

Parliamentarians' Group for Children (PGC)

Issue brief for Parliamentarians

Sanitation in India

UNICEF has a strong commitment to reducing open defecation and to improved sanitation not only in India but also in South Asia and globally. Sanitation is a basic human right, vital to the survival, growth and development of children. Indeed, sanitation and hygiene impact on so many aspects critical to children: their nutrition, health, education, and participation. Household toilets are especially essential for the privacy and dignity of adolescent girls and women.

Sanitation in India

- While 77 countries will meet the Millennium Development Goal (MDG) target for sanitation, 79 countries remain off track. Of these India accounts for *the biggest shortfall*, with by far the largest number defecating in the open.
- Nearly half the population - some 595 million Indian citizens, practice open defecation every day.¹ This unhygienic practice has a negative impact upon mortality, morbidity and the environment.
- India has not invested sufficient resources in motivating people to want to use a toilet. Open defecation is widely tolerated and in many communities it is a socially accepted behaviour. It is common to see people open defecating in rich and poor areas alike. The provision of sanitation is simply missing for huge swathes of India's society.
- Therefore although India has made progress in sanitation, the situation is still woefully poor. In the following states, the vast majority of homes — nearly all— lack toilets:

Jharkhand	92%
Madhya Pradesh	87%
Odisha	86%
Chhattisgarh	85%
Bihar	82%
Rajasthan	80%
Uttar Pradesh	78%

- The percentage of homes without toilets is no better in states considered “developed,” such as: Tamil Nadu (76%), Karnataka (72%), and Maharashtra (62%).²
- India's schools and health facilities still do not have full sanitation coverage, and where toilets do exist these facilities are fraught with problems associated with poor operation and maintenance. For example, the lack of dedicated funds for operation and maintenance, weak management and poor water availability inside toilets contribute to dysfunctional, unusable toilets. In addition, poor quality of construction and low compliance with standards and norms reduces the life of infrastructure.
- Between 1990 and 2012, 534 million people in India gained access to an improved source of drinking water³ however with open defecation rates remaining so high there are serious issues related to the quality of drinking water.
- Systematic institutional, human resourcing and financing bottlenecks in the water and sanitation sector at state and national level continue to thwart progress.

Children's health and future at stake

- Every year nearly 1.5 million Indian children do not reach their fifth birthday; instead they die. This represents the highest number in the world.
- India has the highest number of diarrheal deaths among children under 5 in the world. There are 312 million diarrhea episodes each year of which 6.72 million are severe episodes. The total number of children under the age of five dying needlessly from

¹ WHO/UNICEF (2014) Progress on sanitation and drinking-water - 2014 update

² Census 2011

³ WHO & UNICEF Joint Monitoring Programme (2014). Estimates 2014. Geneva: WHO/UNICEF, 2014

diarrhea each year amounts to 205,000 or 563 deaths each day⁴.

- Each year poor sanitation and hygiene contributes to some 312 million episodes of diarrhea in children under five. Diarrhoea is closely linked to under-nutrition, which is associated with more than half of child deaths.
- An estimated 80,000 pregnant women or new mothers die annually in India due to preventable causes including haemorrhage, eclampsia, sepsis and anaemia. Many deaths occur, in addition to improper medical facilities, due to poor nutrition and improper sanitation.
- Undernutrition is an underlying reason in 45.7 percent of under-five deaths.
- An estimated 47,000 pregnant women or new mothers die annually in India due to preventable causes including haemorrhage, eclampsia, sepsis and anaemia. Many deaths occur, in addition to improper medical facilities, due to poor nutrition and improper sanitation.

Women's health, security and safety in jeopardy

- Living without access to a toilet at home or school means that young girls and women are deprived of basic privacy and dignity and are at permanent risk of their personal safety being compromised. Many women have to restrain the urge to go to the toilet until darkness. This practice is both unhealthy and unacceptable.
- Having no safe place to defecate – an enclosed toilet with a door – or a separate toilet for girls at school results in a lack of basic dignity and privacy to manage menstrual hygiene. This means that girls and women are severely restricted in their ability and right to fully participate in daily activities, including attending school.

What needs to change – what we must all do

In society

- First, we must **break the taboo** on speaking about 'open defecation' in the political language and in social discourse. We must bring the sanitation crisis out in the open. Unless we talk freely about human excreta, about "poo", change will not happen at the pace that is needed.
- Second, we must **focus on ending open defecation** through community approaches rather than solely

building toilets. Ending open defecation is a matter of changing behaviour and coming to a new social norm so that everyone wants to use a toilet.

- Third, we must focus on **involving women and on inclusive measures** to reduce disparities and exclusion at all levels.
- Fourth, we must **use innovative ways** of promoting sanitation: seizing opportunities for social change like the one we have seen today.
- Fifth, we must give **priority to sanitation and hygiene** in the health sector, which would prevent so much disease. Clean toilets and handwashing stations with soap are a must in every health centre, public or private.
- And finally, we must remember the **enormous potential of involving children** in behaviour change through sanitation and hygiene in their schools and their homes. Keeping children at the heart of the sanitation social movement will give them pride of ownership and achievement as they reap the benefits of a clean environment.

SWACHH BHARAT, SWACHH VIDYALAY: good change in practice

In response to the sanitation challenge in the country, the Government of India, Ministry of Human Resource Development recently launched **Swachh Bharat Swachh Vidyalaya**. This national campaign aims to ensure that every school in India has a set of functioning and well-maintained water, sanitation and hygiene (WASH) facilities.

An essential element of this campaign is to ensure that all children wash hands with soap before eating their mid-day meal.

Children stand in groups facing each other across a simple hand washing station. They exchange positive messages, make 'eye to eye' contact and enjoy the process of making their hands clean. Ensuring that this happens on a daily basis before the Mid-Day Meal is served, leads to a new socially accepted practice in school.

The technology is simple, scalable and sustainable, and relies on usage of minimum water and local materials.

States are making good progress, for example Assam estimates that by contributing just 9% of its annual mid-day meal budget to group handwashing, the life cycle of facilities for at least five years can be secured for all 48,000 schools in the state. Likewise the State of Madhya Pradesh, has made provision from its panchayat funds. Group handwashing is fast becoming a new social movement in schools. For health and nutrition the benefits are far reaching, but perhaps more importantly from a child's perspective, group handwashing provides a moment of fun and laughter with friends.

⁴Lancet Series, 2013

Checklist for parliamentarians:

- ✓ Champion issues of water, sanitation and hygiene (WASH) on the floor of the Parliament to increase focus on related issues such as education, health and gender equality
- ✓ Raise questions in Parliament to review and monitor implementation of policies related to children, especially in states that are far from meeting MDG targets
- ✓ Push for greater budget allocation: advocate for an increase in the total share of 'Budget for Children' (BFC) in order to impact matters relating to children such as health and education in their respective constituencies
- ✓ Ensure inclusion of core child rights principles (enshrined in UNCRC) in every policy document and programme
- ✓ Highlight responsibility of every state-actor, public machinery and community to mobilise positive action towards the *Swachh Bharat Mission*
- ✓ Use MPLAD/MLA funds to prioritise issues related to children so that resources are made available for issues such as sanitation
- ✓ Promote children and youth as change agents by linking them with governance structures such as panchayats and the assembly
- ✓ Support public campaigns in schools and in the media must be held, to explain the health and economic benefits of using toilets and of improved hygiene
- ✓ Encourage and establish greater access to social media and public forums for educating people in constituencies/State on safe sanitation facilities