



The Third South Asian Conference on Sanitation (SACOSAN)
“SANITATION FOR DIGNITY AND HEALTH”
November 16-21 2008, Vigyan Bhawan, New Delhi, India

The Delhi Declaration

We, the Heads of Delegations from Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka, participating in the Third South Asian Conference on Sanitation (SACOSAN-III), in New Delhi from November 16 to 21 2008, attended by Ministers, elected representatives, government officials, professionals, academia, civil society, non-government and community organizations, development partners and the private sector:

1. Recognise that access to sanitation and safe drinking water is a basic right, and according national priority to sanitation is imperative.
2. Confirm our commitment to achieving National and the Millennium Development Goals (MDGs) on Sanitation in a time-bound manner in all participating countries of South Asia.
3. Assert that achieving total and sustainable sanitation in all rural and urban communities in our countries is not only possible but also is our cherished goal reiterated in SACOSAN-I at Dhaka (2003) and SACOSAN-II at Islamabad (2006).
4. We draw attention and reiterate our commitment to the following key principles and specific actions that need to be implemented at household, local, sub-national and national levels to accelerate performance and rapidly achieve our sanitation goals:
 - a. Ensuring that the present and future generations enjoy a healthy environment, with clean air, soil and fresh water resources;
 - b. Achieving sanitation for all will be an inclusive process, involving all stakeholders at all stages, especially local governments, community and grassroots groups;
 - c. Sanitation will not be considered merely an infrastructure or financing challenge, but one that requires effective policy,

institutional and fiscal incentives to change behaviour, working in partnership with religious leaders, communities, institutions (e.g. schools etc.), local governments and service providers; and strengthening their capacities and accountability in mobilizing, implementation and monitoring;

- d. Promote thinking of sanitation as the full cycle of proper arrangements, safe conveyance and sanitary disposal/re-use of liquid and solid wastes (including solutions that do not adversely impact the quality of land and water resources), and associated hygiene behaviour;
- e. A range of sanitation provision and service options will be available to choose from. Basic access to sanitation facilities will be ensured to all by reducing disparities through appropriate budgetary policies, with active participation, contribution, decision-making and ownership by communities;
- f. Incentives and support will be provided for the poor and people in vulnerable areas;
- g. The needs and concerns of women and most vulnerable (e.g. infants, children especially girl-children, the differently-abled, the elderly) will be addressed as a priority. Innovative mechanisms e.g. micro-finance by Self Help Groups, will be effectively promoted;
- h. Socially and economically disadvantaged households will be mobilized to form groups; and supported to access sanitation and other development programs;
- i. The special sanitation needs of women (e.g. menstrual hygiene management) will be integrated in planning, implementation, monitoring and measurement of program outcomes. The key role of women in managing sanitation and hygiene in community settings will be enhanced;
- j. Greater thrust will be placed on promoting adequate sanitation in schools e.g. separate facilities for boys and girls, supported by safe drinking water and with adequate child-friendly facilities. Hygiene education will be incorporated into the school curricula to promote good hygiene behaviour and upkeep of facilities;

- k. Collaboration between countries will be strengthened to develop capacities, sharing of best practices, and to promote mechanisms for independent monitoring;
- l. Behaviour Change Communication and information sharing will be effectively utilized for creating demand for clean and healthy environment, and for promoting good hygiene behaviour; in partnership with Media and using Information and Communication Technologies;
- m. Sanitation and hygiene needs to be integrated into health, education and other related policies, and regulations effectively enforced;
- n. Technologies (e.g. which require less water and/or no water) and the practice of “reuse and recycle” of human wastes, and solid and liquid wastes (including conversion into energy), will be promoted;
- o. Collaborations with the private sector (including toilet associations and groups of sanitary goods and service-providers) will be strengthened in developing sanitation standards, technologies and products that are appropriate, affordable, ecologically-friendly and easily accessible;
- p. For urban areas, an integrated city-wide approach will be adopted to ensure the safe management (including treatment and disposal) of human wastes, and all other solid and liquid wastes (including medical, industrial and commercial wastes, etc.);
- q. The urban poor, especially those in slum settlements, will be facilitated and supported to obtain access to safe sanitation as a part of the integrated city-wide sanitation plans; and
- r. The critical role of personnel involved in sanitation work will be recognized, and measures taken to raise their dignity.

Actions and Commitments

In this International Year of Sanitation 2008, we commit ourselves to achieving our national goals and the Millennium Development Goals on Sanitation in a time-bound manner, and shall take the following actions:

1. Continue advocacy and awareness to sustain the momentum given to sanitation explicitly at the regional, national, sub-national and local levels, in policy, budgetary allocation, human resources, and implementation;
2. Strengthen community efforts and developing capacities of Local Governments, non-governmental organizations, youth and community groups to work in partnership for sustainable sanitation solutions;
3. Ensure occupational dignity, health, safety and improve the profile and working conditions of personnel involved in sanitation work;
4. Prioritise sanitation as a development intervention for health, dignity and security of all members of communities especially infants, girl-children, women, the elderly and differently-abled;
5. Mainstream sanitation across sectors, ministries/departments, institutions, domains (private, household, schools, community, public), and socio-political persuasions, so that sanitation is everybody's concern and prioritised in their respective programs (e.g. railways or tourism agencies promoting access to sanitation facilities as a part of their programs);
6. Develop and implement approaches, methodologies, technologies and systems for emergencies, and disaster situations, and for areas, with special characteristics/ terrains or groups suffering temporary displacement;
7. Advocate globally the recognition of climate change impacts on sanitation provision in South Asia, and develop and implement strategies and technologies that adapt to and mitigate impacts;
8. Enable flexibility and variety in options and practical solutions to suit local conditions, preferences, and resources;
9. An inter-country Working Group, led by country focal points, will meet periodically to promote research and development, collaborations, exchanges of innovations, experiences and expertise; networks among

intra-country groups and agencies will be created for sharing of knowledge; and

10. The Indicative “South Asia Roadmap for Achieving Sanitation Goals” (cf. Annex) may be consulted by the participant countries to develop their national Action Plans for implementation over the 2009-2011 period.

The momentum gained by the three SACOSANs will be further continued by the hosting of the Fourth SACOSAN in Sri Lanka in 2010, and the fifth SACOSAN in Nepal in 2012.

We are grateful to and thank the Government and people of India, for successfully hosting the Third South Asian Conference on Sanitation (SACOSAN-III).

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Annex: An Indicative South Asia Roadmap for Achieving Sanitation Goals

The Sanitation Crisis in South Asia

1. Every one of two South Asians is still forced the indignity of defecating in the open, or using other forms of unimproved sanitation.
2. There is a high disparity in access and use of sanitation facilities across socio-economic groups.
3. Considerable number of women, girl-children, urban and rural poor and other vulnerable groups especially suffer the indignity, inconvenience, loss of time and energy due to lack of proper sanitation.
4. Poor sanitation and hygiene kills a large number of South Asian children every day, and frequent diseases also cause widespread mal-nutrition amongst children, stunting their physical and mental growth.
5. Poor sanitation causes huge economic losses to households and nations, apart from imposing alarming health and environmental costs for communities.

The Goal

- Our national goals with timelines
- MDG -By 2015: reduce by half the proportion of people without access to safe sanitation.

Indicative Roadmap

The Indicative Roadmap is a set of practical and measurable actions that focuses country efforts on achieving outcomes in a systematic manner. It lays out a checklist for policies, institutional arrangements, roles and responsibilities and implementation actions that help a country assess whether they have accorded the required priority, and have in place the elements that are needed to achieve the national goals and the MDG 2015 goals in a time-bound manner.

The Indicative Roadmap is based on lessons in South Asian countries in accelerating the access to safe and sustainable sanitation, and other global experiences and international commitments.

The Indicative Roadmap is for use by political leaders, governments, local governments, sector professionals, civil society organizations, community groups, external support agencies, service providers and other stakeholders to carry out situation analyses, for planning, implementation, monitoring and evaluation at different levels (e.g. sub-national/provincial, district, city, local government, etc.) to assess the progress toward achieving the national goals and the MDGs in a time-bound manner.

Each participating country will formulate their own *Country Sanitation Action Plan 2009-2011* (last column) and take steps to implement the SACOSAN-3 Actions and Commitments as a part of their national programming. The Roadmap will guide implementation of the Delhi Declaration and monitoring progress up to the next round of stock-taking proposed for SACOSAN-IV in Sri Lanka in 2010.

The Roadmap comprises five groups of milestones toward successful achievement of the national goals and the MDGs for sanitation and hygiene. Some action points are suggested to aid possible improvements. Every item with an “unsatisfactory” rating, needs to be addressed until it achieves a “satisfactory” rating.

SACOSAN ROADMAP 2015					
U – UNSATISFACTORY					
S – SATISFACTORY					
NO.	CRITICAL MILESTONE	U	S	SUGGESTED ACTION POINTS	COUNTRY ACTION PLAN 2009 -2011
A. COUNTRY COMMITMENT					
1.	Do the key country vision and planning documents explicitly recognise achievement of sanitation national goals and MDGs?			* Sensitize leaders to deaths, diseases and huge costs incurred due to poor sanitation	
2.	Are there national leaders committed to achieving sanitation goals?			* Promote priority to sanitation in national vision and goals * Build a constituency of leaders (not just political, religious and other leaders too) and advocates to be change agents and goodwill ambassadors * Strengthen the voice of civil society organizations and women’s groups at the national level * Promote sanitation as a <i>movement</i> , not a government or sector matter	
B. ENABLING POLICIES					
1.	Is there a <i>goal-oriented time-bound</i> national-level policy or strategy or plan covering sanitation in rural, urban, transitional and special (e.g. emergency, disaster) domains?			* Prepare a national vision and policy/strategy or improve existing one * Ensure full ownership of country stakeholders in the plan * Reflect in national plans, annual schemes and budgets	
2.	Is the policy/strategy/plan integrated and aligned with other sector plans (viz. water supply, water resources, health, environment, education, rural and urban development, gender empowerment etc.)			* Link the importance of sanitation to development, and specify links to health, education, water, gender empowerment, environment etc. * Integrate with other sector plans and visions – identify how sanitation can be mainstreamed in turn in the policy and operations of other sectors as well	
3.	Does the national policy/strategy/plan enable the development of sub-national strategies and local level action plans ?			* Promote flexible policy frameworks that support ownership of local governments and communities * Encourage bottom-up planning for locally suitable operations following a set of principles that synthesize into a national plan	
4.	Do the national/local policies/strategies/plans emphasize hygiene behaviour change as integral to sanitation?			* Position and detail behaviour change communication as key stratagems in the strategy / plan	
5.	Do the national/local policies/strategies/plans target sanitation provision to the rural poor as a priority in terms of extending access, prioritizing investments and service improvements?			* Identify rural populations not having access and prioritise them – not just provision but services too <ul style="list-style-type: none"> • Assure and ensure basic sanitation to all * Promote a range of service levels	

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				responsive to demand and willingness to pay? * Integrate sanitation into rural development and decentralization strengthening initiatives	
6.	Do the national/local policies/strategies/plans target sanitation provision to the urban poor and residents of slum and informal settlements as a priority in terms of extending access, prioritizing investments and service improvements?			* Identify urban populations not having access and prioritise them for extending provision and services * Situate sanitation in on-going urban efforts but highlight its unique importance (to prevent overwhelming influence of other “visual attractions” e.g. roads). * Ensure basic services to all and promote a range of service levels responsive to demand and willingness to pay – and demand-responsive services to who can pay * Promote access to basic sanitation as an entitlement even in non-recognised settlements * Adopt citywide approaches and do not plan for slums in isolation * Use sanitation to strengthen urban local bodies	
7.	Do the national/local policies/strategies/plans explicitly recognise participatory approaches to sanitation provision and maintenance management as a key to success, especially for community sanitation solutions?			* Promote and build capacities of local community groups in participatory approaches * Encourage planning and maintenance management of community toilets by local groups.	
8.	Do policies/plans recognise the full cycle of sanitation (safe collection, conveyance and disposal/re-use) as a key pillar of sanitation?			* Do not merely build latrines or treatment plants, but and help inculcate behaviour change to ensure they are used for the right purpose * Ensure that the fecal matter is safely carried and disposed of after treatment without coming in human contact	
9.	Do policies/plans accord specific measures to conserve and protect water and natural resources, and the environment from pollution arising from poor sanitation? Does it promote recycling/re-use of wastes?			* Promote systems that save water and other natural resources * Identify pre-emptive measures to not pollute land and water * Promote re-use of wastes	
10.	Do policies/plans encourage monitoring of performance in operations and maintenance management of existing assets (and are not just about infrastructure creation)?			* Maximize efficiencies of existing assets alongwith investing in new assets * Guard against huge capital investments without appropriate ecological and financial sustainability and adequate operations and maintenance arrangements	
11.	Do national and local plans make provisions for the preparation of disaster-preparedness and emergency response plans ? Are budgets ear-marked for contingencies?			* Prepare disaster and emergency response plans for each major administrative unit, and in detail for locations vulnerable to disasters * Provide budgets for training and	

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				capacity building for implementing preparatory actions and response and rehabilitation plans	
12.	Are there existing laws upholding dignity of communities (e.g. abolition of human cleaning of toilets / sewers) and related to safety of sanitation workers (e.g. safety gear and systems for cleaning of sewers)? Are they enforced satisfactorily?			<ul style="list-style-type: none"> * Review whether laws are adequate to accord dignity to work on sanitation * Develop and implement transition and rehabilitation plans for communities engaged in inhuman and unsafe occupations * Provide budgets for training and capacity building for ensuring safety of workers engaged in sanitation work 	
C.	EFFECTIVE AND ACCOUNTABLE INSTITUTIONS				
1.	Do sanitation and hygiene have a clear institutional home at national, sub-national and local levels (with clear mandates/ jurisdiction, dedicated personnel, separate budgets - integrated into governmental cycles of planning and implementation)?			<ul style="list-style-type: none"> * At every level, identify clear focal point with clear roles and responsibilities – they should add up as complementary, avoiding gaps and overlaps * Provide adequate budgets, personnel, powers, etc. for sanitation - separate from water, solid waste etc. 	
2.	Is there effective coordination within the sector viz. between government departments/agencies, NGOs, civil society, community groups, the informal and private sector?			<ul style="list-style-type: none"> * Institute coordination mechanisms (task forces, committees, missions) and ensure that they function well * Identify gaps in co-ordination and take corrective actions * Agree on convergent and supportive roles and minimize duplication and overlaps * Bring private sector and informal service providers into discussions and dialogues 	
3.	Are the sanitation sector roles and responsibilities devolved to the appropriate level of local government (political, administrative and financial devolution)?			<ul style="list-style-type: none"> * Devolve appropriate political, administrative, and financial powers * Track percent of total investments being devolved to local bodies * Promote local ownership and planning in an inclusive national framework * Encourage local governments to raise resources locally and expend these for sanitation * Make explicit transfers to lower levels and incentivize effective spending 	
4.	Do the agencies responsible for sanitation infrastructure and services provision have adequate organizational capacities (personnel, skills, systems, etc.) to fulfill their mandate? (Is there a plan for capacity building being implemented?)			<ul style="list-style-type: none"> * Assist in mapping capacities and preparing capacity building plans for implementing / service provider organizations * Ear-mark budgetary resources for capacity building * Assist in mobilizing national and international capacity building resource agencies 	
5.	Are there institutionalized service			* Develop differential standards of	

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	standards, disclosure and grievance redressal mechanisms for citizens and customers to hold agencies accountable?			service delivery? * Make disclosure of plans and budgets of service providers mandatory * Identify weak service links (e.g. cleaning of pits) and invest in developing systems * Commission regular independent customer surveys and social audits * Implement single-window customer interface in service provider organizations * Promote information and other technologies to make services efficient	
6.	Are there legitimate institutional spaces and resources (financial, capacities) available for participatory community managed systems of sanitation provision and service delivery? (with local governments, community / women’s groups as custodians and/or managers of systems)			* Promote and support local community managed systems especially for community sanitation * Encourage local groups to contribute to provision, management and costs by innovative mechanisms like self-help groups, micro-credit, etc.	
7.	Are there clear policies and enabling frameworks for participation of the private sector and informal sanitation services providers to respond to demand for sanitation?			* Clearly set out frameworks and guidelines for private sector participation in provision, maintenance management and services * Recognise informal service providers as legitimate, protect their livelihoods and assist in organizing their services * Support measures to ensure / augment supply chain of products and services	
8.	Is the role and support of external support agencies integrated into a coherent sector-wide framework?			* Outline a sector wide framework for sanitation, and its links with other sectors * Set out sector guidelines for participation of donors and external support agencies * Ensure that external support agencies’ contribution is convergent	
D.	FINANCING				
1.	Does budgetary outlay for sanitation form at least 1-2% of Government’s annual budget (at different levels)?			* Measure budgetary outlays quarterly, bi-annually and annually * Develop a multi-year budgetary framework * Measure actual expenditure and make efforts to ensure that these reach 1-2% of total outlay	
2.	Does the budget have a balance between outlays on hardware and software? Across new investments and maintenance management/services?			* Promote accounting and reporting categories that distinguish different types of investments * Assess current expenditure and progressively increase O&M budgets	
3.	Do new budgetary investments justify benefits in terms of explicitly target outcomes of			* Collect baseline indicators viz. on diarrhoeal diseases, water quality,	

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	reduction of diseases, mortality, and improved water quality? (and not just building infrastructure?)			pollution levels etc. at appropriate scales * Track actual expenditures on sanitation and relate these to changes in health and environmental outcomes * Include outcome indicators as a part of public audits	
4.	Are non-government resources leveraged well? (Are resources mobilized from private sector, NGOs, households and communities?)			* Collect regular data on contribution of different stakeholders * Take measures to leverage increased investments from private sector, banking institutions, NGOs, households and communities for local management	
5.	Are tariffs and user charges wherever levied adequate to meet costs of providing services?			* Carry out an audit of cost of sanitation services * Identify current collections, potential improvements, and new sources of revenue * Prepare a plan for reducing dependence on budgetary resources for maintenance management	
6.	Are there targeted incentives/support for those who cannot afford to pay full costs?			* Identify population groups who need to be incentivized/subsidized – use objective criteria according to Govt. policies on poverty * Track quantum of incentive/ support being provided and method of delivery * Study who is actually benefitting from the incentives/support – what proportion of this support is mis-directed? * Prepare and implement an improvement plan	
E.	MONITORING AND SUSTAINING CHANGE				
1.	Are the indicators of measurement of progress appropriate to accelerated achievement of sanitation goals (not counting merely latrines and physical coverage but Open Defecation Free or Totally Sanitized communities/ settlements, not counting financial outlays but health and environmental outcomes)?			* Review monitoring indicators and data collection system – are we merely counting pans and latrines? Are implementers reporting biased data? * Train communities in using and reporting with simple indicators * What needs to be counted so that stakeholders behave differently? Is counting open defecation free or sanitized communities also required? * Is the monitoring system geared to health and environmental outcomes?	
2.	Are there fiscal and non-monetary incentives for institutions and stakeholders at every level to achieve sustainable outcomes?			* Institute fiscal awards for communities and governments performing on sanitation indicators * Collect data and publish to mobilize stakeholders – give recognition, training, and other non-monetary incentives to good	

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				performers	
3.	Are there mechanisms for monitoring and sustaining change in behaviour and practices of communities?			<ul style="list-style-type: none"> * Encourage communities and local governments to track behaviour change as a part of programs * Allocate budgets and support institutional arrangements to carry out remedial actions, repairs and maintenance services 	
4.	Are there gaps and overlaps in the discharge of institutional responsibilities for monitoring and regulation , viz. health agencies (health outcomes), education (school sanitation), environment (effluents, protection of land and water bodies)			<ul style="list-style-type: none"> * Map the monitoring and regulation agencies and their mandates – identify gaps and overlaps and take steps to streamline the system * Identify measures to pre-empt and address regulatory failure or capture situations * Mainstream sanitation in the routine operations of the respective sectors 	
5.	Are there alliances and networks across regions and agencies to generate and sustain behaviour change communication, advocate or improvements and monitor the above processes and outcomes in sanitation achievements?			<ul style="list-style-type: none"> * Promote inter-governmental mechanisms to support, share and monitor Milestones * Identify and support alliances and networks of practitioners, community groups, civil society groups in sanitation within and across countries 	