Sanitation: A long way to go
(Based on WaterAid’s inputs at SACOSAN)

Lack of sanitation is one of the biggest problems in the developing nations like India. Officially it has been given some priority, but for common people it seems something remote, something that doesn't have anything to do with them. But it affects each and everybody. If any strata of our society remains poorly sanitized, it may physically or socially contaminate the whole society.

Recently, second South Asian Conference on Sanitation (SACOSAN) was hosted by Pakistan. SACOSAN is a regional, ministerial level conference exclusively dedicated to sanitation with participation of central and local governments, civil society, donors and the media. All the eleven countries including China had participated officially and presented their respective country coverage statistics and details of government programmes. What was evident is that since the first SACOSAN in 2003 many countries have revised policy frameworks and initiated new programmes and that sanitation coverage is increasing. In this respect, the SACOSAN process appears to be creating some healthy competition between countries as well as a supportive environment whereby countries can learn from each other’s experiences. The conference focused on livelihoods and sanitation, awareness, education and capacity building and the role of International Finance Institutions in Sanitation.

India saw a major fillip in its sanitation program during implementation of the 6th Five year plan (1980-85) and start of internal decade for drinking water and sanitation. In 1986 Department of Rural Development, Government of India initiated the Central Rural Sanitation Program (CRSP) for providing rural sanitation services. In light of the 9th Plan strategy Government of India, introduced a comprehensive sanitation program in name of Total Sanitation Campaign (TSC) with objectives of improving the sanitation coverage on demand driven principles. The nation wide TSC has set ambitious targets of attaining the MDG targets by the end of tenth five year plan itself. This commitment was made in recognition of the high costs of inadequate sanitation including: the death of approximately a million people a year, most of them children, from sanitation-related diseases besides the environmental damage; and the shame, indignity, and nuisance caused to millions of its people by inadequate sanitation.

Still around 60% percent of the total rural population remains without access to adequate sanitation. The vast majority of this un-served population is poor rural inhabitants. By a simple estimate, India needs to ensure additional 106 million people with household toilets to meet the MDG target. Though huge progress has been registered in terms of creating water and sanitation facilities in schools still in large number of schools the sanitary and hygienic conditions are appalling, characterized by the absence of properly functioning water supply, sanitation, and hand washing facilities. Hygiene, sanitation, and water in schools can create an enabling learning environment that contributes to children's improved health, welfare, and learning performance.

The real challenges in sanitation are to find ways and means to stimulate and sustain demand (and thus resources) for sanitation at all levels, from the private household to the national budget. Supply-driven approaches to building more toilets with household subsidies have often been ineffective, as they can waste resources building sanitation facilities that are unwanted, inappropriate, and unused. When community members have committed their own time, effort, and resources to establishing improved water and sanitation systems, they are more committed to maintaining and sustaining their investments. For basic sanitation, Government of India will have to ensure that public funds are allocated principally to the promotion and stimulation of demand for sanitation. Public financing for sewage, drainage, and wastewater treatment and garbage is warranted, as they produce benefits for society as a whole, as well as better services to households.

While there is criticism that some of the highest performing states (in terms of latrine coverage also have the largest non used toilets), one thing is clear (from the TSC coverage estimates) that progress in rural sanitation has been most pronounced where;

- Strong incentives and promotion of sanitation by the state governments. Nearly twice the numbers of toilets are constructed for BPL households than APL.
Enabling cultural, social, economic and political factors encourage positive behaviour change at individual level. This alone explains why sanitation progress is not dependent on only one of the factors and why some states perform better than others.

Sanitation improvement cannot be implemented as a top down infrastructure led programme or project. While rural sanitation improvement faces a challenge for demand creation and peoples initiative to construct and use toilets, urban sanitation improvement is dependent to a great extent on government intervention and investments in city wide infrastructure and inclusion of the slum dwellers in large infrastructure projects.

Sector professionals, NGOs and government programmes tend to look at individual factors like technology, finance and behaviour change – as targets for intervention to improve sanitation coverage. Lack of water availability is also a major problem in certain parts of India. It is possible that a combination of all the above mentioned factors are operating that inhibit construction and usage of household toilets.

So, did the Islamabad declaration of SACOSAN II captured these concerns coming from India? In the declaration, the leaders recognized that Sanitation being the basic human need is essential for improvement of environment, health and quality of life in participating countries; mindful that half of the population in participating countries have no access to proper sanitation and about one million men, women and children reportedly die annually due to water and sanitation related diseases; being aware that poor sanitation and related health issues need pursuance of strategies in solid and liquid wastes management, provision of proper sanitation facilities for improvement of hygienic environment; and that sanitation has close relationship with disposal of domestic, hospital, agriculture and industrial wastes; and being equally aware of the need to improve social delivery system, human settlement and better urban planning for ensuring improvement in sanitation.

The representatives reaffirmed at Islamabad to accelerate progress for achievement of adequate sanitation delivery system in a planned and phased manner by according high priority to sanitation; strengthening inter-governmental cooperation in this region by activating the SACOSAN Inter-Country Working Group comprising of senior level representatives from the member countries to meet annually; discussing progress on all aspects of sanitation on a regular basis by reporting at the next South Asian Conference on a common set of indicators to be developed by the Inter-country working group; continuing to promote equity in our societies by striving to reach more effectively the hardcore poor and other disadvantaged communities through a combination of participatory approaches.

To conclude, first, there is an urgent need to prioritize institutional and policy reforms undertaken by Government of India. While sector reviews and vision and plan of operations being undertaken by state governments, the national government should initiate a national sanitation policy with explicit commitment to the poor and vulnerable delineating appropriate institutional arrangement for its delivery and management. Second, the government should give slum sanitation commitment a national priority through prioritizing Community Managed Toilets in urban slums of India as non profit community managed intervention Financial allocation for this could be made under JNURM launched nationally.

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(Wateraid is an international voluntary organisation, dedicated to sanitation and safe drinking water in developing and underdeveloped countries. Wateraid participated in SACOSAN-II, held in the third week of September 2006 at Islamabad)