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Community participation in South Asian sanitation

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The challenge of developing adequate sanitation infrastructure and services has long been a poor relation among development priorities, achieving its first major breakthrough when it was included among the Millennium Development Goals (MDGs) adopted by the United Nations in 2000. The seventh of the eight goals states that all countries should halve the proportion of people without access to improved sanitation facilities by 2015. Substantial progress has been made, but sanitation continues to lag behind progress towards the other MDGS. Yet it has a fundamental role in eradicating unnecessary illness and enabling quicker and more equitable economic and social development.

This article focuses on experiences in South Asia, which is making the slowest progress in the world. According to the latest United Nations statistics, the proportion of people practicing open defecation in South Asia is currently the highest of any region (JMP, 2012).

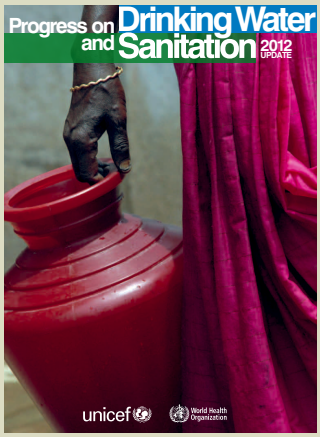
While international dialogue and the commitments it produces help create a more favourable environment for tackling the challenges, they do not present the solutions. This article argues that what works is to design solutions based on the needs of local communities, with particular attention to equity and inclusion. This requires a participatory approach to ensure design is specifically suited to local circumstances.

The sanitation gap

Sanitation is fundamental to the improvement of health outcomes. The adoption of safe sanitary practices and correct disposal of excreta have the potential to bring about extensive health benefits. Diarrhoea claims the lives of 1.4 million children a year worldwide (Prüss-Üstün, 2008), and unhygienic sanitary practices are also implicated in the spread of pneumonia (Luby et al., 2005) and malnutrition (UNICEF, 2007).

In addition to the direct health impacts, improving sanitation results in many other development benefits. The presence of latrines in schools has been shown to

World Water Day is 22 March and UNICEF and the World Health Organisation have published their latest update on progress towards the Millennium Development Goals targets for water and sanitation coverage.



While progress towards drinking water targets is on track, they say, progress towards sanitation is still way behind schedule, with more than a billion people still defecating in the open.

No region is lagging further behind than South Asia. In this article Public World associate Aarti Daryanani looks at some of the lessons of experience there.

increase school attendance, especially among girls, encouraging literacy. Similarly, women are more likely to take jobs in workplaces that have toilets. Adequate sanitation facilities also reduce the number of work days lost to ill-health (Bloom and Canning, 2000). Hutton et al (2006) argue that sanitation investment can bring a nine-fold productivity return to the national economy as well as significantly reducing pressure on health care services.

Nowhere is the call to improve sanitation greater than in South Asia, where more than 40% of the population defecates out in the open every day. The Joint Monitoring Programme (JMP), a World Health Organisation and UNICEF initiative to monitor progress towards the MDGs, estimates that in 2010, only 41% of the population in South Asia uses improved sanitation facilities (JMP, 2012).

This amounts to almost one billion people in South Asia alone without full access to infrastructure that enables the separation of human excreta from human contact. This 'sanitation gap' is one of the major reasons why diarrhoea remains the most common cause of infant mortality in the region.

However, there have been improvements in the region. In Bangladesh, the proportion of the total population with access to improved sanitation facilities increased by 23% from 1995 to 2010. Similarly, India, Nepal and Pakistan achieved increases of 17%, 20%, 24% respectively over the same time period (JMP, 2012). However, even at those rates of progress, the region is not on track to meet the MDG sanitation target on schedule.

South Asian Conference on Sanitation

With a view to planning and reviewing strategies to accelerate progress, a forum called SACOSAN (South Asian Conference on Sanitation) was set up. The first conference was held in Bangladesh in 2003, followed by SACOSAN II in Islamabad in 2006, SACOSAN III in Delhi in 2008 and the most recent, SACOSAN IV, which was held in Sri Lanka in April 2011.

Each of these gatherings has produced a new set of declarations and commitments. For example, SACOSAN III, held in 2008, had the theme "Sanitation for Dignity and Health" and ended with a 10-point "Delhi Declaration' (see Box 1).

Box 1: Delhi Declaration commitments made at SACOSAN III in November 2008

1. Continue advocacy and awareness to sustain the momentum given to sanitation explicitly at the regional, national, sub-national and local levels, in policy, budgetary allocation, human resources, and implementation.

2. Strengthen community efforts and develop capacities of Local Governments, non-governmental organizations, youth and community groups to work in partnership for sustainable sanitation solutions.

3. Ensure occupational dignity, health, safety and improve the profile and working conditions of personnel involved in sanitation work.

4. Prioritise sanitation as a development intervention for health, dignity and security of all members of community especially infants, girl children, women, the elderly and differently-abled.

5. Mainstream sanitation across sectors, ministries/departments, institutions domains and socio political persuasions, so that sanitation is everybody's concern and prioritised in their respective programs.

6. Develop and implement approaches, methodologies, technologies and systems for emergencies, and disaster situations and for areas with special characteristics/ terrains or groups suffering temporary displacement.

7. Advocate globally the recognition of climate change impacts on sanitation provision in South Asia and develop and implement strategies and technologies that adapt to and mitigate impacts.

8. Enable flexibility and variety options and practical solutions to suit local conditions, preferences and resources.

9. An Inter Country Working Group (ICWG) led by country focal points will meet periodically to promote research and development, collaborations, exchanges of innovations, experiences and expertise, networks among intra-country groups and agencies will be created for sharing knowledge.

10. The indicative "South Asia Roadmap for Achieving Sanitation Goals" may be consulted by the participant countries to develop their national Action Plans for implementation over the 2009-2011 period.

Yet it is not clear from my research that the SACOSAN declarations have made a significant difference even if the conferences themselves have provided valuable forums for information and knowledge sharing. It is one thing to have a clear set of MDGs, which continue to act as a valuable yard stick against which progress can be measured. That does not mean, however, that declarations of general principles necessarily add any value to these targets. Indeed, the irony of the SACOSAN events is that the reports made at them tend to suggest that country-specific and locally developed solutions are what works.

My own research, carried out in preparation for SACOSAN IV, aimed to assess the extent to which the commitments made at SACOSAN III were tackling the challenges faced by

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South Asian countries. Most water and sanitation specialists I spoke to, when sharing their views on changes within the sanitation sector in their respective countries, made no reference to commitments arising from conferences such as SACOSAN, unless specifically asked. It was considered an important forum for discussion, but what respondents talked about were country-specific initiatives that had produced good results through locally designed approaches to infrastructure, subsidy and micro-credit design.

Country-specific approaches

An example of the importance of local participation in infrastructure design comes from Bangladesh, where low sanitation coverage in Hard To Reach (HTR) areas has been partly due to inappropriate technologies. The ring slab latrines that were first introduced tended to break during their transportation up and down the hills. Better results were achieved once organizations began learning from communities and working with them. Local materials such as bamboo and wood were used, encouraging synergies between proposed interventions and communities' ways of life.

Similarly, the way in which subsidies are designed and used needs to take account of national and local contextual characteristics, as contrasting experiences in India and Nepal have demonstrated.In India, through the Nirmal Gram Puruskar (NGP) award, cash incentives are granted at a community level to encourage villages to eradicate open defecation. Hardware subsidies are provided to Below Poverty Line (BPL) households free of financial liabilities, and are thus almost never declined. However, the toilets constructed are sometimes very frail and the blocks are used for purposes other than those related to sanitation, such as for storage (Mishra, 2010). This has raised serious doubts regarding the overall benefits of subsidies for hardware components in the sanitation sector in India.

In Nepal, however, subsidies have successfully contributed towards the creation and maintenance of Open Defecation Free (ODF) villages. This is slowly being achieved through Community Led Total Sanitation (CLTS), an approach that looks past infrastructure provision towards the behavioural change required to ensure sustainable sanitation practices. Awareness campaigns are designed to make communities understand that open defecation, even if practiced by a small proportion of the population, has a direct impact on the health of the entire community, through the spread of epidemics.

In this manner, CLTS encourages action to be undertaken collectively and at a community level rather than individually, contributing to the sustainability of these ODF villages. Building on the success of CLTS, Nepal has introduced a School Led Total Sanitation (SLTS) programme aimed at changing behaviour and strengthening community awareness through children.

The charity WaterAid works to influence water and sanitation policy and uses practical solutions to provide safe water, effective sanitation and hygiene education to the world's poorest people.

Click here to go to its website for a publication that brings together case studies from South Asia, and for other resources about the sanitation challenge.

In Bangladesh on the other hand, rather than subsidies, microcredit facilities appear to have played an important role, perhaps not surprisingly in view of the country's pioneering role in micro-credit design. Local entrepreneurs receive support from microcredit agencies as part of the Scaling up and Sustainability of Total Sanitation in Bangladesh project (SSTSB). Loans at low interest rates are provided for the manufacturing and marketing of appropriate sanitation technologies, and practitioners believe this has facilitated significant progress in the sanitation sector throughout the country (although the results are yet to be fully evaluated).

Conclusion

Those examples provide evidence about the importance of country characteristics and local participation in increasing the developmental return on infrastructure investment. But that idea is at odds with the basis of conferences such as SACOSAN, which tend to be centred around the development of broad regional commitments.

My research suggests that commitments are not always representative of challenges perceived on the ground and that the true value of these conferences lies in enabling water and sanitation specialists from each country to share their experiences about what has worked, what has not and why this has been the case. That in turn suggests that lessons need to be learned about the composition and design of such gatherings.

The generation and sharing of this knowledge has the potential to make significant changes in how progress is to be achieved in the sanitation sector. This is specially the case when countries aim to present their own success stories, highlighting initiatives that have rendered particularly favourable results. When communicated, these examples prove to be a source of positive reinforcement, so that success begets success. At a time when the pace of sanitation development needs to accelerate, this could make all the difference.

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