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Recognition of sanitation as human right

Analysis of UN Reports submitted by Nepal, Bangladesh, and India

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Abstract

The recognition of right to sanitation has been a significant step and an important vehicle that has helped different organizations make their plans on what needs to be done and implement actions to inequities and injustice in the access to sanitation services. This study aims to analyze the implementation of the new right to sanitation enacted by the right holders through international law in the three South-Asian countries including Nepal, India and Bangladesh. The study also intends to address various challenges and difficulties faced while implementing plans of action to improve sanitation sector in these countries. The study further aims to discuss and analyze efforts being made and difficulties faced while implementing these efforts in these countries. The study will compare the progress in sanitation sector among them.

The available reports submitted by the government and the civil society organizations working in three South-Asian countries (Nepal, India and Bangladesh) from the website of the Office of High Commissioner for Human Rights that were submitted under International Covenant on Economic, Social and Cultural rights and Convention on Rights of the Child will be used and analyzed. The study uses Literature review to analyze these UN documents submitted from 2000 to 2015 in the context of these three South-Asian countries.

The findings of the study showed that different types of approaches were made by the government and non-government organizations to promote sanitation and to achieve sanitation coverage as aimed by MDGs. These approaches were targeted to reach the most vulnerable and disadvantaged group of people who were devoid of the sanitation facilities. Some of the main approaches made by different institutions in these three countries are

- a) awareness programs to promote sanitation and spread the messages of sanitary and hygienic practices
- b) sanitation campaigns to increase the involvement of the people in the community
- c) increase the demand for construction of sanitary latrines by providing them with subsidies or making the sanitary wares affordable
- d) initiating Sanitation and Hygiene education in schools to promote sanitation via child to child and child to community means

e) implementing programs to eradicate discrimination practices for girls and lower-caste groups in the society and provide them with sanitation facilities.

Significant progress has been achieved in all the three countries but they are still lagging due to different challenges. Bangladesh showed significant progress in sanitation coverage with reduction of open defecation to only 1 percent compared to other two countries.

The study brings into light varied approaches that are being made and challenges that are being faced by government, non-government, and civil society organizations while implementing the programs and strategies related to sanitation. This can help the stakeholders and policymakers develop understanding that process of promotion of sanitation situation requires learning, planning, and behavior change. Moreover, reaching the target for sanitation coverage is only possible through the integration of approaches based on participation, non-discrimination, equality, accountability and effective evaluation afterward.

Keywords: Right to sanitation, approaches, challenges, South-Asian countries, open defecation

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Abbreviations

AAAS	American Association for the Advancement of Science
ADB	Asian Development Bank
AWWs	Anganwadi workers
BBM	Babu Bahini Manch
BSAF	Bangladesh Sishu Adhikar Forum
BSUP	Basic Services to the Urban Poor
BSUP	The Basic Services For the Urban Poor
CDPs	City Development Plans
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CESCR	Committee for Economic Social and Cultural Rights
CFLG	Child Friendly Local Governance
CPA	Comprehensive Peace Agreement
CRC	Convention on Right of the Child
CRPD	Convention on the Right of Person with Disability
CRSP	Central rural Sanitation Program
DFID	Department For International Development
DWCD	Department of Women and Child Development
FIAN	Food first Information and Action Network
GESI	Gender Equality and Social Inclusion

GOB	Government of Bangladesh
GOI	Government of India
GON	Government of Nepal
HAPIC	Hygiene Awareness and Product Information Campaign
HRBA	Human Right Based Approach
HRC	Human Right Council
HUPA	Ministry of Housing and Urban Poverty Alleviation
ICCPR	International Conventional on Civil and Political Rights
ICDS	Integrated Child Development Service
ICESCR	International Conventional on Economic Social and Cultural Rights
IEC	Information, Education and Communication
IHSDP	Integrated Housing and Slum Development Program
JICA	Japan International Cooperation Agency
JMP	Joint Monitoring Program
JNNURM	Jawaharlal Nehru National Urban Renewal Mission
LCS	Low Cost Sanitation
MDG	Millennium Development Goals
MHFW	Ministry of Health and Family Welfare
MICS	Multiple Indicator Cluster Survey

MJF	Manusher Jonno Foundation
MOE	Ministry of Education
MoFALD	Ministry of Federal Affairs and Local Development
MOH&FW	Ministry of Health and Family Welfare
MoLGRD	Ministry of Local Government Rural Development and Cooperation
MoWCA	Ministry of Women and Children Affairs
MWCD	Ministry of Women and Child Development
NFHS	National Family Health Survey
NGO	Non-Government Organization
NLFS	Nepal Labour Force Survey
NLSS	Nepal Living Standard Survey
NPA	National Plan of Action
NPAC	National Plan of Action for Children
NRHM	National Rural Health Mission
NSAPR	National Strategy for Accelerate Poverty Reduction
OBCs	Other Backward Classes
OHCHR	Office of the United Nations High Commission for Human Rights
PID	Press and Information Development
PRSP	Poverty Reduction Strategy Paper

SACOSAN	South Asian Conference on Sanitation
SCs	Scheduled Castes
SDC	Swiss agency for Development and Cooperation
SFYF	Six Five Year Plan
SRMS	Self Employment Scheme for Rehabilitation of Manual Scavengers
STs	Scheduled Targets
TSC	Total Sanitation Campaign
UDHR	Universal Declaration of Human Rights
UN	United Nation
UN-HABITAT	United Nations Human Settlement Program
UNICEF	United Nations Children’s Emergency Fund
USAID	United States Agency for International Development
VAMBAY	Valmiki Ambedkar Awas Yojana
VDC	Village Development Committee
WHO	World Health Organization

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1. Introduction

Awareness of global sanitation crisis has been initiated and is progressing towards new heights. The United Nations (U.N.) General Assembly and U.N. Human Rights Council recognized access to sanitation as a distinct human right. Along with this enactment various challenging issues are also raised. Billions of the world's populations still live without access to toilet facilities and are forced to defecate in the open or with plastic bags and buckets. Unhygienic conditions and lack of sanitation services are one of the key components leading to the death of a huge number of people especially children below five years of age due to water-related diseases. More than a quarter of people in developing countries live in poverty, and lack of a healthy living environment is one of the major components. Various advances have been made by the global community in many fields but they have not been able to ensure these most basic needs of the underprivileged people (WSSCC 2000).

Sanitation is about human dignity¹ and privacy, where dignity is “the basis of fundamental rights in international law” (Human Dignity Trust n.d.). Freeing everyone from the need of going into the open to defecate by the construction of safe and clean toilets, liberates them from the suffering of indignity and humiliation. The toilet is needed not only for defecation but also to fulfill special needs of women, girls and marginalized people². Women and girls need toilet facilities especially during menstruation period, pregnancy and postnatal period so that they are provided with dignity and privacy. Poor and marginalized people face social obstacles and stigma in access to sanitation facilities. Providing sanitation services can provide them with dignity, equality, and boost their social inclusion in the society (UN Water n.d.).

Recognition of the right to sanitation has been a significant step and; an important vehicle that would help different organizations make their plans and actions focusing on what needs to be done to realize the right to sanitation. It also helps to raise attention and implement actions to inequities and injustice in the access to sanitation services (OHCHR 2015). This study explores how the right to sanitation is being enacted by the right holders through international law in the

¹ Human dignity is an individual's sense of self- respect, value, self- worthiness and empowerment. For more information see <http://ejil.org/pdfs/19/4/1658.pdf>.

² Marginalized groups include women and people from lower castes.

three South-Asian countries. The study addresses various challenges and difficulties faced while implementing different plans of action to improve sanitation sector in these countries. This study defines the concept of the human right to sanitation and its importance through exploration of different terms related to it. The vulnerable group³ of people like children and marginalized groups are highly affected by the adverse effects of poor sanitation. The study focuses on impacts of different activities conducted to realize the right to sanitation on these disadvantaged groups of people. Finally, this study aims to enlighten the knowledge regarding the concept, obstacles, and progress in sanitation sector in the context of three South-Asian countries.

1.1. Background

“We must break the taboos and make sanitation for all a global development priority” - Ban Ki-moon, UN Secretary General.

Going to the toilet is one of the few universal practices, yet we feel shy to talk about it. Talking about latrine offends, and makes most of the people feel uncomfortable and when it is discussed in practical terms, we use the term 'Sanitation' (Erridge 2011). The World Health Organization explains sanitation as the provision of facilities and services for the safe disposal of human urine and feces (WHO 2016). It is concerned with “collection, transport, treatment and disposal or reuse of human excreta, domestic waste water and solid waste and associated hygiene promotion” (UN 2008). Sanitation is not only about proper health, education, gender equality, and housing, but also about human dignity and privacy. Children, women, disabled, and marginalized groups are mainly affected by sanitation crisis (Albuquerque and Roaf 2012).

Unsafe disposal of human excreta can lead to various kinds of illnesses and human deaths. The illness is caused due to infection via a fecal-oral transmission. United Nations estimates that more than 800,000 children under five years of age die every year, which is more than one child a minute, due to preventable infectious diseases like diarrhea. This is one of the most devastating impacts of inadequate sanitation on child mortality. More than 1 billion people practice open defecation. The practice is highest in South-Asian countries comprising 39% of the population. A countless number of people fall sick and many suffer from developmental and health

³ Vulnerable groups include children and disabled people who have physical and developmental limitations.

consequences. Lack of sanitation affects different aspects of our life like health, economic status, and education that leads to exacerbation of poverty, discrimination, and exclusion of the marginalized (UNICEF n.d.).

Fact sheets of sanitation 2015 reports that access to improved sanitation services has risen from 54% to 68% since 1990, but 2.4 billion people still lack access to toilets. Despite all these progress, the Millennium Development Goal 10 that targeted “to halve the proportion of the population by 2015 without sustainable access to basic sanitation” could not reach their goal (WHO 2015). Despite poor sanitation being the single most important cause of preventable child mortality worldwide; sanitation is one of the most neglected, poorly reported, underfunded, and low on political agenda. Recognizing the effect of poor sanitation on different aspects of life, the year 2008 was stated as the International year of Sanitation to initiate efforts in raising awareness regarding sanitation and hygiene practices and achieving the Millennium Development goal 2015. This initiation mainly focused on different benefits of sanitation and actions needed to have access to sanitation (UN 2007). In 2010, sanitation was recognized as a fundamental human right by UN General Assembly. Ban Ki-Moon, UN General Secretary, argues that with every dollar spent in sanitation field, we can get five-fold in return. The people will become more healthy and productive. Therefore, it is extremely important to place sanitation as an essential part of post-2015 development framework (UN Water 2014).

Sanitation is essential for human development; it is not only limited to its sector but plays an important role to achieve various other objectives like eradication of poverty, improving education, gender equality, adequate nutrition, clean environment, good health, and dignity (WHO 2015). To evaluate the efficiency of the plans and policies and to estimate the goal, it is important to have the knowledge of various other indicators such as population size, literacy rate, poverty line, and socio-economic profile of a country. An introduction to the country overview of Nepal, Bangladesh and India is further discussed.

Nepal is a landlocked South-Asian country with estimated total population of 28,679,524 per United Nations Department of Economic and Social Affairs, Population Division. 50.4% of the population in the country is female (United Nations Department of Economic and Social Affairs

2015). 25% of the population live below poverty line⁴ and 65% of the population is literate. Nepal has shown good improvement in sanitation coverage. However, studies have shown that sanitation status is still poor especially in rural parts of the country (National Sanitation and Hygiene Coordination Committee 2016).

Bangladesh is a developing South-Asian country with a total population of 161.97 million and 49.4% of the total population is female (United Nations Department of Economic and Social Affairs 2015). 72% of the total population live in rural areas and remaining 28% in urban areas. Despite being a poor country, Bangladesh has become able to stand as a role model in the world that has achieved a remarkable improvement in human development. Bangladesh has shown significant achievements in sanitation sector coverage throughout the country with studies showing improved sanitation coverage of 61%, 28% people using shared latrines and 10% people using unimproved latrines (Local Government Division 2016).

Nearly one-sixth of the population in the world resides in India. 68% of the population in India live in rural areas. India has one of the fastest growing economies with GDP growth of 7.3% (SACOSAN VI 2016). The literacy rate in India is 75% (2016). But, the disparity is seen between male and female literacy with male literacy rate being 82.14% and female literacy rate being 65.46% (India Guide n.d.). Almost 60 percent of the total population, who practice open defecation, resides in India and studies have shown that India is the only country in South-Asia where sanitation coverage is further declining (UNICEF n.d., 1). Although numerous approaches are being made, India still needs to overcome a huge number of challenges to reach its sanitation target (ibid).

1.2. Justification of the study

With the UN declaration of sanitation as a human right in 2010, the main objective of this initiative was to enable the people live with dignity and improve their standard of living. Realizing the rising issue of sanitation crisis worldwide and the role of sanitation in the socio-economic development of a nation, 122 countries ratified the convention so that the policies could address sanitation issues and meet the needs of the affected population (Obani and Gupta

⁴Below poverty line means an economic benchmark used by the government to identify economically poor people. At international level, an individual with income of less than 1.90 US dollar per day is said to be in extreme poverty.

2015). Enacting inclusion of sanitation issues in policies and implementing them in practice are two major works that need to be done to progressively recognize sanitation as a human right (Donnelly 2013).

2015 Update report on progress on sanitation and drinking water reports that nearly half of the world's population (40%) without access to improved sanitation resides in Southern Asia. The sanitation crisis has become a serious global issue, as it has affected other sectors including education, health, environment, socio-economic condition, and productivity of the country (WHO and UNICEF 2015). With the rising realization of the importance of sanitation, numerous efforts have been made at national and international level via adoption of plans and programs. Studies have shown that countries like Nepal, India, and Bangladesh still have poor sanitation coverage. They have not been able to reach MDGs target for sanitation despite implementation of numerous approaches (ibid). Therefore, through analysis of the UN reports submitted by the government and civil society organizations, we can have a holistic understanding of how the policies have addressed sanitation issues. We can also understand why the South-Asian countries like Nepal, India and Bangladesh have not been able to achieve full sanitation coverage as targeted by the MDGs despite the implementation of numerous sanitation approaches.

1.3. Objectives of the study

1.2.1. Main Objective of the study

The main objective of this study is to explore what the right to sanitation of the people is and how it is enacted in South-Asian countries at the government, non-government, and international level. The study also aims at exploring various challenges being faced by the organizations working in the sanitation sector. It also helps us to understand the challenges faced by these organizations while implementing the plan of actions to provide access to sanitation services to the people through the document analysis submitted by the three countries (Nepal, Bangladesh and India) to Office of the United Nations High Commissioner for Human Rights (OHCHR) from 2000 to 2015. This study discusses and analyzes different efforts made to promote sanitation sector in these countries and compare the progress in sanitation sector among them. It also aims to find gaps in the UN reports submitted by these three South-Asian countries to OHCHR.

The specific objectives of the study are as follows:

- a) To provide an overview of the concept of sanitation in a human right perspective.
- b) To explore different approaches made at national, international and market level for the enhancement of the access to sanitation services to the people in the country from 2000 to 2015.
- c) To explore challenges faced while implementing activities to promote the status of sanitation services in the country.

1.4. Research Questions

1.4.1. What are the approaches made by the government, non-government organizations and market approaches to enact right to sanitation in the three South-Asian countries (Nepal, Bangladesh, and India)?

It explores different approaches being made from government organizations, civil society organizations, and market. It also explores the depiction of UN reports findings of enactment of sanitation as a human right in these countries.

1.4.2. What are the implementation challenges faced by the government and non-government organizations in the three South-Asian countries (Nepal, Bangladesh, and India)?

It explores different challenges and difficulties being faced by the government and non-government organizations during the implementation of sanitation as a human right from the perspective of government organizations and civil society organizations.

1.5. Study Scheme

Literature search strategy was set up to review electronic databases, published peer reviewed articles, and grey literature such as reports, articles, and reviews. At first, different search strategies were developed and review of the literature was planned. Different databases were searched to develop a holistic understanding of issues around sanitation in human rights perspective and background of the study was developed. After exploring knowledge around sanitation and its significance in Southern Asia, the research questions and objectives of the study were developed.

The data analysis was completely based on a review of the documents that were freely available on the official website of OHCHR and UN Bibliographic Information System covering the period of 2000 to 2015 (Figure 1). After building a firm base of knowledge regarding sanitation as a human right in the context of South-Asian countries, UN documents were systematically reviewed⁵. The search was not only confined to the right to sanitation because sanitation is related to various other sectors as well such as health, education, women, and housing. The reports submitted under ICESCR and CRC by the state party and civil society organizations were reviewed thoroughly in the context of the three countries (Nepal, Bangladesh, and India). While analyzing these reports, attention was given to different approaches made that addressed issues related to sanitation and challenges faced by the institutions working in sanitation sector while implementing these plans and programs. After analysis of the reports, the outline of the dissertation has been organized as follows.

The dissertation consists of six chapters. The first chapter starts with an overview of the study and a brief background on the topic of sanitation along with the research questions. It also includes the aims and objectives of the study with study scheme of the work. The second chapter aims at exploring the wide and multifaceted concept of sanitation in human rights perspectives through review of academic literature that is relevant for the study to create a firm base of the related terms around sanitation while doing the analysis part. Discussion of methodological choices and considerations are further done in chapter three, before drawing on and discussing findings in the two consecutive chapters. Finally, in the sixth chapter conclusion, recommendations and suggestions have been provided for further research and actions in the field.

⁵ Systematically reviewing is the process of finding, analyzing and synthesizing evidence from research studies and aiming to provide an overview of work done in specific areas such that minimal bias and errors arise. For more information see http://search.proquest.com.ezproxy.hioa.no/docview/200768257?accountid=26439&rfr_id=info%3Axri%2Fsid%3Aprimo

2. Review of literature

A literature review is a written document whose main purpose is to convey to the readers with knowledge on a topic along with their strengths and weaknesses that have been published by recognized scholars and researchers (Taylor n.d.). This section entails and explores the review of existing literature related to the study topic which helps to explore the wide and multifaceted concept of sanitation in human rights perspectives. This section intends to build a firm base of the related terms around sanitation through the review of literature that would help in doing the analysis part of the study in chapter four. This section is a backbone of the study which is followed by a review of UN documents submitted by Nepal, Bangladesh, and India in chapter four.

2.1. Conceptualizing Sanitation

From a human right point of view, Millennium Task Force defines sanitation as “access to, and use of, excreta and services that ensure privacy and dignity, ensuring a clean and healthy living environment for all” (COHRE *et. al.* 2008). For proper enactment of right to sanitation in the country and to fulfill the human rights requirements, the sanitation services should be safe, hygienic, secure, affordable, socially and culturally acceptable, provides privacy, and dignity, with no discrimination (*ibid.*).

The term “Sanitation” includes a wide range of definitions and covers *inter alia*. The same word is used in different contexts. It has been one of the challenges for the countries trying to find solutions to the problems for poor sanitation status and access to sanitation services to define the actual meaning of the term “Sanitation” (WHO 2008). Sanitation can be understood in multiple ways such as

- i) Safe collection, transport, treatment, and disposal or reuse of human excreta that includes both feces and urine;
- ii) Proper management and reuse of the wastes such as trash and garbage;
- iii) Proper treatment and re-use of household wastewater;
- iv) Proper treatment and recycling of sewage discharged from industries or sewage treatment facilities;

v) Proper management of harmful wastes discharged from the hospital, chemical or radioactive substances, and other dangerous substances.

Sanitation basically means measures that ensure hygienic separation of human excreta from human contact and avoid the practice of defecating in the open space that is necessary to improve and protect the health of the people. The main objective of these sanitation systems is to provide a healthy living environment for everyone, provide a safe and secure place to defecate and break the vicious transmission cycle of infectious diseases by preventing human contact with excreta (Alliance 2008).

2.1.1. Improved sanitation

Basic sanitation is also called improved sanitation. These definitions of sanitation are used as indicators to monitor the access to sanitation services and the progress of Millennium Development Goals towards its Goal 7 by the JMP for Water supply and Sanitation. JMP defines improved sanitation as the measures used to separate human contact from excreta in hygienic ways; it includes following categories of toilets that are considered more sanitary than unimproved technologies:

- i) Flushed toilet
- ii) Connection to a piped sewer system
- iii) Connection to a septic system
- iv) Flush/pour flush to pit latrine
- v) Pit latrine with slab
- vi) Ventilated improved pit latrine
- vii) Composting toilet

2.1.2. Unimproved sanitation

Unimproved sanitation includes the facilities that do not make certain that human excreta is completely separated from human contact. It includes (WHO and UNICEF 2015):

- i) Flush/pour flush to elsewhere
- ii) Pit latrine without slab
- iii) Bucket latrines
- iv) Hanging toilet

- v) Shared sanitation
- vi) Open defecation

Shared sanitation is under controversy about whether to be put under the definition of improved sanitation or unimproved sanitation. Shared sanitation is a common practice in many regions of the world and is very common in Southern Asia. The practice may differ from sharing toilets among a small number of people up to many households. Some have put shared sanitation under improved sanitation if the sanitation facility is shared among five households which are called 'limited sharing', while others argue that shared sanitation has a negative impact on our health, and cannot be considered under the definition of improved sanitation (WHO 2015).

2.2. Evolution of Sanitation as a human right

“Clean water and sanitation are not only about hygiene and disease, they are about dignity too. Everyone and that means all the people in the world has right to a healthy life and a life with dignity. In other words: everyone has the right to sanitation.” - Prince Willem Alexander of the Netherlands, Chair of the UN Secretary-General Advisory Board on Water and Sanitation 2007, page 1.

Human dignity is the foundational basis for all the human rights as the human rights provide a framework that enables everyone to live a life of dignity, with respect, and worthy of being a human being. The human rights outline individual entitlements such that their basic needs could be addressed and right to sanitation could be realized progressively for all (Donnelly 2013). International human rights law clearly recognizes the entitlements of the right-holders and respective duties and obligations of duty-bearers such that the individuals can legally seek for their rights and access to sanitation services. Providing sanitation services are no longer regarded as charity especially for the poor and vulnerable population (Steiner et. al. 2008). The government's human development legislations and institutional designs have been framed in human rights framework⁶ such that the states are obliged to make their approaches to

⁶ A human rights framework is a legally binding framework that entitles rights and freedoms to the people, that governs the relationship between individuals and the state or the people in authority.

progressively realize the right to sanitation and shift the implementation of rights from “moral responsibility to legal accountability⁷” (Meier *et. al.* 2014).

“The real test, to a growing global population demanding a life of dignity, is the degree to which they are able to enjoy freedom from fear and want, without discrimination”- United Nations High Commissioner for Human Rights Navi Pillay, page 3.

In 1948, when the Second World War ended, the United Nations General Assembly adopted the Universal Declaration of Human Rights (UNDR) “for the protection of human life and the promotion of equitable development” (Charter of the United Nations, 1945, quoted from Obani and Gupta 2015, 27). The UN Economic and Social Council drafted the 'Declaration on the Essential Rights of Man' that gave rise to two covenants. They were International Covenant on Civil and Political Rights (ICCPR) and the International Covenant on Economic, Social and Cultural Rights (ICESCR) (Obani and Gupta 2015, 28).

When UNDR was adopted, human rights to water and sanitation was not explicitly recognized because the framework was very different from today. Colonialism existed and people in the countries who suffered from water and sanitation crisis did not have any voice to negotiate. The issue related to water and sanitation crisis was not as severe as it is today since the population living in the informal sector was less dense and they were less urbanized (Winkler 2012).

Universal Declaration and ICESCR provided the right of everyone to an adequate standard of living that included food, clothing, and housing but did not include water which was explained by an assumption that like air, water was assumed to be available for all and need not be included in the human right context. Sanitation was also not recognized as human right mainly because of the taboos around issues related to sanitation. However, series of international conferences and emergence of realization and awareness of the importance of water and sanitation began in the nineteen seventies that eventually led to the actual realization of the right to water and sanitation (Murphy 2013).

Murthy (2013) further argues in his study that the status of the right to sanitation was not clear from the international point of view as sometimes it was defined as a right derived from right to

⁷ Accountability in human rights perspective refers to the relationship of government policymakers and other duty bearers with the right holders who are affected by their decisions.

water, sometimes as “a co-right with water”, and sometimes as an independent right. In 2010, the right to water and sanitation was officially recognized by the UN CESCR for the first time and it issued a statement on right to sanitation that clarified that right to sanitation is inter-related with the right to water (Obani and Gupta 2015).

Realizing the lagging behind of the MDGs target and the importance of sanitation with its inter-relatedness to enjoy other human rights, the UN General Assembly adopted a resolution on 18 December 2015, recognizing the right to sanitation as a distinct human right. Leo Heller who is UN special rapporteur⁸ on the human right to water and sanitation said: *“It is hoped that this will have a direct impact on those women, children, people with disabilities and marginalized individuals and groups who currently lack access to sanitation and an opportunity to highlight their plight.”* (United Nations 2016).

2.3. Importance of Sanitation

It is important to dispose the human waste (feces and urine) properly and keep oneself clean to improve and maintain a good health. If these wastes are not treated and disposed of properly in a safe way, different hazards of wastes such as physical, biological, microbiological or chemical agents of disease can adversely affect the health of human beings. That can lead to serious diseases such as diarrhea, dysentery, typhoid, cholera, and other types of infectious diseases. These health problems can be prevented if more efforts are made in this sector via bringing changes in personal hygiene behaviors, such as washing hands properly and keeping one self-clean, disposing of the wastes properly, and using clean toilets with access to clean water sources (Conant 2005).

A healthy sanitation and hygienic system mean that people should have access to a proper place where they can relieve themselves (urinate and defecate), have access to services to clean oneself, preventing human and food contact from excreta, keeping the toilets clean and safe and reuse the human excreta into a healthy resource. Besides health, people need proper access to sanitation, and improved hygiene for many other reasons. A toilet is not only a place with a deep

⁸ Special Rapporteur is a title given to an individual who are given special mandate to examine, monitor, advise and publicly report on different human rights problems on behalf of UN via different activities.

hole meant for defecation, it is also a place to maintain privacy and feel safe while relieving oneself with ease especially for women and girls during their menstrual period and those who are vulnerable to sexual violence. The toilet is also about respect and status. If a toilet is built well, clean, and safe, it will show the status of the people; this is one of the reasons that encourage people to invest and make effort on construction and maintenance of toilets (ibid).

2.4. Towards sustainable sanitation

Everyone has their own way of dealing with different methods of sanitation and personal hygiene behavior that includes even those who go to the bushes or fields to relieve themselves. For the sanitation practice to become healthy, it must consider measures that fulfill the needs of the children who cannot take care of themselves, and it must ensure that women have access to safe and clean toilet such that they have the access to keep themselves clean during menstrual period (ibid).

People may be using different kinds of sanitation methods in a community, and they may have different preferences and needs while using these services. Along with this, they may or may not want to change the way they use or take care of their sanitation methods, like constructing new toilets and making the toilet accessible such that it meets the needs of the vulnerable people. So, even bringing small changes can improve access to sanitation for all. While making changes or planning changes in the community or household sanitation, we should consider that it should cover following things (ibid):

- i) It should prevent disease by preventing contact of wastes and insects away from people.
- ii) It should not pollute water sources.
- iii) It should be built or maintained in such a way that the environment remains protected for example via ecological sanitation.
- iv) It should be simple and affordable such that it meets the needs and capabilities of everyone and people feel comfortable and easy to use and maintain it.
- v) It should be fit for everyone. It should be culturally acceptable and address the needs of everyone as well.

2.4.1. Community participation

As mentioned above, people have different needs and desires. The most affected people should be given opportunities to make decisions related to sanitation and all the people in the community should work together to ensure sanitation for all. When the government and non-government organizations make plans for sanitation programs, community participation plays a vital role because when local people and vulnerable groups are given the opportunity to participate in such programs, the results can more likely fit the actual needs of the people. It is mostly seen that unpleasant works such as cleaning toilets are done by women or people from lower classes. If these people get the opportunity to participate in decision-making, they can also help bring positive changes in sanitation practices (ibid).

2.4.2. Sanitation for woman

“If you educate a man you educate an individual but if you educate a woman, you educate a family (nation)” - African proverb of the month, 1999

Mostly in the rural areas, men are considered as breadwinners of the family and women are considered as homemakers (Hayes 2013). Women are one of the most affected groups if access to sanitation services are lacking. Women have special needs for sanitation but they may not have money, power or confidence to make sure that their needs are fulfilled. Thus, it can hamper their health, privacy, and dignity. Women are responsible for taking care of their children and their sanitation needs and house works. When their needs are not met, the whole community suffers. So, it is very important that women should be given the opportunity to participate in the decision makings related to sanitation in the community (ibid).

There are many reasons to give women and girls priority in access to sanitation services besides the unpleasant health consequences due to poor sanitation like:

a) Freedom from the darkness

Women and girls who live in rural areas and informal settlements in urban areas do not have latrine facilities. So, they must wait until it becomes dark and walk at night time to relieve themselves in the open. This has led them to increased risk of harassment and sexual violence. Apart from the discomfort caused by these practices, this can also lead to much serious illnesses

and change in eating behavior as they must wait for a long time and cannot relieve themselves as they wish (UNICEF 2003).

b) School enrollment

Lack of toilet facilities in the schools prevents girls from attending the school especially when they reach puberty and need proper sanitation facilities during their menstrual cycle. They need a clean and healthy gender segregated toilet to maintain their hygiene, relieve properly, properly manage their menstrual period, and maintain their privacy and dignity (ibid).

c) Protect pregnant women

Studies have shown that about 44 million women get infected by sanitation led hookworm infections in their pregnancy that leads to severe health consequences (ibid).

2.4.3. Sanitation for children

Children are one of the most vulnerable groups that are at high risk to become affected and get sick because of poor sanitation. It is very important for them to have access to toilets that are safe and easy to use so that they can stay clean and healthy. Lack of toilet facilities is one of the main reasons for girls to leave school at the age of puberty (Conant 2005). Girls need separate, safe, and clean toilets with hygienic facilities to ensure that they can use it easily and manage themselves clean during the menstrual period. If the children are taught about proper sanitation and hygienic behavior, they can develop healthy behaviors in some way (ibid).

Survival, growth, and development of children are at risk if they are not provided with proper sanitation and hygiene practices. Diseases related to poor sanitation are leading causes of mortality of children under the age of five in the world. Studies have shown that more than 800 children under the age of five die every day because of preventable diarrheal diseases (UNICEF 2016). Due to poor hygiene and lack of sanitation facilities, children are exposed to human excreta that results in diarrhea and worm infections. Repeated diarrhea leads to under-nutrition and malnourishment. Poor sanitation and hygiene are also associated with stunting, which results in irreversible physical and cognitive damage. Studies have shown that in 2014, 1 in every 4 children that are 159 million children under five years of age was stunted. Thus, poor sanitation and sanitation related diseases not only affect the health of the children but also have a negative impact on their ability to attend the school, their performance at school and overall educational achievements as they will frequently fall sick (ibid).

2.5. Sanitation in South Asia

Even in this 21st century, it is hard to imagine that in South Asia about 716 million people (men, women, and children) are forced to relieve themselves in the open, leading to the experience of shame and vulnerability every day. This has led to an acceleration of poverty and diseases. There are many reasons leading to sanitation crisis in South Asia. One of the main reasons is the historical practice of open defecation. People have been historically practicing open defecation for a long time in South Asia especially in rural areas and many regions of Nepal, India and Pakistan fall under this area (Narayanan *et. al.* 2012).

Exclusion is also one of the unhealthiest practice practiced and leading cause of poor sanitation in South Asia that hinders the people from access to sanitation facilities. Socially and economically weak people and marginalized groups are excluded from the society and are not allowed to use the sanitation facilities. Mostly people from lower castes do the jobs of scavengers which leads to harmful effects on their health (ibid).

Members of United Nations in September 2000 adopted UN Millennium Declaration designed to eliminate poverty, hunger, and diseases. A framework of these goals is known as Millennium Development Goals (MDGs). MDGs recognized the fundamental importance of sanitation and targeted to halve the population who do not have access to basic sanitation between 1990 and 2015. The global MDGs target was to reach 77 percent but during this duration of 25 years, JMP estimated that the global use of improved sanitation rose from 54% to 68% and the target lagged by 9 percent (nearly 700 million people). Besides failing to reach its target, it has also been found that disparity in access exists. For example, it has been found that almost all the developed countries have full sanitation coverage but sanitation coverage varies greatly in the developing countries and the lowest coverage is mostly found in South-Asian countries (WHO 2015).

In 2015, it has been estimated that still, nearly 2.4 billion people are devoid of access to improved sanitation facilities and out of them nearly 40 percent of the population resides in Southern Asia. The majority of the populations (64%) in Southern Asia do not have access to improved sanitation facilities and still practice open defecation (WHO and UNICEF 2015).

Among them, the largest portion (60%) lives in India (UNICEF 2015). These studies depict the progress in the sector of sanitation and help us identify various challenges that need to be tackled to reach our goal and further upgrade the policies (WHO and UNICEF 2015).

Along with the importance of need for sanitation, we should also be able to progressively address problems of open defecation which is still being practiced by the people despite various efforts made in this sector. In 2013, realizing the adverse effects of open defecation and the importance of its elimination to improve health and productivity of the people, UN Deputy Secretary-General Jan Eliasson, launched a Call to Action on Sanitation making a target of ending open defecation by 2025. Although in the countries like Bangladesh, Nepal, and Pakistan, it has been possible to reduce open defecation of more than 30 percent, the overall declination of the people practicing open defecation in Southern Asia is moderate (around 21%). The JMP report shows that sanitation coverage is lower in rural areas than in urban area; seven out of ten people who do not have access to improved sanitation facilities and nine out of ten people practicing open defecation live in rural areas (WHO 2015).

3. Methodology

This chapter discusses the theoretical perspective, the use of literature review as methodology, the process of data collection and its analysis, scope and limitations of the study, and assumptions. It also provides details regarding the criteria to select the literature, methodological issues, and different considerations. Furthermore, subsequent section explains how the literature was reviewed and information was linked to address the research questions of the study.

3.1. Theoretical Perspective: Human Rights Based Approach to Development

Bryman (2012) says that theory is important to a social researcher because it provides a rationale for the research being conducted. It provides a framework to understand the social phenomena and interpret the research findings. This study has Human Rights Based Approach (HRBA) to development as its theoretical underpinning. The rationale behind using this perspective is discussed below.

This study uses HRBA framework which is “a conceptual framework for the process of human development that is normatively based on international human rights standards and operationally directed to promoting and protecting human rights” (UNICEF 2016). HRBA mainly emphasizes the relationship between right holders and their entitlements with duty-bearers and their obligations, mainly focusing on the process to realize the human right to sanitation and its foundation, which is based on the core principles of equality, non-discrimination, participation, and accountability as shown in figure 1. This approach works towards improving the sanitation sector by mainly focusing on the realization of the right to sanitation of the most vulnerable and marginalized population, and recognizing universality as a core principle to attain sustained progress (UNDP n.d.).



Fig 1. Main Components of HRBA to development

The first research question explores the approaches made by the government, civil society organization, and market to realize sanitation as a human right in the three South-Asian countries. It also helps us to understand what approaches have succeeded to reach the most vulnerable population and what obstacles are faced by these institutions while implementing their efforts.

The purpose of this HRBA to development is to enable the people to live with dignity and to attain the highest standard of living under the principles of international human rights laws. Thus, human rights have become a “coherent framework for concrete action to eliminate poverty” (Hausermann 1998). The most vulnerable ones are the people who live in poverty or those who are from marginalized groups. They cannot enjoy their right to sanitation due to different kinds of discrimination or lack of sufficient actions from the states or global institutions or lack of infrastructure and various other factors. These populations are the ones who are denied their basic rights to the highest standard of living and dignity, and often have less social, political and economic resources to achieve their rights. The HRBA to development enables these people to change their circumstances by providing them with the needed environment, assistance, and empowerment (Calaguas 1999).

International law guarantees the right holders to enjoy their human rights and governments have certain obligations to realize these rights. This approach focuses on achieving these basic rights by fulfilling the needs of the people. Thus, lack of access to sanitation services deprives the people of their rights as per this perspective. This approach assists in realizing the right to sanitation under the international human rights principles (Calaguas 1999). Children, women and people from marginalized groups are the most vulnerable ones, whose right to sanitation are at risk or are being violated. The rationale behind using this perspective is that this approach mainly focuses on these vulnerable groups establishing the premises, that the country cannot achieve sustained progress unless they implement their efforts to realize the right to sanitation universally (COHRE *et. al.* 2008).

Another rationale behind using this perspective is that for needy people to enjoy their rights and build their capacity; policies and legislations should be transparent and they should know who are accountable and where to find help. This approach helps to make policy and regulations that particularly addresses the human rights and challenges to fulfill the human needs, making the

policies transparent, empowering the people and the community to participate in making decisions and claim their rights, and ensuring effective remedies to those people whose rights are violated (Schedler *et. al.* 1999).

As discussed before, sanitation and hygiene is a socially prevalent issue, especially in South-Asia where open defecation is still in practice. Lack of access to sanitation and hygiene promotion causes severe health problems, which is one of the main causes of child mortality in South- Asia. These problems lead to increased poverty and affect child survival and development leading to reduced productivity of the people. The HRBA to development helps to conceptualize basic sanitation requirement in human rights perspective that entitles sanitation for all to be freely available, acceptable, affordable, assessable, and safe (Calaguas 1999).

By understanding different approaches to promoting sanitation and hygiene services, reaching the needs of most vulnerable ones and addressing different challenges faced while working in this field, we locate our theoretical assumptions in HRBA to development.

3.2. Methodological considerations

3.2.1. Analysis of reports

In this study, UN reports submitted by the governments and civil society organizations of the three South-Asian countries (Nepal, India, and Bangladesh) on sanitation have been systematically reviewed. All the resources were available on the official website of the United Nations OHCHR (www.ohchr.org) and UN Bibliographic Information System (<http://unbisnet.un.org>). The reports submitted under International Covenant on Social, Economic and Cultural Rights and Convention on the Rights of the Child from 2000 to 2015 were analyzed.

The analysis covered a total of 28 UN documents among which 11 were civil society reports, 3 were reply to a list of issues report, 11 were state party reports and remaining were other UN documents as shown in figure 2 and table 1 below. To generate more data on the study topic, additional relevant literature using search engines such as Google Scholar, BIBSYS, and Academic Scholar Premier were searched. A systematic search was also conducted on the websites of international organizations such as United Nations Children's Emergency Fund

(UNICEF), World Health Organization (WHO), United Nations Human Settlement Programme (UN-HABITAT) as well as searching for the references of the retrieved literature.

Search for relevant literature were conducted using both specific and broad keywords such as sanitation as a human right, hygiene, toilet, human right, child right, South Asia, Community led sanitation approach, legislations, national action plan, School led sanitation approach, sanitation for marginalized groups, toilets in schools, sanitation approaches, sanitation challenges. Since the study has been done on three South-Asian countries, the terms India, Nepal, and Bangladesh were added to the keywords while searching.

Types of UN Reports	Reports submitted under	Nepal	India	Bangladesh
State Party Report	CESCR	3	1	0
	CRC	2	2	3
Civil Society Report	CESCR	4	0	0
	CRC	1	3	3
Reply to list of issues	CESCR	1	1	0
	CRC	0	0	1

Table 1: Number of UN Reports of Nepal, India, and Bangladesh

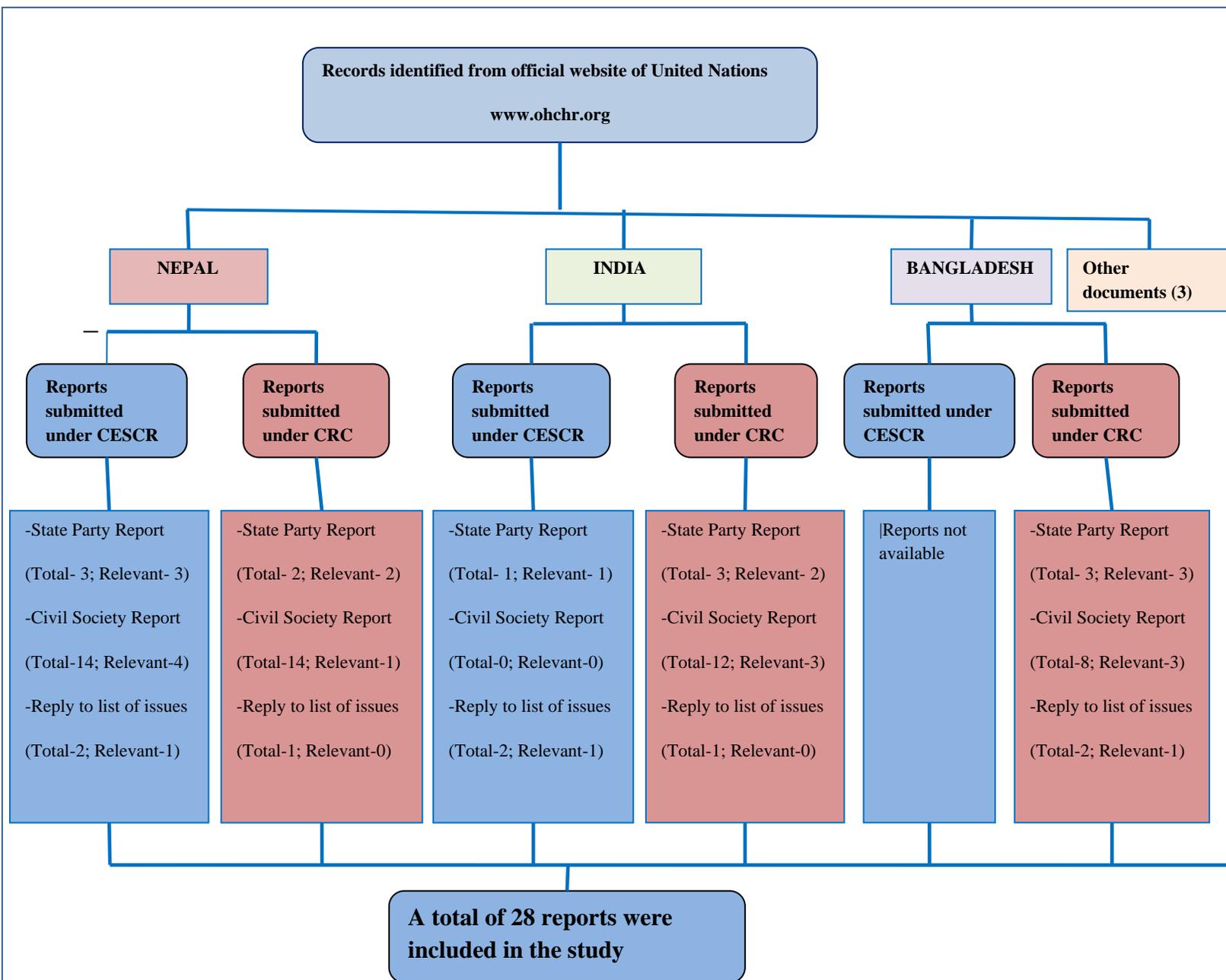


Figure 2: Flow Diagram of literature

3.2.1.1. Inclusion and exclusion criteria

A list of criteria of what to include and what to exclude while doing the literature search for the three countries (Nepal, Bangladesh, and India) was made so that the validity could be kept as high as possible. The main aim of the data collection is to find the literature that answers the research questions of the study and the inclusion criteria define its boundaries. The selection should be free from bias which may be formed due to preconceptions and pre-opinions. The inclusion criteria determine which literature should be included in the study and the exclusion criteria determine which criteria should be excluded. The inclusion criteria for the study are as follows:

- i) UN state party reports, civil society reports and reports of reply to list of issues on sanitation have been specifically selected for analysis.
- ii) Selection of the documents has been limited to the reports submitted by three South-Asian countries that are Nepal, Bangladesh, and India.
- iii) Data analysis of the study has been limited to UN documents aiming to understand what efforts are being made by the government and civil society organization to realize the right to sanitation and what challenges they have been facing from their point of view via the reports submitted by them.
- iv) Literature has been collected specifically based on human rights perspective as it is the main foundation of the study.

Studies from the places outside South-Asia were excluded. One of the main reasons was as mentioned before that nearly half the population out of total population who are devoid of sanitation services resides in South- Asia and this is one of the most affected regions due to sanitation crisis. The another reason is that the study is limited to only three countries of South-Asia that is Nepal, India, and Bangladesh.

The reason behind choosing Nepal was that the author herself was from Nepal. So, it would be easy for the author to better understand the status of sanitation in the country and explore the activities done in this sector. Studies have shown that largest number of the population practicing open defecation resides in India despite numerous approaches made in the sanitation sector.

While Bangladesh showed remarkable achievements in sanitation coverage. Since sanitation crisis is a major issue in all the three countries, it was very interesting and knowledgeable to explore different activities done and challenges faced in sanitation sector in these three countries with the similar socio-economic condition but different sanitation coverage.

3.3. Ethical considerations

Since the study is a literature review and analysis is done from secondary data, it has been found that the usual ethical issues such as confidentiality and informed consent were of little importance. However, special attention has been paid towards ethical aspects of this thesis such as proper referencing and proper quoting and avoiding misreporting of others. The study is completely based on a review of secondary resources. So, the findings of the study need not be generalized for policy-decision makings.

3.4. Scope of the study

The dissertation studies on the concept, importance, approaches, perceptions, challenges, and inter-relatedness with other human rights of sanitation from human rights perspectives. It reviews and analyzes existing documents and reports submitted by the three South-Asian countries to the UN OHCHR between the years 2000 and 2015. The UN General Assembly declared sanitation as a fundamental human right in 2010. This study analyzes different works done and progress made in sanitation sector between 2000 and 2015 which is both before and after the declaration of sanitation as a human right.

3.5. Limitations and assumptions

i) This study is completely based on secondary data from published and unpublished academic sources and the analysis is limited to the UN documents found on the official website of OHCHR.

ii) The documents used for analysis is limited by a time frame of fifteen years.

iii) The study has only reflected the status, works done, and terms related to sanitation in three countries of South-Asia. Thus, the findings and discussion do not cover the activities related to

sanitation, particularly in terms of human rights perspectives encompassing all countries in this world. In this regard, the findings of this study might not correspond to other parts of the world.

iv) Since the analysis and finding are limited to official UN documents submitted by the government and non-government organizations, there is a possibility that some of the programs and plans may be limited more in theory and less in practice.

v) The study includes reports submitted by government and civil society organizations. Most of the findings in the reports give generalized information related to the overall situation of the country. Most of the approaches are also found in integrated form among different sectors like health, education, water and poverty instead of specific approaches to sanitation. Therefore, it is difficult to get a key conclusion from the findings.

3.6. Reflexivity

Background and position of a researcher shape the whole research. It affects what they choose to investigate and how they do it, the methods used and that are assumed to be more relevant along with appropriate findings and framing of conclusions (Malterud 2001). The author being a female medical doctor, from Nepal, a South-Asian country, the pre-conception has the potential of influencing the selection, analysis, and interpretation of the collected data. To avoid such influence, the author has kept an open-minded stance and made sure that the interpretation and analysis of the data were not overshadowed by any prejudice and pre-understanding of the topic. The study has been done in a more comprehensive manner and every topic has been reflected to address the different approaches and challenges faced in sanitation sector in South-Asia.

4. Findings

This chapter presents a structured approach towards data analysis, subsequently leading to findings that reveal different approaches and challenges faced in the sanitation sector in Nepal, Bangladesh, and India. Findings presented in this section are based on UN reports submitted by the government and civil society organizations. The first section of this chapter discusses different approaches made by the government, civil society organization and market to promote sanitation sector and recognize sanitation as a human right. This section is further divided into three sub-sections, each sub-section referring to the three countries respectively. Each sub-section is further divided into three portions based on findings from state party report, civil society report and reply to list of issues. All the three reports included works done by both government and civil society organizations. So, sanitation approaches made by the government was analyzed from all the three reports and the same process was done for civil society organization approach and market approach.

The second section of this chapter discusses different challenges faced by these institutions while implementing their approaches to recognize sanitation as a human right. The second section is also divided into three sub-sections in the same manner as section one. Therefore, the first and second sections address the first and second research questions of the study.

4.1. Approaches to recognize sanitation as a human right

Analysis of State party report, civil society organization⁹ report and Reply to list of issues report submitted under CESCR and CRC was done.

4.1.1. Approaches to recognize sanitation as a human right in Nepal

Different types of developmental approaches have been made by the government and non-government institutions to upgrade the sanitation status in the country. Significant progress has been achieved in this sector but still many challenges are yet to overcome. This section presents different plans and policies implemented and programs launched to promote sanitation sector in the country.

⁹ UN describes civil society as a 'third sector' of the society that aggregates non-government organizations and institutions that represents interests of the citizens and help support the works done for betterment of the people in the country.

4.1.1.1. Approaches made by the government

Access to sanitation facilities is one of the basic requirements of human beings. The term 'Sanitation' is not merely access to toilets but it is also related to many other aspects such as health, education, shelter and socio-economic factors (UN Doc E/C.12/NPL/2 2006, para 48).

With this belief, the Government of Nepal (GON) has made numerous approaches independently and in collaboration with other non-government organizations to upgrade the status of sanitation in the country which is discussed below.

i) State party report

The approaches made by the GON in the form of plans, policies, financial investment and programs are as follows:

a) Plans and Policies

The plans and policies implemented to improve sanitation in Nepal are National Water Plan, Rural Water Supply and Sanitation National Policy, Twenty Year Vision and Urban Water Supply and Sanitation Policy.

In the Ninth Five-year plan (1998-2002), GON adopted plans and policies that focused on improving the socio-economic situation of the country and alleviate poverty. The plan mainly covered education, health, and drinking water and sanitation. Approaches in sanitation sector were not made individually but integrated approach to water and sanitation was made primarily focusing on achieving the main objective of the plan (UN Doc E/1990/5/Add.45 2000, para 44-46).

Realizing the importance of sanitation as basic human needs, GON adopted Tenth-Five year plan (2002-2007) that mainly focused on encouraging people to build sanitary latrines in their households in both urban and rural areas of the country. The improvement was seen in the access to sanitation facilities in the country. The sanitation coverage increased from 6 percent of the population in 1990 to 39 percent of the population in 2005. However, the overall sanitation coverage could not be achieved as targeted by MDGs. There was a vast disparity in the

proportion of the population with access to sanitation services between urban and rural areas (UN Doc E/C.12/NPL/2 2006, para 48-50).

GON adopted National Water Plan (2002-2017) that targeted to cover 100 percent of the population in the country with access to basic sanitation facilities by 2017. Integrated approaches were made that included sanitation, water, urban sewerage and waste water treatment (UN Doc E/C.12/NPL/2, para 54). The Twenty Year Vision (1997-2017) was also adopted with the same objective of universal sanitation coverage in the country by 2017. Under the guidance of this vision, decisions about investment of the government on promotion of sanitation sector and further implementation of plans and policies were assisted (UN Doc E/C.12/NPL/3 2012, para 268). The guidance for institutions working in sanitation sector and regulation of financial investments in this sector was further made by the development of Sanitation Master Plan (UN Doc CRC/C/NPL/3-5 2013, para 161). Thus, approaches to sanitation were made integrated with other sector programs with the main objective of providing full sanitation coverage in the country by 2017.

Rural Water Supply and Sanitation National Policy and Strategy, 2004 was revised by the GON. The strategy focused its programs to address sanitation issues mainly in rural areas. The government and local bodies were given authority under this revised policy to regulate and monitor programs related to water and sanitation in rural areas (ibid). The strategy used community-led sanitation approaches¹⁰ as its developmental approach to promoting sanitation in rural areas (UN Doc E/C.12/NPL/3 2012, para 268).

The GON also adopted National Human Rights Action Plan (2004-2007) that conducted human rights programs related to health. The plan included an approach to sanitation through conduction of sanitation related awareness programs mainly in rural areas. The approach was made in integration with other programs like awareness programs related to human rights to good health and reproductive health (UN Doc E/C.12/NPL/2 2006, para 232).

¹⁰ Community led sanitation approach is an approach that mobilizes the people in the community itself to initiate activities to end open defecation and bring behavior change.

The National Urban Policy, 2007 was enforced to improve sanitation status for urban poor by improving provisions of sanitation services in the urban areas (UN Doc E/C.12/NPL/3 2012, para 268). The public-private partnership was promoted in both water supply and sanitation sector of urban areas by the GON through the declaration of Water Supply Management Board Ordinance in 2005 (UN Doc E/C.12/NPL/2 2006, para 55). The government gave legal authority to the private sector for the management of the sanitation services in the capital city Kathmandu under the Nepal Water Supply Corporation Second Amendment Act, 2007, the Water Supply Management Board Act, 2006 and the Water Supply Tariff Fixation Commission Act, 2006. The policies were enforced with an objective to improve sanitation services in the urban sector. However, approaches used to reach the main objective were not clearly mentioned in the reports (UN Doc E/C.12/NPL/3 2012, para 268).

GON established a National Committee for Sanitation Action (NCSA) that managed works done by institutions working in sanitation sector and organized sanitation related activities under National Sanitation Action Week¹¹ (UN Doc E/C.12/NPL/2 2006, para 59).

b) Collaboration between government and non-government organizations

GON has been working closely with non-government organizations to implement sanitation related plans and programs in different parts of the country. Asian Development Bank (ADB) provided funds and worked actively with the GON to provide sanitation services mainly in the rural areas (ibid., para 56).

The GON in collaboration with CTEVT development partners provided training related to sanitation sector in integration with other sectors like health, agriculture, and tourism. While providing training, priority was given especially to Dalits, Muslims, women, conflict victims and people from backward communities¹² so that the needs and demands of these disadvantaged group of the population could be met (E/C.12/NPL/3 2012, para 184). Thus, NGOs have been

¹¹ National Sanitation Action Week is celebrated from 1st-7th of June to encourage construction of toilets and make open defecation free zones in different parts of the country.

¹² Backward communities are communities of people with castes which are socially and educationally disadvantaged.

assisting the GON with financial and technical assistance to promote sanitation sector in the country.

c) Financial investment

GON was committed to providing social services to the people of the country despite numerous challenges and hindrances that will be discussed in next section. To fulfill its commitment, GON tripled its expenditure in social sector during the interval of seven years between 1992-1993 and 1999-2000. A major part of the budget (nearly two-third) was distributed to sanitation sector in integration with water supply, basic health and primary education (UN Doc CRC/C/65/Add.30 2004, para 37).

Economic support was also provided to Village Development Committees (VDCs) for conduction of works in sanitation sector in rural areas that resulted in positive local initiatives (E/C.12/NPL/2 2006, para 58). UNICEF worked together with GON to initiate Open Defecation Free (ODF) campaign throughout the country. GON mainly focused on encouraging the people in the community to construct and use sanitary latrines by providing subsidies of up to NRs. 2000 per household (CRC/C/NPL/3-5 2013, para 163).

The budget allocation of the GON was not limited to sanitation sector alone. Ministry of Federal Affairs and Local Development (MoFALD) allocated 20 percent of its total budget to improve access to safe water integrated with sanitation in the rural sector. The VDCs have also allocated 15 percent of their grants to support the vulnerable and socially excluded groups of people working in ODF campaign. Thus, because of increased commitment of the GON, expenditure of the government on social sector increased almost six times in the interval of six years (2001/02-2007/8) that is from 4.3 percent to 22.9 percent (UN Doc CRC/C/NPL/3-5 2013, para 166, 186).

d) Programs

Although discrimination based on race, gender and caste were forbidden as per the laws of the country, it was very difficult to practically apply them. To counter these discrimination practices and provide both girls and boys with equal opportunities, sanitation related programs to improve access to sanitation facilities were conducted mainly in rural areas. Rural areas were the most

affected areas due to sanitation crisis. So, most of the programs were targeted in these regions (UN Doc CRC/C/65/Add.30 2004, para 51).

In addition to these programs, Ministry of Education (MOE) implemented gender equality and social inclusion (GESI) programs that focused on promoting inclusion of girls and women in education sector by building separate toilets for girls in the schools integrated with other measures such as provision of appointing woman in teacher quotas and school management committee (UN Doc E/C.12/NPL/3 2012, para 168).

The inclusion of the subject of sanitation and hygiene in the secondary school curriculum was one of the major approaches taken by the GON for promotion in the sanitation sector. This approach was made targeting children as an agent of change so that children learned about good sanitation and hygiene practices in schools, and then spread the message of good sanitation and hygiene to their parents and community. This can lead to the practice of good hygienic behavior from their childhood (UN Doc E/C.12/NPL/2 2006, para 58).

School and community-led total sanitation programs were implemented by the GON to spread awareness about sanitation and hygiene in different parts of the country. The government especially encouraged the marginalized and vulnerable group of people to participate and run these awareness programs and sanitation projects so that the needs of the disadvantaged people could be addressed and met (UN Doc E/C.12/NPL/3 2012, para 269).

In summary, major approaches made by the GON to promote sanitation sector were CLTS, SLTS, financial assistance, ODF campaigns, awareness programs, training, sanitation action week and encouragement of vulnerable groups to participate in sanitation related programs. These approaches were made by the GON both independently and with the support of non-government and international organizations. Findings discussed above revealed that most of the activities were not limited to sanitation sector. The majority of the adopted plans and programs implemented its activities in sanitation sector in integration with other sectors such as water, health, and education. Sanitation was regarded as integral part of water supply projects in most of the approaches and an essential component of poverty alleviation strategy. Financial

investments were also made in sanitation sector to encourage toilet construction and improve sanitation services in integration with other sectors such as agriculture, health, and education.

Major approaches to sanitation were made by GON in rural areas via school and community-led participatory approaches. However, there still exist a big gap between rural and urban areas in sanitation coverage and one of the main reasons is a lack of awareness related to sanitation and hygiene in rural areas.

Findings revealed that GON has been conscious regarding insufficient progress in sanitation sector to reach its target of universal coverage of toilets by 2017 and further plans to look for different other approaches like “financial support, coordination between institutions, participation with communities and awareness-raising” (UN Doc E/C.12/NPL/3 2012, para 275) to promote sanitation sector in the country and reach the most needy and vulnerable group of population.

ii) Civil society organization Report

It was found that civil society organization reports reported that similar approaches to sanitation were implemented as mentioned in the state party reports discussed earlier in section 4.1.1.1. (i) (a) such as Twenty Year Vision (1997-2017) (Food-FIAN 2013, 10-11) and programs that emphasized the construction of gender friendly toilets in the schools (Nepal Children Led Report CRC Report 2014, 19). The overall objective of these plans and programs were to achieve full sanitation coverage in the country before 2017.

iii) Reply to list of issues

Approaches to sanitation made by the GON are as follows:

a) Plans and Policies

The GON adopted Nepal National Sanitation Policy and Guidelines, National Social Waste Management Policy, National Water Supply Sector Policy, Rural Water Supply and Sanitation National Policy and Strategy and Plan of action and Sanitation Hygiene Master Plan to address sanitation issues and bring improvement in this sector.

Nepal National Sanitation Policy and Guidelines, 1994 (UN Doc E/C.12/NPL/Q/3/Add.1 2014, para 77) and Sanitation Hygiene Master Plan, 2011 were adopted by the GON with an objective to increase sanitation coverage in the country. District Water Supply, Sanitation and Hygiene Coordination Committee (D-WASH-CC) was created at the district level with the same objective (UN Doc E/C.12/NPL/Q/3/Add.1 2014, para 78). The GON enforced the National Water Supply Sector Policy, 1998 under which programs related to sanitation were an integral part of water supply projects (UN Doc E/C.12/NPL/Q/3/Add.1 2014, para 77).

The National Social Waste Management Policy, 1996 was implemented to make the sanitation services more effective by providing the people working in this sector and people in the community with training, awareness and encouragement for proper management of solid wastes (UN Doc E/C.12/NPL/Q/3/Add.1 2014, para 77).

Along with these initiatives, Sanitation Strategic Plan was initiated at the district level to achieve ODF status throughout the country before 2017. Huge campaigns were launched throughout the country with ODF status as a benchmark to achieve sustainable total sanitation. The movement towards establishing ODF zones was also made through SLTS approach aiming to promote sanitation programs through children, teachers, and parents (UN Doc E/C.12/NPL/Q/3/Add.1 2014, para 79).

GON implemented Second Long-Term Health Plan (1997-2017) that included policies related to sanitation. The plan addressed challenges faced while implementing the policies and made efforts to progressively realize the right to sanitation via awareness raising programs (ibid., para 87). Implementation of all these above-mentioned plans and policies were made mainly through four ways. They were as an integral part of water supply projects, community, and school-based programs, a local body led sanitation programs and mobilization and participation of community (ibid., para 79).

The practice of discrimination in access to sanitation services has been prevalent in different parts of the country in terms of gender and caste system. The people from lower caste groups,

girls, women, children and those with disability are the ones who are mostly affected by this practice of discrimination. To counteract these types of practices and address the obstacles faced due to these practices, the Caste-Based Discrimination and Untouchability Act was enforced (ibid., para 80).

b) Financial investment

Budgets were allocated to improve services in the sanitation sector. The Rural Water Supply and Sanitation National Policy and Strategy and Plan of Action, 2004 invested 20 percent of its hygiene improvement framework budget to promote health and hygiene practice integrated with safe disposal of excreta (ibid., para 77).

c) Programs

Sanitation programs specially focused on improvement of the sanitation services and living standard of the people living in rural areas because sanitation crisis mostly affected rural part of the country. With this objective, Rural Drinking Water and Sanitation Projects were initiated to improve the access to sanitation facilities in the rural areas (ibid., para 77).

In summary, plans and policies such as National Social Waste Management Policy, National Water Supply Sector Policy and Rural Water Supply and Sanitation National Policy and Strategy and Plan of action addressed sanitation issues that were not limited to sanitation sector but different other sectors such as water supply and solid waste management. Approaches such as CLTS, SLTS, ODF campaign and ecological approach in sanitation became more beneficial to promote sanitation and hygiene mainly in rural areas.

4.1.1.2 Approaches made by civil society organizations

Different approaches have been made by civil society organizations to promote and bring awareness related to sanitation and hygiene practices in the country. Different works done in this field are further elaborated as follows:

i) State party reports

State party reports mentioned different approaches made by civil society organizations that are discussed as follows:

a) Financial assistance

A Huge amount of financial resources is needed to cover access to sanitation services throughout the country and cover the objectives of poverty alleviation and socio-economic development programs. Nepal being one of the poorest third world countries faces the challenge of lack of financial constraints to reach the target of sanitation coverage. Donor agencies have been running projects to bring improvement in sanitation sector (UN Doc CRC/C/65/Add.30 2004, para 391-394).

Japan International Cooperation Agency (JICA) has been supporting the projects working on the construction of gender friendly toilets in the schools. This approach has reduced the dropout rate of girls from the schools and improved their access to education. However, the type of assistance whether financial or technical provided by JICA was not clearly mentioned in the report (UN Doc E/C.12/NPL/2 2006, para 232, 256).

ADB provided financial assistance to the projects that were working in sanitation sector mainly in rural areas. NGOs provided financial assistance to organize and implement sanitation projects, conduct pilot programs and provide recommendations for essential policy modifications (ibid., para 55-56).

b) Programs

The focus of sanitation related approaches made by NGOs was not limited only to the community people. United Nations High Commissioner for Refugees (UNHCR) along with its partner organizations have been working actively to provide sanitation services integrated with food distribution, housing materials, water and education services for the refugees in the camps (ibid., para 71).

c) Collaboration between government and non-government organizations

Initiatives taken because of good collaboration between government and non-government organizations such as providing sanitation related training have been discussed earlier in section 4.1.1.1. (i) (b). In addition, ODF campaign was initiated throughout the country by collaborative efforts made by the local bodies and UNICEF (CRC/C/NPL/3-5 2013, para 163).

In summary, civil society organizations played a vital role to provide financial as well as technical assistance to different programs and approaches made to promote sanitation throughout the country. They have mostly worked in collaboration with the GON. The activities conducted by these organizations are mostly based on a community level. Realizing the poor sanitation status in rural areas, most of the sanitation related programs have been carried out targeting rural areas of the country. The sanitation related programs were not conducted as independent programs. They were rather conducted in integration with various other sectors such as water, food, housing and education. Despite numerous assistance provided by donor institutions, sanitation coverage still lags in the country. The reports do not discuss the reasons behind this low sanitation status and if proper monitoring was done related to proper use of assistance to implement sanitation related programs.

ii) Civil Society organizations report

The reports submitted by civil society organizations mentioned different types of approaches made by the government organizations and different challenges faced by them. They have also noticed that sanitation programs were conducted more in urban areas than rural areas although the surveys showed that sanitation is in the poor state more in rural areas than in urban areas (FOOD FIAN 2013, 11). However, these reports did not give more emphasis on different efforts made by civil society organizations in the sanitation sector. There was a contrasting information given where state party reports mentioned that most of the programs emphasized its focus towards improving sanitation in rural areas while civil society reports mentioned that most of the sanitation programs were concentrated in urban areas of the country.

iii) Reply to list of issues

People living in the rural areas started their own initiatives towards proper and hygienic sanitation practices. One of the important approaches initiated was ecological sanitation approach¹³. Numerous urine diverted toilets¹⁴ were constructed in different parts of the country such that waste products could be used for farming purposes. Along with this approach, “organic farming, eco-farming and ecological sanitation village” have also been initiated by the people in the community themselves (UN Doc E/C.12/NPL/Q/3/Add.1 2014, para 79).

4.1.1.3. Market approaches

As mentioned earlier, approaches have been made by different national and international organizations to upgrade sanitation services in the country. The reports showed that different programs have been implemented to reach the needs of most vulnerable and needy group of people. However, there was weak reporting on sanitation issues based on market approaches. The reports have given more emphasis on other types of approaches than market approaches.

4.1.2. Approaches to recognize sanitation as a human right in Bangladesh

Different approaches have been made by the Government of Bangladesh (GOB) to promote and address different sanitation related issues based on the human rights framework.

4.1.2.1. Approaches made by the government

i) State party report

Approaches to sanitation through different plans and policies and awareness programs have been implemented by the GOB that is further discussed below.

a) Plans and policies

GOB adopted plans and policies that focused on improving the condition of children in the country. National Plan of Action (NPA) was enforced with the main objective of providing the children with opportunities to enjoy their right to sanitation along with other rights. The plan covered approaches to sanitation in integration with other sectors such as education, health and

¹³ Ecological sanitation approach is a system or an approach in which human excreta and waste products are safely recycled and used in agriculture for crop production.

¹⁴ Urine diverted toilets are a type of dry toilets mainly used in ecological sanitation where urine and feces are separately collected and reused in agriculture.

nutrition, information and communication and so on (UN Doc CRC/C/65/Add.22 2003, para 22). The Sixth Five year plan (2011-15) was also adopted by the GOB with the same objective targeting to improve the situation of the children through multisectoral approach (UN Doc CRC/C/BGD/5 2014, para 51).

GOB adopted National Policy for Safe Water Supply and Sanitation, 1998. The policy included sanitation programs integrated with water supply related programs that focused on providing water supply and sanitation services to the people, bringing behavior change among people in the use of both water and sanitation and thus reduce the spread of water-borne diseases (UN Doc CRC/C/65/Add.22 2003, para 168).

GOB adopted Unlocking the Potential: National Strategy for Accelerated Poverty Reduction (NSAPR) also known as Poverty Reduction Strategic Paper (PRSP) in 2004 with a fully committed target to alleviate poverty and achieve MDGs via a multisector approach. The approaches intended to meet the needs of disadvantaged groups of people. Integrated approaches were made based on the right-based framework in multiple sectors such as sanitation and safe water, quality education, local governance, and nutrition so that rights of the people could be progressively realized (UN Doc CRC/C/BGD/4 2008, 9).

The health, population, and nutrition sector (HPN) along with MDG/PRSP mainly targeted to improve the health sector for poor people. Since the sanitation sector is closely related to health and is an essential dimension of poverty, the focus was given on promotion of water and sanitation integrated with health and nutrition (UN Doc CRC/C/BGD/5 2014, para 224).

b) Collaboration between government and non-government organizations

It is essential to routinely monitor the progress achieved in the sector along with the implementation of approaches for its promotion. With this objective, Bangladesh Bureau of statistics and UNICEF jointly conducted a monitoring survey annually called Multiple Indicator Cluster Survey (MICS) that collected data on 27 different indicators related to the different situation of the children. The survey was started from 1993 that mainly aimed at monitoring the

progress of situation of children towards World Summit Goals. The 27 different indicators were related to water, sanitation, health and education (UN Doc CRC/C/65/Add.22 2003, para 26).

c) Programs and activities

Approaches have been made to improve access to sanitation facilities in the schools especially for girls and women through the construction of gender friendly toilets. These measures have successfully promoted female education in the country, resulting in increased enrolment of girls and women teachers in the schools, reduced dropping out of female children mostly when they reached puberty and helped to eliminate the practice of discrimination in the education field for girls. Thus, implementation of sanitation approaches has not only enabled children to enjoy their right to sanitation but the right to education as well (UN Doc CRC/C/65/Add.22 2003, para 52 and UN Doc CRC/C/BGD/5 2014, para 225).

Children were the essential medium to promote the sanitation sector in the country. School health programs were conducted that taught the children regarding importance and use of proper sanitation and hygienic practices along with other health-related topics such as water, first aid, population education, and STDs. Through the school health programs, the children would learn about good sanitation and hygienic practices from their childhood and spread the message to their families and communities (UN Doc CRC/C/65/Add.22 2003, para 186).

A comprehensive national Hygiene Awareness and Product Information Campaign (HAPIC) was launched that intended to spread the message among the people regarding the proper use of safe water and sanitary latrines and hygienic practices such as washing hands. These education services were given in urban development centers, para centers, and primary schools. As discussed above, hygiene education based on HAPIC messages were given to primary school children such that awareness messages were spread through "child to child approaches" (ibid., para 199).

Media became a successful medium to spread sanitation related awareness throughout the country and reach the unreached people in Bangladesh. Several programs were launched by a national radio named Bangladesh Betar in the form of "discussion, debate, interview, spot, jingle,

radio cartoon, drama, quiz, slogans, observance of day (namely Meena day)” (UN Doc CRC/C/BGD/4 2008, para 61) to bring awareness among people on sanitation related issues integrated with other sectors such as safe motherhood, food, and nutrition (ibid). Some of the television channels such as BTV launched programs that communicated with children and young people to get their experiences and views on sanitation related issues so that the problems created by sanitation crisis could be highlighted (UN Doc CRC/C/BGD/4 2008, para 137).

The training program was organized named Script Development and Animation Training on Meena in 2005 that provided training to scriptwriters, animators and other artists such that they could conduct shows that spread awareness among people about sanitation and hygiene along with other sectors such as water, protection, and quality education (ibid., para 64).

A big campaign was launched by the GOB in 2004 called South Asian Conference on Sanitation (SACOSAN) to promote the sanitation sector where the Press and Information Department (PID) made an active involvement in supporting the event and promoting sanitation (ibid., para 155).

The GOB developed water and sanitation packages that included sanitation related approaches integrated with water supply approaches such as the construction of sanitary latrines, providing water and sanitation services especially in the places where there were no sanitation facilities or other under-served areas (ibid., para 110).

The government initiated education on sanitation and hygiene to the tribal children in their own tribal languages. The program was launched with an objective that the children would learn and understand the knowledge of sanitation and hygiene better if they were taught in their own mother language (CRC/C/BGD/4 2008, para 303). In addition to this, Ministry of Local Government, Rural Development and cooperative (MoLGRD) conducted Sanitation, Hygiene, and Water Supply project that emphasized the improvement of living standard of children (UN Doc CRC/C/BGD/5 2014, para 74).

In 2004, community-based approaches to water and sanitation were made by GOB by mobilizing more than 5 million people through awareness programs, training and other communication activities (UN Doc CRC/C/BGD/4 2008, para 290).

Ministry of Women and Children Affairs (MoWCA) conducted meetings for mothers on monthly basis to educate them about proper maintenance of sanitation and hygiene for their children along with child health, nutrition, and awareness related to other social issues (UN Doc CRC/C/BGD/5 2014, para 190).

d) Assistance

Different technical and financial assistance have been given by the GOB to encourage people to construct sanitary latrines and increase their demands. However, details regarding assistance provided by the GOB have not been clearly mentioned in the reports. For example, the number of subsidies allocated per household, and criteria for providing financial support. In addition to this, the GOB have constructed community and public toilets, and systems for disposal of solid wastes to improve the access to sanitation services in urban slum areas (UN Doc CRC/C/65/Add.22 2003, para 205).

The GOB has given their main attention to development and meeting the needs of the children while making their financial investments and allocations. With this intention of nurturing the children and increasing their productivity in the future, financial investments were made in education, health, nutrition and protection that resulted in improvements in the water and sanitation sectors along with other areas like child mortality and engagement in the schools. These findings showed that sanitation is interlinked with other sectors and approaches made to improve other sectors can bring improvement in sanitation sector as well and vice-versa (UN Doc CRC/C/BGD/5 2014, para 63).

There are many reasons behind the success of Bangladesh in coverage of sanitation services all over the country. Some of the main reasons behind this success are “massive camping, decentralization of government institutions, the involvement of local bodies along with an increase in financial allocations, especially for hardcore poor, incentives and award for better performances, and increasing public-private-NGO partnership” (UN Doc CRC/C/BGD/4 2008,

para 289). The SACOSAN Conference held in 2003 in Dhaka became a huge success and led to Dhaka declaration that made a commitment to cover 100 percent sanitation coverage throughout the country by 2010. This declaration was against the MDGs target that targeted to cover universal sanitation coverage before 2015 (ibid., para 289).

In summary, the findings showed that strong political commitments in Bangladesh led to remarkable achievements in the sanitation sector throughout the country. Sanitation approaches were not made alone but mostly made in integration with other sectors such as water, health, and education. The main objective of these approaches was poverty alleviation in the country. Plans and policies were adopted that emphasized improvement in the situation of the children and provided them with opportunities to enjoy their rights. Activities were conducted in different sectors with this objective and sanitation was one of them that led to improvement in the living standard of the children. Most of the efforts made were community-based where people in the community and children played a major role to promote sanitation along with other initiatives such as providing sanitation related training, promotion through media, financial allocations, and awareness programs.

ii) Civil society organization reports

Similar government approach to sanitation was mentioned in civil society report as mentioned in state party report in section 4.1.2.1. (i) (c). However, besides approaches made by the government in sanitation sector, the civil society organization reports gave more emphasis on different sanitation related issues and problems faced by the people because of poor hygiene and sanitation services (UN Doc BSAF 2012, 25).

Although it was mentioned in section 4.1.2.1. (i) (c) that toilets were constructed with the objective of providing access to sanitation services to the people, the objective could not be reached due to a lack of management of these toilets. These toilets lacked water supply and other facilities due to which they could not be reused and kept clean. This further led to a risk of poor sanitation and unhygienic toilets. The report mentioned the problems of unhealthy toilets but it did not report what solutions were taken for those problems. The report showed the failure of the state to take proper steps in this regard (ibid).

iii) Reply to list of issues

The GOB made commitments to achieve universal sanitation coverage by 2011 which was before the target of MDGs in 2015. The commitments included specific objectives of covering rural sanitation coverage to 100 percent by 2011, achieving universal access to sanitation facilities in urban slum areas by 2009 and increasing the coverage of sanitation services to 80 percent in the areas with limited sanitation services by 2011. However, the following reporting on progress achieved with this approach was not found (UN DOC CRC/C/BGD/Q/4/Add.1 2009, 3).

4.1.2.2. Approaches made by civil society organization

Numerous approaches have been made by civil society organizations both individually and in collaboration with the government to promote the sanitation sector in the country. Various approaches made are further discussed as follows:

i) State party report

a) Collaboration between government and non-government organizations

As discussed earlier in section 4.1.2.1. (i) (b), both state party report and civil society report mentioned similar approaches to sanitation such as MICS monitoring survey.

b) Assistance

International organizations such as World Bank, UNICEF, DANIDA, SDC, and CARE have been supporting government's approaches to water and sanitation. Sanitation programs were mostly conducted in integration with water programs. However, it was reported that efforts made in the implementation of water programs were increased by three times while sanitation sector getting lesser preference (UN Doc CRC/C/65/Add.22 2003, para 197).

The School Sanitation and Hygiene Education Project run by the government have been supported by UNICEF to run the program more efficiently. The two organizations have been working in good collaboration with each other to improve the water and sanitation services in the primary schools and educate the students about better sanitation and hygiene practices (UN Doc CRC/C/BGD/4 2008, para 295).

c) Programs

In 1997, an initiative was started with the support of UNICEF with an intention of spreading sanitation related awareness in the community and increasing access to sanitation services. The program included provisions of providing pre- school education to the young children and spreading health-related messages among people in the community. Para community centers were established where one center served 25 to 30 households and conducted programs aiming to improve water and sanitation services along with health and educational services, parenting, and education (UN Doc CRC/C/65/Add.22 2003, para 405).

Different children's organizations like Adolescents' clubs, Child Brigade, Chander Hat etc have been actively working to promote sanitation sector and spread the awareness among people regarding sanitation related issues. They actively participated in rallies, human chains, and other forms of demonstrations so that the respective authorities became aware of the problems and issues faced by the people due to sanitation crisis; and improvement in sanitation services could be made along with other issues such as early marriage, and child labor. NGOs have been providing the members of these children organizations with training such that they can develop their abilities to work more efficiently (UN Doc CRC/C/BGD/5 2014, para 143).

In summary, Bangladesh is a poor country and faces numerous challenges while implementing programs to achieve socio-economic development. It is very difficult for the country to achieve MDGs target without the assistance of NGOs. NGOs have been supporting different works being done in the sanitation sector. Sanitation approaches have been made in integration with approaches to other sectors especially for and through the children like sanitation and hygiene education projects and awareness programs. Although implementation of sanitation projects was mostly integrated with water supply projects, water sector programs were given more emphasis compared to sanitation sector programs.

ii) Civil society organization report

The civil society organization reports mentioned different approaches made by the government to improve access to sanitation facilities. The reports focused on construction and maintenance of sanitation facilities in the schools and improving the access of sanitation services to

disadvantaged children. However, the reports hardly mentioned approaches made by civil society organizations in the sanitation sector.

iii) Reply to list of issues

The reports mainly emphasized different approaches and commitments made by the government to achieve universal sanitation coverage throughout the country and to provide access to sanitation services to the needy people. However, least reporting was done on the approaches made by different civil society organizations.

4.1.2.3. Market approaches

Along with the approaches made by the government and non-government organizations, markets also played very important role to promote sanitation sector in the country. Besides the implementation of sanitation related awareness programs and efforts to solve sanitation related problems and issues, it is important that people have access to materials needed for construction of sanitary latrines at affordable prices so that they are encouraged to build toilets.

i) State party report

Numerous market approaches are discussed as follows.

a) Programs

Initiatives have been taken based on Community action plan¹⁵ to bring improvement in the sanitation sector. Based on community action plans, the report mentioned that 150 private latrine production centers were built and 55,000 water sealed and low-cost latrines were constructed because of joint efforts made by the people in the community (UN Doc CRC/C/BGD/4 2008, para 290).

¹⁵ Community action plan is a framework or a tool used that enables the people in the community to act as per the needs and potential of the community.

b) Assistance

The GOB helped the local producers in the form of training and financial assistance so that they could meet the demands and needs of the people in the community (UN Doc CRC/C/65/Add.22 2003, para 205).

In summary, market approaches to sanitation were made such that the local producers could meet the demands of the people in the community. Local producers were provided with financial assistance and training to bring improvement in market approaches to sanitation sector.

ii) Civil society organization reports

The Civil society organization reports mentioned different types of approaches made by the government organizations in the sanitation sector. However, it was found in the reports that more emphasis was given to efforts made by other organizations than market approaches.

iii) Reply to list of issues

The reports of reply to list of issues mentioned various plans and programs implemented to promote sanitation sector. The reports emphasized more on programs launched and further plans of the government to achieve universal sanitation coverage in the country and providing the access to sanitation services for the needy and vulnerable children. However, market approaches made in this sector were hardly mentioned in these reports.

4.1.3. Approaches to recognize sanitation as a human right in India

In early days, the concept of sanitation was limited to disposal of human excreta by open ditches, pit latrines, and bucket system. With time, the concept of sanitation has become more comprehensive and it is not only limited to human excreta but also includes liquid and solid disposal, food hygiene, personal, domestic and environmental hygiene. Lack of provision of disposal of human excreta and solid and liquid wastes may lead to numerous unfavorable consequences such as adverse environmental conditions and lack of personal and food hygiene which is the major causes of many killer diseases, that have killed large number of population in the world and India is one of them (UN Doc CRC/C/93/Add.5 2001, para 613).

4.1.3.1. Approaches made by the government

The Government of India (GOI) has been aware of the sanitation crisis in the country and to promote the sanitation sector in different parts of the country and recognize sanitation as a human right, numerous approaches have been made that are discussed as follows.

i) State party report

Different types of approaches were made by the GOI as follows:

a) Programs

Media played an important role to raise sanitation related awareness, spread messages of proper sanitation and hygienic practices, and bring a behavior change among the people in the community. The Meena series, a television show was one of the initiatives that presented positive images of girls to receive equal treatment in the society and covered issues of sanitation and hygiene along with other issues such as early marriage, health, and dowry (UN Doc CRC/C/93/Add.5 2001, para 71).

The efforts made in the sanitation sector may not result in the same outcome throughout the country but it is important to adopt and appreciate the approaches made that have led to positive changes and improvements in the sanitation sector. Andhra Pradesh, one of the states situated on the southeastern coast of the country, did a praiseworthy work in rural sanitation sector by spreading awareness among the rural masses through an awareness program named Janmabhoomi program. Along with this awareness program, the state used a new concept to promote access to sanitation facilities based on affordability of the family in a household named vertical upgradation concept¹⁶. The state also provided subsidies to those households who could not afford to build latrines under State-sponsored Gramsafai (village cleanliness program) (ibid., para 616).

After the Bhopal disaster¹⁷, Environment Protection Act was adopted in 1986. This act provided a framework for central government and provided authority to the respective agencies to control

¹⁶ Vertical upgradation concept is an approach as per which if a family cannot afford to invest in the entire cost of the latrine then it can start from single pit latrine and then later switch to double pit latrine.

¹⁷ Bhopal disaster also known as Bhopal gas tragedy was a gas leak incident in India in 1984 that led to thousands of deaths of people and significant morbidity. For further information refer to website: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1142333/>

any kind of activity that harmed the environment. Environmental health programs included sanitation integrated with water supply along with other components as the focus of their programs (ibid., para 590).

Under the recommendations of Sachar committee¹⁸, a baseline survey was conducted in all the districts and districts with poor basic services, and socio-economic parameters were identified in 2007-8. To address these development deficits especially in sectors such as sanitation, multi-sectoral development programs were launched in 2008-9 (UN Doc CRC/C/IND/3-4 2011, para 229).

Lack of sanitation facilities in informal sector markets for street vendors in urban areas was one of the problems faced by the urban poor. To tackle these problems, GOI implemented Basic Services to the Urban Poor (BSUP)/Integrated Housing and Slum Development Program (IHSDP) that made provisions for community toilets and sanitation facilities for these urban poor people under Jawaharlal Nehru National Urban Renewal Mission (JNNURM). This mission ensured the hygienic condition of the urban slums (UN Doc CRC/C/IND/3-4 2011, para 187).

The GOI's Child Environment Program (CEP) in collaboration with UNICEF worked together and implemented programs that focused on improving personal and home hygiene and sanitation practices especially of the children from poor and marginalized communities, sustainability in rural sanitation and hygienic practices in Anganwadis and schools (UN Doc CRC/C/IND/3-4 2011, para 122). Thus, different types of awareness and development programs were implemented especially for marginalized and vulnerable groups in both rural and urban areas of the country to promote sanitation.

b) Schemes

Department of Women and Child Development (DWCD) in India became aware that childhood development is an essential basis for human development, and to promote the development of children below six years of age they implemented a program called Integrated Child Development Services (ICDS). This program initiated an integrated approach to water and environmental sanitation, health, and nutrition, and improving the ability of caregivers. They

¹⁸ Sachar committee is a high-level committee formed in 2005 to examine socio-economic and educational status of the Muslim community in India.

provided their services through trained community-based Anganwadi workers (AWWs)¹⁹ and other community structures (UN Doc CRC/C/93/Add.5 2001, para 258).

It was mentioned in two state party reports (UN Doc CRC/C/93/Add.5 2001, para 615 and UN Doc E/C.12/IND/5 2006, para 439,460) that the Ministry of Urban Development implemented Low-Cost Sanitation (LCS) Scheme. The main works done in this scheme were the conversion of existing dry latrines into low cost water-seal pour-flush latrines that suited the local conditions and construction of new sanitary latrines in the houses of poor people who had no latrines. The scheme was financed by the government organizations and loans from HUDCO.

Along with advancing urbanization in different parts of the country, migration of people from rural to urban areas increased in India which led to an adverse effect on the standard of living of the people living in urban areas. A scheme for infrastructural development was started in 1993-94 in mega cities under which urban infrastructure projects were provided with financial support that included sanitation along with other sectors such as water supply, sewage, and drainage (UN Doc E/C.12/IND/5 2006, para 469).

“Shelter for a human being is not a mere protection of his life and limb. It is home where he has opportunities to grow physically, mentally, intellectually and spiritually. It therefore includes adequate living space, safe and decent structure, clean and decent surrounding, sufficient light, pure air and water, electricity, sanitation and other civic amenities like roads, etc.” (UN Doc E/C.12/IND/5, para 408).

Different types of housing schemes were implemented to improve sanitation services in both rural and urban sector of India. A comprehensive housing scheme called the Samagra Awaas Yojana (Universal Housing Scheme) was launched by GOI that aimed to ensure the provision of shelter, sanitation and drinking water in the housings of the people mainly living in rural areas (UN Doc E/C.12/IND/5 2006, para 458). Valmiki Ambedkar Awas Yojana (VAMBAY) was introduced in 2001-02 that aimed to provide shelter or upgrade the existing condition of the shelter of urban slums (UN Doc E/C.12/IND/5 2006, para 56).

¹⁹ Anganwadi workers are the people working for Anganwadi centers who provide basic health care activities such as contraceptive counseling, supplementary nutrition, non-formal preschool education, immunization etc to the people and children living in Indian villages.

c) Plans and Policies

Realizing the importance of sanitation for human development and poverty alleviation, GOI adopted various new and revised plans and policies to promote the sanitation sector that is discussed as follows.

Ministry of Rural Development implemented a campaign called Total Sanitation Campaign (TSC) or Central Rural Sanitation Program (CRSP) that was launched in 1986. The campaign aimed to improve the quality of life of women and people living in rural areas. The scheme was restructured as TSC in 2004 that gave emphasis on people's involvement and Information, Education and Communication (IEC) to spread sanitation related awareness and to increase the demand of the people for sanitation facilities (UN Doc E/C.12/IND/5, 2006 para 459). The strategy of the campaign emphasized coordination between government organizations, NGO participation, and IEC drive so that the service became more flexible and demand oriented. The primary objectives of TSC were to cover rural household sanitation facilities and to promote hygienic behavior and health of the rural population (UN Doc CRC/C/93/Add.5 2006, para 615).

The state party reports (UN Doc E/C.12/IND/5 2006, para 273 and UN Doc CRC/C/IND/3-4 2011, para 121) reported that TSC also aimed to bring behavior changes in sanitation and hygiene practice from young age by teaching the children with good hygiene habits like hand washing, encouraging children participation in maintenance of sanitation facilities and spread the message via child to child and child to the community approach through school sanitation and hygiene education. The scheme also encouraged education for girls by promoting construction of separate girl's toilets in the schools. Thus, the main components of the campaign included construction of household latrines, gender friendly toilets for schools, community sanitary complexes, toilets for Balwadis Anganwadis²⁰, rural sanitary marts, and production centers.

The ninth Five Year Plan of India (1997-2002) mainly targeted Scheduled Castes(SCs)²¹, Scheduled Targets(STs), Other Backward Classes(OBCs) and minorities as main agents of socio-economic development. These were the most affected groups of people and the government especially made efforts and diverted its attention to ensuring these groups with basic services like

²⁰ Balwadis Anganwadis are Indian pre-schools run by government or NGOs for economically weaker sections of the society.

²¹ Scheduled castes are the caste groups also known as Dalits who are eligible to apply for quotas in education and government jobs under Scheduled Castes and Scheduled tribes' prevention of atrocities act enacted in 1989.

sanitation (UN Doc CRC/C/93/Add.5 2001, para 1404). Later, the assessment in the mid-term of the 10th Five Year Plan showed major gaps and failures of the programs implemented for women and child development. The government became more alert and major initiatives were adopted and changes were brought in the policies. Subsequently, 11th Five year Plan (2007-12) was enforced that made its commitment to prioritize the needs of the children of India (UN Doc CRC/C/IND/3-4 2011, para 14).

The GOI adopted National Rural Health Mission (NRHM) which was run by Ministry of Health and Family Welfare (MOH&FW). The NRHM (2005-12) aimed to reach out the poor women and children, and effectively bring improvement in different components of health that included sanitation and hygiene, nutrition and safe drinking water mainly in rural areas (ibid., 19).

GOI was committed to ensuring the rights of the children and with this objective enforced National Plan of Action for Children (NPAC), 2005. NPAC made targets for different sectors that included sanitation sector as well. It targeted to provide 100% access to basic sanitation facilities to the people in rural areas of the country by 2012. However, the information regarding the progress achieved in sanitation coverage at the end of 2012 as targeted was not found (ibid., 6).

d) Financial assistance

A Large amount of financial investments from both government and non-government organizations are needed to implement plans and programs and achieve the sanitation coverage target in the country. The state party report (CRC/C/93/Add.5 2001, para 696) reported that sanitation sector is interrelated with human development indicators. Progress in human development indicators like education and health can subsequently bring improvement in the sanitation sector. Kerala, a state in South India, was an ideal example with high human development index on life expectancy, adult literacy and GDP that led to improvement in sanitation and hygiene sector along with health, literacy, and status of women. The success was also mainly due to a higher level of investment in social development sectors.

The approaches were not only limited to the common people in the country but approach to improve sanitation facilities in migrant camps were also made. For example, in Jammu camps

funds were allocated to provide Sulabh-type toilet²² complexes which were public toilets built for the migrants. The migrant families were provided with sanitation facilities free of cost.

In summary, multiple approaches were made in the sanitation sector of India focusing the people from the poor community, rural areas and most vulnerable groups like children, women and urban slum dwellers. Sanitation-related approaches were made mostly integrated with other indicators such as health and education with the main emphasis on bringing human development in the country. The inclusion of provision of sanitation services in housing schemes was also an important initiative taken along with the spread of sanitation related awareness messages via media, providing subsidies to the poor and implementation of LCS scheme.

ii) Civil society organization reports

The reports submitted by civil society organizations showed different sanitation approaches made by the GOI in the form of schemes, plans, and programs as follows:

a) Schemes

The central government launched a scheme in 1997 named the Balika Samridhi Yojana to uplift the status of female children in the society via improvement in their survival, education, and marriage. The scheme failed due to lack of financial assistance and later in the tenth Five year plan, the state government again launched this scheme that focused on empowerment of adolescent girls to live with dignity and have access to basic services via sanitation and hygiene programs integrated with programs related to food habits, and micro-credit for financing (UN Doc Centre for Child Rights and Terre de hommes 2013, 14).

b) Programs

Sanitation is inter-related with health and nutrition. Ministry of Women and Child Development (MWCD) and Ministry of Health and Family Welfare (MHFW) implemented nutrition-related programs that directly or indirectly included sanitation programs for children (UN Doc Centre for Child Rights and Terre de Hommes 2012, 16).

²² Sulabh-type toilet complexes are low cost public toilets.

The new National Policy for Children was adopted in 2013 that obliged the state to take necessary measures and ensure the right to water and sanitation along with the right to life, survival, adequate nutrition and other child rights (UN Doc India Alliance for Child Rights 2013, 25).

In summary, major approaches made by the GOI as per civil society organization reports were schemes and policies that focused on providing access to sanitation services for children and girls. Sanitation-related programs were mostly conducted in integration with programs related to other sectors and were also promoted via other sector programs that were inter-related with sanitation.

iii) Reply to list of issues

GOI implemented different plans and policies to upgrade sanitation sector as follows:

a) Scheme

National Safai karmacharis Finance and Development Corporation (NSKFDC) was one of the schemes implemented for the economic development of the workers working in the sanitation sector. Central Sector Self Employment Scheme was implemented that intended to provide the opportunities to the people who worked as manual scavengers²³ and their dependents to find alternative occupations (UN Doc E/C.12/IND/Q/5/Add.2 2008, 4).

b) Plans and Policies

Initiatives were taken to reach the urban poor and provide them with access to basic services that included sanitation. JNNURM was enforced that implemented different housing schemes and development programs for poor people living in urban areas and provide them with sanitation services along with other basic services as mentioned earlier in section 4.1.3.1. (i) (a). Some of the plans and programs implemented under this mission were City Development Plans (CDPs), Basic Services for the Urban Poor (BSUP) program and Integrated Housing and Slum Development Program (IHSDP).

²³ Manual scavengers are the people who practice manual cleaning, carrying and disposing or handling human excreta from dry latrines or sewers using the most basic tools such as brooms, baskets etc.

CDPs were implemented in 63 cities of India that identified infrastructure gaps²⁴ relating to sanitation along with water, sewerage, and drainage. It also identified lack of basic services like sanitation services in housing. The BSUP program worked to provide sanitation services to the people with low income in mission cities while IHSDP worked in town and cities other than mission cities to provide these services. JNNURM aimed to construct 1.5 million houses with basic services such as sanitation facilities for urban poor between 2005 and 2012 (UN Doc E.C.12/IND/Q/5/Add.2 2008, 12). However, the following reports giving further information about the progress of the mission were not available.

Plans and policies were enacted to rehabilitate people working as manual scavengers. Dalits are the people from lower caste groups. Due to the high practice of discrimination, they used to work as manual scavengers and clean the toilets. The GOI passed legislations to stop this act of discrimination and protect these people from health hazards by helping them to involve themselves in other occupations. A central act known as The Employment of Manual Scavengers and Construction of Dry Latrines (prohibition) Act 1993 was enacted to forbid construction of dry latrines and the employment of manual scavengers. This act was implemented by Ministry of Housing and Urban Poverty Alleviation (HUPA) (ibid., 8).

Self Employment Scheme for Rehabilitation of Manual Scavengers (SRMS) was implemented by the government in 2007 that included training to enhance the employability of these people. They could take loans at subsidized rates of interests and employ themselves (ibid).

4.1.3.2. Approaches made by civil society organizations

Along with government organizations, different non-government organizations, and international agencies played a vital role in working independently or in collaboration with the government. They provided technical as well as financial assistance in the social development sector that included sanitation.

²⁴ Infrastructure gap is defined as difference between available public resources and amount of investment required to meet the need of the country. For further information see http://www.pppkosova.org/repository/docs/public_private_partnerships.pdf

i) State party report

Plans and programs implemented by civil society organizations to promote the sanitation sector in the country are as follows:

a) Survey

UNICEF assisted India in collecting and analyzing data to measure progress in the situation of children and women towards end-decade goals²⁵ that were adopted at the World Summit by conducting MICS. The survey included different indicators that included sanitation along with water, health, and nutrition (UN Doc CRC/C/93/Add.5 2001, para 149).

b) Programs

In Gujarat, School Panchayats or School Council was formed in primary schools that acted as the structure of ministry in schools. They empowered the children to participate and take decisions regarding different issues in the school and implement them. Children committees were formed for village development. Children organized themselves and discussed on social issues such as sanitation practices, and school attendance of children, and made decisions to take necessary initiatives (ibid, para 277).

Gram Niyojan Kendra was a small organization that later emerged as one of the leading national organization in India. One of the initiatives made by this organization was Babu Bahini Manch (BBM) which was implemented for the betterment of adolescent boys and girls. The adolescent boys and girls met and discussed different social issues like sanitation and hygiene, health, and education, and tried to find solutions to the problems created by these issues (UN Doc CRC/C/IND/3-4 2011, 66).

The Bharat Scouts and Guides is one of the largest youth organizations in the world that conducted activities to promote numerous sectors in India like sanitation and hygiene, leprosy awareness, and community service (CRC/C/93/Add.5 2001, para 308).

²⁵ UN World Summit for children was held in 1990 that set a wide range of goals in health, education, nutrition and human rights, targeted to achieve within 2000. These goals are called end decade goals.

As discussed earlier in section 4.1.3.1. (i) (a), UNICEF in partnership with GOI's CEP conducted programs especially targeting poor and marginalized communities for proper growth and development of children (UN Doc CRC/C/IND/3-4 2011, para 122).

c) Financial assistance

The Department For International Development (DFID) of the government of (the United Kingdom) the UK supported slum improvement projects in different parts of India, ADB assisted HUDCO in different housing schemes that included the provision of sanitation services. The United States Agency for International Development (USAID) provided loans for infrastructure projects that included sanitation, water supply, and solid waste management (UN Doc E/C.12/IND/5 2006, para 471).

A program named Integrated Program for Street Children was implemented that worked to prevent the children reach extreme poverty and go out to live on the streets. The program aimed to provide these children with services such as sanitation and hygiene. 90% of the financial assistance to the program was granted by NGOs (UN Doc CRC/C/IND/3-4 2011, para 64). Thus, NGOs played a major role in providing financial assistance to the programs implemented to promote sanitation sector.

In summary, the findings showed that most of the programs conducted by the civil society organizations were centered on the betterment of children. NGOs played a major role in helping the projects working in sanitation sector with financial support. It was found in the reports that sanitation related approaches were not made separately but rather approaches to sanitation were mostly integrated with other sector related approaches like health, and education.

ii) Civil society organization reports

The civil society organization report mentioned a similar approach to sanitation as mentioned in state party report discussed earlier in section 4.1.3.2. (i) (b) that reported the formation of children clubs with similar objectives (UN Doc Centre for Child Rights and Terre Des hommes Report Annex, 2013).

iii) Reply to list of issues.

The reports showed that different initiatives were taken to upgrade the status of sanitation and people working in these sectors. The programs mainly gave attention to the people from minority groups who were the most disadvantaged ones. However, the report seemed to have given more emphasis on plans and schemes launched by the government than non-government organizations.

4.1.3.3. Market approaches

Different types of market approaches have been adopted to increase the demand for construction of sanitation facilities which is further discussed as follows:

i) State party report

State party reports mentioned that along with government and non-government organization approaches, various market approaches were initiated to upgrade access to sanitation facilities. A demand driven low-cost sanitation approach was implemented by the government that intended to involve people in the community in sanitation related activities and increase their demand for construction of toilets. Production centers and sanitary marts were an essential part of this self-sufficient sanitation program (UN Doc CRC/C/93/Add.5 2001, para 440). Similarly, TSC also played an important role in upgrading sanitation sector in rural areas by adopting demand driven approach. It introduced the provision that made sanitary wares affordable in the market such that demand to construct sanitary latrines increased (UN Doc CRC/C/IND/3-4 2011, para 117).

In summary, market approaches to sanitation were mainly made by making the sanitary wares affordable in the market so that people can afford to buy them, and thus, their demand for construction of latrines was increased. Thus, they made demand driven approach to promoting sanitation and hygiene.

ii) Civil society organization reports

The reports submitted by civil society organizations showed approaches made by the civil society organizations to promote sanitation sector. These organizations provided financial and technical assistance which was one of the main reasons behind the progress in sanitation sector throughout the country. However, these reports hardly mentioned different market approaches

made in this sector and gave more emphasis on other approaches such as the implementation of awareness programs, financial assistance and plans and policies.

iii) Reply to list of issues

The reports of reply to list of issues mentioned different acts and policies adopted to promote sanitation and hygiene and prohibition of dry latrines and employment of manual scavengers. The reports seemed to have given less emphasis on different market approaches made in sanitation sector while other approaches like Acts to prohibit dry latrines and employment of manual scavengers, programs and training for employment of sanitation workers in alternative occupations etc were given more emphasis.

4.2. Implementation challenges faced by the government and civil society organizations

4.2.1. Implementation challenges faced in Nepal

Numerous efforts have been made by the government and non-government organizations to promote sanitation sector and improve the access to sanitation services in Nepal. Despite these efforts, Nepal has been lagging in reaching the target of sanitation coverage due to various types of challenges faced which is discussed below.

i) State party report

Different types of challenges faced while implementing different plans, policies and programs in sanitation sector are as follows:

a) Economic constraints

Poverty has been one of the biggest obstacles faced towards socio-economic development of the country. Plans, policies and poverty alleviation programs have been implemented in different sectors that include sanitation as well to achieve socio-economic development in the country. However, in 2001, economic slowdown started in the country that led to prolonged political instability. There was a rise in expenses accompanied by diminished export markets in the country. Due to these challenges, the GON had to compromise their investments in priority sectors such as sanitation, water, education, and health. All these obstacles consequently affected

the implementation of sanitation programs along with programs in other social sectors and poverty alleviation programs (UN Doc CRC/C/65/Add.30 2004, para 37).

b) Disparity in access to sanitation facilities

Although improvements have been made in sanitation sector, one of the challenges that have been faced while working in this sector was a huge disparity in access to sanitation facilities between urban and rural areas and geographical regions. The disparity in access to sanitation facilities was due to geographical variations. The reports have shown that people living in terai region had the least access to toilet facilities compared to mountainous and hilly regions of the country. It was mentioned in the report that as per NLFS, 61.4% of households in terai region had no toilet facilities compared to 51.7% of households in the mountain region and 39.3% households in the hilly region in 2010. However, the reasons for this disparity in access between these geographical regions was not explained (UN Doc E/C.12/NPL/3 2012, para 274).

c) Miscellaneous

Nepal has been facing several difficulties to enact sanitation as a human right in the country despite making several efforts. Challenges faced by the country while implementing sanitation related activities were resource constraints, rapidly growing the population, prolonged political instability, and a weak base, slowdown in country's economy, the practice of some customary traditions and culture, debts and contradictory human rights instruments and legislations (UN Doc E/C.12/NPL/2 2006, para 295).

d) Lack of awareness

Reports showed that sanitation coverage has not been sufficient in Nepal and poor sanitation has led to several diseases such as diarrhea, dysentery and worm infestations especially affecting children. The poor status of sanitation along with health and nutrition has been due to a lack of awareness among people mainly in the rural areas regarding sanitation and health issues and practices. Although different types of sanitation related awareness programs have been implemented, these programs have not been able to be fully effective because they could not reach the neediest people, due to difficult geographical landscape, rapidly growing population

and distorted and uneven distribution of the population (UN Doc CRC/C/65/Add.30 2004, para 227).

e) Migration towards urban areas

People are migrating from rural areas to urban areas in search of better jobs and opportunities. This has led to increased demand of the people for urban facilities such as water supply and sanitation facilities. This trend of migration increased day by day leading to an adverse effect on sanitation along with safe drinking water supply, and drainage facilities (UN Doc CRC/C/NPL/3-5 2013, para 167).

In summary, sanitation status is still poor in Nepal due to numerous challenges faced such as poverty, financial constraints, lack of awareness, political instability, difficult geographical terrains, and disparity in urban and rural areas. Difficulty in reaching the neediest and disadvantaged group of the population has been one of the main reasons leading to the ineffective implementation of sanitation related programs.

Unless the challenges faced while implementing sanitation plans of action and policies are solved, it is very difficult to achieve universal toilet coverage by 2017. The institutions should be able to reach all the people in the country to raise awareness among them. The government should make further plans and find more financial and technical assistance from international organizations and bring political stability in the country to improve the living standard of the people and work smoothly in the sanitation sector.

ii) Civil society organization reports

Civil society organization reports have mentioned various challenges faced while implementing sanitation related programs as follows:

a) Political constraints

As discussed earlier in section 4.2.1. (i) (a), prolong political instability was one of the major challenges faced while working in the sanitation sector. This led to the absence of local officials

for a long time in the government offices that stood as a challenge for implementation of these plans and programs (Food-first Information and Action Network (FIAN)-PSWG 2013, 10).

b) Lack of infrastructure

Nepal Children led report mentioned that there were not enough toilets in the schools and most of the schools had no separate toilets for girls and boys. Even if they had toilets, they were not in good condition due to water scarcity that led to poor sanitation. Thus, lack of infrastructure has been a challenge faced in the promotion of sanitation sector (Nepal Children led Report CRC Report 2014, 19).

In summary, prolong political instability and lack of infrastructure was some of the challenges faced during implementation of plans and programs related to sanitation. Lack of infrastructure, quality and water supply facilities in the toilets of the schools led to poor sanitation and this led to the spread of diseases among children, decreased attendance and productivity, and increased dropout rates of girls.

iii) Reply to list of issues

The reports of reply to list of issues mentioned different approaches made by the government and non-government organizations to promote sanitation sector targeting the most vulnerable and marginalized groups of people. These reports gave more emphasis on approaches made in this sector whereas challenges faced while implementing these programs were given less emphasis.

4.2.2. Implementation challenges faced in Bangladesh

Bangladesh has become able to stand as a role model in the world by showing that achievements can be achieved in human development even if the country is poor. Bangladesh became able to achieve appraisable success in improving the sanitation status of the country. Despite all these achievements, the country is still facing numerous challenges which are further discussed below.

i) State party report

Different types of challenges faced while implementing different approaches to promote sanitation sector are as follows:

a) Poverty

Improvements in the condition of the children have been seen in different sectors like water and sanitation, health, and education because of numerous efforts made. However, large numbers of poor children were still left behind, devoid of access to sanitation services along with other basic services, and were not able to enjoy their rights. Thus, due to poverty the implemented programs were not able to reach their target (UN Doc CRC/C/BGD/5 2014, para 63).

b) Resource constraints

While making approaches in the improvement of sanitation services, resource constraints have been one of the biggest challenges faced by the GOB. Bangladesh has been facing poor socio-economic situations leading to scarcity of resources to run the sanitation related programs efficiently (ibid). Besides resource constraints, irregular distribution of social and economic opportunities has been another major obstacle faced while working in promotion of sanitation sector (UN Doc CRC/C/BGD/4 2008, para 2).

c) Disparity in access to sanitation facilities

The disparity in access to sanitation facilities has been one of the challenges faced while conducting sanitation related programs in different parts of the country. The disparity has been seen in access to sanitation services between rural and urban areas and between developed and underdeveloped places in the country. Besides these areas, difficulties have also been faced to reach the poor and needy people living in difficult geographical terrains such as coastal areas, charlands²⁶, haor²⁷ and hilly areas (ibid).

In summary, despite remarkable improvement achieved in sanitation coverage in Bangladesh, some challenges persist while implementing efforts in this sector, which needs to be overcome. Poverty, resource constraints, uneven socio-economic opportunities and difficult geographical terrains are some of the major obstacles faced by the institutions while implementing sanitation-related activities in Bangladesh.

²⁶ Charlands are sandbars that emerge from the rivers as islands or as land attached to the riverbanks. These structures are formed because of erosion or accumulation in the rivers. These places are inhabited by poor and most vulnerable group of people in Bangladesh.

²⁷ haor is a bowl shaped depressed wetland filled with static water. It is also referred to as baor or beel that are all big water bodies.

ii) Civil society organization reports

The civil society organization reports have mentioned various challenges faced while implementing sanitation related programs in Bangladesh which is further discussed as follows:

a) Lack of infrastructure

Lack of infrastructure in the schools has been one of the challenges faced while implementing programs in the sanitation sector. The number of toilets was not enough for the students studying in the schools (UN Doc BSAF 2012, 25). No separate toilets for girls and boys in the schools were also one of the obstacles faced that led to an adverse effect on sanitation and hygiene of these children as well as access to education especially for girls (UN Doc Child Rights Advocacy Coalition 2014, 22).

b) Mismanagement

It was mentioned in section 4.1.2.1. (i) (c) that all the newly built schools have been ensured with the availability of gender friendly toilets. Even if the toilets were available, they lacked proper management and facilities of water supply and cleanliness leading to unhealthy toilets and poor hygiene of the children (UN Doc BSAF 2012, 25).

c) Practice of discrimination

The practice of discrimination with children from minority groups has been one of the challenges that led to the deprivation of access to sanitation facilities for these children. The children from marginalized groups like Dalit children were not able to enjoy their right to sanitation because they were discriminated and were devoid of access to not only sanitation services but other sectors as well like education, and social activities. Therefore, even though sanitation related programs have been implemented, the practice of discrimination has become one of the major hurdles to reach these affected and needy groups of the population (UN Doc Bangladesh MJF 2014, 16).

In summary, it was reported that on one hand organization like UNICEF worked to promote sanitation awareness via sanitation and hygiene education in the schools and different organizations along with the government also worked to construct toilets in all the schools. On

the other hand, the civil society organization reports also reported that lack of toilets and mismanagement were the obstacles faced in the schools. This shows that even if works were initiated, proper monitoring was lacking and it was not reported if any measures were taken to solve these problems.

iii) Reply to list of issues

The reports of reply to list of issues mentioned different plans and programs launched by the government and non-government organizations to provide sanitation services to needy people. However, different challenges faced while implementing these programs were not given much attention.

4.2.3. Implementation challenges faced in India

Different approaches were made to promote the living conditions of the people in India. Although sanitation coverage has increased considerably, still large number of the population especially those living in rural area, vulnerable and marginalized groups, have been devoid of basic sanitation facilities. Different types of challenges have been faced while implementing different plans and programs to promote sanitation sector.

i) State party report

Obstacles faced while implementing different types of approaches to promote the sanitation sector are as follows:

a) Lack of will

The report mentioned that while evaluating budgets and making plans, policies, and legislations at the national level, the principle of “best interest of the child” was given main concern by the GOI so that proper child development could be achieved. However, although these plans and policies were adopted, lack of will to implement the principle of best interests of the child was found to be one of the main challenges faced. For example, lack of adequate sanitation facilities in the schools or lack of separate toilet facilities for girls in the school that led to unhygienic environment and health risks (UN Doc CRC/C/93/Add.5 2003, para 212)

b) Diversity in needs of children

India is both large and diverse country where even though children are entitled to equal rights, their needs differ as per different areas, groups, cultures, age and settings they belong to and they demand a variety of interventions. Along with these difficulties, it became more challenging for the government to implement different interventions because there were many affected children who belonged to marginalized groups, who were from areas of civil unrest or displaced and migrant children, children who were victims of violence, abuse, and exploitation. It became difficult for them to implement approaches to these children equally that addressed the special situations of the children since different children had different problems, needs and vulnerability (UN Doc CRC/C/IND/3-4 2011).

c) Lack of infrastructure

Lack of toilets in the schools was one of the challenges faced while implementing the programs related to sanitation and hygiene. Lack of separate toilets for girls led to high dropout rates of girl students from the schools (UN Doc CRC/C/IND/3-4 2011, para 119).

In summary, the plans and policies can only succeed to achieve its target if the works are done with full commitment and willingness. Lack of will of the institutions and adults of the society was one of the main challenges faced while implementing programs for betterment and best interest of the children. In addition, diversity in needs of the children was also a major challenge faced to cover the needs of the children.

ii) Civil society organization reports

Civil society organization reports mentioned different types of challenges faced while making efforts to promote sanitation and upgrade the living standard of people. Different obstacles faced are mentioned below.

a) Lack of infrastructure

It has also been mentioned in section 4.2.3. (i) (c) that even though programs to promote sanitation sector such as Sanitation and Hygiene education and other awareness programs were

launched, lack of infrastructure was one of the difficulties faced to achieve the goals of these programs (UN Doc Centre for Child Rights and Terres des hommes Report Annex 2012, 104).

b) Financial constraints

Schemes were launched to upgrade the status of girls in the community. Some of these schemes failed to work effectively due to financial constraints. As mentioned earlier in section 4.1.3.1. (ii)

(a) Balika Samridhhi Yojana was one of the schemes launched by the Central government in 1997 to upgrade the status of girls in the community through different services that included sanitation. Later, implementation of this scheme was affected due to financial constraints (UN Doc Centre for Child Rights and Terre des hommes 2012, 14).

c) Lack of coordination

The report mentioned that for proper implementation of plans and policies, good coordination between the ministry and their departments, leadership and capable governance is required. One of the challenges faced for proper implementation of plans and policies in different sectors including sanitation was the inability to establish a proper process that ensured better coordination between ministries and their departments that provided services to the people (UN Doc Centre for Child Rights and Terre des hommes 2012, 16).

The term sanitation is not only limited to access to a toilet, it is a factor that is related to many other sectors such as health, nutrition, and water. So, sanitation can be promoted if the programs can dynamically link the sector with other related sectors. Lack of good designs in the plans and policies that linked sanitation with other related sectors was also one of the challenges faced to promote sanitation sector in the country (UN Doc Alliance for Child Right 2013, 21).

iii) Reply to list of issues

The reports of reply to the list of issues mentioned that plans and policies were made to promote sanitation and help manual scavengers to find alternative occupations. Dalits were the people from lower caste groups who worked as manual scavengers. They took this profession because of the practice of discrimination in the society. This discrimination practice was one of the challenges faced while implementing different sanitation related programs. The report focused

more on approaches to sanitation such as the rehabilitation programs for the manual scavengers rather than challenges faced (UN Doc E/C.12/IND/Q/5/Add.2 2006, 8).

5. Discussion

The study explored different approaches made by government and civil society organizations to promote sanitation sector and address its issues. The study also explored different challenges faced by these institutions while implementing these approaches. This chapter presents a discussion on the findings in light of other literature pertaining to the background of the study and key components of HRBA theory. Furthermore, this chapter discusses the comparison on different approaches made in the three countries and challenges they have faced to achieve the sanitation coverage target. Different plans and policies in these three countries have addressed sanitation issues in human rights perspectives that are further discussed through the lens of HRBA based on the principles of equality, non-discrimination, participation and accountability. Before moving further with discussion section, it is important to note that while analyzing state party reports and civil society organization reports, the findings were mostly found in generalized form and specific approaches to sanitation were reported very less. The study findings on sanitation were mostly found integrated with other sectors such as health, education, water and poverty.

5.1. Inclusion of Sanitation issues in plans and policies

The findings of the study showed how sanitation issues have been included in the public plans and policies and what efforts are being made to enact sanitation as a human right in the country. While enforcing these plans and policies that addresses sanitation issues, it is important for the policy makers to consider that sanitation in a human right perspective needs to be easily available, socially and culturally acceptable, safe to use with privacy and dignity. Different countries have adopted approaches prioritizing the most disadvantaged group of people and trying to overcome different kinds of challenges faced depending on its nature.

The issue of the water sector getting more priority than sanitation in water and sanitation projects has been seen in the context of all the three countries. Anderson explains that this might be because it is easy to spread and understand the message of water but the message of sanitation is quite difficult and it is more difficult to understand them as people do not find themselves comfortable talking about issues around sanitation openly (Anderson, 2011, quoted from Erridge 2011, 17).

The findings are in line with the report of WEDC that mentions that most of the projects in Nepal are water dominant and the investments and efforts are made more on water sector, leaving the sanitation sector neglected. Thus, this might lead to difficulty in making the sanitation services affordable for all. It is important to realize that sanitation is also as important as water and to reach the sanitation target, the taboo surrounding sanitation issues should be broken and the programs conducted should be able to motivate the people to participate in sanitation programs and demand maintenance of their privacy and dignity (WEDC 2005).

The main reasons behind the success of Bangladesh in sanitation coverage is the strong political will and commitments shown by the government. The findings echoed with country paper submitted by Bangladesh in SACOSAN-VI that mentions that the GOB has prioritized sanitation issues as its central agenda and essential component of its poverty reduction strategy. Some of the main approaches made in sanitation sector are strong and active efforts made by the government, assistance from donor organizations, participation, and support of media, different market approaches and access to toilet materials made easy and affordable (Local Government Division 2016, 4).

The findings of the study showed that numerous plans and policies implemented addressed sanitation issues, schemes, financial assistance along with main efforts through CLTS approach was made to promote sanitation sector in India. Progress in sanitation sector has not been so significant in the context of India and still largest portion of the population practicing open defecation reside in India. Along similar lines, Biswas suggests that the GOI further needs to focus more on culture change and behavior change of the people (Biswas 2014).

The MDGs targeted “for halving the proportion of the population without sustainable access to basic sanitation between 1990 and 2015” (UNICEF and WHO 2015). The MDGs targeted to cover 77% of the global population with access to improved sanitation by 2015. However, only 68% of the population could be reached with sanitation coverage globally and the target was missed by 9%. All the three countries (Nepal, Bangladesh, and India) were not able to achieve

MDGs target. The table 2 below represents the progress of the three countries in sanitation sector and a portion of the population that gained access to sanitation facilities from 1990 to 2015.

Country	Year	% population in 1000	% urban population	Use of sanitation facilities (% population)				Progress towards MDG target
				Improved	Unimproved			
					Shared	Other unimproved	Open defecation	
Bangladesh	1990	107386	20	34	16	16	34	Good progress
	2015	160411	34	61	28	10	1	
India	1990	868891	26	17	5	3	75	Moderate progress
	2015	1282390	33	40	10	6	44	
Nepal	1990	18111	9	4	2	6	88	Good progress
	2015	28441	19	46	18	4	32	

Table 2: Sanitation coverage in Bangladesh, India and Nepal from 1990 to 2015 (UNICEF and WHO 2015)

The table 2 above shows that Bangladesh, India, and Nepal covered 61%, 40% and 46% of total population with sanitation coverage in 2015 respectively. As per the data given in table 2, Bangladesh became successful in reaching the largest proportion of the population with sanitation coverage in comparison with India and Nepal. Bangladesh also showed remarkable progress in reduction in the practice of open defecation in the country with the practice of open defecation reduced to only 1% of the total population in 2015. Nepal also showed good progress in reduction of open defecation to 32% in 2015 whereas open defecation was still widely practiced by 44% of the population in India in 2015. However, 28% of the population in Bangladesh was still using shared toilet facilities in 2015 which is categorized under unimproved sanitation facilities and is practiced the most in Bangladesh among the three countries. From the data given in table 2, we can say that India became able to progress towards MDGs sanitation target moderately while Nepal and Bangladesh showed good progress in sanitation coverage (ibid).

5.1.1. Equality and Non-discrimination: Reaching the right people

Nepal has the provision of providing subsidies of Rs. 2000 per household to build latrines and encourage the people to increase their demand. Along with this, financial assistance has also been provided to the poor people or people with low income by the government and non-government organizations. In contrast to the findings of the study, WEDC report argues that all the needy people have not received the subsidy support and these people should use their own resources if they want to build toilets. In these circumstances, especially the people with low-income and poor households may not be able to or might not be willing to construct toilets on their own because it might lead to a reduction in their capacity and compromise on their other essential needs. Thus, the financial crisis might be one of the main reasons behind low sanitation coverage especially in rural areas (WEDC 2005).

The findings of the study mentioned that most of the sanitation related awareness programs, plans and policies were implemented with a focus in rural areas. Even if these programs became able to reach the needy people efficiently and people became aware of the importance of sanitation and hygiene, they might not be willing to build sanitary latrines in their households because they are not provided with any financial support and with limited amount of income they must invest their money on other basic needs which are more important for them such as food, shelter, health and education.

The study findings further indicated that difficult geographical terrain is also a major challenge faced while implementing sanitation related programs. The findings noted that sanitation coverage was found least in terai region of Nepal compared to other regions of the country. In addition, WaterAid report further mentions that there are no specific explanations for geographical variations in sanitation coverage in the country. However, these variations can be related to social and technical aspects of these regions. For instance, terai region is dominated by Hindu orthodox and the status of women is very low. While in hilly regions, the status of women is high. The women are educated, self-dependent and have the knowledge related to health education and the importance of sanitation. This might be one of the reasons leading to disparity in sanitation coverage in different geographical regions. Similarly, difficulty in construction of toilets in terai region is also due to the high cost and high water table (WaterAid 2006).

Schemes such as ICDS and LCS were launched by GOI that aimed to provide sanitation services to the poor and disadvantaged people both in the rural and urban areas. These schemes constructed sanitary latrines for the households who were devoid of toilets, public toilets for the urban slums and street vendors and adopted provisions of building sanitary latrines in the housings. Even though the findings indicated such huge investments to promote sanitation sector and provide the needy people with sanitation services, 2015 Progress report of South Asia showed that more than 90% of people practicing open defecation in South Asia resides in India (UNICEF n.d.). Now the question is even after taking such large number of initiatives, why is India not being able to show progress in sanitation coverage?

Nathoo (2015) writes in his article that a lack of knowledge and awareness about sanitation and hygiene along with a strong cultural resistance are some of the major reasons for the failure of government sanitation drives. Even though sanitary latrines have been constructed by the government, those latrines are of basic type pit latrines and it was found that people find the pit hole small for the whole family as it gets filled up quickly and needs to be evacuated manually. Manual evacuation is added work among people and hence they defecate in the open. Along with this, emptying the latrines in India carries a social stigma. Human waste dealing is still on the shoulder of so called lower caste people. Although the sanitary latrines are available for the people, they are not in proper use and therefore implementation of sanitation related programs are facing the problems of cultural unacceptability (Nathoo 2015).

He further argues that toilets built by the government are of poor quality and it costs more to build a toilet with better quality. Poor people or people with low income may not be able to afford these expenses. In contrast to the findings that mentioned initiation of vertical up gradation concept as an initiative made by the government to promote sanitation, Nathoo points out that this approach might not be so successful due to above-mentioned barriers. He further urges on the need for the government to focus more on bringing behavior change among people to bring improvement in sanitation sector (ibid).

Similarly, assistance for poor households was provided by the GOB to encourage the people for using sanitary toilets and increase their demand but it was not clearly mentioned in the reports submitted to UN whether the assistance was financial, technical or in other forms. Toilet construction largely depends on the resources available for the household to build toilets.

Subsidies to construction material make it easier for the user to invest in the construction of sanitary latrines. In line with the findings, country paper submitted by Bangladesh in SACOSAN-VI strongly reflects that the facility of building toilets at a very low cost in Bangladesh, as low as USD 1.50 has enabled the people from poor households to build their own toilets making the sanitation facilities affordable for all (Local Government Division 2016).

As discussed earlier, progress in the use of sanitation practices has not been noteworthy among poor households in all the three countries. However, in comparison to the other two countries, Bangladesh became able to achieve progress in sanitation use irrespective of economic inequities excluding the poorest households who are still practicing open defecation. Whereas in India and Nepal, there is a strong difference between sanitation practices of wealthy and poor people (WaterAid 2006). Access to information is higher among well-off people. People from poorer households seem to practice proper sanitary and hygienic behavior very less and the wealthier people enjoying the program benefits more thus leading to failure of poverty reduction strategy and lagging of overall sanitation coverage (ibid).

Furthermore, access to sanitation is also affected by socio-economic inequity. Research has shown that when any sanitation related programs are implemented, the wealthier population receives the services before the poor population thus leading to inequity in access to sanitation services (Acharya *et. al.* 2013, 2). Thus, economic inequity has been one of the challenges faced while promoting access to sanitation that can lead to the issue of discrimination (ibid).

5.1.1.1. Reaching the children

Thousands of children die every year due to preventable diseases such as diarrhea and dysentery caused by poor sanitation (UNICEF 2016). Children easily fall sick due to poor sanitation and spread of diseases and school dropout rate increases because of lack of sanitation and hygiene awareness. Findings showed that to counter these problems, different plans and policies included sanitation issues especially in the best interest of the child in all the three countries. Approaches to sanitation were implemented both for the children and through the children to promote sanitation.

Findings of the study brought to light the link between sanitation and different other sectors such as education, health, poverty and discrimination practices in the society. So, when sanitation sector is affected, all these sectors are affected which then affects the overall situation of the children directly or indirectly. The study showed that introduction of Sanitation and Hygiene education in the schools was a major initiative taken to promote sanitation in all the three countries. This program mainly aimed children in the schools as an agent of change such that they learned about the importance of sanitation and hygienic practices and spread the messages to their families and community.

The findings further pointed that children clubs and committees were formed in the schools where the children discussed on different social issues such as sanitation and made their decisions accordingly. These findings resonate well with other studies that further mention that SSHE and SLTS programs have empowered the children to bring behavior change in the community and promote sanitation sector (National Sanitation and Hygiene Coordination Committee 2016, 12).

However, in Bangladesh, an additional effort was made by introducing sanitation and hygiene education to the tribal children in their tribal languages such that they can better understand and gain the knowledge related to sanitation and hygiene. In the context of India, findings showed that GOI along with NGOs such as UNICEF especially focused their efforts to cover the most vulnerable group of population who were devoid of sanitation facilities such as urban street children, children living in slum areas and children from lower castes but they did not mention in what ways they made their efforts to help these affected children.

In all the three countries, programs were implemented to counteract discrimination practices among children and provide equal opportunities to the girl child in the society such that they have equal access to sanitation services. Enrollment of girls in the school has been encouraged by building separate toilets for girls and women teachers and providing them with sanitary services mainly for menstrual management. Thus, findings pointed out that availability of toilet facility was linked to improved school attendance of girls.

In Nepal, findings noted that there were no separate toilets for girls and boys and water supply facilities were also lacking in most of the schools. This led to poor sanitation, irregularity in attending schools and drop out of girl children during adolescent age, resulting in deprivation of the children to education and health. In this light, it must be pointed out that lack of access to safe and clean toilets hinders these children to enjoy their rights to sanitation, education, and health and live their life with dignity (Nepal Children Led Report 2014).

“Around 26.5 million children in Bangladesh live below the national poverty line” (UN Doc CRC/C/BGD/5 2014, para 238). Even though numerous efforts were made to upgrade sanitation sector in Bangladesh, challenges like “high proportion of poverty-stricken children and the resource constraints of the government, many poor children remain outside the welfare enhancement programs targeted for their development” (UN Doc CRC/C/BGD/5 2014, para 63). However, the report did not mention what the government has planned further for these groups of children.

Scholars have argued that although Bangladesh has shown remarkable progress in coverage of sanitation facilities, the hygienic practices are of poor quality and only half of the population use improved sanitation (Mahmud, Iffat and Nkosinathi Mbuya 2016). The people of Bangladesh have access to sanitation facilities that are affordable and acceptable. However, the quality of these sanitation facilities is not good and this can lead to poor health and hygiene. This is most likely because most of the people practice shared sanitation. So, further attention is needed to promote hygiene practices in the country (ibid).

Findings noted that media played a vital role to emphasize the importance of sanitation, importance of equal access to toilets for girls and other social issues related to sanitation via cartoons, debates, and discussions. It is important for the people to know both the positive and negative impacts caused by sanitation on a different aspect of human life especially children as they are one of the most adversely affected groups of the population. Media can play a vital role to reach the hard to reach people and spread the message of the importance of equality in access to sanitation facilities for all (UN Water 2015).

5.1.1.2. Reaching woman and marginalized groups

The findings of the study indicated that poverty is a fundamental problem in all the three countries and plans and policies included sanitation issues as one of the essential component of their poverty reduction strategy. It is worthwhile to note that poverty and sanitation are closely interlinked with one another. Therefore, approaches to improve sanitation services in the country was made with an intention to up bring socio-economic development in the country. A frequent theme which emerged in the findings was the approaches to sanitation that mainly focused on reaching the most disadvantaged and needy people like poor people, women, children and people from marginalized groups. However, it was found that despite the efforts made, the sanitation coverage differed in all the three countries and poor people living in both urban and rural areas and vulnerable groups of people were still devoid of sanitation services.

Along similar lines, scholars noted that due to the provisions of availability and affordability of sanitation facilities for all the people in the Bangladesh, there was no exclusion found in the country in the context of access to sanitary latrines (Barbara Evans et al. 2009, 18). While in Nepal, poor and marginalized groups of people were more likely to be devoid of access to sanitation services and practiced open defecation. This is more likely due to the culture of untouchability. Although different acts have been adopted to counter these problems, it is seen that practice of discrimination still prevails in the society and these people from marginalized groups are not able to enjoy their right to sanitation and have their privacy and dignity (ibid).

The findings of the study pointed out the issue of discrimination among children of marginalized groups like Dalit children in Bangladesh who were deprived of access to sanitation facilities. They were even made to clean the toilets in the schools because they were from a marginalized group. This practice of discrimination adversely affected these children to enjoy their right to sanitation. However, the report did not mention what plans were further made to counter these problems.

As discussed earlier, inequality in access to sanitation facilities for marginalized groups is a huge issue in India. In addition to this, the findings also showed that due to the practice of discrimination, the people from lower castes like Dalits worked as manual scavengers that exposed them to several health hazards. Along similar lines, Singh (2014) further urges that people from lower castes are adversely affected by caste-based discrimination system. They are

forced to clean human waste of the community and face abuses despite the enactment of several policies to end manual scavenging. These practices of discrimination have pushed these people towards poverty and severe health consequences violating their rights to health, sanitation, pride and dignity. Discrimination practice and cultural sensitivity have been some of the main reasons behind failure of the plans and policies to promote sanitation sector (Singh 2014).

Although everyone is entitled to have equal access to sanitation services, sanitation policy needs to pay special attention and address needs of vulnerable and marginalized groups of people as they are given less value in the society and lack access to basic sanitation services. Further, proactive measures should be taken by the government to eliminate discrimination practices and address the special needs of these groups of people (COHRE et al 2008, 57-59).

5.1.2. Participation and Accountability

The study findings indicated that one of the major approaches to sanitation made in all the three countries was CLTS approach. Community-based approaches were made to spread the sanitation related messages and awareness among the people in the country and encourage them to participate, construct sanitary latrines on their own, bring behavior change and adopt hygienic practices. Awareness programs were conducted that addressed different issues related to sanitation. Marginalized and vulnerable groups of population were mainly targeted to actively participate and run sanitation related programs so that the needs of the most disadvantaged people could be addressed. While in Nepal and Bangladesh, training were given especially targeting these disadvantaged groups of people in sanitation sector such that the neediest ones could have access to sanitation services.

As mentioned earlier, all the three countries failed to reach the MDGs 2015 target and the vulnerable and marginalized groups were most severely affected by the low sanitation coverage. The reasons for this lagging behind in sanitation coverage may be due to different types of challenges faced or failure of these programs to reach the most disadvantaged people or failure to address the needs of these people or insufficiency in spreading awareness and knowledge about sanitation and hygiene among people.

Chaplin (2011) discusses some of the main reasons behind poor sanitation in urban India which are the inability of the government to control the rapid growth of the population, poor financial

investment in sanitation sector and failure of the programs to address the gap between supply and demand. Along similar lines, she further argues that although participation of urban slums and vulnerable groups of some of the urban community in sanitation related projects have empowered them to address their demands with the government organizations resulting in improved access to basic sanitation services, these sanitation services have not reached all the urban poor in equitable manner (Chaplin 2011).

Biswas (2014) highlights the ongoing practice of open defecation despite the presence of toilet facilities in the households in a rural part of India. This is mainly due to the long practiced cultural problem and lack of awareness among people related to sanitation. To bring improvement in sanitation practices, the GOI needs to focus more on increasing the demand of the people in rural areas via implementation of sanitation related awareness programs to bring cultural and behavior changes in the community (Biswas 2014).

Findings of the study pointed a common approach to sanitation in all the three countries through MICS monitoring surveys. These monitoring surveys were conducted routinely to analyze the efficiency of the efforts made and to evaluate if the programs implemented were progressing towards the expected target by measuring the trend of progress in a situation of the children. It is important to note that it is the duty of the respective authorities to hold the responsibility for proper monitoring and providing the people with basic sanitation services such that the obligations of the state as per human rights principles are fulfilled and people can enjoy their right to sanitation.

Findings indicated that GON showed its commitment towards the promotion of sanitation sector through an increment in its financial allocations in this sector and financially assisting the households to build toilets but proper monitoring seems to be lacking in the process. While analyzing the findings, it was not clearly mentioned about the response they got from this approach, if the toilets were built if the people were provided with the facilities of sufficient toilet building materials at affordable prices and if they were provided with sufficient water supply services to be used in the toilets.

Findings showed that GON made commitments to achieve universal toilet coverage by 2017 but it was not mentioned if the monitoring mechanism was available to maintain accountability of

authorities. Financial and technical constraints are the main obstacles that have led to poor sanitation status in Nepal. Although assistance has been provided by the donor institutions, the reports failed to discuss if proper monitoring was done related to proper use of assistance to implement sanitation related programs.

Shrestha and Wicken (2008) explain the reasons behind deficit in accountability and poor implementation of sanitation programs in Nepal. They pointed out that one of the main reasons for the lack of accountability in sanitation sector is a lack of transparency. The funds are allocated to be used in different sanitation related programs but it has been found that there is no transparency in how these funds are used in practice. Despite the enforcement of numerous plans and policies, there seems to remain a wide gap between these policies in a theoretical framework and what is being done in practice (Shrestha and Wicken 2008, 15).

The findings of the study showed two different aspects of an approach to sanitation. On one hand, the study findings pointed that organizations like UNICEF worked with the GOB to construct toilets in all the schools intending to improve sanitation sector. While on the other hand the study findings also pointed that lack of enough number of toilets and mismanagement in the schools are the obstacles faced to promote sanitation in the education sector. These findings suggest that even if works were initiated, proper monitoring was lacking and it was not reported if any measures were taken to solve these problems. These findings bring into light the importance of monitoring mechanism to successfully implement the sanitation related programs.

Findings indicated that practice of open defecation was reduced to only one percent along with improvement in sanitation coverage in Bangladesh. On a different note, Verma (2015) argues that even though the GOB holds the main responsibility to provide sanitation services in the country, sanitation delivery services have been decentralized towards NGOs and local communities. These NGOs do not hold accountability for the access to sanitation services for the people and decentralization of the services is one of the main reasons that discourage the government organizations in making efforts to bring improvement in sanitation sector (Verma 2015).

For proper implementation of plans and policies and for a program to run efficiently and reach its target, only implementation of programs is not sufficient. To reach the goal successfully, the

people should be provided with sufficient information they need, proper monitoring and planning of the programs, monitoring the progress and outcome is essential and strong laws are needed to hold the authorities responsible if the works are not being done properly. These monitoring bodies should also have the power to address the complaints and reforms needed in the existing policies for better implementation of programs in future (Steiner et. al. 2008).

It is important to reiterate that the analysis of this study was fully based on UN reports submitted by government and civil society organizations. Most of the information given in the reports were vague and in general form, representing the overall situation of the country. The findings on approaches to sanitation were also mostly not specific and were found mostly in integration with approaches to other social sectors. Due to these limitations, it was difficult to get the key conclusion of the findings of the study. (Note: I have developed a conceptual framework based on the findings of my study which is shown on the next page)

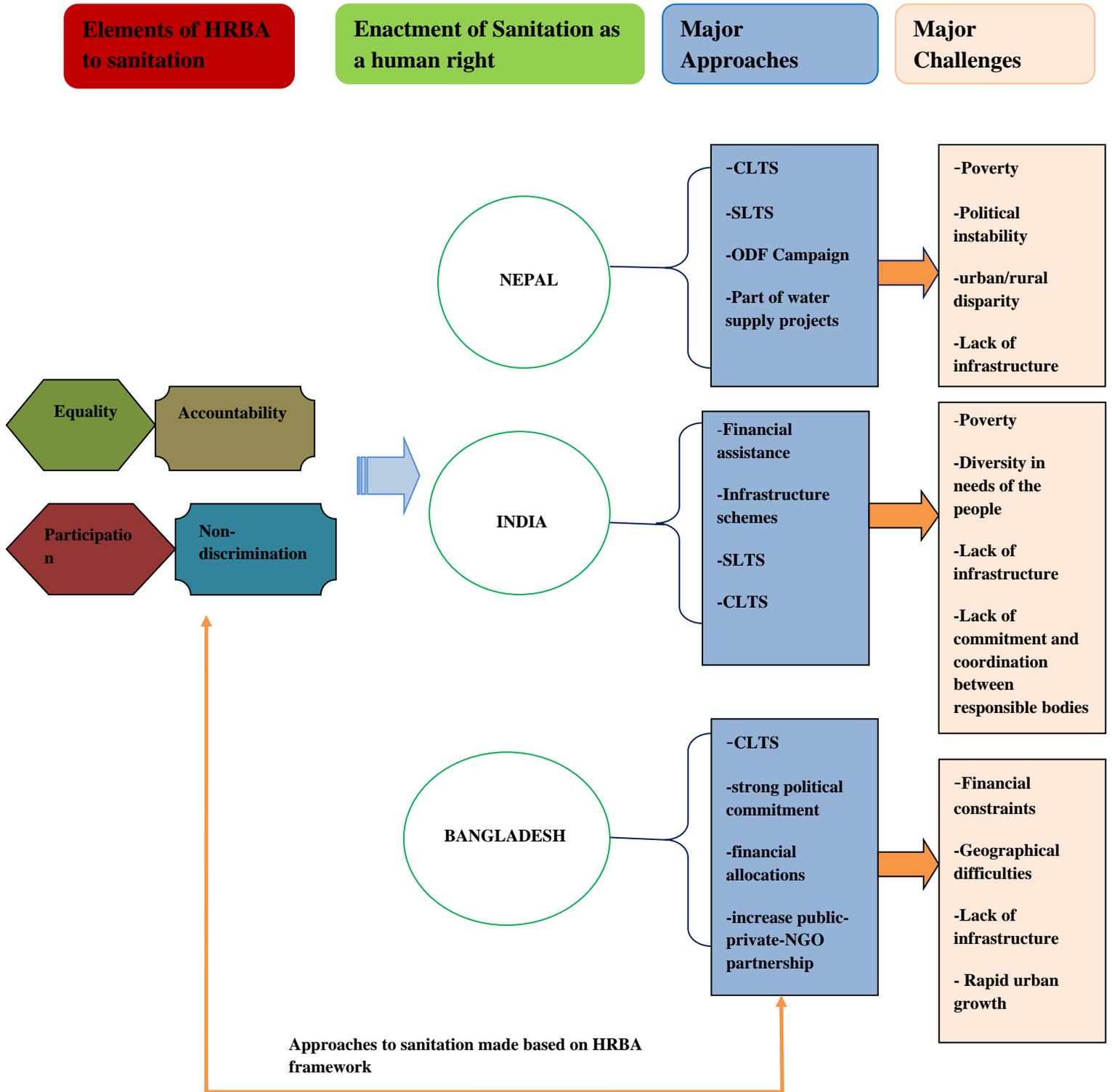


Figure 3: Conceptual framework based on findings of the study

6. Conclusion

In the light of concepts and review of literature as presented in Chapter 2, the study has aimed to clarify the concept of sanitation in human right perspective and its general background in the context of South-Asia. Further analysis of UN reports was done aiming to study the approaches to sanitation made and challenges faced while implementing these approaches in Nepal, Bangladesh, and India. The study showed that the sanitation coverage in the three countries was found to be different, even though all the three South-Asian countries are developing and have almost the same socio-economic background. The sanitation coverage was evaluated according to the access to toilets and open defecation zones. Bangladesh has shown rapid progress in this field compared to other two countries. The reason for other two countries lagging was mainly due to variations in approaches and challenges faced while working in this sector.

The study found that major approaches were made in Bangladesh mainly through CLTS approach that successfully shifted open defecation to a fixed-point defecation that was either private individual toilets or shared toilets. It was also found that strong political commitments and priority given by the government to sanitation as an essential component of poverty reduction strategy were some of the main reasons that led to significant progress in the sanitation sector. However, challenges such as financial constraints, poverty, and rapid urban growth need to be overcome to reach everyone with quality sanitation services. Even though Bangladesh became able to reduce open defecation to 1 percent, the use of shared latrines is very common. Shared latrines do not come under improved sanitation and further efforts are needed to bring improvement in this sector.

The study showed that approaches to sanitation were made mainly through infrastructure construction and provisions of providing subsidies to the poor population in India. The approaches were mainly supply driven. Therefore, it is important to mention that focus of the sanitation programs should be made more on community-based approach such that these programs can bring behavior change among people and changes in cultural practice. Community participation plays a vital role to achieve the goal of sanitation coverage. So, unless the attitude of the people towards sanitation is changed and realization of the importance of sanitation is made, it is very difficult to reach the sanitation coverage target.

Similarly, the study also showed that plans and policies included sanitation issues mainly through CLTS approach in Nepal. Sanitation-related programs were conducted with focus on improving sanitation sector mainly in rural areas of the country because sanitation status was low in these areas. Some of the main challenges faced while implementing these programs were prolonged political instability, financial constraints and difficulty in reaching the people due to geographical constraints. Proper monitoring and management are needed such that the programs implemented are run as designated and the services reach the targeted group of the population.

The study brought into light varied approaches that were being made and challenges that were being faced by government, non-government, and civil society organizations while implementing the programs and strategies related to sanitation. This can help the stakeholders and policymakers better understand that improving the sanitation situation is a process that requires learning, planning and bringing behavior change and reaching the target for sanitation coverage that needs initiations based on participation, non-discrimination, equality and accountability.

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