

South Asian people's perspective on sanitation

Synthesis review

Bangladesh, India, Nepal, Pakistan and Sri Lanka



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Cover photo: WaterAid/Dieter Telemans
A woman washes her feet in a toilet block, Puthur village,
Kanyakumari District, Tamil Nadu, India

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Preface

South Asia is a region of great contrast. On one hand there are promising GDP growth rates, but these are countered by poor human development, poverty and disease, with hundreds of millions of men, women and children with no access to sanitation. There is political commitment to change, with new policies and investment for public services, but there are also significant barriers to enabling people to live safe and dignified daily lives. The biggest, and often overlooked, problems are exclusion and inequality. Millions of poor and marginalised people continue to be denied their basic rights, and as development initiatives concentrate on numbers, the excluded are marginalised still further.

It is now time to move from talk to action; to ensure that economic growth translates into human development and wellbeing for the people of South Asia.

This review is the result of a series of open-ended interviews and focus group discussions with a cross section of poor and marginalised social groups across Bangladesh, India, Nepal, Pakistan and Sri Lanka. We asked people about their sanitation and hygiene practices, the status of sanitation infrastructure and facilities in their communities, and their reflections on why interventions and projects in their settlements had succeeded or failed.

The resounding response from the people we are trying to reach is that they want a ‘clean’ and ‘healthy’ environment for themselves and their families, dignity, privacy and freedom from the shame and embarrassment of having to defecate in the open.

All countries in South Asia are signatories to the right to water and sanitation; however, almost half the region’s population is without improved sanitation and more than seven hundred million people defecate in the open every day. This review, and the collaborative energy and determination with which it is infused, signal the commitment of our three organisations – Freshwater Action Network, WaterAid and the Water Supply and Sanitation Collaborative Council – in making this right a reality.

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Section 1

Introduction

The first South Asia Conference on Sanitation (SACOSAN) in Dhaka in 2003 gave a call for ‘people-centred, community-led, gender-sensitive and demand-driven sanitation’¹, firmly locating the people at the centre of action. Understanding and creating demand and encouraging wider and sustained community participation were clearly identified as the critical route to success. Seven years and three SACOSANs later, where do the people of South Asia – especially its poor and marginalised one billion without access to sanitation² – stand? In particular, what are the people’s perspectives regarding sanitation and hygiene? What is their understanding of the concept, the urgency of their needs, their ability and capacity to access facilities, and most of all their observations about the extent and nature of the support they receive from the state and civil society?

The multi-country review is a joint initiative of Freshwater Action Network South Asia (FANSA), WaterAid and the Water Supply and Sanitation Collaborative Council (WSSCC). These institutions and networks have formed a coalition to engage with SACOSAN and collectively advocate for faster and more effective improvements in the situation across the region.

This synthesis review draws its thematic messages from separate studies on people’s perspectives from Bangladesh, India, Nepal, Pakistan and Sri Lanka (see Annex 1).

South Asia and sanitation

A major responsibility for achieving the Millennium Development Goals in sanitation by 2015 rests with the countries in the South Asia region. The baseline for sanitation coverage here has been well below the average for the world (20% compared to a global figure of 49% in 1990) and subsequent progress has also been very slow.

A significant proportion of the 2.6 billion people in the world who do not use improved sanitation live in South Asia. While open defecation has declined worldwide to 17%, in South Asia it remains as high as 44%. The urban to rural disparities are also high – seven out of ten people without improved sanitation facilities reportedly live in rural areas in the region³.

It is not that countries in South Asia have not been doing anything about the crisis; rather, it is that what is being done is often inadequate and not always appropriate. Governments may have been overly policy-centric with relatively little effective action taking place on the ground.

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- 1 The Dhaka declaration on sanitation
www.wsscc.org/resources/resource-publications/dhaka-declaration-sanitation
 - 2 World Health Organisation/Unicef (2010)
 - 3 WHO/Unicef (2010) *Joint monitoring report*

Section 2

People's perspectives

2.1 Understanding and awareness of sanitation

The review first focused on people's understanding of the concept of sanitation and hygiene. They were asked to describe what they understood sanitation to mean and if the community at large was aware of basic hygiene; whether they considered sanitation and hygiene to be important – if it had a role to play in disease prevention and health, in poverty reduction, in education and in ensuring dignity; and finally, whether water and sanitation should be considered as a human right.

Sanitation – a 'cleanliness package'

Overall, all groups and individuals who were interviewed across the countries had a fair understanding of basic sanitation and hygiene. While their description of sanitation varied to some extent based on location, levels of poverty and education, and access to water and sanitation services, definitions and descriptions primarily revolved around the notion of 'cleanliness' – of one's self, house and surroundings.

Cleanliness was often described as a package,

“Sanitation is all about cleanliness, no open defecation, proper solid waste disposal, using safe water in all domestic activities, washing hands in right manner and keeping the environment clean.”

Md Abul Hossain of the Baro Gozia community living in Ghorodhap Union of Jamalpur Sadar Upazilla of Jamalpur district, Bangladesh

Interestingly, cleanliness of one's house and environment was also defined in terms of the visual effect it had on outsiders and visitors. An unsightly environment and foul smell were considered to be an embarrassment,

“We used to feel embarrassed when guests coming to the village would make faces and cover their nose and mouth.”

Group of men and women, Kali Talai-Goras, Sheopur district, MP, India



Woman washing dishes below her drying rack, Khanitar, Rauta VDC 9, Udayapur District, Nepal

The level of understanding of sanitation and hygiene, and its articulation, was influenced to an extent by both the educational attainment of respondents and interventions in the area. Interventions made communities more educated and aware, and in turn people in these communities described sanitation as ‘hygienic toilets’, ‘closed drainage’ and ‘rubbish-free settlements’. For such communities, it also meant regular maintenance of the facilities and sustained availability of services.

Similarly, it was observed, especially in India and Sri Lanka, that the higher the educational status of community leaders and respondents, the better knowledge they possessed and the better they could articulate their understanding of sanitation. However, at the same time even the illiterate respondents had a basic understanding of sanitation and hygiene. For instance, Mina Begum of Aadibasi Sundarpara of Shyamnagar, Satkhira, Bangladesh, is illiterate and belongs to a minority group. To her, sanitation means a hygienic latrine, safe drinking water, washing hands with soap, and disposing of children’s faeces in the latrine.

“Sanitation is essential for life. It is an important part of our religion too. Cleanliness helps a person get a better education and higher position in society. Hand-washing with soap after defecation is very important for maintaining hygiene. Food hygiene prevents diseases and keeps children healthy.”

Mohammad Rafiq, an illiterate daily wage worker in peri-urban Choa Ganj Ali Shah, district Chakwal, Punjab, Pakistan

There was also a difference between women's perspective of sanitation and men's. For women it especially meant keeping themselves, their houses and their children clean. Women from some rural communities in states like Tamil Nadu said that a clean house gave them immense 'happiness' and 'pride',

“Sanitation is the basis for happiness and satisfaction. It urges me to get up early and remains as the first thought for the day to keep my home and surrounding clean. As the day starts with cleaning, the whole day then becomes very active and happy.”

Punitha, Chinnaviai, urban panchayat in the district of Kanyakumari in Tamil Nadu, India

A matter of dignity

Understanding of sanitation was closely related to open defecation and the need for toilets, especially in crowded urban settlements. In fact, an open defecation-free environment and use of toilets were repeatedly identified with sanitation across all countries. Whether recalling exposure to a sanitation intervention or not, almost all women and most male respondents reported feeling acutely embarrassed in front of neighbours as well as outsiders in the absence of a private toilet. Privacy and dignity are especially important to women,

“There is a need for separate toilets for each house because people without toilets are cornered by others and face difficulties entertaining guests.”

Gayani Mendis, resident of semi-urban area of Galle, Sri Lanka

“We find it shameful that we do not have toilets and that our men do not listen to us.”

Group of women, Balerpada in Burla Notified Area, Sambalpur, Orissa, India

“In the absence of sanitation facilities, people feel degraded, especially when guests arrive. Many people have migrated from this place just because of poor sanitation.”

Sughran Bibi, a housewife of Jungle Barali, district Vehari, Punjab, Pakistan

Dignity, apart from practical aspects of convenience, was also a consideration for differently-abled people. For instance, Jeevan Paudel from Ilam and Dhan Prasad Subedi from Dhading, Nepal, are differently-abled people whose lives have been dignified by sanitation interventions in their settlements. They said that sanitation is an essential component of life that affects the healthy environment of any community. Availability of safe water was seen as essential to sustain sanitation services.

...and safety

The safety of men, women and children was often found to be compromised by poor sanitation. Open fields – especially in the night or during the rainy season – or railway tracks were described as unsafe and instances of people losing their limbs, or even their lives, and of women being molested were frequently reported,

“Everyone in the village goes to the nearby fields for defecation. It is dirty, troublesome, time consuming and dangerous as well, especially for women and physically challenged people. It is very common for pigs to attack us from behind when we are squatting in the field. We are forced to take someone along when going out to the fields.”

Veerkala, 50, Kota Dewara, Uttar Pradesh, India

Impact on health, education and poverty

Many people across all the countries believed that keeping one's body and environment clean, leading a healthy life and protecting oneself from disease constitute sanitation and hygiene. Those who had a clear understanding of hygiene perceived that living in an unhygienic environment led to all kinds of diseases. They said that following simple hygiene practices, like washing hands before meals or cooking food, keeping the drinking water covered and so on, would eliminate many of the diseases. They were clear that it would therefore also contribute towards reducing poverty,

“We waste so much time in going to the doctor and then waste so much money on medicines. By just paying a little bit of attention to sanitation we can save all that time and money and thereby enhance our economic condition.”

Ram Avtar, a prominent member of the community,
Bhora village, Jalaun district, Uttar Pradesh, India

The community leaders in Nepal were certain that basic hygiene and education were inter-related; on one hand, education imparts knowledge about sanitation and hygiene and about ways to keep healthy, while on the other hand, better awareness about hygiene leads to a healthy life and ability to pursue an education. They also believed that hygiene and cleanliness prevent ill health and diseases and consequently reduce medical expenses and lost working days and wages.

Sanitation as a 'right'

Although notions of sanitation as a 'right' were not always clear in many countries, most people thought that it was important and it meant that the **government** was responsible to provide adequate facilities and services to the people,

“Considering the United Nations’ standards, it is the duty of the Sri Lankan Government to ensure access to water and sanitation.”

H A Chandana, Uva province, Sri Lanka

“It is government responsibility that it should expand people’s right to them. I do not know much about non government organisations; if they help people we deserve that. I believe if people collectively struggle for the solution of problems, they can achieve any goal.”

Sughran Bibi, Jungle Barali, district Vehari, Pakistan

For others, especially the very poor, ‘rights’ did not matter, as feeding their children and having clean drinking water were priorities. In fact, community leaders in Nepal thought declarations of sanitation as a basic human right were ‘worthless’ unless translated into grassroots reality through effective, efficient and sustainable programmes.

There is no doubt that people across countries, geophysical regions and social groups have a common understanding of sanitation and hygiene, though a degree of variation and nuances may exist according to circumstances. ‘Cleanliness’ is the primary indicator and ‘dignity’ follows closely. Toilets – individual or community, preferably the former – are a must, and a ‘right’ is something that the government has to ‘give’.

By and large, communities now understand that using hygienic latrines, safe drinking water and improved hygiene practices are important components of sanitation that keep them healthy and free from disease burdens. Keeping the surrounding environment clean, disposing of solid waste safely, and disposing of household and kitchen wastewater safely through a drainage system are also seen as integral parts of sanitation.



Villagers mapping their village with coloured dye, Akkelpur village, Mohanpur, Rajshahi, Bangladesh

2.2 The knowledge/practice gap

It is clear that communities across the region possess knowledge and understanding about sanitation and hygiene; however, a huge gap exists between understanding and practice. A simple, but most telling, indicator being the fact that 44% of the population in South Asia defecates in the open. What are the impediments holding back knowledgeable and sensitive people and communities from practising sanitation? There are many theories, but what do the people themselves say?

According to people across the region, while some did not adopt sanitation and hygiene practices because they actually lacked understanding, most were constrained by a lack of resources as they were too poor or didn't have the power to demand facilities from the state. Communities in India reported that while washing hands before a meal was practised by most households irrespective of income or education levels, poor and socially marginalised communities often did not use soap because they were neither aware of the benefits nor had access to it. Communities everywhere acknowledged that understanding had to be followed by practice and that toilets, even when constructed, were only used when the households and communities had fully understood and accepted their importance,

“Awareness about sanitation, hygiene and health... alone is not sufficient unless it is practised in real life.”

Goma Chaudhari, community leader in Bhiratnagar municipality, Nepal. He continued to say that some people, especially children, still defecate in the open, and while almost all households have toilets, the drainage is open and sewage poorly managed.

“People know about health and hygiene in general, but they lack the attitude. For example, they know the importance of hand-washing but do not act upon it. I guess only 40% of people in the village are active regarding their cleanliness.”

Khursheed Bibi, Chairperson, School Management Committee, Village 230-EB, district Vehari, Punjab, Pakistan

“People know that they should follow the basic hygiene like washing hands before handling food and keeping their surroundings clean, yet they dump the rubbish in the open fields. They go to the agriculture fields for defecation, not knowing that they are polluting the fields by doing so.”

Munna, a literate dalit from Beni Pura, district Jalaun, Uttar Pradesh, India

There are also indications that while in many communities households maintained cleanliness within their homes, they were less concerned about their village and surroundings,

“People are usually concerned with their own business and do not strive for collective solutions to any problem. Government has built schools in the area but it has not provided a health centre and drains which are the big issues of the area. It is government’s responsibility to extend people’s rights to them.”

Sughran Bibi, housewife, Jungle Barali, Vehari, Pakistan

“We are living in this situation because none of us has actually paid heed to it. We have never thought of improving our condition and have never put forward any demand for anything. At times we did ask the Pradhan (village chief) for roads and so on but he always made some excuse and we never pursued enough.”

Veerkala, village Kota Dewara, Uttar Pradesh, India

Similarly, communities are less conscious of maintaining cleanliness in community and public toilets, perhaps because there is no sense of ownership or civic consciousness. For instance in Sri Lanka it was observed that, in general, the conditions of maintenance, cleanliness and hygiene in these types of toilets were poor. Taps and seats were often found to be damaged, and floors and walls were covered with betel spit, cigarette butts and soiled sanitary napkins. Many people did not flush after use and left the toilet unclean; some even reportedly urinated on the floor. Nepal too reported that in some communities people have not paid much attention to sanitation in public places.

Menstrual hygiene is a critical issue in all countries and over the last few years has become the focus of interventions, especially among non-governmental organisations (NGOs). Although there are definite indications of improved understanding of menstrual hygiene, practices are still far from satisfactory, and in Nepal and India are often influenced by cultural attitudes and religious rituals. In both countries, menstruation has symbolic connotations and is associated with concepts of pollution and purity. Women’s movements are restricted during menstruation and in many communities they cannot enter the kitchen or places of worship and have to stay in isolation. In Sri Lanka, some women do not bathe during this period, again because of cultural taboos. In Bangladesh on the other hand women continued with their regular day to day activities during menstruation.

While all countries reported that there has been some shift from the use of cloths to sanitary napkins, especially among the younger generation, many still continue to use cloths because of poverty and a lack of resources. Cloths are washed and re-used several times.

“We are poor and do not earn even enough for our food and clothes despite hard work, so hygiene can be given a miss. Women want to use sanitary napkins... we know about its use, but have to use cloth instead.”

Suryakaniti Nayak and other women, Balerpada in Burla Notified Area, Sambalpur, Orissa, India

The disposal of used cloths and sanitary napkins is a huge issue across South Asia. In most countries they are thrown into nearby ditches or places where other waste is thrown. In Sri Lanka schools reported that as toilets lacked proper bins or disposal systems, soiled napkins were strewn around toilets, dissuading other children from using them.

Thus, the overall picture that is generated from across countries is that while there was a perceivable improvement in people's understanding of sanitation and hygiene, and while a large number of people actually wanted to stop defecating in the open for reasons of health, dignity and convenience, there was a wide gap in practice due to poverty and lack of adequate and quality resources. At the same time, the fact that in many communities across the region homes had better hygiene, but the settlement surroundings and community facilities were neglected, indicating a lack of civic sense and understanding about the need to keep the larger environment clean.



2.3 Status of sanitation and hygiene facilities

In households and settlements

The communities were asked to describe the sanitation facilities and infrastructure available in their homes and settlements, in terms of its adequacy and maintenance. The availability and condition of facilities were largely dependent on the communities' ability to manage their own sanitation and on the external support received. The communities' levels of interest and need for the facilities were also factors.

The communities involved in the review fell into three broad categories in terms of access to sanitation infrastructure and services: one where there was an utter lack of facilities and where most people defecated in the open, drainage systems were non-existent, streets were water-logged and there was no visible arrangement for solid waste management; then there were those settlements where every household had access to individual or community toilets and the settlement had well laid drains and arrangements for collection and disposal of solid waste; and finally the third category that fell somewhere in between, with some households having access to toilets, some still defecating in the open and safe disposal of waste water and solid waste still an issue. The status of facilities was also affected by the geophysical conditions of the region.

In well provided communities, whether urban or rural, where interventions had been successful, all households had individual toilets or access to well maintained community toilets. The individual toilets were mostly constructed with support from the state or NGOs, but at times also with the households' own resources. In many cases there was more than one community toilet. These toilets were mostly provided by a government agency or NGO and in most settlements arrangements for maintenance were made by these providers, with costs being wholly or partially met through user fees. Where NGOs were involved, the maintenance was often the responsibility of a well empowered community based organisation. For instance in the slums of Bangladesh, where there has been interventions by NGOs or the government, community latrines, cluster latrines and ring slab pit latrines are commonly maintained mostly by the community itself.

A critical factor for the success of these community toilets is whether dedicated arrangements are made for adequate water supply. Most toilets had separate arrangements for bathing and washing clothes. It was also reported that in some cases where community toilets had been initially successful (such as Addagutta in Hyderabad, India) communities had slowly graduated to constructing their own individual toilets, while the community toilets were used only by visitors or passers-by or had fallen into disuse.

The situation also varies according to the location of settlements and the socio-economic status of the communities. For instance, in Bangladesh, settlements in the north east and north west districts have a fairly good coverage of toilets but because the area is drought prone and suffers from acute water shortage, the toilets are not well maintained and open defecation continues to be practised. The Char Lands, the Hoar areas, the coastal offshore islands and the coastal inland saline areas have their own set of ecological problems that make provision of toilets a challenge. Ring slab toilets are the most common technology used in rural areas of Bangladesh. Where there has been no intervention, locally-made toilets or hanging toilets are

mostly reported. In the areas where interventions were made but have been phased out, it was found that a significant number of toilets that were initially hygienic had deteriorated in terms of maintenance. Community toilets with septic tanks were usually reported in urban slums and fringes where interventions had taken place. In the low land, coastal and disaster prone areas, raised toilets have also been constructed. Communities in Bangladesh reported that floods, cyclones and other natural disasters were the primary cause of damage to toilets. Availability of water, lack of knowledge and filling up of pits further contributed to making previously hygienic latrines unhygienic; however, the community quickly repaired these toilets. They thought that the state and NGOs should help them to build facilities that were disaster resilient.

In Sri Lanka on the other hand, settlements in the tea estates and the Tsunami affected areas were reportedly the worst off in terms of provision of sanitation facilities. The tea estates were generally crowded, the people were poor Tamil labourers with little education, and not all estate owners were concerned about the health of the workers. As a result, the toilets provided were inadequate in numbers and also had poor arrangements for maintenance. In Tsunami affected areas, the houses and toilets were constructed in an emergency situation, with no community participation and apparently little heed to technical issues. As a result, the toilets available are of poor quality construction. Additionally, the community has acquired a 'don't care' attitude and has become dependent on the government and NGO for all their needs. Hence, they expect them to take care of maintenance. In settlements like the North Western, Sabaragamuwa and Uva provinces, mostly inhabited by Sinhalese population, the conditions of facilities and infrastructure is far better, as a result of better planning and the technical quality of the infrastructure.

The status of sanitation infrastructure in communities that have received no interventions of any kind either from NGOs or the government was reported to be poor, with a few exceptions, across the region. Communities struggle to cope with such a situation and are rarely able to initiate improvements unless they receive external support. Only some communities that were relatively better off, often located on the fringes of urban areas, had managed to provide for themselves, and then only to the extent of individual toilets. Drainage and solid waste management continued to be a problem,

“There has been no intervention in our village regarding sanitation improvement. Waste water from houses is occasionally gathered in streets, people defecate in open, old age people and children have to go to fields during rain. Women while going out face problems of privacy. Above all we do not have access to clean drinkable water.”

Sughran Bibi, a housewife from Jungle Barali, Tehsil and district Vehari, Pakistan

In schools and centres of learning

The availability of sanitation infrastructure in schools varied from country to country. In Bangladesh, the communities reported that functional toilets were generally available in government and non-government schools and madrasas (Islamic learning centres). Some institutions have separate toilets for girls and in a few schools where interventions have taken place, facilities for washing and disposal of soiled sanitary napkins were also available. Adequate water was available on the premises, and maintenance and cleaning were the responsibility of the individual schools. Similarly, in Sri Lanka separate and functional toilet facilities for girls were being used and maintained; however, most had no provision for disposal of sanitary napkins.

In India on the other hand, schools – both in rural and urban settlements – were mostly perceived to be inadequately equipped to ensure sanitation and hygiene, except in communities where use of toilets has been widely adopted. Thus, communities reported the existence of toilets that are unused because of poor or no maintenance, only used by teachers or used only by girls and some boys,

“The NGO run school in the area does not have toilet facility and some students are sent back to the slum from the school in the morning, if they want to defecate. The toilets in the government school too are dirty; hence it forces many children to relieve themselves in the open.”

Group of women led by Munni Devi, Dalit Ekta Camp, Delhi

In Nepal, almost all schools have separate toilets for boys and girls; however, some schools have not paid sufficient attention to the needs of small children while constructing the toilets. Secondary and higher secondary schools have better toilets than primary schools. Not all toilets are maintained properly and some suffer from an acute shortage of water. In fact, some school toilets have fallen into neglect and disuse.



A girl waits outside a sanitation block in a slum community, Kamla Nehru Nagar, India

2.4 Why some interventions have succeeded while others have failed

Sanitation projects and interventions have followed different trajectories leading to varying results. They have been implemented by government and non-government agencies, either in partnership or independently; projects have included both hardware and hygiene education components; and finally, they have adopted different approaches, some of which have succeeded, while some have failed.

Communities have perceived success and failure of interventions in relation to local circumstances and their own needs; however, most identified functional toilets and effective rubbish and liquid waste disposal systems as key indicators of success. Adequate maintenance and sustainability of facilities and services were the other related hallmarks of success as identified by communities.

The success or failure of interventions was perceived to be influenced by the extent and nature of involvement of the community and its democratic leadership, the support provided by the state and its implementing agency, responsiveness to community needs, and the level of political interest and support. It was also seen as being largely influenced by the adequacy and quality of the design of facilities and arrangements for operation and maintenance. A significant number of communities perceived that the effectiveness of projects could be improved with the involvement of NGOs.

Involvement of the community

Projects have been successful where there has been a high level of community involvement from the planning to the implementation stage. Community leaders in Nepal for instance suggested that projects need to first sensitise communities to construct public and private toilets, and engage local people to monitor and maintain the initiatives. They believe that unless people take ownership of what they receive, success is not possible.

Most community leaders believe that support for infrastructure alone is not sufficient to make sanitation initiatives successful. They are convinced that programmes that focus on both hardware and software components are more effective in bringing about desired changes. In fact, the extent of community awareness reportedly had a direct impact on its involvement in a project. Those projects where communities worked closely with the implementing agency from the planning stage onwards were perceived to be more successful. Projects in the Tsunami affected areas in Sri Lanka are often quoted as examples of projects where planning and consultations with poor people were conspicuous by their absence, and of where the projects have failed.

“[The] programme was successful because NGOs and the community people, particularly the youth groups, jointly discussed about the good and bad effect of sanitation, everyone participated in all phases of development, female family members were actively involved, hygienic latrine were low cost and affordable, Union Parishad and NGO staffs worked jointly.”

Begam of Ghorodhap Dakhin Para, Ghorodhap Union – Jamalpur Sadar Upazilla, Jamalpur district, Bangladesh

“I believe involvement of local people made it a success; people used to hold a meeting weekly in the centre of village to plan and decide future steps. Women were also involved in awareness raising sessions.”

Amjad, from village Chak number 204 – EB in Tehsil and district Vehari

Local leadership or vested interests

Closely related to community participation is local leadership. In all the countries in the region, communities perceived that responsive local leadership by elected local leaders was critical to take the project forward. In several places, in both urban slums and rural villages, it was reported that ordinary members of the community – and women in particular – have played an active part in making sanitation projects a success. There have been cases in India where an enlightened and committed ‘sarpanch’ (the leader of the village council or other natural community leaders) has often been the trigger for a successful intervention,

“[The] availability of adequate funds, community participation and women’s participation and their leadership are the reasons for the success of the project.”

Gayani Mendis from Walawwatte in Galle in the Southern Province, Sri Lanka

“I consider this programme successful due to ownership of work being done by community; not only the construction of latrines but its maintenance is also their responsibility and they are doing it well... people knew about its merits since its initiation. Local organisations and NGOs were accountable to the community and technical support provided by them remarkable.”

Anees Bibi, health worker in Tehsil and district Vehari

“The factors contributing to the success of this programme include an understanding of the advantages of sanitation among the local leadership.”

Rashid Ahmed, Dhok Qadoo, district Chakwal, Punjab, Pakistan

Sometimes, leadership was also perceived to be assumed in an uninformed, undemocratic and unaccountable manner. Respondents warn that even protracted social mobilisation won't produce results unless it tackles regressive local leadership directly. This is considered to be a difficult process that requires high quality dispute resolution and consensus building skills.

Communities in India reported that funds were inadequate because often they were misappropriated by the sarpanch or other local leaders,

“[The] handpumps were installed by the Delhi Jal (Water) Board. However... they have been taken over by community members who are now selling this water to others. The Municipal Corporation Delhi [MCD] also installed a deep well. This too has been appropriated by the Pradhan [chief]... A community toilet complex was set up seven to eight years ago; however, it never really became operational because the tube-well installed for it by MCD was appropriated by the Pradhan.”

Women, Israel Camp, Rangpuri Pahadi, Delhi, India



A man constructs a pit for a latrine in Thuladhi, western region, Nepal

Similarly, community leaders from Nepal pointed out that ‘irresponsiveness, lethargy, unaccountability and vested interest of local community leaders and the VDC (village development committee) or municipal authorities lead to failure or collapse of sanitation infrastructure’. Local leaders were more interested in taking their political agenda forward and vested interests motivated them towards high budget infrastructure. As such, they rarely extend support to the communities and hence project inputs are difficult to sustain. Communities in turn are not empowered or organised enough to demand their rights. Community leaders believe that projects have to include planned and well thought out strategies to ensure active community participation in lobbying and advocacy and create an enabling environment.

Community leaders in Sri Lanka thought that at times the role of leaders amounted to ‘political interference’. Often, funds are routed through political and local leaders, leading to several problems: only part of the funds go to the community and it is not enough to build and complete the project; people use cheap raw materials and fittings because the funds are inadequate; or funds are given to contractors known to the politicians or community leaders and they use sub-standard materials and fittings. In such cases the projects are initiated but never completed.

Differences within communities

At times, the lack or loss of trust between community members are impediments to sanitation programmes. It is often difficult for communities to discuss their internal differences with outsiders,

“We should not shy away from acknowledging the differences amongst us. If two people stress on something and the other two stand against them, how can anything happen in such a situation?”

Women of Kota Dewara, Uttar Pradesh, India

“There are some proud and prejudiced people in our community. They do not cooperate with the majority of poor and disadvantaged groups. For example, one such person did not allow the passage of a drain through his land. This resulted in a series of meetings and dialogues, and protests. But the drain remains incomplete while the locals wait for legal action against the individual.”

Goma Chaudhari, Janapriya Tole of Biratnagar Municipality-7, Nepal

Patronage-based interventions and dependency syndrome

Communities observed that interventions – either by government or NGOs – were often patronage-based. Government provided funds and subsidies that were channelled through government agencies and institutions that identified defined categories of people for ‘benefits’. In this process, a patron-client relationship was established with the former having an upper hand. In the case

of NGOs interventions, these often came in the form of charity, with similar results. The two critical outcomes of this approach were the emergence of vested interests as described earlier and the creation of a dependency syndrome where community participation and involvement was at a minimum. The latter was more observed in places prone to natural disasters and relief interventions like the Tsunami regions of Sri Lanka or the flood-affected plains of North Bihar in India.

Included or excluded?

Infrastructure-led, patronage-based sanitation is also a social and environmental disaster and does little for an inclusive approach. Consider the following voices from Orissa, Galle, and Vehari,

“In a village where there is no toilet for most of the people, having toilets for some won’t help – lack of water supply is a major reason – further, many find the space for toilets very congested... We find it useless to have a toilet alone.”

Lalita, Kodobahal village, Orissa, India

“Not providing toilet facilities to all the families in the area is also a problem.”

K Sujatha Pushpani, Galle, Sri Lanka

“Government introduced a drainage scheme in our village in 2002 But it was laid down only in the streets where influential people live. As it was a government initiative, community participation was low. The material used was of very bad quality. The project is not functional anymore. So now waste water stagnates in the streets and affects the daily life of the people.”

Munazza Yasmeen, teacher, Vehari, Pakistan

Sound and appropriate technology

Inappropriate design, poor quality of construction and a lack of follow up and maintenance arrangements were critical issues present in all countries without exception. These were often not only the perceived reasons for failure, but also a deterrent to participation in subsequent projects. Several countries in the region are prone to natural disasters like cyclones and floods, yet the toilets here are not often designed to withstand or survive such calamities; as a result, communities that had begun to use toilets are often forced to revert back to open defecation. Poor design and poor quality of construction are often a result of a lack of supervision during the construction and implementation phase. In other cases, although projects are designed and implemented well, they quickly become unclean and unusable due to poor or no maintenance, or a lack of water.

In Bangladesh, after interventions were phased out it was found that many of the hygienic toilets constructed were no longer hygienic because of broken slabs and seats, broken water seals, and filled up pits due to the poor quality of construction. In addition, the design and technology itself was perceived to be inappropriate for specific locations. People pointed out that the geophysical characteristics of the coastal inland saline areas, coastal islands, the hill and Haor districts were all different, calling for different sanitation technologies. In India, maintenance was perceived to be the primary reason for the failure of many projects, especially for community facilities like toilets. Communities also refused to use incomplete or damaged toilets. In Sri Lanka too, technical quality and inappropriate designs have plagued the sector. Projects in the Tsunami affected areas are the most glaring examples of poor quality work.



A woman stands outside her household latrine, Tilhari village, India

2.5 What can stakeholders do to improve the situation?

While communities agree that they have to actively participate to not only make programmes and interventions successful but also to sustain them, they believe that other institutions also have a critical role to play.

Partnerships

Communities feel that government agencies should work closely with them and NGOs. Respondents observed that partnerships between different stakeholders, such as NGOs, local governments and efficient implementing agencies have contributed immensely to the success of sanitation programmes. NGOs have provided guidance and motivation, built capacities and also at times provided funds. In fact, most of the projects reported to have been successful indicate collaboration between the concerned state agency and a local NGO. For instance, in Kotbagi, Dharward, India, the NGO provided loans to the households and the Panchayat was motivated to provide the remaining funds, and an NGO working in Vehari, Chakwal, and other districts of Pakistan works with district government officials and implementing partners.

External catalysts

An external catalyst is often necessary to unfreeze the sanitation status quo, to push for implementation when the community is ready for change, and to prevent a relapse into old unhygienic habits. Sanjaya Rai, who lives in Raigaun, one of the remotest places of Makawanpur district in Nepal where no sanitation programmes have ever been implemented, is sure that sanitation and other forms of improvement are not possible without longterm, well-planned and participatory approaches and methods. He points out the catalytic role of CBOs (community-based organisations) and NGOs in sensitising local people and mobilising them. Similarly, he emphasises the need for external support, especially for infrastructure development. He also knows that such programmes will not be successful without the active participation and contribution of local people. He suggests that the resources allocated for sanitation and other purposes be spent in a transparent way.

The experience of Chhotipaliya, a small village in Kailai district of Nepal, corroborates Rai's observations. Until recently, the sanitary conditions in Chhotipaliya were very poor; however, the situation began to change when a local village club approached a national NGO for support. The NGO first assessed community needs, then it confirmed there was a consensus on the support demanded. In 2007, the NGO approved a work plan that envisaged a partnership between local CBOs and the community. People were encouraged to form a user committee, which was trained in health and sanitation. The committee built a safe and reliable drinking water supply system with external help, and it also ran a health and sanitation education programme that made each community member sensitive to health and hygiene issues. Soon, all the households constructed their own temporary or permanent toilets near their houses.



Sustained support

Ongoing monitoring and backup, support by NGOs and government agencies over a period, has ensured the sustained adoption of sanitary practices. In the Dharabanga camp in Delhi, India, people have reportedly adopted and sustained hygiene practices, because the NGO monitors the hygiene behaviour of the households on a monthly basis and people are embarrassed to have their poor practices pointed out.

Respondents also reported quite a few cases where communities have reverted back to old habits of unhygienic practices and unsanitary conditions. After an NGO provided support for sanitation, Padampokhari VDC of Makawanpur district, Nepal, was declared open defecation free. During the project period, the area was neat and clean, but after the project was phased out, the village reverted to unsanitary conditions. Ganga Kumari Gole, a 25 years old community leader, says that the lack of running water, a rigid and lethargic local leadership, and the disinterest of the user committee were the main reasons for the failure of the project.

2.6 What is a ‘successful’ sanitation programme?

The answer to this is perhaps reflected in the following statement,

“Sanitation programmes are successful when NGOs and communities, particularly the youth, jointly discuss the good and bad effects of sanitation, everyone participates in all phases of development, female family members are actively involved, hygienic latrines are low cost and affordable, and Union Parishad and NGO staffs work jointly.”

Begam, Ghorodhap Dakhin Para of Ghorodhap
Union of Jamalpur Sadar Upazilla in Jamalpur, Bangladesh

Communities in Pakistan defined a ‘successful’ sanitation programme as having:

- An appropriate external catalyst for sanitation, hygiene promotion and behaviour change.
- An inclusive approach that reaches out to marginalised communities and individuals.
- Responsive local leadership that understands the advantages of sanitation for all inhabitants.
- Involvement of local people from the start – for example, a weekly meeting in the centre of the village to plan and decide future steps.
- Clear responsibilities, including maintenance.
- Community acceptance and ownership of the programme.
- Active participation of women in decision-making at all stages from design to implementation and monitoring.
- A process that is and remains accountable to communities.
- Regular follow up by the programme promoters.

Section 3

The collective voice of the people and the emerging messages

The collection of voices in section 2 is from people and communities that follow different cultures and traditions, live under different governments and regimes, and face different struggles and hardships. What is common however is that all are from the most marginalised communities in their respective countries – and that they seem to speak almost the same language when it comes to sanitation and hygiene.

Some clear messages emerge from their collective voices:

- They want a ‘clean’ and ‘healthy’ environment for themselves and their families.
- They want dignity, privacy and freedom from a life of shame and embarrassment of defecating in the open.
- They want functional toilets, waste water disposal systems, and adequate and regular arrangements for disposal of solid waste. Although many are willing and able to make financial contributions, some want support as they are too poor to fend for themselves.
- Most communities do not understand what is meant by the ‘right’ to sanitation. But they are clear that it is the government’s ‘duty’ to support them and ensure they have access to sanitation facilities.
- The communities are clear that the government, NGOs and they themselves have to work together at every stage to achieve their common goal. Communities perceive that projects have failed because of a lack of involvement and commitment from both communities and external agencies and the consequent lapses in technology, planning, implementation, supervision, support and, above all, accountability.
- The communities want safety measures to protect them from the vested interests and regressive leadership of local leaders and often unaccountable systems of governance.
- The communities value the contribution of hygiene education and believe that it should go hand in hand with the provision of hardware and facilities. They are also convinced that there are still many among them who are reluctant to adopt safe practices because of cultural taboos, as well as poverty.
- They are sceptical about incentives and award schemes to assist coverage. They are convinced that change in sanitation behaviour cannot occur until they are convinced about the need.
- The communities want the government, NGOs and donors to be more proactive in responding to the needs and conditions of the geophysical conditions in which they live. They want more flexible and location-specific designs.

- They are convinced that projects cannot succeed and be sustainable unless the government and NGOs help them to establish an effective operation and maintenance system.
- Above all the communities are weary of projects and interventions that do not deliver because of poor quality of construction, lack of supervision and follow up, and vested interests.



Schoolboys at the urinal, St Joseph's School, Chinnailai village, Kanyakumari District, Tamil Nadu, India

Section 4

Call to policy makers and planners

These collective voices call for a change – a change in policies, in approach and, above all, in commitments. They clearly indicate that people want to live a life of dignity and health but they are frustrated by a lack of effective support and the failure of poorly planned and implemented projects. At the same time, they also indicate that there are still some communities who are reluctant to adopt safe hygiene practices because of what some have termed ‘socio-cultural barriers’ and because of extreme poverty. The focus then has to be on two streams of activities:

- 1 **On making the project planning and implementation system more effective, efficient, transparent and accountable** – a clichéd and much repeated statement but true nevertheless, and now acquiring different dimensions from the perspective of the people. This requires revamping the institutional mechanism that will allow for proactive community participation. It also calls for flexibility in approach and support, even perhaps beyond the project implementation period, to ensure that there are no slips backwards. Above all, it calls for far greater accountability and transparency among both government and non government agencies.
- 2 **On reaching out to the most marginalised and the poorest sections of the community.** This again begs for something more than the conventional identification and targeting of the ‘below poverty’ communities in India or the ‘hardcore poor’ in Bangladesh and Nepal. It calls for innovative approaches and effective hygiene education.

Total sanitation has been delayed in South Asia by a lack of focus on human-centred development, and in particular on people-centred sanitation programmes. The people of South Asia broadly agree on a common set of factors that are essential to sanitation transformations at the community level. Governments must put in place arrangements for people’s participation in the sanitation change processes as a part of good governance.

Annex 1

How the review was undertaken

The national reports were developed on the basis of 514 individual and community responses to a common guidance note for semi-structured interviews and focus group discussions. It sought qualitative information on people's understanding of sanitation, on prevalent practices, on the local facilities, services and usage, and on school sanitation.

Where sanitation interventions had taken place, communities were also encouraged to share their views on the results, whether they thought the intervention was a success or a failure, and what the reasons were for these outcomes. 'Successes' and 'failures' were defined and described in the words of the communities and wherever these seemed to be at variance with the general perceptions, the interviewer provided their own observations.

The focus group discussions and interviews were conducted by a network of organisations collaborating with FANSA, WaterAid and WSSCC, mainly national and local NGOs working in various states and provinces.

A balance was sought between male and female interviewees, community leaders and ordinary people, and able and differently-able people. The decentralised information collection process also aimed to represent rural villages and urban slums, and communities in different sanitation situations. These criteria were then applied to the selection of focus groups and interviewees.

The survey sites included villages in the plains, plateaus and hills of South Asia – some of them water-scarce regions. They include coastal villages that are threatened by natural hazards such as storms and tidal bores. They cover remote mountain villages with no utilities, and tea estates. They include peri-urban squatter settlements at the fringe or in the congested centre of metropolitan cities, and low-income urban wards of small towns. Together, they exhibit large variations in habitation densities, in road and transport connectivity, and in water availability.

The surveyors met with communities that were homogenous in caste or clan group, and with others that comprised a mix of dominant and minority ethnic classes, castes and/or religions. There were overt hostilities in some communities, and latent struggles within others. The surveyors also met communities with a sense of collective achievement after a sanitation transformation, and learned about communities that had reverted to unsanitary conditions.

This regional collation of national surveys of people's opinions on sanitation and hygiene covers a broad range of settings, people and types of communities. There are distinct social and cultural features associated with each of these variations. In order to manage the complexity, the survey conceptualised three sanitation scenarios: no-intervention, unsuccessful intervention and successful intervention. In fact, there turned out to be four distinct categories, with some communities relapsing back to unsanitary conditions.

The following definitions have been used to collect information and organise the outputs of the research:

- No intervention: respondent does not recall any sanitation intervention and enumerator confirms that there has been no recent intervention.
- Unsuccessful: respondent states that the sanitation and hygiene intervention has been unsuccessful, does not recall the sanitation and hygiene intervention, or does not treat the intervention as applicable to his/her locality or relevant to his/her needs.
- Successful: respondent considers the sanitation and hygiene intervention to be successful, and enumerator observes no or little open defecation.
- Relapse: respondent reports some or considerable relapse back to open defecation.

These categories enable a clear distinction to be made between people's knowledge of sanitation and the role of exposure to formal sanitation and hygiene extension programmes in generating demand for sanitation facilities and hygiene services.

There are however, limitations to generalisation from formative and qualitative research of this type. There are limits to inferences that may be properly drawn on the basis of inductive reasoning. The next case may be very different; it is not permissible to assign probabilities on the basis of non-representative sampling. More specifically, this report seeks to project opinions from a huge region with very diverse situations on the sensitive and culturally-loaded topics of sanitation and hygiene. It has been necessary to drop some local idioms and references in order to communicate widely. The importance of sharing voices that have been suppressed in the past greatly overwhelms these constraints. In fact, we call upon decision-makers and their advisors to listen with respect to each voice, irrespective of how rare, representative or repetitive it is.

Annex 2

Case notes from Bangladesh, India, Nepal, Pakistan and Sri Lanka



“When people really want it, change is definitely possible. There have been incredible changes in my village of Chhotipaliya, Kailai district, Nepal. Sanitary conditions have improved in a short period of time, and the prestige of the villagers has skyrocketed among neighbouring settlements. Chhotipaliya is treated as a model for people from other parts of the district.”

Maya Chaudhari, social activist

Voices from neglected areas

No toilets, no drains and no roads

Kota Dewara is a small hamlet in the Kuthound block of Jalaun district in Uttar Pradesh, India. It has about 50 households where over 400 people live in extremely challenging conditions. Most of the dwellers are uneducated and belong to the Kewat caste. The main occupations are crop cultivation and cattle rearing. The village has a one-room primary school. Vector borne diseases like malaria, typhoid and chikengunia are common. The nearest health centre is 10 kilometres away.

The men keep themselves busy playing cards the whole day after the sowing season is over. Women interact with people visiting the village. Though completely illiterate, the women in the age group of 25-50 from the Kewat community are quite vocal. For the women, sanitation and hygiene simply means keeping themselves, their houses and children clean. They also claim to understand the importance of cleanliness while they are cooking but bringing it into a daily practice becomes next to impossible for them. They do not understand human rights and are unable to connect the concept with sanitation; yet they feel they should get the same facilities as neighbouring villages. They asked, “Who wants to remain unhappy, but then who is there to listen to our woes?” For them, sanitation is important for disease prevention and for overall health.

“You have witnessed the condition of our village. There are no toilets, no drains and no roads. You can see the stagnant water. Filth and rubbish is scattered everywhere. All this provides a breeding ground for mosquitoes,” points out Kiran, who has been suffering from chikangunia for many days.



Kota Dewara

Another woman, Kanchan, whose three year old son has been unwell for months, quickly adds, “There is just one handpump for the whole village. Even if we want to keep everything clean, we cannot do it due to shortage of water. I have not washed myself for the last three days. There is such a long queue for water that it takes hours to get even a bucket of water, which is just enough for cooking.”

The women vouch for each other’s understanding of issues related to sanitation and hygiene, “We know that the drinking water should be covered and we should not put our hands in it. We are aware that vegetables should be washed before cooking and we should wash our hands before handling food, but how can we follow these rituals when there is so much scarcity of water?”

They use old cloths as napkins during menstruation, “But we never wash and reuse a cloth. Every time it has to be fresh cloth,” says Kiran. “All our old saris get utilised in this,” she adds with a laugh. They have also evolved a simple way to dispose of their used cloths. They bury them in the fields, away from their homes.

Water shortage makes everything difficult for the people of Kota Dewara. A handpump is the only source of water apart from a well. The village also has a pond but it is always dry. The narrow pathways all along the village are filled with muck. The situation gets worse during the monsoons. There are no proper drains; instead, a trench has been made by digging up the mud on the sides of the narrow pathways. The open areas around the village serve as rubbish dumps and also as sites for defecation which the whole village uses. The village has no toilets and no intervention has ever been made. The village Pradhan (chief) had a ‘toilet’ constructed in the primary school. On inspection, this toilet has nothing except four walls – no seat, no pit and no drainage.

Veerkala, 50, underlines the reason for the lack of sanitation, “We are living in this situation because none of us has actually paid heed to it. We have never thought of improving our condition and have never put forward any demand for anything. At times we did ask the Pradhan for roads and so on but he always made some excuse and we never pursued enough.”

She continues, “Everyone in the village goes to the nearby fields for defecation. It is dirty, troublesome, time consuming and dangerous as well, especially for women and physically-challenged people. It is very common for pigs to attack us from behind when we are squatting in the field. She (indicating at a woman whose eyesight is not very good) bumped into a wall when she had gone for defecation at night, once. We are forced to take someone along when going out to the fields.”

The women are candid in acknowledging the disharmony among the villagers, “We should not shy away from acknowledging the differences amongst us. If two people stress on something and the other two stand against them, how can anything happen in such a situation?”

The village needs proper roads, drainage, toilets and also more sources of water. The community feels that the government and the Pradhan should invest some money to provide the village with at least some basic infrastructure, whereas voluntary organisations should educate the villagers about their rights, building their confidence to enable them to push forward their demands in effective ways.



Firuza Begum

Women, children and disabled people face specific problems

Uttar Char Montaz is a village of Char Montaz Union under Galachipa Upazila of Potuakhali district, Bangladesh. Around 600 households (approximately 3,000 people) live on this coastal offshore island. There is no educational institution here. Most people are fishermen (62%) along with some marginal farmers (25%). Around 3% belong to a minority group and 6% are differently-abled. The common illnesses are diarrhoea, typhoid, colds and fever. Firuza Begum is a 45 years old

female leader who went to school up to class two and lives in Ward 6 of Uttar Char Montaz village.

Firuza seems uncertain about the meaning of sanitation and says that, “Ring-slab latrines are required to be installed at local areas to be free from waterborne and excreta related diseases.” According to her, most people (76%) use open latrines made of tree branches (from palm and nut trees). The rest (14%) use ring-slab latrines, 70% of which do not have a water seal. Around 10% of the people defecate in the open. As in most rural areas of Bangladesh, there is no solid waste collection and no systematic drainage. Around 13% of households throw their solid waste in a specific dumping place located nearby.

She thinks sanitation is important for health, helps reduce poverty, and is also linked to dignity and education; however, she has no idea about the UN Declaration on water and sanitation as human rights and the government’s endorsement of the declaration.

According to Firuza, the people of the village are not aware of basic hygiene practices and their ideas about hygiene are not clear. She follows the traditional method of using a torn cloth during menstruation. Women, children and disabled people face specific problems. There is no sanitation facility that is friendly to children and differently-abled people. Most community members neglect to maintain their latrines.

Firuza believes sanitation facilities should be made available for the poor, with a subsidy provided if necessary – people should be made aware of the benefits of sanitation and hygiene, and water for sanitation should be made available. She



Typical unhygienic latrines in the area



identifies the major obstructions to sanitation as the lack of awareness and hygiene education, inadequate initiatives from the government and NGOs, insufficient water facilities, the remoteness of the area, the limited financial capacity of the community, and frequent disasters, such as cyclones, tidal surges and floods.

The development priorities of local government are somewhat different. They prioritise roads and other communications infrastructure. Government must increase the allocations for sanitation, and properly monitor the use of the assigned funds. NGOs can work on raising awareness and mobilising the community, installing sanitation and water facilities, and providing sector support to institutions (such as schools and market places). She says, “People also need to play their role by participating in the development process, by making their neighbours aware of the need for overall sanitation.”

A dire need for a sewerage and gutter system

“I am Sughran Bibi, a housewife from Jungle Barali. It is a rural area in Union Council number 34, District Vehari, Punjab province, Pakistan. It has approximately 2,200 persons living in 225 households. It has no health facility. The common diseases are fever, malaria, skin problems and jaundice. There are functioning government primary schools, one each for boys and girls. The girls’ school has a latrine and it is used. There is no sanitation infrastructure in the village and 70% of households do not have latrines. People have dug pits in their homes that are emptied out when full.

“I think sanitation is very important for one’s health. It is important for life that clothes, home and streets should be clean. I think sanitation facilities are most important for reducing poverty, and for health, and getting rid of diseases. I also think that access to clean water is everyone’s right.

“People in the vicinity are aware of the basics of sanitation like cleanliness of body, covering of edibles, cleaning of home and streets. But the majority of the villagers do not act upon this information.



Sughran Bibi

“There has been no intervention in our village regarding sanitation. Waste water from houses periodically collects in the streets, people defecate in the open, and old people and children have to go to fields during rain. Women face problems of privacy when going out to defecate. Above all we do not have access to clean drinkable water.

“In the absence of sanitation facilities, people feel degraded especially when guests arrive. Many people have migrated from this place just because of poor sanitation. Stagnant water at different places helps the spread of mosquitoes. As a result, malaria is quite common along with skin diseases.

“I feel there is a dire need for a sewerage and gutter system in this village along with latrines in households. We also need a dumping place for solid waste. Clean water should be provided to every household.

“I think poverty and lack of awareness and sensitisation are the core reasons for people not taking any steps to improve their sanitation conditions. People usually are concerned with their own business and do not strive collectively for solutions to any problem. A few unsuccessful efforts were made in the past but women were not involved at all. Moreover no representative of government or any other organisation has ever visited this place with regard to sanitation enhancement. Government has built schools in the area but it has not provided a health centre and drains which are big issues of the area.

“It is government’s responsibility to extend people’s rights to them. I do not know much about non-government organisations. If they help people, then we deserve that. I believe that if people collectively struggle for the solutions to their problems, they can achieve any goal.”

People defecate in the open and excreta is everywhere

Sanjaya Rai lives in Raigaun, located in the Siwalik foothills along the Bagmati river in Nepal. The Rai Danuwars, the Tamang and the Pahari people are the predominant residents here. It is one of the most remote villages of Makawanpur district and has no electricity, road or other infrastructure. No sanitation programmes have ever been implemented here. People defecate in the open and both human and animal excreta is found everywhere. The foothills especially are polluted. Home yards and public places are also dirty, as if people did not care about sanitation and hygiene.

Rai is sure that sanitation and other forms of improvement are not possible without long-term, well-planned and participatory approaches and methods. He points out the catalytic role of CBOs and NGOs in sensitising local people and mobilising them. Similarly, he points to the need for external support, especially for infrastructure development. He also knows that such programmes will not be successful without the active participation and contribution of the local people. He suggests that the resources allocated for sanitation and other purposes should be spent in a transparent way.

There are no facilities so we defecate in the open

Vartharaja lives in a barrack on the Finlay Estate in Uduwarapahala, a village in the Badulla district in Sri Lanka, along with 120 other tea estate labourers. There are 16 units of ‘line rooms’ with seven or eight people sharing a room.

Vartharaja says, “Maintaining cleanliness is what I mean by sanitation. Sanitation is important as it helps to reduce disease, helps to reduce poverty, helps to lead a dignified life and increases the level of education. To some extent we are aware of the importance of home, personal and food hygiene and safe water handling and washing of hands. Some women of the area use sanitary towels during menstruation. Those who are poor use cloth napkins as they cannot afford to use sanitary towels.



“The recognition of access to clean water and sanitation as a human right by the United Nations General Assembly is an important step as one cannot live without water or sanitation facilities. We have water sealed toilets in our area while drainage is through open drains. All schools in the area have toilets that are being used at present. There are separate toilets for males and females.

“Here [in the barracks], most of the people have the habit of defecating in the open. Only a few use toilets. There are no proper facilities for the estate labourers. The surrounding area is unclean as we defecate in the open. Dirty surroundings, the spread of disease and the inability to live a dignified life are the consequent problems that we face. Women face a lot of difficulties without toilets. The low education levels, the lack of a well organised community, and the absence of initiatives by state or non-state sectors are the reasons for the lack of proper sanitation. We have requested the relevant estate authorities to provide us with toilet facilities but there has been no response.

“I think that state agencies must give priority to providing toilets for all, or at least to some, of the ‘line rooms’. As a community, we can help in improving sanitation facilities by providing labour. I think that the relevant state agencies must provide toilets and clean water to those communities who do not have these facilities. The NGOs must create public awareness on sanitation and assist in finding funds to provide these facilities for poor communities.”

Voices from areas with unsuccessful interventions

The government neither finished the work nor maintained the facilities

Israel Camp is the largest ‘camp’ in Rangpuri Pahadi, a large settlement situated in the ridge forest area on the border of Delhi and Haryana in India. Rangpuri Pahadi was quarried until about 40 years ago and hence Israel Camp is surrounded on all sides by mining pits. These pits have now become receptacles for sewage. The camp itself consists of approximately 1,000 households. Most people are engaged as daily wage labourers, drivers, auto-rickshaw drivers and hawkers. The women are usually domestic workers or housewives. Most of the children go to school.



Saraswati, Sunita, Sanjita, Trishala and Sonia – a group of women aged between 30 and 45 – are active in welfare activities and the spokespersons for the community.

They said that for the community, sanitation means overall cleanliness with a rubbish-free, sewage-free environment, where everyone uses a community or home toilet. Good sanitation improves the overall health of the people and prevents illnesses like diarrhoea, stomach worms and skin ailments. Furthermore, it protects the dignity of women and contributes towards increased access to education and poverty reduction.

The people are well aware of personal hygiene and household cleanliness. We were shown inside many houses and were pleasantly surprised to see the high standards of cleanliness. The walls were whitewashed, the floors swept and mopped with dust-free interiors and neatly stacked vessels. Many people also had potted plants – including medicinal plants – in their houses. The houses were relatively spacious. All members took off their slippers before entering their bedrooms and kitchen. The women wore clean clothes and even had some make-up on. However, awareness and desire to maintain community hygiene was not very high and many of the streets and common areas were littered.

There are no functional government water or sanitation facilities in the community. Handpumps were installed by the Delhi Jal (Water) Board; however, they have all either dried up because of a fall in the water level or have been taken over by community members who are now selling this water to others. The Municipal Corporation Delhi (MCD) installed a deep bore well but this has been appropriated by the Pradhan (Chief) of the area, who has set up a water distribution system for the community for which he charges the households.

A community toilet complex was set up almost eight years ago by the MCD. However, it never really became operational because the tubewell was appropriated by the Pradhan. Since there was no water for using or maintaining the toilets, they became non-functional. On the intervention of an NGO and the local sanitation committee members, the MCD also installed a mobile toilet (about six months ago) with

mobile septic tanks. However, this toilet too is now not operational because the ‘water mafia’ refused to give water for the toilet. In fact, they even threatened to cut off water supply to the houses if the sanitation committee dared to take water from anywhere.

Some houses have personal toilets connected to the septic tank that had been made for the community toilet complex. Some also have leach pit toilets; however, they are few and the tenants are not allowed to use them. The slum falls in the protected forest zone of Delhi – hence the people face stiff resistance from the authorities when they try and dig a leach pit toilet.

There are no dustbins in the camp, hence all the rubbish is thrown either in the jungle or the mining pits. There is no sewage and so all the sewage water goes to the mining pits. Government appointed sweepers were irregular but after community mobilisation by an NGO they were more active. Despite this, the rubbish problem still remained so the community started a house to house rubbish collection scheme where they pay a private sweeper to pick up household rubbish and clean the internal drains.

All the government schools in the area have functional but poorly maintained toilets. Sometimes however, the toilets are so dirty that teachers and pupils are forced to go into the open. Though the government started the water and sanitation work in the area, it neither finished the work nor did it create any institutional mechanism to operate and maintain the facilities created. For sewage, the government made small internal drains that were insufficient for the area. It also did not make arrangements to link those drains to the main drains outside the area. Hence all the sewage flows into the mining pits surrounding the slum.

The community feels that the shortage of drinking water is a primary reason for the lack of sanitation efforts of the government and community. Because they do not even have enough water to drink, the community resists the idea of using that water for toilet facilities. In addition, the nearby forest is not very dense and is accessible to all, providing an easy alternative for dumping rubbish and defecation. The local leaders also have vested reasons for not taking up the matter with government authorities.



A closed septic tank



A mobile toilet with a mobile septic tank

Almost all have latrines, yet 50% still defecate in the open

“My name is Khursheed Bibi and I am the chairperson of the school management committee. My area is rural and is known as village 230-EB, District Vehari, Pakistan. There are roughly 300 households and about 2,500 individuals here. Quacks are the only health service providers we have access to. Two government schools and a private school are running in our area.



“I think sanitation is very important for a healthy life but people are not conscious about it. I think cleanliness is most important for status, then for health and for prevention of diseases. Every person tries her or his level best to keep clean. It is equally important for all, whether rich or poor. People know about health and hygiene in general but they do not practise them. For example, they know the importance of hand-washing but do not act upon it.

“People tend to keep their houses clean to prevent diseases. Since the last one year, approximately 80% of the households have benefited from sanitation facilities. Almost all the houses have latrines, yet 50% of the people still defecate in the open as they do not know its disadvantages. There is a drainage system in half of the village while the rest is deprived of it. There is no system of solid waste management. People use streets and empty plots to dump waste. Children, both boys and girls, use toilets in their schools.

“There has been no intervention in our area regarding sanitation. Open defecation and a filthy environment are our biggest problems. I think people are not embarrassed about these conditions. If they did they would have worked to improve the situation. In other words they do not feel it is their problem.

“I guess for sanitation improvement first of all this community requires sensitisation. Government has never focused its attention on this area, neither has any NGO. We also lack a water supply scheme in our area.”

Khursheed’s village was not faeces-free and the streets were full of filth. It has no system for solid waste management. The information for the village shows that a drainage scheme was laid sometime in the past, but Khursheed does not recall it directly. When she says there has been no intervention, she means that the partial coverage of the scheme excludes and marginalises people.

It was a government initiative so participation was low

“I am Munazza Yasmeen. I am a teacher by profession. I belong to WB-83, a rural area of District Vehari, Pakistan. It has approximately 350 households and a population of 2,800 individuals. Only few quacks are present by way of health services. There are two middle class level schools for boys and girls in the vicinity.

“Sanitation is very important for being healthy. We would not fall sick if conditions were good. Sanitation first of all prevents disease and helps us to keep healthy. Also it is important for education, status and alleviation of poverty.

“There is no arrangement for cleanliness in our village but people do take care of cleanliness at household level. I think 75% of households have latrines in their homes and 50% of area is provided with drainage system. However, there is no system for solid waste management. The latrines are functional in the school for boys, but not all children use them. There are seven latrines in the school for girls, but only two are functional. So the girls do not use the latrines at school.

“Sanitation has been acknowledged as a right of the common people at national and international level. It is government’s prime responsibility to extend it to the people.

“I think the people of this area know that cleaning the body is necessary for health. We all like to keep our homes very clean. But usually we do not keep the food covered. Despite having information about sanitation, people do not act upon it.

“A government department introduced a drainage system in our village in 2002 but it was laid only in half of the area. So now waste water stagnates in the streets and affects the daily life of the people. As it was solely a government initiative, community participation was low. The material used in this project was of very bad quality. Now the scheme is not functional anymore. The core reasons for its failure are a) lack of planning at government’s level and b) non inclusive and non participatory nature of project for community. Only influential people got their streets paved so benefits of this project could not be extended to all.

“I believe that there should be dissemination of accurate information among community members regarding this issue. Once they are sensitised, they themselves will cooperate with any private or government department and solve this issue.”

Follow up by the NGO was not good

“I am Kaneez Fatima. I live in the urban area of Johi in District Dadu, Sindh, Pakistan. Its total population is about 25,000, composed of multiple ethnicities like Hindu, Jamali, and Rodnai and so on. It has four primary, one elementary, two secondary level government schools, and one college. Johi has government as well as private health facilities. The common diseases found here are skin problems, abdominal diseases, malaria, diarrhoea and hepatitis and so on.

“For me, sanitation means an environment which is disease-free. I think sanitation is very important for healthy living. If your environment is clean, you enjoy your life and catch fewer diseases. Sanitation is also important for your status and attaining a good education.

“In our area, at household level people sweep their houses daily, take daily bath, use latrines and wash their hands after using it, but mainly just with water and no soap. I think less than half the households are benefiting from sanitary infrastructure and health services. Not all houses have latrines – the drains are open and do not function well, in fact they are mostly choked. There are latrines in schools for children but the administration does not spend money on them so they are in un-useable condition. People clean their bodies and houses but do not care if the food remains uncovered. They are not concerned about environmental cleanliness. Sanitation and drinkable water are part of human rights but the population is huge in urban areas. This is the cause of poor sanitary conditions, and this deprives people of their rights.

“In 2007 an NGO ran a sanitation programme in the area but due to poverty people were not able to sustain any change. Also follow up by the organisation was not good. They constructed latrines in a part of the area and informed people about health and hygiene.

“I believe the reason for failure of this project was inability of the organisation to involve people as they should have been. They did not follow up properly with the community. Maybe the funds were not enough. Moreover, the local administration was inefficient and there was no system for disposing solid waste. Progress was shown only on paper.

“The programme could be more successful by involving the local people and asking their preferences. I also suggest running this programme for longer period of time that will bring sustained change in people. The municipal department should be more effective, otherwise it will all be in vain.”

Technical problems ended local interest

“I am Lal Deen and I am a retired government school teacher. I represent village 12-WB, which is situated in District Vehari in Pakistan. There are about 700 households with 5,000 inhabitants here. We have two government schools and a private school. There is no health facility except for quacks. Hepatitis is a most common disease.

“According to my opinion, sanitation is to clean one’s self, house, streets and village. Sanitation and health are closely linked. Sanitation helps in improving the environment. I am sure that cleanliness should be one’s first priority in life as it helps in reducing poverty, it assists you in attaining education, it is also important for good health and for prevention of illness.

“The residents try to take care of their personal hygiene, cleanliness of home, specifically kitchen and toilets, plus keeping eatables safe from flies and other insects at the household level. But outside the house, the sanitary conditions are not good. Only 5% of the people of the village are beneficiaries of sanitation facilities. Around 60-70% of the community defecates in the open. However, toilets are functional in the schools for boys and girls, and the children use them.

“About 40% of the population of the village know about basic sanitation requirements like cleaning the body regularly, cleaning the houses, covering edibles and sensible use of water, but they rarely act upon them. Further, streets remain filled with rubbish and waste as they lack information about environmental cleanliness. Safe drinking water and good sanitation conditions are not only basic needs of all humankind but they are also basic rights. Provision of these rights must be ensured for all human beings.



“In 2006, a NGO completed a project for laying sewerage lines in our village in cooperation with a local community based organisation. The project was not successful because of multiple reasons. The project team involved the community to a minimum in its activities. This led to a lack of local ownership and responsibility. There were technical problems. The water did not flow freely through the sewers. The project engineer did not approve changes to rectify the defects. That ended local interest in the project.

“I believe that if we include a community share, whether in the form of participation or financial contribution, future projects would be successful.”

Lessons for adopting Community-led Total Sanitation

Lakhanawar in Ward #6, Kohalpur, Nepal is a mixed village of Tharu and Dalits, though all are Hindus. The community suffers from unsanitary conditions. Thagga Tharu Chaudhari, 40, says the villagers’ perceptions on sanitation are customary. Open defecation, scattering solid waste, and keeping birds and animals in unsafe and even dirty ways are common practices. The rate of illness is high, and it could even be rising. The frequent illnesses are fever, cholera, diarrhoea, dysentery, filaria, typhoid and the common cold.

An NGO launched a safe drinking water, health and sanitation programme in the village. It was hoped that the situation would improve, but it has been difficult for the people to employ the scientific sanitary habits taught by the NGO staff. Even after termination of the project, no behaviour change is discernable.

Why did the project fail? Thagga Chaudhari holds the local user committee partly responsible. She says, “They did not understand the spirit of the project, did not meet regularly, and did not mobilise the community for the aspired transformation.” She also suggests that the project team failed to undertake social mobilisation with enough purpose and seriousness. The reports of the project personnel were ethnocentric due to a lack of complete information on the community. An inadequate understanding of indigenous practices and needs might be one of the causes of the unexpected result of the inputs. This was a great lesson for enabling the NGO to realise the importance of community mobilisation. Almost all the current programmes are based on the philosophy of Community-led Total Sanitation.



Goma Chaudhari

Proud and prejudiced people do not cooperate

There are 29 households in Janapriya Tole of Biratnagar Municipality-7, Nepal, where an NGO implemented an ‘integrated drinking water, health and environmental sanitation programme’ in collaboration with Biratnagar Municipality over two years. The project has also provided micro-finance and had a component for children-related activities.

Community leader, Goma Chaudhari is a 37 year old widow with a school leaving certificate. She considers sanitation to be a combination of cleanliness of the body, home yards,

public places and the whole environment, and she knows that sanitation is essential for the promotion of human health and prevention from diseases. She also knows that a person who keeps themselves neat and clean becomes a role model in society and their increased self-esteem and dignity ensure respect. She finds sanitation one of the fundamental human rights and feels everybody must have access to water and sanitation.

Goma mentions colds and coughs, skin diseases and eye infections as the major health problems in her community. Almost all households do have toilets but the sewage and drainage system is open and poorly managed. She mentions that some people, especially children, still defecate in the open.

Regarding awareness about sanitation, hygiene and health, she perceives that knowledge alone is not sufficient unless it is practised in real life. For example, people in her community have not paid sufficient attention toward sanitation in public places. Regarding sanitary behaviour during menstruation, she reports that richer women use sanitary pads. Her observation is that girls face problems due to lack of convenient toilets at schools.

Goma perceives that local bodies and user committees are not active enough in bringing about results even after receiving external support. There are some proud and prejudiced people in her community. They do not cooperate with the majority of poor and disadvantaged groups. For example, one person did not allow the passage of a drain through his land. This resulted in a series of meetings, dialogues and protests. But the drain remains incomplete while the locals wait for legal action against the individual. She points out the need for strong local monitoring of sanitation programmes.

Voices reporting successful sanitation interventions



Jeevan Paudel

The needs of disabled people were met at the planning phase

The stories of Jeevan Paudel from Ilam and Dhan Prasad Subedi from Dhading, Nepal are inspiring successes in sanitation interventions. The lives of both these differently-abled people have been dignified by access to sanitary facilities. Their communities made sure that the needs of disabled people were met at the planning phase of the projects. Jeevan and Dhan were enabled to participate in awareness raising and sensitisation camps. The camps helped them internalise sanitation and hygienic behaviour and they now believe that sanitation is essential for a healthy life. They add that the availability of water is essential to sustain sanitation services.

Involving the community and women are reasons for success

Gayani Mendis is a resident of Walawwatte, a semi-urban area in Galle in the Southern Province in Sri Lanka. There are about 500 houses in this area and the total number of people is about 2,200. The community in this area is engaged in the fisheries industry. The village is clean and the people do not appear to defecate in open.

Gayani is educated up to GCE ordinary level. To her, sanitation means to live in good health. There are water sealed toilets in the houses in her area and drainage is through open drains. Toilets are available in all the new houses given to these Tsunami victims. The urban council collects solid waste for disposal and some people dispose of solid waste through open burning. According to Gayani, the schools in her area have toilets and the students use them at present.

Gayani thinks that sanitation is important to minimise diseases. Since it has an impact on health she feels that separate toilet facilities should be available for each house. People without toilet facilities will be cornered by others and will face difficulties when entertaining visitors. People in her area are aware of the importance of home, personal and food hygiene. Everybody washes their hands before meals and after using toilets. Women in her village use sanitary towels and cloth napkins during menstruation. The continuous usage of the same towel poses a health threat to some women.



Gayani Mendis

An NGO implemented a sanitation project in this village in 2005 under which toilets were constructed in each house. She considers this project to be a success and thinks that it helped to minimise diseases and to improve the cleanliness of the area as it is free of litter now. According to her, availability of adequate funds, community participation, and the involvement and leadership of women are the reasons for the success of the project.

She believes that the existing drains need to be repaired and maintained for the continued success of the sanitation project. She feels that the state agencies and NGOs must intervene in ensuring better sanitation. She says that the community must ensure that the drains are kept clean.

People now know about the disadvantages of unhygienic practices

“My name is Rashid Ahmed and I belong to an area known as Dhok Qadoo in District Chakwal, Pakistan. It has approximately 450 inhabitants living in 90 households. The majority of the people work in agriculture. A government primary school for boys is operational here. People usually catch seasonal diseases in our area.

“I guess that sanitation is personal hygiene, street cleaning, un-choked drains and the area free of rubbish and dirt and so on. Sanitation is essential for health for all human beings. One who is clean can avoid many common diseases. The clean environment again ensures one’s health. Above all it is one of the most important factors in our religion. Acting upon sanitation practices finally ensures a person’s status in society.

“I think in this locality around 20% of households defecate in the open on empty plots. Very few people care for hand-washing before taking meals and food preparation and after going to toilet.

“There is no sewerage and solid waste management in our community. The settlement is served by open drains. The latrine in government boys’ school is not working due to unavailability of water in the school. I do not know about the United Nation’s list of rights extended to people.

“An NGO started a water and sanitation programme in 2009 in our area. I think the programme proved successful because most of the people now know about disadvantages of unhygienic practices. The factors that contributed are the understanding of local leadership of the advantages of sanitation, hygiene education for most people, and regular follow up by the programme agencies.

“The programme has brought many changes in our lives. I may mention awareness of sanitation practices, proper and regular use of latrines at household level and also incorporation of hygienic practices in our daily routine, and so on. For the future, I think this community will need more financial assistance for the construction of latrines, capacity building of the community based organisation, and regular campaigns on sanitation.”

There are now taps and all the households use toilets

Kanchhi Danuwar, 60, lives in Hatiya Chisapani, located to the east of Hetauda, the district headquarters of Makawanpur district in Nepal. There are 475 households in the vicinity comprising caste/ethnic groups such as Brahman, Chhetri, dalit, Danuwar, Chepang and Newar. She recalls that nine years ago almost all the community gathered in a public place and discussed the need for drinking water. They approached the Drinking Water and



Kanchhi Danuwar

Sanitation Division for support. The division chief sanctioned a lift pump, and in addition, 75 latrine-pans. Owing to the people's additional contribution, there are now 312 water taps and all the households are using toilets. Danuwar finds the timely and appropriate support of the Drinking Water and Sanitation Division and people's active participation and contribution as the main reasons behind the success of the safe drinking water and sanitation initiatives.

Now there is no problem of open defecation

Eighteen year old Maya Chaudhari has been witness to incredible changes in the village of Chhotipaliya, Kailai district, Nepal. "When people really want it, change is definitely possible," she says. She reports that sanitary conditions have improved in a short period of time, and the prestige of the villagers has increased considerably among neighbouring settlements. Chhotipaliya is treated as a model for people from other parts of the district.

The sanitary situation of Chhotipaliya was very poor a few years ago. Its 75 households practised open defecation. They threw away solid waste indiscriminately and kept domesticated animals in non-sanitary ways. Consequently, the people frequently suffered from fever, diarrhoea, filaria, cholera, common colds and dysentery, resulting in heavy expenditures on health. The 73 Tharu households as well as the Rai household and the Brahmin household were despised by the neighbouring villagers owing to their sanitary problems, but nobody was taking the initiative to solve the problem.

A local club in the village approached a national NGO for support. The NGO first assessed the community's needs and then confirmed there was community consensus on the demand for support. In 2007, the NGO approved a work plan that envisaged a partnership between local CBOs and the community. People were encouraged to

form a user committee and its members were trained in health and sanitation. The user committee built a reliable and safe drinking water supply system with external help and also ran a health and sanitation education programme which made each community member sensitive to health and hygiene issues. All the households constructed their own temporary or permanent toilets near their houses.



The clean environment of Chhotipaliya, Nepal

Now there is no problem of open defecation or urination in the community. The villagers have pits for solid waste management. Every household has made a safe rack of wood or bamboo for placing cleaned kitchen utensils above the reach of children or birds and other animals. The villagers are aware that the sunlight helps kill the germs. Before the intervention, the villagers used to think that visibly clean water was safe for drinking. But the motivators have convinced them that visibly clean water may also contain pathogens. Therefore, the villagers now boil water or adopt the SODIS method before drinking. NGO staff have also persuaded villagers to consider sanitary aspects while managing their livestock.

It is important to create public awareness on the use of toilets

Chandana, from Uva Province, Sri Lanka, earns a living by working at the Bandarawela Urban Trade Centre. There are about 135 trade stalls in the centre and approximately 1,500 people use its common toilets daily. According to Chandana who is educated up to GCE ordinary level, sanitation means to maintain cleanliness in day to day life.



The common toilet complex at the Urban Trade Centre consists of nine toilets and six lavatories for males and six toilets for females. These toilets and lavatories are cleaned four times a day.

Drainage in the Urban Trade Centre is through open drains and the Urban Council collects solid waste for disposal. Chandana sees the public's lack of knowledge to use commodes as a problem in maintaining public toilets.

Schools in his area have toilets that are being used by the students. There are separate toilets for males and females. Chandana feels that sanitation is an important requirement in order to lead a good life. He also feels that it is important to wear clean clothes.

He says that sanitation is important as it helps to reduce diseases, has a direct impact on education, helps one to lead a dignified life and helps to reduce poverty. Considering the United Nations' standards, he says it is the duty of the Sri Lankan Government to ensure access to water and sanitation.

Chandana believes the disposal of sanitary towels in public toilets is an unpleasant thing. He points out the importance of establishing mobile toilets in the area because the need to defecate is something that is beyond the control of anyone.

Chandana says that the sanitation project in the area was implemented by the Urban Council. It was implemented in 2003 and consists of complete toilet units. According to him, the reasons for the success of this project are the availability of adequate funds, consulting the community at its implementation stage and the participation of officials and community members in maintenance activities.

He says it is important to create public awareness on the use of toilets, which helps to make sanitation projects successful. He adds that a mechanism should be set up to monitor the cleanliness of toilets.

Chandana says that by improving sanitation facilities, it is possible to reduce the spread of diseases. It also helps to keep the city clean. He also feels that controlling stray dogs is important as is law enforcement. Chandana says that the contribution the community can make towards the successful implementation of sanitation projects is to properly clean the toilets once used and to prevent damage. The state agencies must take responsibility for creating public awareness on these issues and enforce the relevant laws and punish the offenders. He adds that NGOs also play an important role in creating public awareness on sanitation.



Dayasiri de Silva

Overall sanitation conditions have improved

Dayasiri de Silva says, “I represent Dadella South, a semi-urban area in the District of Galle, Sri Lanka. There are about 76 houses in our area and the total number of persons is about 560. Fisheries, agriculture and trade are the main livelihoods of the community living in the area.

“Sanitation to me is to live without any diseases. Since it is important to live a healthy life free of diseases, I think it is important to have sanitation facilities. Having good sanitation conditions is important in many ways as it will reduce diseases ensuring better health, helps to lead a dignified life, increases the level of education and helps to reduce poverty. Those who do not have toilet facilities will be cornered by the rest of the society. Further, disabled persons will face difficulties if toilet facilities are not available. People in our area are aware of the importance of home and personal hygiene. Most of the people wash hands using soap. Viral fever and diarrhoea are the common diseases.

“Adoption of a resolution recognising access to clean water and sanitation as a human right by the United Nations General Assembly is an indication that water and sanitation are basic rights of a person. We have a water sealed sewerage system in our area and drainage is through open drains. Here, people do not have the habit of defecating in the open. All schools in the area have toilets and these toilets are being used. There are separate toilets for males and females.

“Women in the area use both sanitary towels and cloth napkins during menstruation. Those who are poor cannot afford to use sanitary towels.

“In 2005, a sanitation project was implemented by the government in our area. In 2009 about 30 houses received sanitation facilities under this project. As a result of this project the overall sanitation conditions in the area have improved and people have a better supply of water. However, toilets built under the project tend to overflow during rainy seasons as the toilet pits are too small. Although it was decided

to empty the pits using gully-bowzers, it was not implemented due to the lack of funds. This situation has to be rectified urgently.

“In order to improve sanitation projects, the community can contribute by way of labour during the construction period and I think the NGOs must assist the community to find funds to improve and maintain projects of this nature.”

There is less disease because of 100% sanitation

“Even the children and adolescents of my family use sandals and carry water before going to latrine and carry out all the hygiene messages well,” states Fali Begum, a 24 year old, educated to class nine, woman who lives in the Kallyanpur Pora Bosti, an intervened slum located at the Kallyanpur area of Dhaka City, Bangladesh.

Most of the females in this slum are engaged as either house maids or day labourers for soil excavation. Men primarily work as rickshaw pullers, taxi drivers, day labourers or plumbers. The majority of people in the slum came from the southern part of Bangladesh primarily driven out by river erosion.



Fali Begum being interviewed

Although evicted in December 2003, the Kallyanpur Porabari Bosti has grown once again. Located on low lying government land, the slum is inhabited by around 1,630 households (more than 8,000 people). While development interventions in different sectors started around 11 years ago, work on water, sanitation and hygiene was started by a partnership between an international and national NGO in 2006. Fali says that initially more attention was given to water and sanitation interventions than hygiene promotion. There is an NGO driven school in this area where the children can get education up to class four. There is only one latrine available in the school which is being used by both boys and girls.

Fali says, “To me, sanitation is about washing hand before taking meal and after coming from latrine by soap, using sanitary latrine, using safe water and always being clean.” She adds that diarrhoea, jaundice, dysentery, fever, headaches, tuberculosis, conjunctivitis and asthma used to be common in this area. The incidence of diseases, particularly waterborne diseases has come down significantly in the last two years. This is because sanitation coverage is now 100% and no one practises open defecation.

Fali told us that a cluster latrine is being used by majority of the households. The multiple pits of the cluster latrine are being cleaned by ‘Vacu-tag’ (a motorised vacuum tanker system that empties the pits) when filled up and disposed of in the city’s sewerage system. Water logging is evident as the small drains are blocked up. There are three small waste collection vans that collect solid waste from the slum dwellers and dump those at a specified collection point near the Natun Bazar area from where the city corporation’s trucks collect and transport the waste to landfill sites. She also said that apart from cluster latrines, there is a privately constructed and operated public toilet available in this area that can be used by paying charges.



Public toilet facility



For defecation the charge is three taka and for urination only one taka. Around 5% of households in the slum use this facility.

According to Fali, sanitation is important for health and definitely plays a significant role in disease prevention, poverty reduction, education and dignity. She did not know about the UN declaration on water and sanitation as human rights; however, she said that like water, sanitation is essential for life and the government must ensure it for all.

People in the slum have sufficient knowledge on hygiene messages which were disseminated by the national NGO and include home and personal hygiene, food hygiene, safe handling of water and hand-washing. The slum dwellers practise what they have learned regularly and as a result incidence of diseases at present are low.

Like most other females of the slum, Fali uses cloths during menstruation; however, before intervention they used to store the clothes in unhygienic hidden places but this has now changed. They now know the importance of hygiene and regularly clean and wash the cloths using soap, properly dry them and store them in clean and safe places.

Fali describes the major reasons for the successful sanitation interventions as the formation of CBOs and option management committees, the participation of women and their leadership role, community awareness on the benefits of sanitation and behaviour change, community participation in the programme, regular monitoring by programme authorities and the community, and the ability to use land for sanitation facilities. She also added that, “To make the programme sustainable in the coming years, the CBOs should put more emphasis on monitoring, including the activities of the option management committees and the people should continue practising hygienic behaviour.”

Fines for open defecation are considered a factor

Peddarajpet village comes under Cherial Mandal of Warangal district, Andhra Pradesh, India. It has 250 households and 1,600 people. The village is dominated by scheduled castes and backward castes. Only three to four families belong to a minority caste group. The village has primary schools and high schools. There is a Panchayat office, a community hall and an Aanganwadi centre. Diarrhoea, fever and flu are common among children during the rainy season. The main road of the village is pucca. The streets are semi pucca but they are clean. All the families fall in the 'below poverty line' category. There are a total of 230 houses. The main occupation is agriculture and most of the people are marginal and small farmers and some are agriculture labourers. Half the adult population is literate; some of them can read and write and some can only write their name.

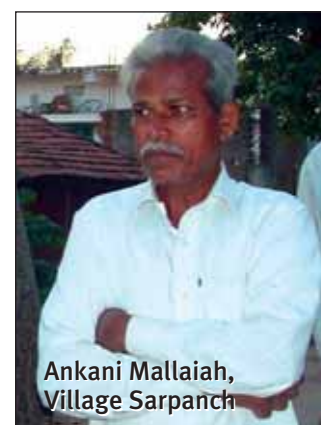
The Sarpanch and his associates (the local leadership) define sanitation as clean roads, latrines, and proper drainage to the village. They also consider personal hygiene a part of sanitation. A group of women adds that sanitation facilities in individual houses have saved a lot of time for men, women and children. More time can be spent on other household chores and at work. Sanitation has also contributed towards making the surroundings clean and free of human excreta. Formal education helps people understand the importance of sanitation in day to day life. The Sarpanch thinks that just as voting rights and the right to education, water and sanitation should be considered as a basic human right.

The interviewees said that people are aware of basic hygiene. This is because of 50% literacy in the village. Cleaning and sweeping the houses, surroundings and roads are part of their culture. Early in the morning they wash the house and make decorative designs outside the house – a tradition in Andhra Pradesh. The women said that most use cloth pads during menstruation but sanitary pads are not in use. They take baths daily and also do household chores.

When young women come of age, all the villagers are invited for lunch to celebrate the 'menarche' – a system that informs the community that a daughter is ready for marriage. During this time the girl is kept in one room and after seven days told to take a bath and wear Sari and ornaments like a bride for the ceremony. While menarche among adolescent girls is celebrated in the house, menstruating girls are not sent to school in some of the communities.

Only 20 out of 250 households remain without individual toilets, and their residents defecate in the open. These are new houses constructed under another scheme after the project under the Total Sanitation Campaign (TSC) was closed. The Sarpanch and other local leaders assured the community that individual toilets would be built for these houses also; they would claim the bill after completing toilet construction.

School toilets at primary and secondary level are in good shape and used by the students. As is normal, there are separate toilets for girls and boys. Water is also available in the school and therefore the toilets are well maintained. There are a total of 250 children and 10 teachers. There is no kitchen to cook food in under the midday meal scheme.



Ankani Mallaiah,
Village Sarpanch

There are no sewer lines in the community, drainage is open and kuccha have been constructed on the side of the road. During the rainy season, water flows on the road and creates water logging. Waste water from households is deposited in the soak pit of each house. Solid waste is also dumped in the soak pit or sometimes burned.

The TSC was implemented in the area during 2006-2007 by the local government with support from district officials. The village was awarded Nirmal Gram Puraskar (NGP) in 2008. The respondents assert that the village remains open defecation free, and efforts are made to keep the surroundings clean.

A combination of initiatives by the community leader, collaboration among the villagers, and cultural homogeneity has worked in this case. The Sarpanch came to know about the TSC programme and took the initiative to launch the programme. He called a village meeting and shared the idea among the community. There were 20-25 families that were not economically well off. A public meeting was organised and a strategy was made so that they would be able to contribute and construct toilets.

A committee was formed to supervise and monitor the whole programme. It was carried out in a way that was affordable, for example by purchasing construction material in bulk. The rule of fining people Rs 250/- for defecating in the open is considered a factor in making the programme a success.

Various groups, including women's groups, youth groups and groups of elderly people, were oriented about the scheme. They came together to convince others about the benefits. The Sarpanch informed us that he was taken to Ganagdevipally, one of the NGP awarded villages in Warangal, by the district officials. This motivated him to do similar things in his village. He attended a meeting and interacted with the Sarpanch of Gangadevipally, which provided him with guidance on how to make his village open defecation free. The high literacy rate also helped in convincing others to adopt the habit.

Orientation and exposure to successful intervention, and the incentive of the NGP award motivated him to achieve the goal. Proper monitoring has helped sustain the programme.

The women of the village started the demand for individual household latrines. They understood the benefits and realised the need. Tap water was made available for hand flush toilets, ensuring sanitary latrines attached to houses would not smell. This was a factor in encouraging the community to abandon open defecation.

We observed that the village is clean and open defecation free. We entered into some of the houses to see the status of the latrines, and found them satisfactory. Fortunately we visited this village early in the morning. We saw everybody doing morning chores – men bringing milk for tea and women cleaning and washing houses and decorating the front of the main door. We didn't find anybody defecating in the open. The road was just washed and cleaned. The Panchayat house, the school and the community hall were also found to be neat and clean. The village is clean with no dirt and human excreta spread here and there. The main road of the village is of concrete. There is no stagnant water. The village is indeed a sanitation success with no relapse. It could be attributed to norm and rule settings. At the entrance of the village, we saw two boards, one declaring it an open defecation free area and the other mentioning a penalty of Rs 250/- per person for open defecation.

Voices reporting relapses back to unsanitary conditions

No running water, lethargic leadership and user disinterest

Padampokhari VDC of Makawanpur district, Nepal, was declared open defecation free after an NGO provided support for sanitation. During the project period, the area was neat and clean. But after the project was phased out, the village reverted to unsanitary conditions. Ganga Kumari Gole, a 25 years old community leader, says that the lack of running water, a rigid and lethargic local leadership, and the disinterest of the user committee are the main reasons for the failure of the project. She asks for another programme with more attention to the real needs of the community and a stronger monitoring mechanism.



Ganga Kumari Gole

A lack of facilities and bad sanitation practices

K Sujatha Pushpani reports, “I have studied up to GCE ordinary level. Dadella East, where I live, is a semi urban area in the district of Galle, Sri Lanka. There are about 300 houses in this area and the total population is about 2,000. Fisheries and self employment are the main sources of income of the people of Dadella East.

“Living a healthy life without diseases and necessary facilities is what I mean by sanitation. Sanitation is important as it helps to reduce diseases, helps to lead a dignified life, increases the level of education and helps to reduce poverty. Creating awareness amongst the community on the importance of home and personal hygiene, food hygiene and safe water handling and washing of hands is a necessity. Although people have some knowledge on these issues most of them do not practise these good habits. Diarrhoea and viral fever are the common diseases seen in our area. Solid waste is collected by the Urban Council for disposal. Some people dispose waste by burning. Women in the area use sanitary towels and cloth napkins during menstruation. Some women refrain from bathing during such times and it affects their personal hygiene. Lack of adequate water is also a reason for this habit.

“Recognising access to clean water and sanitation as a human right by the United Nations General Assembly is important as water and sanitation are basic necessities of a person. I feel that each house needs to have a toilet for its householders and common toilets should be provided for shanties. We have a water sealed sewerage system in our area and there are no drains for drainage. Here, about 2% of the population defecates in open. The school in the area has toilets that are being used at present. These toilets are unclean and there are no separate toilets for males and females.

“An NGO implemented a sanitation project in our area under which it distributed two bags of cement, bricks, sand and doors to each family to build toilets. The families had to spend for the rest of the toilet. As there were defects in the design of the toilets, like small pits, small toilets, the project failed. Not providing toilet facilities to all the families in the area is also a problem.



K Sujatha Pushpani

“The overall condition of sanitation has gone down due to the lack of facilities and bad sanitation practices and low income levels of people. Public awareness programmes on sanitation were held but toilet facilities were not upgraded. I think that the relevant state agencies must provide sanitation facilities to the community. The NGOs must see that the toilets are maintained properly and the community must clean the toilets that they use.”

We observed that the area is fairly clean. A small percentage of the community defecates on the beach and in the forest. Generally women use toilets and rarely defecate in the open. The area used for defecating is unclean as the animals dig up where people have defecated. The toilet pits overflow as the pits are too small. People cannot afford to get the Urban Council to clean the toilets as the council charges about Rs 3,000/- for cleaning.

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