

RURAL SANITATION AND 'OPEN DEFECACTION FREE' ENVIRONMENT

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Open Defecation Free (ODF) is defined as the termination of the oral faecal transmission with no visible traces of faeces found in the open environment and safe options for its disposal (*Government of India (GoI), 2015*). At the time of India's independence in 1947, only 1% of households in rural India had access to sanitation facilities. In 1954, the GoI introduced the rural sanitation programme as a part of the country's First Five Year Plan. However, 60 years later, The Millennium Development Goals (MDGs) India Country Report 2014 stated that Goal 7 (ensure environmental sustainability) is on track on all indicators except on basic sanitation (GoI, 2014).

According to the World Health Organization/United Nations Children's Fund (WHO/UNICEF, 2015) joint monitoring programme (JMP) for water supply and sanitation, over the last 25 years India has succeeded in reducing open defecation from 75% of households (in 1990) to 44 % (in 2015).

India	JMP – estimated trends of sanitation coverage					
	Sanitation Coverage Estimates					
	Urban (%)		Rural (%)		Total (%)	
Improved Facilities	49	63	6	28	17	40
Shared Facilities	16	21	1	5	5	10
Unimproved	6	6	2	6	3	6
Open Defecation	29	10	91	61	75	44

Source: WHO/UNICEF JMP, 2015.

The Sanitation Problem

Inadequate water and sanitation infrastructure and unhygienic practices facilitate the transmission of pathogens that cause diarrhoea, which accounts for 2 million child deaths annually in the world, about half of them in India. Open defecation results in water-borne diseases, such as acute diarrhoea that is responsible for high morbidity and mortality among all age groups. Repeated incidence of diarrhoea due to poor sanitation,

improper disposal of human and animal excreta, lack of hand washing after defecation and before eating food, and the use of unsafe drinking water severely affects both physical and cognitive development of children. In India alone more than 1.7 million children aged below five years died in 2010, with diarrhoea being responsible for more than 13% of deaths (UNICEF, 2012).

UNICEF reports that in India, 48% of children below five years of age are stunted, resulting most often from malnutrition and poor sanitation. Stunting is associated with an underdeveloped brain, with long-lasting harmful consequences, including diminished mental ability and learning capacity, and poor performance continuing into adulthood (<http://unicef.in/Whatwedo/10/Stunting>).

Women are another group seriously affected by poor sanitation. Poor access to sanitation facilities and poor sanitation conditions can influence women's physiological and mental health. In response to the shame and fear associated with open defecation (OD), women restrict their movements and discipline their bodies so that the need to defecate does not come at inconvenient or unacceptable times. This leads to severe and serious ailments. Recent studies also show a relationship between unsafe sanitation and violence against women. These include sexual violence including rapes, killings, assaults, harassment and a general feeling of insecurity while commuting to and from the defecation sites that are in open fields outside the village. Attacks by wild animals, snakebites, and scorpion stings are other threats (Lennon, 2011; McCarthy, 2014, *WaterAid*).

Has it ever pained us that our mothers and sisters have to defecate in the open? Poor womenfolk of the village wait for the night; until darkness descends, they can't go out to defecate. What bodily torture they must be feeling, how many diseases that act might engender. Can't we just make arrangements for toilets for the dignity of our mothers and sisters?

Narendra Modi, Prime Minister of India
(Excerpts from the Independence Day address by the Prime Minister on 15 August 2014).

Promoting hand washing with soap at critical times.



The 17 Sustainable Development Goals (SDGs) have defined targets to be achieved by 2030. SDG Goal 6 is about ensuring the availability and sustainable management of water and sanitation for all, under which universal and equitable access to safe drinking water as well as adequate and equitable sanitation and hygiene for all has to be achieved by 2030. This requires stopping open defecation and paying special attention to the needs of women, girls and those in vulnerable situations.

India launched Swachh Bharat Mission (SBM; in English: Clean India Mission), in 2014 with two sub-missions, SBM (Gramin, i.e. Rural) and SBM (Urban), to combat the challenge of OD. SBM Gramin aims to make Gram Panchayats (GPs or areas under Village Councils) Open Defecation Free, and clean and sanitised through solid and liquid waste management. Extensive guidelines developed for SBM Gramin recognise that availability of water in the villages is an important factor for sustaining the sanitation facilities created. Hence they advocate conjoint programmes at the District and GP levels under the SBM Gramin and the National Rural Drinking Water Programme (NRDWP) on priority, to maximise the availability of water for sanitation purposes. The Government of India is aiming to achieve Open-Defecation Free India by 2 October 2019, the 150th anniversary of the birth of Mahatma Gandhi¹, by constructing 12 million toilets in rural India at a projected cost of US\$30 billion. The money has been arranged with a loan from the World Bank.

A major intervention in Rural School Sanitation is on separate toilets, with water supply, for girls and boys, and will be implemented under the programmes of the Department of School Education. Toilets in Anganwadis (early childhood learning centres), will be provided by the Department of Women and Child Development. Children are expected to become sanitation communicators to spread the message of safe sanitation to all. This 'Clean India Clean Schools' Mission shall specifically focus on such a campaign, involving educational institutions in rural areas (*Clean India Clean Schools Mission, 2014*).

If children are convinced through education in schools about the need to have a toilet at home and to keep it clean, their insistence within the family for the facility is expected to lead to toilets being built quite soon in every household. Their insistence and involvement will also ensure that the toilets constructed are put to use and kept clean. This is doable. Promoting and achieving it is the real challenge and a litmus test for ESD.

Money should not, by and large, be a constraint to constructing a toilet. The non-essential expenses of a household for one year on festivals, entertainment, recreation, gifts, avoidable transportation, communication, drinks and snacks, shopping, weddings etc., would generally be more than the cost of a toilet. Moreover, the government provides a subsidy and soft loans for building toilets.

When the girl student reaches the age where she realises this lack of female toilets in the school, she leaves her education midway. As they leave their education midway they remain uneducated. Our daughters must also get equal chance to quality education. After 60 years of independence there should have been separate toilets for girl students in every school. But for the past 60 years they could not provide separate toilets to girls and as a result the female students had to leave their education midway.

Narendra Modi, Prime Minister of India
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More than 45 million household toilets have been constructed in India since October 2014 as per the Government of India reports on SBM (Gramin) website (<http://sbm.gov.in/sbmdashboard/>), but the lack of infrastructure is not the only cause for OD in the country. Behaviour, practices and mind-sets are a bigger challenge to be addressed to achieve ODF status. Despite evidence that separate toilets in schools facilitate the attendance and retention of girls in school, the progress of provision of separate toilets in schools has been very slow in the last decade. Anganwadis, especially, have been the most neglected in terms of sanitation coverage (*UNICEF, 2014*).

The Role of RCE Srinagar

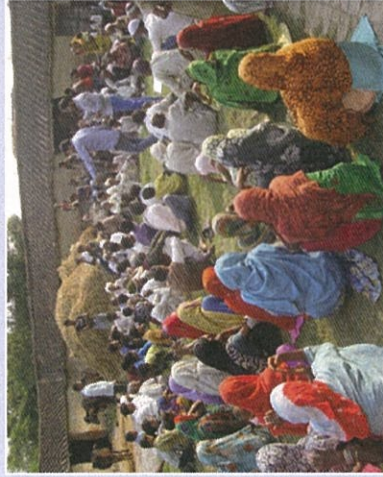
RCE Srinagar has been promoting Education for Sustainable Development (ESD) across the Indian Himalayan Region, the northern-most part of India consisting of 12 States and 121 districts. Its vision is to bring improvement in the quality of environment and life of the mountain people through introducing sustainable practices. Understanding that OD leads to so many serious problems, RCE Srinagar attempted a project aimed at achieving an ODF environment. Throughout the project the intention was to understand why it is so difficult to become ODF and how the challenges can be overcome. The study and its findings are presented on the next page.

Interventions in Balrampur

Taking up the challenge, CEE Himalaya with assistance from RCE Srinagar and financial support from UNICEF, Uttar Pradesh, implemented a project to achieve an ODF environment in ten villages that make up the Khardauri Nyaya Panchayat (NP)² in Block Shriduttganj of District Balrampur, in eastern Uttar Pradesh.

The objectives of the project were to:

1. Mobilise the community to demand sanitary services, and to adopt hygiene practices such as the use of toilet, hand washing with soap at critical times, most importantly after defecation and before meals, protection of water source from contamination, using safe drinking water and safe disposal of children's excreta.
2. Bring about behavioural changes in the community for improved water, sanitation and hygiene (WASH) practices by involving school children and teachers.
3. Accelerate the sanitation coverage and usage by building local capacities for toilet demand and supply to achieve an ODF environment.
4. Mobilise community and government resources for sanitary improvement of water sources and build community capacity to sustain cleaner environments around water sources.
5. Establish functional systems for proper usage and maintenance of toilets and drinking water facilities in selected schools.
6. To make the community own the programme by ensuring participation through village-level sanitation committee or other existing platforms.



For Community Led Total Sanitation: the Village Triggering Activity.

The Project Area and Baseline Survey

The project area, located in the flood plain of the Ghaghara and Sarayu rivers, is prone to annual flooding. During the July-September rainy season, the entire area gets water logged. Floods and water logging lead to loss of agriculture, livestock and livelihood sources. Damage to infrastructure, drinking water sources and sanitation become major challenges. During summer the area is prone to drought, when access to drinking water and water for sanitation become scarce.

A survey conducted by the Nirmal Bharat Abhiyan (NBA) in 2012 had enumerated 2,397 households in the project area (*Swachh Bharat Mission (Gramin), 2012*). CEE, in its baseline survey at the start of the project in September 2014, found 2,472, an increase of 75 households. The NBA survey had recorded 610 toilets of which only 184 were functional. CEE, in its door-to-door survey, found only 283 toilets (*ibid*). The remaining 327 were 'ghost' or 'missing' toilets.³

In the project area most of the schools and Anganwadis did not have functional toilets, that is, toilets with water facilities. Under such circumstances, improving the status of rural sanitation remained a big challenge requiring specific strategies to address key bottlenecks, reflecting on challenges in demand, supply and quality of home and institutional toilets in the villages, especially for socially and economically weaker and vulnerable communities.

Significant Achievements

After CEE and RCE Srinagar's interventions all the 53 toilets made by the government during 2012-13 in three villages, namely, Deveria 25, Gulwariya 20 and Visambherpur 8, which were being used as store rooms, started being used as toilets. Not a single toilet remained unused.

In addition to the 283 toilets available at the start of the project, 190 additional toilets were constructed by the government, taking the total number to 473 by the end of June 2015.

As per the NBA 2012 survey the project area had six Anganwadis, all without toilets, and 17 schools of which eight were without toilets. In its survey, CEE found 12 Anganwadis lacked their own building. All the Anganwadis were functioning from school buildings and depended upon the schools' toilet and drinking water facilities. Of the 14 schools found by CEE all but one had functional toilets. Through UNICEF project interventions, toilets and water facilities in all the schools were made functional, both of which were kept clean and well maintained.

¹ The project covered 10 villages falling under five Gram Panchayats making one Nyaya Panchayat.

² For promoting sanitation, the Government of India gives a subsidy to poor families for toilet construction. The beneficiaries, however, often spend the money for other purposes, but on record it is shown that the toilet has been constructed. Such toilets that exist only on paper are known as ghost or missing toilets.



School children taking pledge for washing hands with soap on the occasion of International Hand Washing Day.

All the six Madrasas (Muslim institutions for religious education) had functional toilets and well maintained drinking water facilities. Madrasas are not included as schools in the government survey; however, the project team found them very important for promoting WASH activities. They maintain good sanitation and hygiene standards. The CEE-RCE-UNICEF project team recognised them as schools imparting good education as well as values, and thus they used Madrasas for promoting hygiene and sanitation practices in the community, with encouraging results.

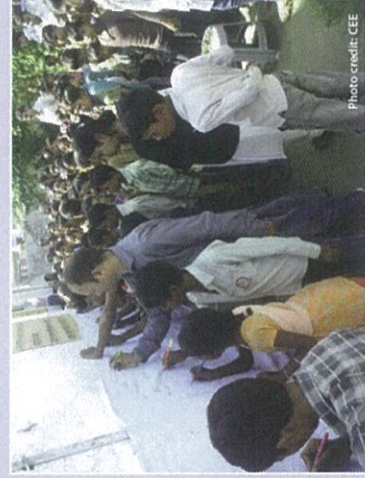
Village Ishwapur, with 53 households raised the demand for 25 toilets, soon after the start of the CEE-RCE-UNICEF project, and had them constructed by the government. All the 25 toilets were functional and being used. With the success of the 25 toilets, demand for another 28 toilets was raised. However they were not sanctioned because of budget constraints so the households themselves built the 28 toilets. By July 2015 each household had a functional toilet and all the toilets were being properly used. Ishwapur thus became the first ODF village in the project area.

At the start of the project, Galibpur, a village with 138 households, had 60 toilets that had been constructed by the government, and one by a household with their

for drinking and cooking. The area also had 50 India Mark (IM) II community hand pumps, each installed for a cluster of households (15 in Chawabujurg, 16 in Gulwaria, one in Vaibheet, six in Devaria, 10 in Galibpur and two in Viswambarpur). As these hand pumps were at some distance from their homes, the villagers had been using those for water for their cattle, washing, bathing and other purposes. As a result of CEE-RCE-UNICEF project interventions, a majority of the households switched to safe water from the deeper IM II hand pumps for drinking and cooking.

More than 60% of the population in the villages of Sahdeia and Chawabujurg are Muslim, and most of them are well-to-do. Many of them work in the Gulf countries and earn well. That is why the area is called 'mimi Dubai'. Despite being rich, and having big and expensive houses, the households do not have toilets because of the lack of awareness. According to the project team's estimate, more than 600 households could afford to build a toilet. The team targeted them first and was able to persuade three households in Sahedia and one in Chawabujurg to do so. The religious leaders are especially well respected among Muslims. If they were to talk about the importance of ODF off households in getting toilets made.

As a result of UNICEF and RCE Srinagar's nine-month-long intervention, awareness was created on WASH issues among the people and the results have started emerging. Good liaison was made with representatives of the Panchayats as well as government officials at the village, block and district levels. The project efforts also triggered the emergence of more than 50 opinion leaders in NP Khardauri. Identification of opinion leaders and building their capacity is one of the most important steps in mobilising people of the area towards becoming



Community members writing their pledges on sanitation and hygiene.

ODF. These leaders were from Panchayati Raj (local self-governance) institutions, Anganwadis, religious institutions, schools, active women and other community members. All the 50 opinion leaders were invited to participate in different trainings, workshops, meetings and discussions at the block and village level on ODF and health and sanitation issues to enable them to act as messengers in promoting WASH for achieving ODF villages. They were taken on an exposure trip to Ishapur village that had already become ODF to share experiences and learn from them. The exposure trip proved very useful. People were sensitised and inspired; if other villages that were similar to theirs could achieve this, why couldn't they do it. The exposure trip enhanced the pace of the journey to an ODF environment.

Attempts were made to dovetail ODF initiatives with government schemes such as the Mahatma Gandhi National Rural Employment Guarantee Scheme (MNREGS), SBM, and Village Safai Karmee. Toilets and water facilities in schools and anganwadis could get constructed from the funds that the Gram Pradhans have under other schemes.

Part of the project was to train 30 local masons in the techniques of constructing low-cost latrines. They are now available in the area to construct proper toilets.

Challenges and the Way Forward:

The following key challenges emerged during the course of project execution:

Tackling people's dependence, even of those who are quite well-off, on government subsidy for toilet construction is a big challenge.

Changing the habit of the elderly of defecating in the open is a tough nut to crack; however, the younger generation is quite receptive and easily convinced. Youth are an important stakeholder for the success of SBM. Certain campaigns were created to encourage boys and girls to pledge to have toilets built in their homes before getting married. Interestingly, maulvis and mufitis¹ in the states of Haryana, Himachal Pradesh and Punjab have decided not to solemnise marriage in a house without a toilet (Financial Express February 19, 2017).

ODF cannot be looked at in isolation. There has to be a massive multi-pronged campaign taking on board all the government departments, institutions and individuals. Panchayati Raj institutions can enforce making the construction and use of a toilet in a home mandatory before a marriage, the issue of a ration card, registration of documents, and a job with MNREGS.

¹ Muslim priests and legal experts who give rulings on religious matters.

Campaigns to sensitise the general public to the need for collective behaviour change towards sanitation issues, and on the importance of hygiene and sanitation for physical and economic health need to be held on a continuing basis. Proper design of toilets is crucial for sustainability, and people need to become familiar with the operation and maintenance of toilets.

Becoming ODF will have a ripple effect on the community, healthy people, clean environment, prosperity and true well-being. More than money and technology, it requires behaviour change among the citizens, for which Education for Sustainable Development is required the most.

Other than ODF, climate-proofing is also the need of the hour, which the project tried to address in a limited way. Implementing the CEE-UNICEF ODF project helped RCE Srinagar meet its objectives of creating awareness and building local capacities for the eco-sensitive development and reducing anthropogenic pressure on the fragile Himalayan ecosystems. It has also helped in fulfilling the long-term goal of RCE Srinagar of establishing partnerships with government, academic institutions, research organisations, community-based organisations and other stakeholders for working together, helping each other and sharing experience for achieving good quality of life.

For the RCEs working in rural areas, as was the situation in this case study of RCE Srinagar, one has to relook at SD. With people defecating in the open, getting ill, children dying, remaining stunted, and being malnourished, people are living in conditions of poverty and poor sanitation, with access only to unsafe drinking water. ESD should start with first improving the quality of life of the people and then moving to address other concerns. RCEs must include this concern in their mandates.

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Promoting hand washing with soap at critical times.

