

Policy Brief for Parliamentarians

Open Defecation: This is also your business!

Sanitation reality check

- 1.1 billion people practise Open Defecation (hereafter 'OD') worldwide, out of which 626 million are Indians. This includes over half the population of India. Only 35 percent of households in India have access to improved toilets.
- Hardly 25,000 out of the 6 lakh villages in India are free from OD.
- 18 percent of urban India still defecates in the open while the percentage in rural India is as high as 69 percent.
- 1 in 3 women faces troubles in accessing safe toilet facilities.

(Source: UNICEF 2013)

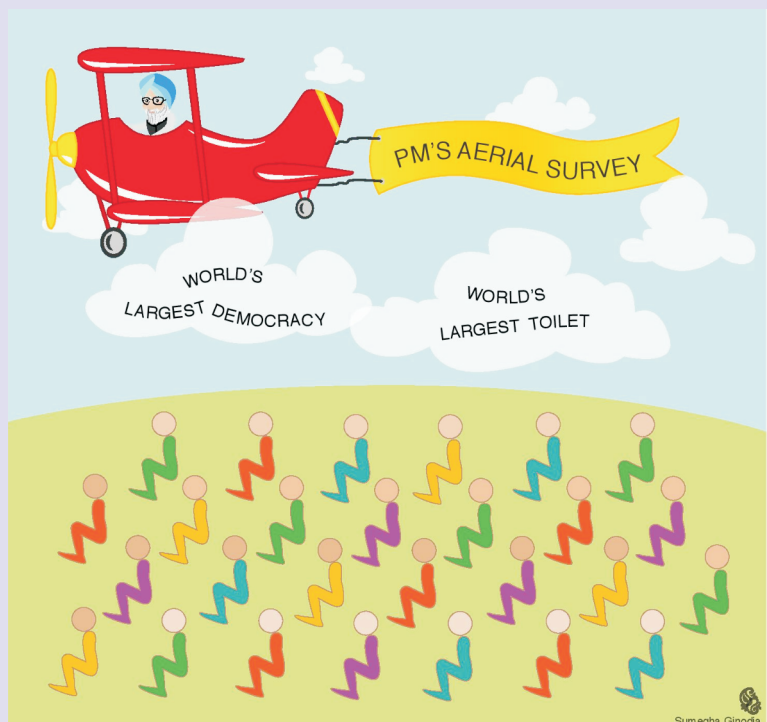
Introduction

India is the world's largest democracy and yet it is also home to the largest number of people defecating openly, every day. The 'dirty' facts given above reflect the Indian government's inability to provide basic sanitation facilities to its citizens. Functional toilets, considered a bare necessity in other countries, are not even available to half the citizens of India. India presently ranks first in the world in the practice of OD followed by Indonesia, a far second with only 60 million of its citizens practising OD. These statistics indeed call for alarm and attention.

OD has severe repercussions both on the citizen's health and the country's economy. There is a vast and authoritative body of evidence which substantiate the fact that open defecation can result in increased infant deaths, undernutrition, stunting and Faecally Transmitted Diseases (FTDs). These FTDs can effectively cripple the growth of young bodies and minds, among other harms.

India launched the Nirmal Bharat Abhiyan to combat OD; however it is far from achieving its objectives. Thus, this policy brief seeks to

equip the Parliamentarians with the necessary knowledge and arsenal to combat the issue at the local and central level. This in turn would render more effective the pre-existing programmes by illuminating key shortcomings in their implementation and by incorporating considered recommendations that will bridge the gap.



Sumegha Ghosh

Why do people openly defecate?

When there are no toilets available or when people are accustomed to the practice, then open defecation becomes a norm. Forty per cent of households have toilets, as a structure, out of which only 18.9% are functional. The reasons for their non-functionality range from improper installation and choked toilets to pit leakages. Even when functional, many toilets are used as store rooms and filled with cow dung flakes or other materials. It has also been seen that there is a mismatch between population density and the placement of new toilets with the result that sparsely populated areas have more toilets than densely populated ones.

Countries practising Open defecation	Percentage of toilets used in India
<ul style="list-style-type: none"> ● India 620 Million ● Indonesia 60 Million ● Pakistan 43 Million ● Ethiopia 38 Million ● Nigeria 35 Million ● Sudan 19 Million ● Nepal 15 Million ● China 14 Million ● Burkina Faso 12 Million ● Mozambique 9.7 Million ● Cambodia 9.5 Million ● Rest of the World 222.2 Million <p>(Source: JMP UNICEF-WHO 2013)</p>	<p>BEST</p> <ul style="list-style-type: none"> ● Tripura 80 % ● Sikkim 80 % ● Kerala 80 % <p>WORST</p> <ul style="list-style-type: none"> ● Tamil Nadu 26 % ● Uttar Pradesh 22 % ● Rajasthan 20 % ● Bihar 18.6 % ● Orissa 15.3 % ● Madhya Pradesh 13.6 % ● Jharkhand 8.3 % <p>(Source: UNICEF 2012 Report)</p>

In some areas there exists a perceptual barrier to toilet construction. The Social and Rural Institute, in a research conducted in Krishnagiri, Pudukottai and Salem Districts, found that people were against toilet usage because they believed that it was unhygienic to have toilets near their houses. They believed that open defecation was cleaner, more so during shortage of water. They also asserted that using toilets was culturally incorrect. The fact that they had no capital to build toilets also added to the problem of OD.

INDIAN Railways- World's Biggest Open Toilet!!

Indian Railways is a major contributor to open defecation in the country as the toilets, in the trains, open right on the tracks. They are also the largest employers of manual scavengers, in contravention of 1993 legislation on abolition of manual scavenging.

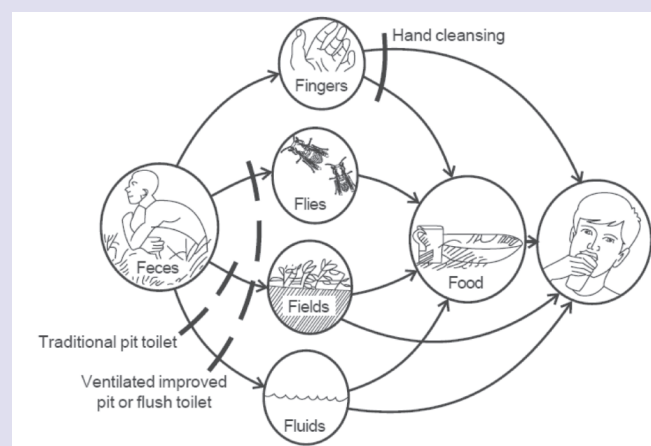
According to the India Assessment 2002 - Water Supply & Sanitation, people do not use toilets as they are not aware of its potential health benefits and its consequent economic benefits.

How is OD a problem?

When a person defecates in the open, the pathogens (disease causing agents) present in the faeces travel from the hand to the mouth in the following manner (Figure 1):

Flies, rainwater, contaminated water, wind, hoofs of domestic animals, shoes, children's toys, footballs, etc. are different agents or pathways through which faeces can enter one's home.

Faeces (Human Excrement) can get into the mouth via hands and fingernails, flies on food, fruits and vegetables that have been fallen on or been in contact with faeces and have not been washed, utensils washed in contaminated water, dogs licking people, etc.



(Source: CLTS handbook)

Figure 1

In 2011, Manipal University found that 100% of all Indian currency notes and 96% of coins carry pathogenic bacteria responsible for various gastric and respiratory diseases.

Fallouts of OD:

Diseases caused by human waste

It was observed that 600,000 under-five children in India died in 2010 due to diarrhoea, pneumonia and other diseases directly linked to a combination of contaminated water supply, unsafe sanitation conditions, and inadequate hygiene practices. Out of the 6,00,000, around 2,12,000 children died due to diarrhoea. Thus diarrhoea causes 12.6% of the child deaths in India. But this is just the tip of the proverbial

iceberg. There are many other less visible FTDs like topical enteropathy, typhoid fever, *Ascariasis*, hookworm infection, etc that are equally debilitating and fatal. Since they manifest as subclinical conditions they are rarely identified and treated. Systematic review suggests that improved sanitation can reduce the rates of diarrhoeal diseases by 32-37%

Ascariasis: An intestinal infection from a large roundworm (growing up to 30 cm) whose eggs are found in contaminated soil. Kills 60,000 a year.

Cholera: A global public health threat with up to five million cases a year, it results in profuse diarrhoea/vomiting and can kill within hours.

Dysentery: Highly contagious bacterial infection. Outbreaks are likely in areas where poor hygiene practices exist.

Typhoid fever: An infection of the intestine and bloodstream causing fever, headache and diarrhoea. 17 million cases a year.

Trachoma: Infection which turns the eyelid inwards, causing eyelashes to rub and scar the eyeball. An estimated six million worldwide are blind due to the disease.

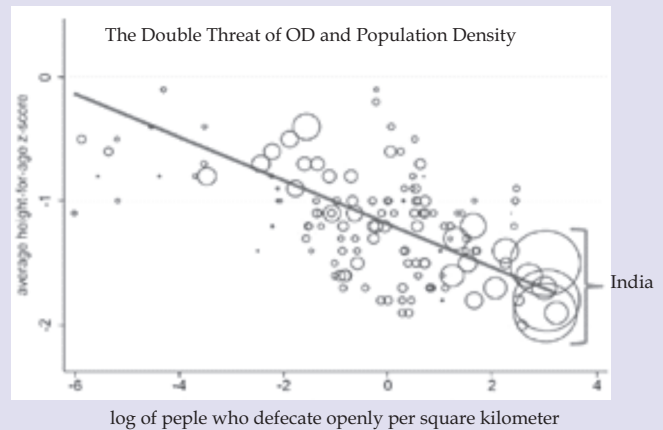
Source: WaterAid/WHO

Undernutrition

Poor sanitation, hygiene, and by extension OD is responsible for 50% of the cases of maternal and childhood undernutrition. There is synergy between diarrhoeal diseases and undernutrition where exposure to one increases vulnerability to the other. With faecal infections in the gut, absorption is reduced by the atrophied villi and intestinal parasites. This in turn leads to malabsorption, undernutrition and stunting.

Stunting

Children who are exposed to more faecal germs have stunted growth. Indeed, open defecation per square kilometre can linearly explain 65% of all cross-country variation in child height. Moreover, open defecation can statistically explain the puzzle of Indian stunting which is popularly called the 'Asian Enigma' (Spears). According to the 2013 UNICEF report 48% of the children in India are stunted. This is mostly because India suffers from the double whammy of high population density and OD.



(Source: Policy Lessons from Implementing India's TSC - Dean Spears)

Figure 2

In Figure 2, the linear trend shows that children are shorter, on average, in countries where they are exposed to more OD. The circle sizes are proportional to the population. The three largest circles represent India at different times. OD, being a "public bad", not only affects those who are exposed to it but also affects those who use improved sanitation. According to Spears, 2.5% of even the rich, urban, toilet-using children of India are shorter than normal norms.

SCAVENGERS

According to UNICEF the discrimination against scavengers was rampant in rural parts of India. "When we are working they ask us not to come near them. At tea canteens, they have separate tea tumblers and they make us clean them ourselves and make us put the dishes away ourselves. We cannot enter temples. We cannot use upper caste water taps. We have to go one kilometre away to get water," a scavenger in Ahmedabad district was quoted by Ms Lizette Burgers, UNICEF.

Human Scavenging leads to far grave sociological implications as it cripples holistic and equitable development and subjects such people to inhumane treatment and a life of indignity.

Effect on Women

Water-Aid estimated that 1 in 3 women worldwide risk shame, disease, harassment and even attacks because they have no safe access to toilets. As women are usually the caretakers of the house, they stay at home when their relatives fall sick from sanitation related diseases, thereby increasing their risk of contracting these infectious diseases.

According to a study by Plan India and AC Nielson, it was estimated that in India, 23% of girls drop out of school when they reach puberty because of inadequate toilet facilities.

Economic losses per year due to poor sanitation

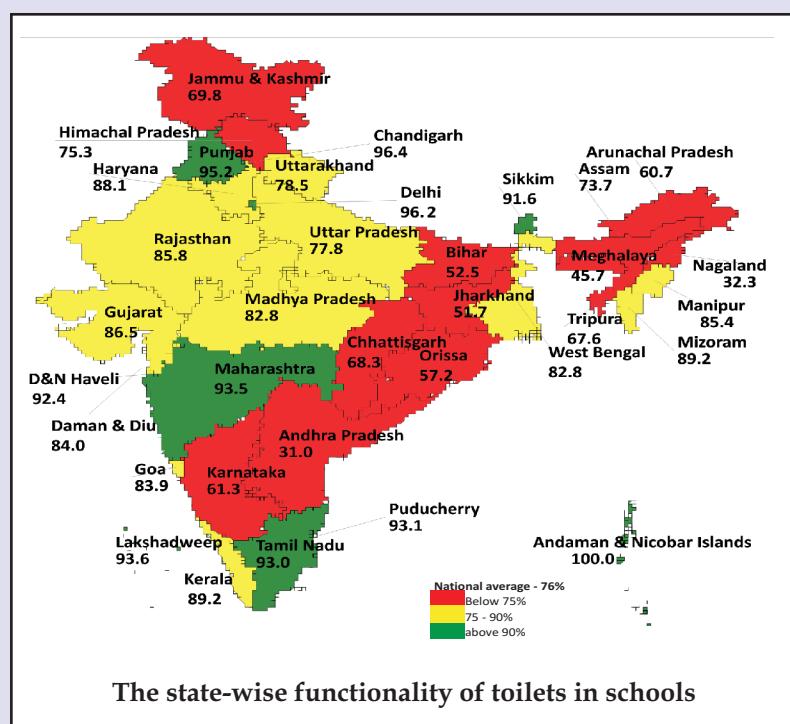
- Loss to individual: Rs. 2500
 - Loss to a family with 4 members: Rs 10,000
 - Loss to a village with 100 households: Rs 10 lakh
 - Loss to a Panchayat with 1000 households: Rs 1 crore
 - Loss to India: Rs. 2,70,000 crores
- (Source: World Bank Report 2010)

The Price we pay for OD

Environmental degradation

The Draft Guidelines for Preparation of Legislation for Framing Drinking Water Regulation, 2007 (and WHO Guidelines for Drinking Water Quality 2008) identifies OD as the source of organic, bacterial, ground water, surface water pollution and also mentions that it contaminates catchment areas. According to UNICEF, open defecation also leads to methane and carbon dioxide generation, which eventually leads to global warming. Open defecation also reduces the aesthetic beauty of an area and is one of the major causes that hinder growth in tourism.

Current Scenario in India



Functionality of toilet facility in schools is less than the national average in 13 states, which implies that a lot has to be done in ensuring safe sanitation to children in schools.

What is being done to combat the problem?

Community Led Total Sanitation (CLTS)

Community-Led Total Sanitation is a sanitation promotion methodology to mobilize communities to eliminate OD. It focuses on bringing about behavioural changes in the community by sensitizing them to the ill effects of OD and encouraging them to take collective action to eliminate it.

CLTS advocates no upfront subsidy. The basic assumption is that no human being can stay unmoved once they have learned that they are ingesting other people’s faeces. Generally communities react strongly and immediately try to find ways to change this through their own effort based on different motivations.

When triggered systematically and combined with ‘no-hardware subsidy’ policy and a hands-off approach by the facilitator, CLTS could provoke urgent collective local action. CLTS focuses on igniting a change in sanitation behaviour rather than constructing toilets. It does this through a process of social awakening that is stimulated by facilitators from within or outside the community.

The Nirmal Bharat Abhiyan

The Total Sanitation Campaign (TSC) of India is called Nirmal Bharat Abhiyan (NBA). The objective is to accelerate the sanitation coverage in the rural areas. The goal of NBA is to achieve 100% access to sanitation for all rural households by 2022. The maximum incentive per toilet available to a BPL household has been increased from Rs. 4600 to Rs. 10000.

The Centre’s share is Rs. 3200 while the States have to give Rs. 1400. The remaining Rs 900 has to be provided by the families. MGNREGA (The Mahatma Gandhi National Rural Employment Guarantee Act) funds are to the tune of Rs. 4500. The funds released under the program shall be disbursed through the Central Plan Scheme Monitoring System (CPSMS), maintained by Government of India.

Bio Toilets



The pet project of the Rural Development (RD) Ministry, the Bio-toilets are built by Defence Research and Development Organization (DRDO). The plan is for DRDO to set up the bio-toilets in 1000 GPs across the country, on which the RD ministry would spend nearly Rs 400 Cr. It is the perfect alternative to the current 'Flush and Forget' toilets. It is expected that bio-toilets can save billions of dollars for the government in waste management and ensure good health for all. These toilets have also been christened as "bapu" toilets! These toilets convert human waste into usable water and gases in an eco-friendly manner. The process involves bacteria, which feed upon the faecal matter inside the tank, through anaerobic process which finally degrades the matter and releases methane gas that can be used for cooking. This is a brilliant and innovative solution to the problem of OD and if pursued in the right manner can further the cause of sanitation.

United Nations Report 2013 on the Post-2015 Development Agenda

A High level Panel of Eminent Persons was constituted by the United Nations to make recommendations on the development agenda post-2015. Within the report 12 Universal Goals were identified, out of which the Sixth Goal emphasizes the Achievement of Universal Access to Water and Sanitation.

Clause 6b reads as, 'End Open Defecation and ensure Universal Access to Sanitation at school and work, and increase access to Sanitation at Home by x%'.

The Report also states that on average, benefits of investing in Water management, Sanitation and Hygiene are twice the initial investment. It also talks about CLTS as a remedy for open defecation.

(Source: 'A New Global Partnership: Eradicate Poverty and Transform Economies Through Sustainable Development', United Nations Report 2013)

Drawbacks/Failures of the Programs

NBA

- Constructed latrines are not in use: Out of the 81% of the IHHLs (Individual Household Latrines) constructed, ONLY 63% are used. This clearly shows that most people, even when they have the option to use toilets, choose to stick to their habitual practice of OD.
- Coordination with related departments of health, education, women and child welfare are necessary to receive the maximum benefits of sanitation, but this remains extremely weak at the implementation level due to communication gaps and tendency among the field functionaries not to converge their activities. The sanitation program hence tends to become a scheme of the particular department implementing the campaign rather than a sectoral intervention where every department should have a stake.
- Bureaucratic hurdles being faced at both Centre and State levels.
- Reports from evaluation studies conducted by the Ministry of Drinking Water and Sanitation and feedback from many states show that implementation of NBA in convergence with MG-NREGA has not been streamlined fully by the State governments.
- The gap in the feedback from the Centre and the States is an eye-opener. To give an example, Andhra Pradesh has reported that 77% of the State is open defecation free while Census 2011 has pegged the figure at 35%.
- While departmental figures have shown a huge increase in toilets in rural households, the 2011 Census has brought out an increase of only 9% from 22% to 31% since 2001.
- According to the guidelines of the NBA program,

the construction of household toilets should be undertaken by the household itself. On completion and use of the toilet, the cash incentive is given to the household in recognition of its achievement. However in reality poor families are unable to invest a lump sum amount of Rs. 10000 to construct a toilet.

- Sanitation improvements were expected out of the Gram Panchayats; however, they have ended up as fund disbursing agencies for building toilets and are not acting as institutions of service delivery.
- There is no provision in the existing guidelines to provide relief during natural calamities. This may also result in slipping back to open defecation especially in flood prone areas, where sanitation facilities get washed away or go bad after floods.

CLTS Vs. Subsidy Route

- There is a growing body of evidence, mainly of a qualitative nature, from across states of HP, Haryana, Maharashtra and Meghalaya, which suggest that CLTS has helped achieve faster and more sustainable results on the ground.
- CLTS must be the precursor to toilet construction for stopping the practice of OD. CLTS should be institutionalized and scaled up within the national sanitation strategies of the Indian government. They still use up-front individual household hardware sanitation subsidy that has limited effect
- In the state of Bihar, where there is provision of subsidy for both above poverty line (APL) and below poverty line (BPL) households (with no CLTS activity so far), the rate of increase in sanitation coverage has been only around 20% in that period.

India is a high subsidy regime. GoI has spent a huge amount of money on subsidies in the past two decades, but around 80% of people in rural India still continue to defecate in the open (2001 Census). Subsidy is not effective in creating demand for safe sanitation.

Policy Recommendations

- NBA should be restructured as a two stage process with CLTS being introduced first followed by the provision of subsidy.

Best practices to end OD

- Sirsa District, Haryana – Chatra Jagruk Dal: “Students” awakened group. Students would blow whistles whenever they saw OD. Some students were awarded marks for Social and Environmental Productive Work.
- Chandigarh: A village panchayat has come up with an idea to cancel or not to renew ration cards of the families that don’t have a toilet.
- Nepal: Sanitation cards introduced in Nepal. The card contains information on whether the house of the cardholder has a toilet and has pledged to no longer practice OD. Red Cards and White Cards were issued. Staff of some organizations would lose their jobs if they did not construct a toilet in their homes.
- Himachal Pradesh State Government has introduced the Maharishi Valmiki Sampurn Swachata Puruskar (MVSSP) to select the cleanest GP at Block, District, Division and State level, based on an annual competition.
- Hajipally, Andhra Pradesh: Fixing of lights in Open Defecation areas. Guests are not to go outside for defecation. A Rs. 500 penalty is being imposed per family if found practising OD.
- Vaishali District, Bihar: Sanitation mapping, village contact drives, rallies, mass awareness campaigns and video shows led the district to attain ODF status.
- Wok Sikkip, Sikkim: Bal Panchayats- Children of schools are running a parallel self-governing body, asserting their right to education, health, entertainment and leisure. Each school had a BalPanchayat.

(Source: WHO Report 2010)

- Part of the subsidy of Rs. 10000 should be given to families before the toilet is built. Villagers might not be having the available funds to invest the whole amount by themselves
- Non-monetary incentives should also be given to the Panchayati Raj Institutions, for the general benefit of the village.
- In a country like India, having 626 million people practising OD, only one official program (TSC/Nirmal Bharat Abhiyan) is not sufficient. The government should make more policies on this issue. In India, the NBA program involves policies on health and sanitation.

- The government of India must make a separate legislation which is ONLY concerned with Open Defecation, as the issue of OD is widespread in the country and needs urgent attention. Along with the Central Government, the State governments too should make policies and implement programs to check OD.
- With regard to solid and liquid waste management, only 0.5% of the total allocated expenditure has been spent till date. It is very important to treat the waste properly to prevent the issue of danger to general health. Waste, if properly treated, can be used in agriculture as manure and thus it can bring substantial economic benefits in the long run.
- Staff capacity both in terms of numbers, existing knowledge, skills and attitude has to be enhanced to strengthen the program implementation.
- The post-triggering sessions in the program have to be strengthened too, because some villages, despite having IHHLs, still resort to OD. Follow-up sessions have to be made an important part of the strategy.
- Institutional support from the state government to legalize the 'Nigrani Committees' and bring them within the institutional framework, needed.
- Re-allocate the BPL fund under the Total Sanitation Campaign to give equal share to families both above and below the poverty line, with the consensus of the community.
- Indian railways should not only explore modern options to a better waste disposal system but must also implement it. Adoption of biological and chemical toilets will resolve the long-standing issue of OD.



November 19: UN General Assembly has designated 19 November to observe as the World Toilet Day to raise awareness and mobilise action that can save millions of lives. In a bid to make sanitation for all a global development priority, UN urge changes in behaviour and policy on issues ranging from water management to ending OD.

- Linking sanitation with women's dignity and involvement of women groups are important.

Human Scavenging is inhumane and must be dealt with strictly.

What Parliamentarians can do?

- **Awareness Generation:** As a leader of the masses, a Parliamentarian can effectively build public awareness among the youth, individuals and organizations on the disastrous effects of OD on child and adolescent health. They can also participate in the safe sanitation campaigns at national and local/constituency levels.
- **Social Media:** In an MP's role as a change agent in the society, you can encourage and establish greater access to social media and public forums for educating the people in your constituency/State on safe sanitation facilities. An Internet portal should be created in furtherance of the same. For example, 'Sanitation Hackathon' provided ideas and projects incorporating modern technology in order to spread awareness about OD and to monitor OD status that aim at behavioural change.
- **Make Policy intervention:** As policy makers, it is your imperative to raise the issues of OD and safe sanitation practices at all the available legislative and administrative spaces.
- **Allocation of MPLAD Fund:** In furtherance of your duty as Parliamentarians, you can prioritize allocation of the MPLAD funds to facilitate a better rate of construction and maintenance of toilet facilities in your constituency/State.
- **Grievance Redressal:** Being the representatives of the people, you can help set up stronger dispute redressal mechanisms in your own constituency/State for this specific issue.
- **Engaging with Civil Society:** Parliamentarians are entrusted with the task of acting as an interface between people and the government. To this effect you can reach out to members of civil society and NGOs to facilitate the documentation and dissemination of project experiences (films, reports, publications) as they can form critical basis for future learning and teaching.

- **Budget Monitoring:** As overseers of public accounts, you should verify and scrutinize to ascertain that the budgetary allocations are in line with approved Government figures and commitments made to the people.
- **Seeking Higher Budget Allocation:** You can use your influence as members of the Parliament to seek an increased budget for meeting the needs of creating safe toilet facilities and waste-reuse facilities such as Biogas plants, etc.
- **Getting involved:** You can take up the cause of equal treatment and dignity for all to curbing human scavenging and mitigating the problem of OD.

Conclusion

Given the challenges involved, the law will only make a difference, when backed by political commitment and adequate resources. The difference between a clean and safe India and an India plagued by OD is the effort and interest put in by the MPs to sensitize the masses and enforce accountability on government. For India to achieve the Millennium Development Goals relating to access to drinking water and proper sanitation, reducing diarrhoea, improving maternal health and reducing child mortality, major efforts to stop OD have to be undertaken.

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