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**Promotion and protection of all human rights, civil,
political, economic, social and cultural rights,
including the right to development**

Written statement* submitted by India Water Foundation, a non-governmental organization in special consultative status

The Secretary-General has received the following written statement which is circulated in accordance with Economic and Social Council resolution 1996/31.

[20 August 2023]

* Issued as received, in the language of submission only.



Protecting Women's Dignity and Giving Freedom from Hardship

Safe drinking-water, sanitation and hygiene are crucial to human health and well-being. Safe WASH is not only a prerequisite to health, but contributes to livelihoods, school attendance and dignity and helps to create resilient communities living in healthy environments. Drinking unsafe water impairs health through illnesses such as diarrhoea, and untreated excreta contaminate ground and surface waters used for drinking-water, irrigation, bathing and household purposes. Chemical contamination of water continues to pose a health burden, whether natural in origin such as arsenic and fluoride, or anthropogenic such as nitrate.

Sanitation and Hygiene

Despite the widely accepted fact related to the critical importance of sanitation and personal hygiene, the sanitation coverage in India was as low as 39% till 2014. This was severely affecting the health and dignity of people in rural areas, especially women and children. Realising the problems faced by women and children on account of the lack of toilets, the government of India launched the Swachh Bharat Mission (SBM) on October 02, 2014 for providing toilets to all households in the country over a time period of five years. On August 15, 2014, the Prime Minister called on the people of the country from the ramparts of Red Fort to join the Swachh Bharat Mission and pay their tributes to Mahatma Gandhi on his 150th birth anniversary by dedicating to him a Swachh Bharat. Under SBM-Gramin, over 11.7 crore toilets were constructed in the country. Under SBM Urban, over 70 lakh household, community and public toilets have been built.

As a result of the accessibility of sanitation facilities for every household and their regular usage, almost 100% rural sanitation coverage was achieved. Before toilets were constructed, women and girls felt a sense of helplessness and fear, sometimes even shame, when taking care of their sanitation needs in the open. They would deliberately limit their intake of water and other liquids to control the urge to urinate. This would result in health-related problems. Further, open defecation placed women and girls in danger, as they often faced harassment and assault from men, or were attacked by animals. As per the report titled "Access to toilets and the safety, convenience and self-respect of women in rural India", after the construction of toilets, 93% of women reported that they were no longer afraid of being hurt by someone or harmed by animals while defecating; 93% of women reported they are no longer afraid of contracting health infections; 92% of women said they were no longer afraid of going to the toilet in the dark of night, which is a huge jump from the pre-toilet construction stage (12%); and 93% of the women reported no longer having to stop having food or water to control the urge to defecate or urinate. Without any doubt, that women have been the biggest beneficiaries of this programme. SBM has brought about an irreversible improvement in the quality of life of women in the rural and urban areas, by promoting cleanliness, and hygiene, and eliminating open defecation.

SBM adopts a multi-faceted approach including:

Community participation: Ensuring appropriate participation of the beneficiary/communities, financially or otherwise, in the setting up of the toilets to promote ownership and sustained use.

Flexibility in Choice: SBM offers flexibility by building in a menu of options so that the poor/disadvantaged families can subsequently upgrade their toilets depending upon their requirements and their financial position. This is done to ensure that sanitary toilets are constructed, which ensures safe confinement and disposal of faeces. An illustrative list of technology options, with cost implications is provided to meet the user preferences and location specific needs.

Capacity Building: SBM augments the institutional capacity of districts to change behavior at the grassroots level and strengthen the capacities of implementing agencies so that the programme could be rolled in a time-bound manner and collective outcomes could be measured.

Instill Behaviour change: Incentivizing the performance of State-level institutions to implement activities for behavioural change among communities. Emphasising on awareness generation, triggering mind-set changes, leading to community behaviour change and demand generation for sanitary facilities in houses, schools, anganwadis, places of community congregation and for solid and liquid waste management activities.

Broad-based Engagement: SBM set up the Swachh Bharat Kosh to encourage Corporate Social Responsibility and accept contributions from private organizations, individuals and philanthropists.

Use of Technology: Information technology and social media is imperative to this program as it allows citizens to keep a check on the availability of toilets for every rural household in India. Nearly 90 per cent of all SBM toilets have already been geo-tagged. Many mobile applications have been launched by not only the government but also by few citizens, which direct the municipal corporations' attention towards unclean areas.

Drinking Water

Jal Jeevan Mission was announced by the Prime Minister Shri Narendra Modi on 15th August, 2019 with the aim to provide all rural households with adequate quantity (55 lpcd) water of prescribed quality in adequate pressure, on regular and long-term basis. The overall financial commitment for Jal Jeevan Mission is INR 3600 billion (US \$ 43.80 billion) which makes it one of the largest welfare programmes in the world. At the time of the launch of the Mission in August 2019, out of 19.43 Crore rural households, only 3.23 Crore (16.65%) had access to tap water. Despite several disruptions in recent years due to the Pandemic and the Russia Federation-Ukraine conflict etc., States/ UTs have made persistent efforts to implement the Jal Jeevan Mission.

Progress

The country crossed another milestone in the journey towards 'Har Ghar Jal' on May 2023, with over 11.66 Crore (60%) rural households provided with tap water supply in their homes. 5 states of Gujarat, Telangana, Goa, Haryana, and Punjab and 3 Union Territories of Andaman & Nicobar Islands, Daman Diu & Dadra Nagar Haveli and Puducherry have reported 100% coverage. The country is steadily progressing towards covering all the rural households will have safe drinking water through taps. Today 60% of rural households have access to clean drinking water through taps. More than 1.55 lakh villages, (25% of total number of villages), in India have so far reported 'Har Ghar Jal'. Every household in these villages has access to clean drinking water through taps at their household premises. In the current year from January to May 2023, one tap connection has been provided every second under Jal Jeevan Mission. This is a remarkable feat, wherein during the first three months of 2023, 86,894 new tap water connections have been provided every day, on an average.

Participatory Model

To ensure long-term sustainability of the schemes, community participation has been at the heart of planning, implementation, operations, and maintenance of rural piped water supply schemes. More than 5.24 lakh Village Water & Sanitation Committees, Pani Samitis have been formed in the country, and 5.12 lakh Village Action Plans have been prepared, including plans for drinking water source augmentation, greywater treatment and its reuse, and regular O&M of in-village water supply systems.

Water Quality

2,078 water testing labs have been developed out of which 1,122 are NABL accredited. To create awareness about water quality, more than 21 lakh women have been trained in rural areas for testing water samples using Field Test Kits (FTKs). Water quality testing have been reported in 5.33 lakh villages for chemical and in 4.28 lakh villages for biological contamination (post monsoon) during the year 2022-23.

Health and Nutrition Impacts

With focus on health and well-being of children, special efforts have been made to provide tap water connection in all rural schools, anganwadi centres and ashramshalas (tribal residential schools) for drinking, cooking mid-day meal, hand washing and use in toilets. As on date, tap water supply has been provided in 88.26% schools and 83.71% anganwadi centres. Supply of safe water has been one of the key considerations under the JJM. At the time of launch of JJM, there were 14,020 Arsenic and 7,996 Fluoride affected reported habitations in the country. In a short span of 3 years, since the launch of JJM, with concerted efforts of states/UTs, the number of such habitations has reduced to 612 and 431 respectively. Even in these habitations, safe water is now available for drinking and cooking, to all the people. As per WHO studies early 30% infant deaths are reduced because of safe water made available to families for drinking. Diarrhea is a very common ailment especially among newborn children. The newborns are more susceptible to water ailments. 1 in every 4 deaths, (1.36 lakh under five deaths per annum in India) pertaining to children below 5 years, can be prevented in India with provision of safe water. diarrhoeal disease are estimated to be averted, resulting in estimated cost saving of USD 101 billion. Safe drinking water determines disease environments and therefore the ability to physically utilize nutrients for healthy growth; water impacts the supply of food and nutrients that people have access to in their homes
