



# Water & SANITATION

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### **PREVIEW**

#### **Open defecation**

Local action, not just upfront subsidy, is needed to make India open defecation free

#### **Monitoring waste**

Do we have a plan for disposing the waste discharged from toilets?

#### **Universal sanitation**

Can usage be ensured without providing well designed toilets?

#### **Wetland protection**

States across India have failed to implement wetland protection rules, announced six years ago

#### **Water equity**

To provide access to safe drinking water, risks to water sources need to be assessed and managed

# OPEN DEFECATION

## Enable communities

To achieve zero defecation, India needs to practise community-led sanitation in its true letter and spirit



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**F**ood for thought: although India has the highest sanitation budget among developing countries, it is home to the highest number of people who defecate in the open, globally. The 65,000 tonnes of faeces disposed unchecked everyday, cause harm not only to the environment, but also to public health and the economy. Not only does India rank first in open defecation (OD) ranking globally, it is far ahead of the second highest country, Indonesia, by at least 500 million people. While Pakistan has 41 million open defecators, Nepal has 11 million and China has 10 million. In a country of 564 million open defecators, almost twice the number are active mobile phone users. No wonder then India's sanitation crisis is a global concern. The important question to ask is whether the current approach is appropriate to achieve universal sanitation coverage by October 2019, as promised by the Prime Minister Narendra Modi.

### Problems with current approach

One of the main problems with the current approach is policymakers and planners' belief that since the poor do not understand the importance of sanitation, they need to be



prescribed the technology and given subsidy or free toilets to improve their condition. So, for decades, the government's focus has been on constructing free or subsidised latrines. The total number of toilets constructed in the last five decades under schemes such as Central Rural Sanitation Programme (CRSP), Total Sanitation Campaign (TSC), Nirmal Bharat Abhiyan (NBA) and the Swachh Bharat Mission (SBM), along with other national and international non-profit programmes might be the total number of households in the country, if it has not exceeded already.

To achieve the target of SBM, 65,000 toilets have to be built everyday by September 2019, according to Water Aid, a non-profit. Since 1986, India has spent more than US \$3 billion on constructing toilets, according to the Ministry of Drinking Water and Sanitation. It is now gearing up to spend an additional \$31 billion over the next four years under SBM. States with the worst sanitation indicators-Uttar Pradesh, Madhya Pradesh and Bihar, spent the most amount of public money over the past 15 years. Uttar Pradesh alone accounted for nearly a fifth of the sanitation budget since 2001. It was one of the few states which consistently spent over 90 per cent of the allocated money every year.

However, studies show that more than 40 per cent of the latrines, which were built free or with subsidy, were not used at all. Those in use were used by women, the elderly or sick, when they could not go out to defecate. OD is rampant in rural areas and it is hard to find a village without unused toilets or sanitary hardware lying unused. It is quite common for people to practice OD even when they own modern toilets. These are only used by acquaintances from towns and cities. Relics of unused free toilets can also be seen in Solomon Island, Sierra Leone, Mongolia, Madagascar, Burkina Faso and Bolivia.

It is important to note that in spite of major efforts such as a national campaign by the Prime Minister, a US \$1.5 billion loan from the World Bank and a sanitation tax (Swachh Bharat Cess), neither toilet usage nor behavioural change has been achieved, commensurate with the resources and efforts invested. There are no improvements in public health either. India carries the highest burden of pneumonia and diarrhoea deaths in children. One out of five children dies due to pneumonia and diarrhoea in India. In 2015, of the global 5.9 million deaths of children below five years, pneumonia was the top killer at 16 per cent, while deaths due to diarrhoea accounted for 9 per cent. According to the United Nations Children's Fund (UNICEF), 48 per cent children, which is almost half, are stunted and malnourished in India.

## Community-led approaches

A major paradigm shift was seen in the early 2000s with the emergence of Community Led Total Sanitation (CLTS). The need to achieve sustained and collective behavioural change through community involvement was acknowledged globally. CLTS is now practiced in over 70 countries in Asia, Africa and Latin America, with at least 25 which have adopted CLTS as their national strategy. Today, more than 45 million people live in an open defecation free (ODF) environment.

CLTS not only fast tracked access to basic sanitation through direct involvement of thousands of villages in each country, but it also empowered governments of poorer countries to provide ODF environments, thus saving them from illnesses and ill productivity.

Countries with limited resources in Asia and Africa such as Bangladesh, Nepal, Timor Leste, Ethiopia, Kenya, Malawi, Mali, Chad and Liberia realised that a top-down approach, which was focused on donations and construction, created overt dependence on external resources. These programmes divided the community on the basis of a family's eligibility to receive subsidy, which was based on criteria determined by outsiders, such as above poverty line or below poverty line status. Without involving the community, the programmes were meaningless. But the adoption of CLTS not only resulted in fast progress in sanitation, but also helped multiply the limited funds with community contribution.

More than 40 countries, including our neighbours, have changed their national sanitation strategies from upfront subsidy to CLTS. From 35 per cent OD in 1999, Bangladesh recently achieved more than 99 per cent access to basic sanitation. Nepal adopted a zero subsidy approach a few years after implementing a local empowerment model in Hetauda and other



**SOUTHERN Asia accounts for 34 per cent open defecation, of which India accounts for 26 per cent**

**TO ACHIEVE the target of SBM, 65,000 toilets have to be built everyday by September 2019**



districts. Today, half the country's village development committees are ODF. Pakistan too achieved its Millennium Development Goals (MDG) target in sanitation through CLTS and has abandoned subsidies. Sri Lanka has also wiped out OD.

In India, toilets remain unused because community empowerment is undermined. This is in spite of the fact that toilet subsidies, which currently amounts to ₹12,000 per household, increased at least three times over the past decades. Tasked with implementing sanitation programmes, the Water and Sanitation department, under the Rural Development Ministry, focuses only on infrastructure, ignoring public health improvements.

Although state governments can customise the scheme, their progress is still evaluated on the basis of number of toilets constructed and total money spent. Moreover, the percentage of funding allocated to 'behaviour change' under SBM has been reduced to 8 per cent from 15 per cent in Nirmal Bharat Abhiyan (NBA).

### Create an enabling environment

It is time India seriously reviews its sanitation strategy. The good news is that zero defecation has been achieved by countries not as resourceful as India. To fast track access to basic sanitation and make India ODF, here are a few recommendations. It is important to note that these cannot be achieved without political will.

We must ensure an enabling environment, without which community empowerment becomes futile. Local action cannot be initiated when there are subsidies and prescriptions dictated by outsiders. Except for Himachal Pradesh (HP), CLTS is not being practiced in its actual spirit in the country. In just three years, sanitation in HP increased from 42 per cent to more than 80 per cent. An enabling environment includes a policy which is decentralised, community-led and allows the community to work with their resources and capabilities.

It is also important to truly understand local empowerment. Merely labeling CLTS a community-led approach is futile. Making money the central driver of change will only shift the focus away from behavioural change. There is a dire need to change the monitoring indicators to measure progress. But there is no need to follow a particular approach as long as it focuses on outcomes. Cost effective schemes which improve public health must be welcomed. Models which blend local empowerment with subsidy have worked in the past.

A decentralised approach should be facilitated by ensuring the involvement of natural leaders and community consultants as agents of change. Empowering state governments is equally important. Thus, chief ministers and top political leadership should be encouraged to learn from neighbouring countries and states. This can be done by organising a national consultation on sanitation where leaders from poorer countries from Asia, Africa and Latin America share their experiences of the community-led sanitation approach. ■

## FROM THE ARCHIVE

### Mission possible

India has been struggling to achieve universal sanitation coverage since 1986, when it launched the Central Rural Sanitation Programme, a supply-driven scheme with subsidy. But handing out subsidies has never really worked.

In 1996-97, the Indian Institute of Mass Communication, in Delhi conducted a comprehensive survey on knowledge, attitude and practices in rural areas. The survey showed that only two per cent respondents acknowledged subsidy as the major motivating factor, while 54 per cent claimed to have moved to sanitary latrines due to convenience and privacy. In fact, 51 per cent respondents were ready to spend up to

₹1,000 to acquire sanitary toilets. The Central government, however, ignored the message. Its sanitation programme was a no-gain toilet construction scheme. India built millions of toilets but people could not use them. Of the total toilets built since 1986, 20 per cent are defunct. In 2008, Prime Minister Manmohan Singh said 50 per cent of the toilets built under the government's sanitation programme were not in use. A 2010 study for MDWs, non-profit Centre for Media Studies found that poor construction quality and unfinished toilets were the reasons for the gap between access and use.

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