evolution of health promotional strategies based on local initiatives and proactive government support.

On behalf of the Government of Pakistan, I thank you for your kind attention and reiterate my Government's commitment to the Millennium Development Goals relating to water and sanitation and to the plan of action that emerged from the World Summit for Sustainable Development giving high priority to sanitation.

Mr. Piyasena Wellakkage

Director, Rural Water Supply and Sanitation Sector
Ministry of Housing and Plantation Infrastructure
Democratic Socialist Republic of Sri Lanka

Honourable Shajahan Siraj, Minister for Environment and Forest,

Honourable Abdul Mannan Bhuiyan, Minister for Local Govt, Rural Development and Cooperatives,

All other Honourable Ministers & Excellencies, Members of Parliament

Mr Siddiqi, Secretary, Local Govt. Divn. and Conference Director,

Representative, WSSCC,

Ms Vanessa Tobin, Chief, WES, UNICEF,

Distinguished Members of the Head Table,

Distinguished Guests, Ladies and Gentlemen,



I am privileged and honoured indeed to be present at this historical occasion, where strong political will and commitment has surfaced as the single most motivating factor to find solutions for sanitation related issues. The very presence of the distinguished delegates from all the countries of this region, itself is a clear indicator that demonstrates the prime importance given by our governments for finding practical solutions for this long standing problem. In this respect, please allow me to convey the blessings and best wishes of the Hon. Minister and the Secretary In-Charge of the Water Supply and Sanitation Sector in Sri Lanka for the success of this very important initiative. They also requested me to convey apologies for their inability to participate at this conference due to unforeseen circumstances.

As we all know the absence of basic and proper sanitation facilities not only aggravate the poverty in our countries but also poses severe threat to the health of the people and environment, as well as the socio-economic development as a whole. In this context, organizing this Regional Conference is a timely initiative which will not only bring the sanitation issues to the fore front but also will strengthen the leadership/advocacy for improved hygiene in South Asia.

Prior to this Regional Conference, we in Sri Lanka too had a two day Consultative Workshop on Total Sanitation with the participation of all the stakeholders, assisted by the Water Supply and Sanitation South Asia/ World Bank Programme. At this Conference, Secretary Mr Siddiqi also participated and extended an invitation to Sri Lanka to participate at this conference. It is my fervent duty to extend our sincere thanks to the organizing committee for organizing this conference and inviting us here.

Also, we wish to extend our gratitude to UNICEF, Water Supply & Sanitation Collaborative Council and the NORAD without whom our participation here would not be a reality.

Finally, on behalf of the Government of Sri Lanka and its people, I wish the conference success in its entire endeavour.

Mr. Abdul Mannan Bhuiyan

Hon'able Minister for Local Government, Rural Development and Cooperatives
People's Republic of Bangladesh

*Honorable Chairman,
Honorable visiting Ministers & Heads of
Delegation,
My Colleagues,
Excellencies,
Members of the Diplomatic Corps,
Representatives of Mass Media,
Participants,
Distinguished Guests,
Ladies and Gentlemen,*

Assalamu Alaikum.

First of all I wish to extend my heartfelt thanks and gratitude to the distinguished members of the Participating countries who have joined us here in response to our invitation despite having busy schedule back home. I welcome you here and also wish you a happy stay in Dhaka.



We must agree that access to proper sanitation is a basic need of human being. But this issue has not been addressed with due priority in this part of the world though it remains as a major public health threat. The world summit held in Johannesburg in 2002 emphasized on the use of safe water and proper sanitation and urged that half of the population in the developing countries should have access to proper sanitation by the year 2015.

Distinguished Guests, Ladies and Gentlemen,

We know that the increase of population diseases related to poor sanitation have taken a devastating shape and almost all the victims are poor. It proves that there is a link between poverty and sanitation. Better health care through proper sanitation can be ensured by poverty alleviation and it is undoubtedly a challenging task. I am happy to inform you that under the guidance of our Hon'ble Prime Minister Begum Khaleda Zia we have made a plan that by the year 2010 proper sanitation will be accessible to all citizens of Bangladesh. The target, however, cannot be achieved without the support and cooperation of all concerned. Majority of our population who does not have access to proper sanitation could procure suitable sanitary items at an affordable price if we could make them aware about this issue through campaign while some need financial support to procure those items. May I request the donors, international agencies and NGO's to continue their support in this regard and I hope we shall be able to reach the target by the year 2010.

In this connection I would like to mention that the participating countries share a common cultural and social bondage. I assume that causes of the sanitation problems faced by the millions of people in this region are also common in nature. Therefore, frequent exchange of ideas and experiences in this field would benefit us in combating the issue. This conference, I believe, will open the door for mutual cooperation among the countries in the field of sanitation.

Distinguished Participants, Ladies and Gentlemen,

During the conference I hope the participating countries will present their country papers featuring causes of problems relating to sanitation in their respective countries along with recommendations and also participate in the thematic discussions that will provide ample scope for the participants to share their mutual experiences and expertise. The discussions and deliberations will, however, lead towards the Dhaka Declaration on sanitation, which will describe the future course of action, policy and strategy for sanitation and hygiene in South Asia.

My sincere thanks to the hosts, co-hosts, organizers and the participants, particularly international participants & experts, who came from far away to join this conference.

I wish the success of this South Asian Conference on Sanitation (SACOSAN) and do declare the conference open.

I hope the conference will be a great success. Finally I wish to thank you all once again.

Mr. Shajahan Siraj

Hon'able Minister for Environment and Forest
People's Republic of Bangladesh

Chief guest of the Inaugural Session of SACOSAN, the Hon'ble Minister, Ministry of LGRD & Co-operatives Mr. Abdul Mannan Bhuiyan,
Special guests, Hon'ble Ministers of Afghanistan, Bhutan, India, Maldives, Myanmar, Nepal, Pakistan and Sri Lanka, Hon'ble Ministers and members of the Ministerial Advisory Committee for Sanitation, Bangladesh,
Heads of foreign missions, Hon'ble members of the Parliament, Government Officials, Representatives from national & International development organizations, mass media and development partners,
Dear Participants,
Ladies and Gentlemen,



Assalmu Alaikum.

This is for the first time that an international conference on sanitation is being held in Dhaka, Bangladesh. Sanitation and hygiene are very important for us and essential precondition for health and environment. Inadequate provision of sanitation is directly or indirectly related to the communicable diseases, health-risks, poor health and environmental pollution in Bangladesh, only 33% coverage on sanitation have been achieved. Indiscriminate and open defecation practice is a serious threat to the environment. So, it requires more special effort in sanitation sector considering the importance. Government of Bangladesh in collaboration with UNICEF, WSSCC, WSP-SA/World Bank, WHO, DANIDA, DFID, ADB, UNDP, Water Aid and Plan-Bangladesh has organized a three-day conference in order to sharing experiences with neighboring countries and enhance the progress of sanitation program. On behalf of Ministry of Environment and Forest I express our fullest support to this program.

I have come to know that the overall goal of this working conference is to accelerate the progress of sanitation and hygiene work in South Asia so as to enhance people's quality of life in fulfillment of the Millennium Development Goals and the commitments made in the WSSD in Johannesburg. Sanitation was given utmost priority in the WSSD and the forum decided to ensure access to safe water and sanitation to 240 crores of people totally deprived of sanitation facilities.

Ladies and Gentlemen,

The overall sanitation status of South Asian countries is not at-all satisfactory. Our water, air, soil and food depend on proper and good sanitation for its purity. But the population coverage by sanitation is much lower than the population coverage by water supply in all Asian countries. Lack of awareness, lower priority-fixing, financial inability, inappropriate approaches are some of the

reasons for low population coverage by sanitation. But we have to overcome this problem. I think international conference like this one will be very fruitful for this purpose.

Dear distinguished participants,

The Government of Bangladesh is fully aware about the sanitation problem of Bangladesh and determined to solve this deadly problem. Under the dynamic leadership of Hon'ble Prime Minister, Government of the People's Republic of Bangladesh, Begum Khaleda Zia, the people of this country are trying their level best to maintain good sanitation for good health and environment. It is inspiring to note that Bangladesh Government has committed to ensure total sanitation coverage to its people by 2010. The recent countrywide baseline survey of existing sanitary situation throughout the country shows that 43% of the rural and urban populations in Bangladesh do not have latrines. It means that those people defecate indiscriminately at different places, in open fields or ditches or roadside. It is polluting our environment creating major public health threats. However, Ministry of LGRD has successfully launched sanitation campaign throughout the country and the Hon'ble Minister, LGRD & Co-operatives is relentlessly leading the campaign to ensure total sanitation by 2010.

Ladies and Gentlemen,

We need the functional sustainability, environmental sustainability. I hope this conference will provide us the guideline to achieve the target of good sanitation. We shall be able to achieve the conference objectives and to arrive at future plan of action in consultation here to raise the profile of sanitation and hygiene in each country of South Asia. I think, a renewed and intensive campaign involving the programs like awareness campaign and motivation, community participation are required to achieve the ultimate goal of total sanitation coverage. To achieve the target of Bangladesh "Total Sanitation by 2010" Ministry of Environment and Forests will do its level best.

I express my heartfelt thanks to the Ministry of LGRD & Co-operatives who has successfully hosted this international conference. I also thank the co-hosts and organisers of this conference. The Hon'ble Ministers, Deputy Ministers and Heads of delegation of the participating countries and agencies and the Hon'ble members of the Ministerial Advisory committee for sanitation, Bangladesh have been so kind to be here despite their busy schedule. I am grateful to all of you.

I, on behalf of Ministry of Environment and Forests, wish every success of this conference.

Thank you all.