Right to Water And Sanitation

Abstract[1]

"A right is not what some one gives you; it's what no one can take from you ".

Human rights is the basic rights or freedom everyone is entitled to and I mean Everyone, everywhere. Human rights are rights inherent to all human beings, whatever our nationality, place of residence, sex, national or ethnic origin, colour, religion, language, or any other status. We are all equally entitled to our human rights without discrimination. These rights are all interrelated, interdependent and indivisible.

Universal human rights are often expressed and guaranteed by law, in the forms of treaties, customary international law, general principles and other sources of international law. International human rights law lays down obligations of Governments to act in certain ways or to refrain from certain acts, in order to promote and protect human rights and fundamental freedoms of individuals or group . The paper deals with right to sanitation which is also a human right.

WHAT IS RIGHT TO WATER AND SANITATION

The human right to safe drinking water and sanitation is derived from the right to an adequate standard of living and inextricably related to the right to the highest attainable standard of physical and mental health, as well as the right to life and human dignity" – Human Rights Council

It state that everyone should have the following facility that is water must be safe, accessible, available, affordable and sanitation must be acceptable that is with proper privacy with proper dignity

[1] Mritunjay singh thakur , KPS

WHY WE NEED RIGHT TO WATER AND SANITATION ACCORDING TO THE UNITED NATION ORGANIZATION[2]

Lack of sanitation obstructs the right to life and health. Human excreta encourage the transmission of many infectious diseases including cholera, typhoid, hepatitis, polio, cryptosporidiosis, and ascariasis. Diarrhea – a disease directly related to poor sanitation – kills one child every 20 seconds, i.e. more than 4,000 children everyday. This amounts to more deaths than AIDS, malaria and measles combined.

Lack of sanitation hampers the right to education. 443 million school days are lost every year due to sanitation and water related issues. Inadequate school sanitation facilities are a common barrier to school attendance, especially for girls.

Lack of sanitation thwarts the right to dignity. Sick and elderly people face a loss of dignity when sanitation facilities are not available in the near vicinity.

Lack of sanitation hurts and kills. Yet there is a shortage of funding. According to the OECD, only 5.5 % of development aid was aimed at water and sanitation in 2009, compared to 8% in 1990. As one of the Millennium Development Goals, Member States of the United Nations committed to halving the proportion of people without sustainable access to basic sanitation by 2015. But if the current trend continues, it is estimated that the MDG sanitation target will not be met until 2049.

This situation is even less tenable given the fact that investment in sanitation is profitable. UNDP has estimated that every dollar spent on water and sanitation generates a return of 8 dollars in reduced health costs and increased productivity.

Policies started by the government of India

National Urban Sanitation Policy[3]- In November 2008 the government of India launched a national urban sanitation policy with the goal of creating what it calls "totally sanitized cities" that are open-defecation free, safely collect and treat all their wastewater, eliminate manual

[2] www.unric.org
[3] www.mdws.gov.in

scavenging and collect and dispose solid waste safely. As of 2010, 12 states were in the process of elaborating or had completed state sanitation strategies on the basis of the policy. 120 cities are in the process of preparing city sanitation plans. Furthermore, 436 cities rated themselves in terms of their achievements and processes concerning sanitation in an effort supported by the Ministry of Urban Development with the assistance of several donors. About 40% of the cities were in the "red category" (in need of immediate remedial action), more than 50% were in the "black category" (needing considerable improvement) and only a handful of cities were in the "blue category" (recovering). Not a single city was included in the "green category" (healthy and clean city). The rating serves as a baseline to measure improvements in the future and to prioritize actions. The government intends to award a prize called Nirmal Shahar Puraskar to the best sanitation performers.

Service provision[4]

Urban areas. Institutional arrangements for water supply and sanitation in Indian cities vary greatly. Typically, a state-level agency is in charge of planning and investment, while the local government (Urban Local Bodies) is in charge of operation and maintenance Some of the largest cities have created municipal water and sanitation utilities that are legally and financially separated from the local government. However, these utilities remain weak in terms of financial capacity. In spite of decentralisation, ULBs remain dependent on capital subsidies from state governments. Tariffs are also set by state governments, which often even subsidise operating costs.Furthermore, when no separate utility exists, there is no separation of accounts for different activities within a municipality. Some states and cities have non-typical institutional arrangements. For example, in Rajasthan the sector is more centralised and the state government is also in charge of operation and maintenance, while in Mumbai the sector is more decentralised and local government is also in charge of planning and investment.In 2012 the Delhi Jal Board contracted out operations and management in three zones of the city to private companies under performance-based contracts to reduce non-revenue water. The Vasant Vihar-Mehrauli zone is

[4] National institute of urban affairs; status of water suppy, sanitation and solid waste management, 2005, p. xix-xxvi.

operated by SMPL Infrastructure of India, Malviya Nagar by Suez Environnement and the Nangloi zone by Veolia Environnement.

Private sector participation[5]. The private sector plays a limited, albeit recently increasing role in operating and maintaining urban water systems on behalf of ULBs. For example, the Jamshedpur Utilities & Services Company (Jusco), a subsidiary of Tata Steel, has a lease contract for Jamshedpur (Jharkhand), a management contract in Haldia (West Bengal), another contract in Mysore (Karnataka) and since 2007 a contract for the reduction of non-revenue water in parts of Bhopal (Madhya Pradhesh). The French water company Veolia won a management contract in three cities in Karnataka in 2005. In 2002 a consortium including Thames Water won a pilot contract covering 40,000 households to reduce non-revenue water in parts of Bangalore, funded by the Japan Bank for International Cooperation. The contract was scaled up in 2004.The Cypriot company Hydro-Comp, with two Indian companies, won a 10-year concession contract for the city of Latur City(Maharashtra) in 2007 and an operator-consultant contract in Madurai (Tamil Nadu) Furthermore, the private Indian infrastructure development company SPML is engaged in build-operate-transfer (BOT) projects, such as a bulk water supply project for Bhiwandi (Maharashtra).

Rural areas[6]. There are about a 100,000 rural water supply systems in India. At least in some states, responsibility for service provision is in the process of being partially transferred from State Water Boards and district governments to PanchayatInstitutions (PRI) at the block or village level (there were about 604 districts and 256,000 villages in India in 2002, according to Subdivisions of India. Blocks are an intermediate level between districts and villages). Where this transfer has been initiated, it seems to be more advanced for single-village water schemes than for more complex multi-village water schemes. Despite their professed role Panchayati Raj Institutions, play only a limited role in provision of rural water supply and sanitation as of 2006. There has been limited success in implementing decentralisation, partly due to low priority by some state governments.Rural sanitation is typically provided by households themselves in the form of latrines.

[5] Dealcurry.com
[6] World bank; Punjab rural water suppy and sanitation project, project appraisal document.

Total Sanitation Campaign[7]

In 1999 a demand-driven and people-centered sanitation program was initiated under the name Total Sanitation Campaign (TSC) which has some similarities with Community-led total sanitation (CLTS), but is not the same. It evolved from the limited achievements of the first structured programme for rural sanitation in India, the Central Rural Sanitation Programme, which had minimal community participation. The main goal of Total Sanitation Campaign is to eradicate the practice of open defecation by 2017. Community-led total sanitation is not focused on building infrastructure, but on preventing open defecation through self-awareness and shame. In Maharashtra where the program started more than 2000 Gram Panchayats have achieved "open defecation free" status. Villages that achieve this status receive monetary rewards and high publicity under a program called Nirmal Gram Puraskar.

A new sanitation campaign was launched as Swachh Bharat Abhiyan (Clean India Mission) in October 2014.

Strategic Plan[8]

The Strategic Plans for drinking water supply and sanitation in rural areas have the following timeline: By Year 2017

(a) Drinking Water Facilities To ensure that •at least 50% of rural households are provided with piped water supply; •at least 35% of rural households have piped water supply with a household connection; less than 20% use public taps and less than 45% use hand pumps or other safe and adequate private water sources. •all services meet set standards in terms of quality and number of hours of supply every day.

(b) Rural Sanitation facilities To ensure that 50% of the Gram Panchayats attain the Status of Nirmal Gram (i.e. ODF status).

By Year 2022

(a) Drinking water Facilities To ensure that •at least 90% of rural households are provided with piped water supply;

[7] World bank; inefficiency of rural water supply schemes in india.
[8] www.mdws.gov.in/annual report

(b) **Conclusion**

The water supply for each person must be **sufficient and continuous** to cover personal and domestic uses, which comprise water for drinking, washing clothes, food preparation and personal and household hygiene.

Water for personal and domestic uses must be **safe and acceptable**. It must be free from elements that constitute a threat to a person's health. Water must also be of an acceptable colour, odour and taste to ensure that individuals will not resort to polluted alternatives that may look more attractive.

Water and sanitation facilities must be **physically accessible and within safe reach** for all sections of the population, taking into account the needs of particular groups, including persons with disabilities, women, children and the elderly.

Water services must be **affordable to all**. No individual or group should be denied access to safe drinking water because they cannot afford to pay.