

SQUAT survey 

sanitation quality,
use, access, and trends



SQUAT

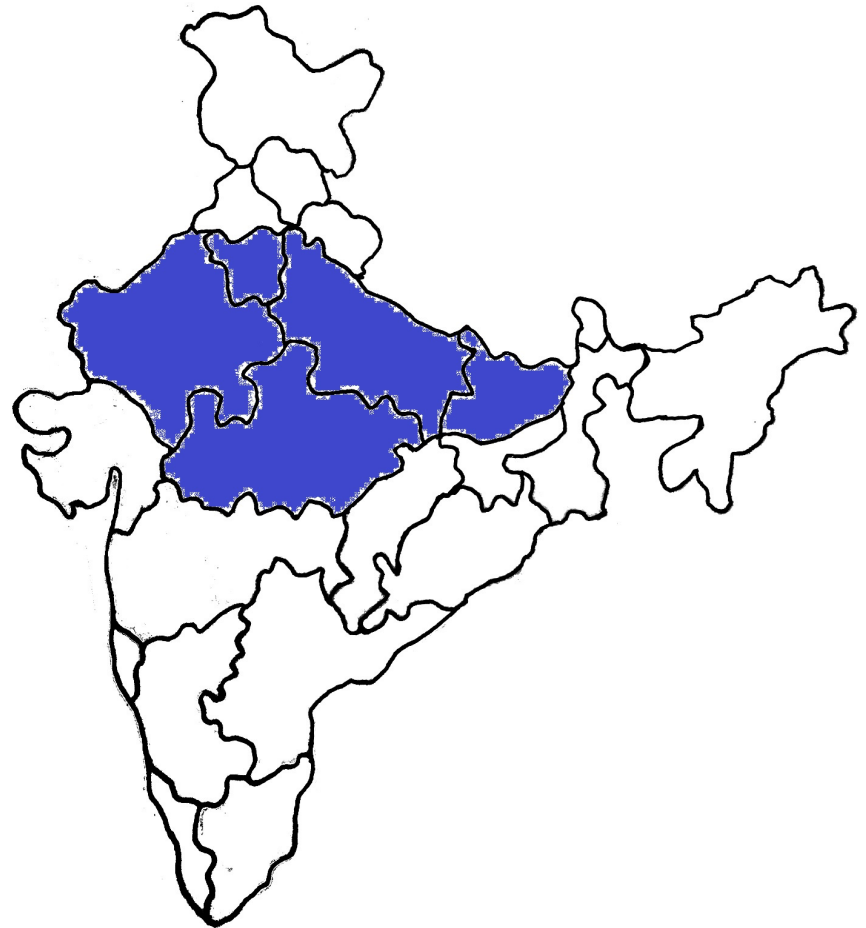
survey



sanitation quality,
use, access, & trends

www.squatreport.in

rural Bihar, Haryana,
Madhya Pradesh,
Rajasthan, and
Uttar Pradesh



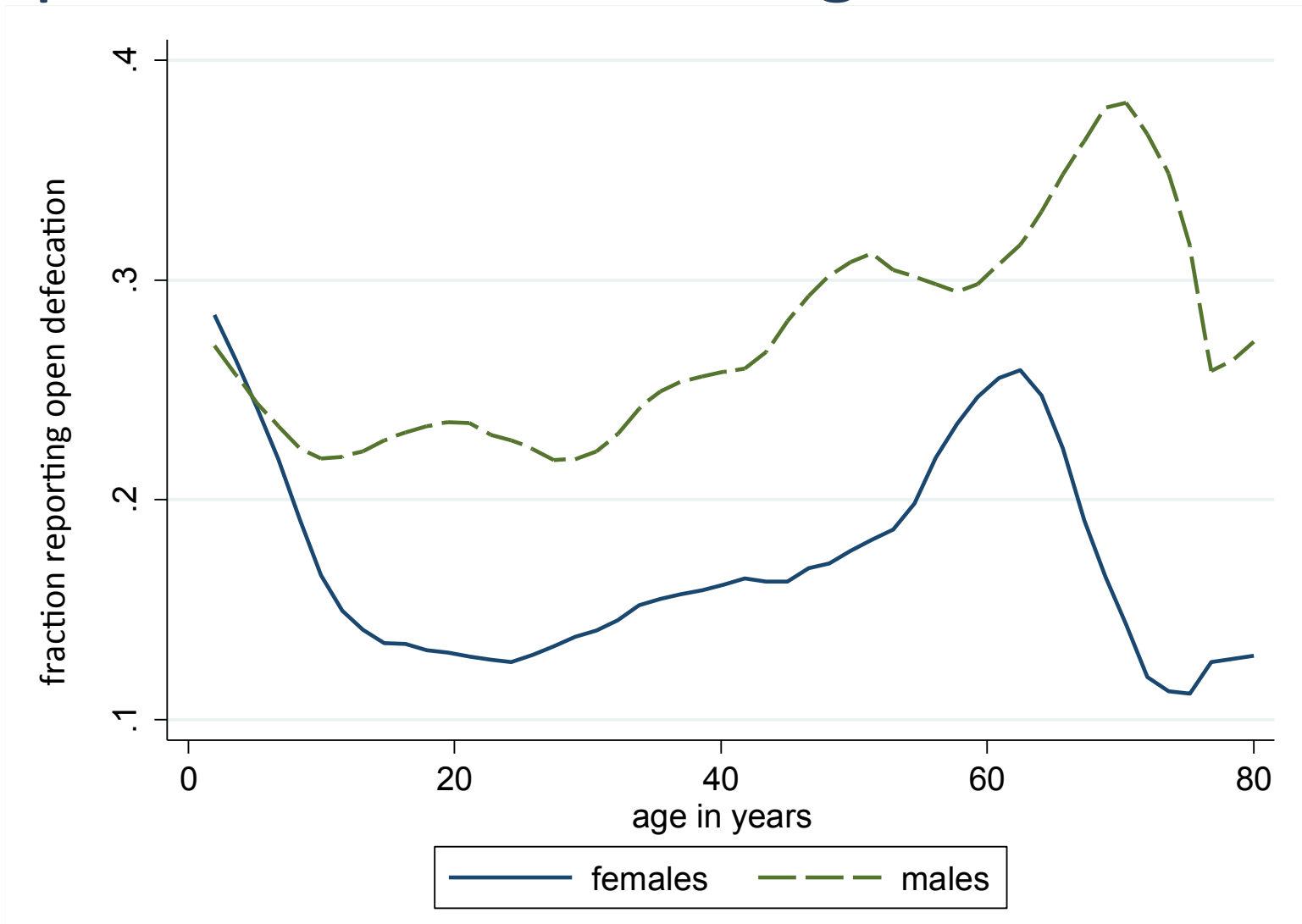
13 districts

3,200 households

22,000 individuals

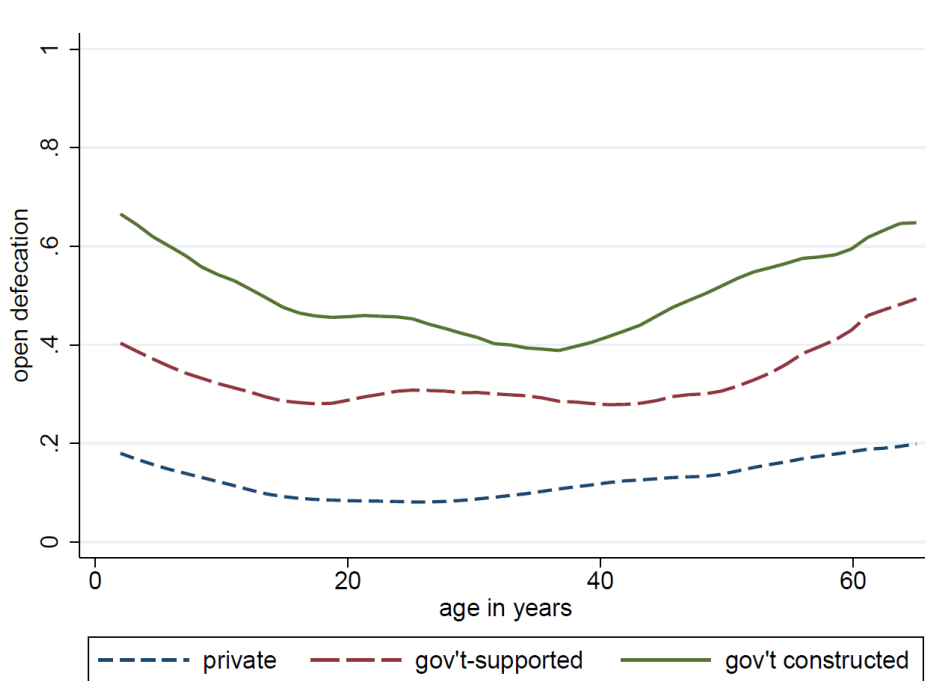
five states, one-third of global open defecation

open defecation among toilet owners

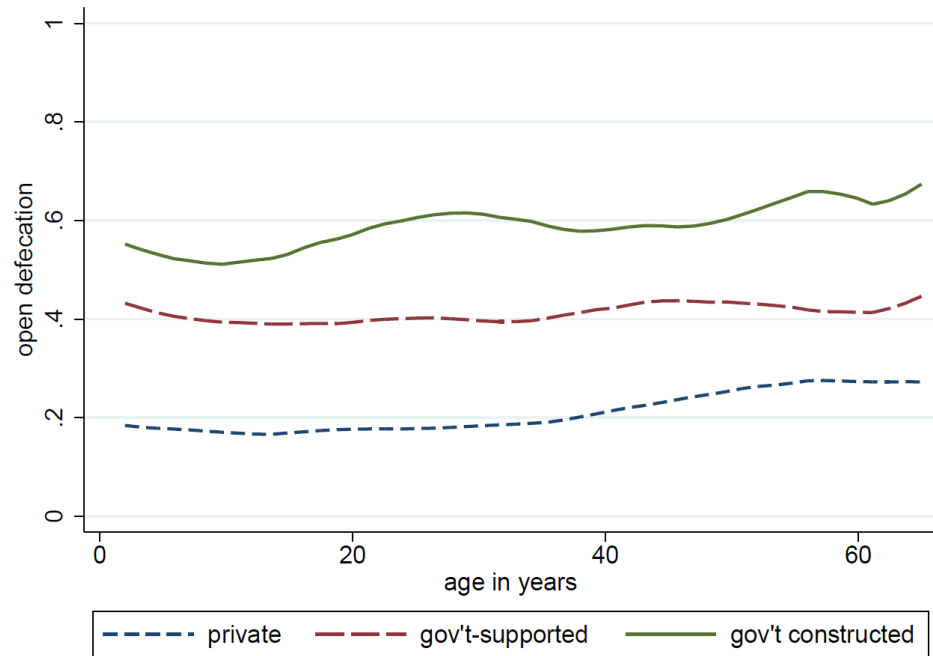


open defecation among households with government latrines

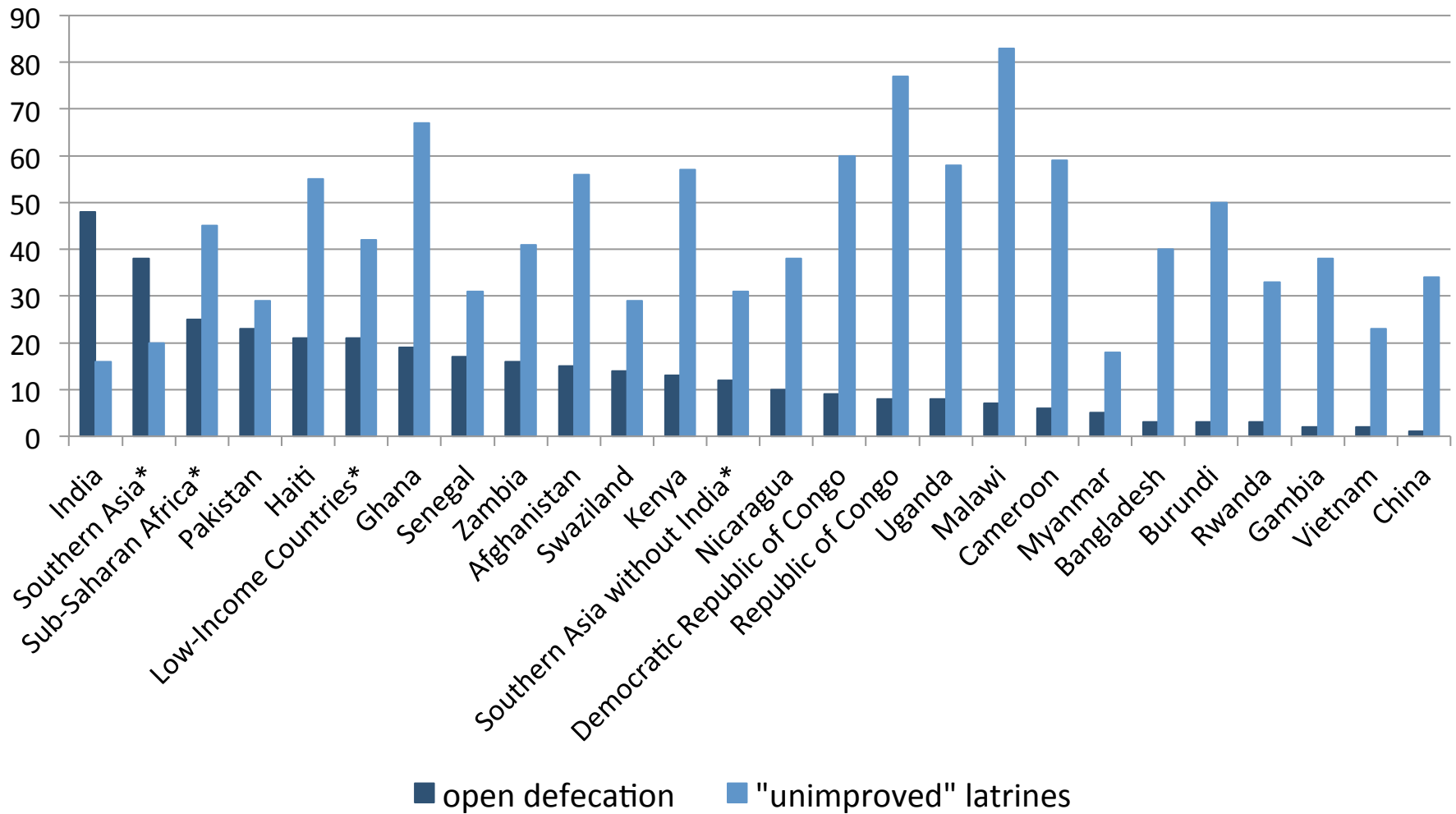
females



males



no demand for use of simple, **inexpensive** latrines in India

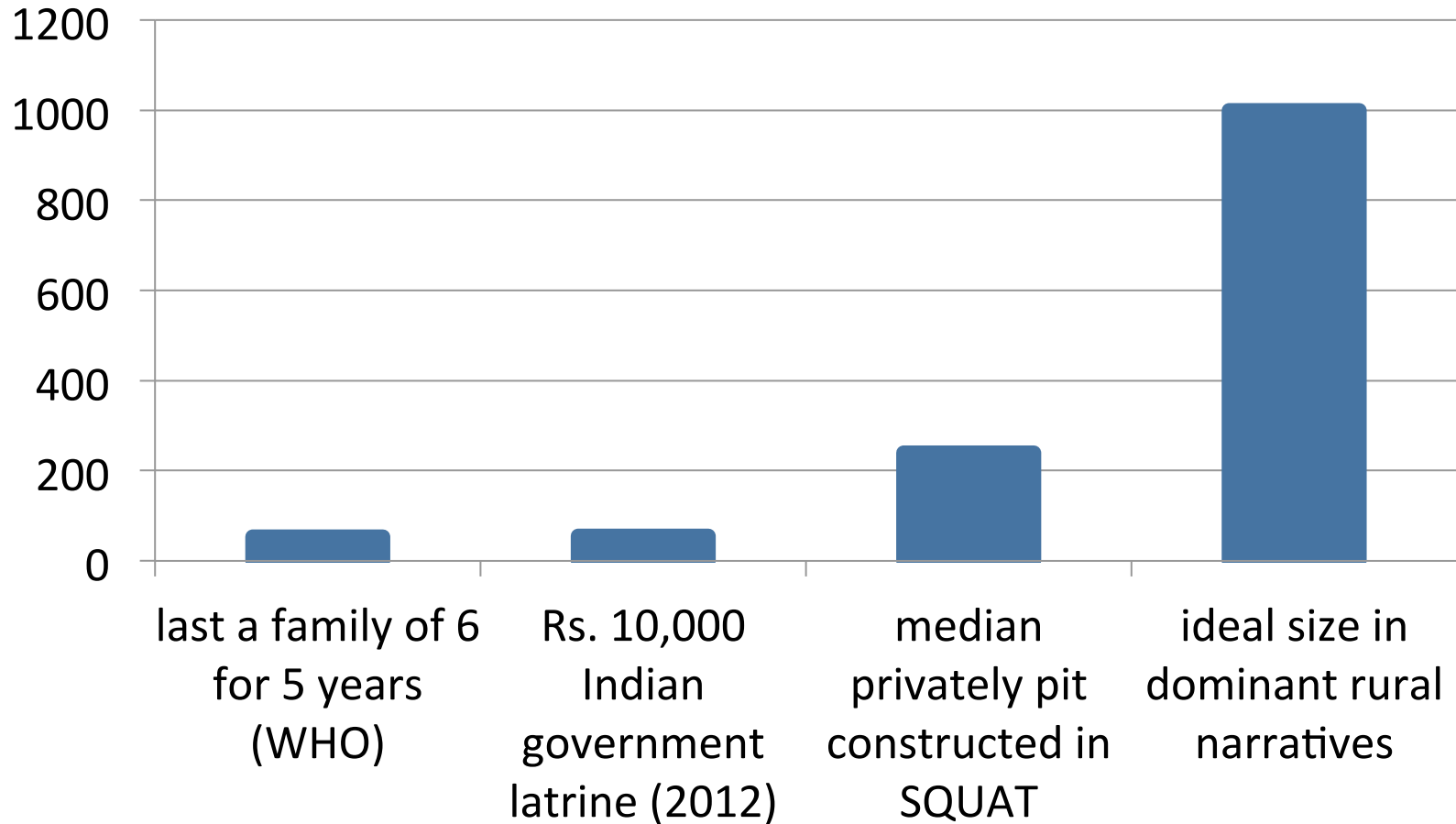


the Switching Study: India's sanitation problem is unique

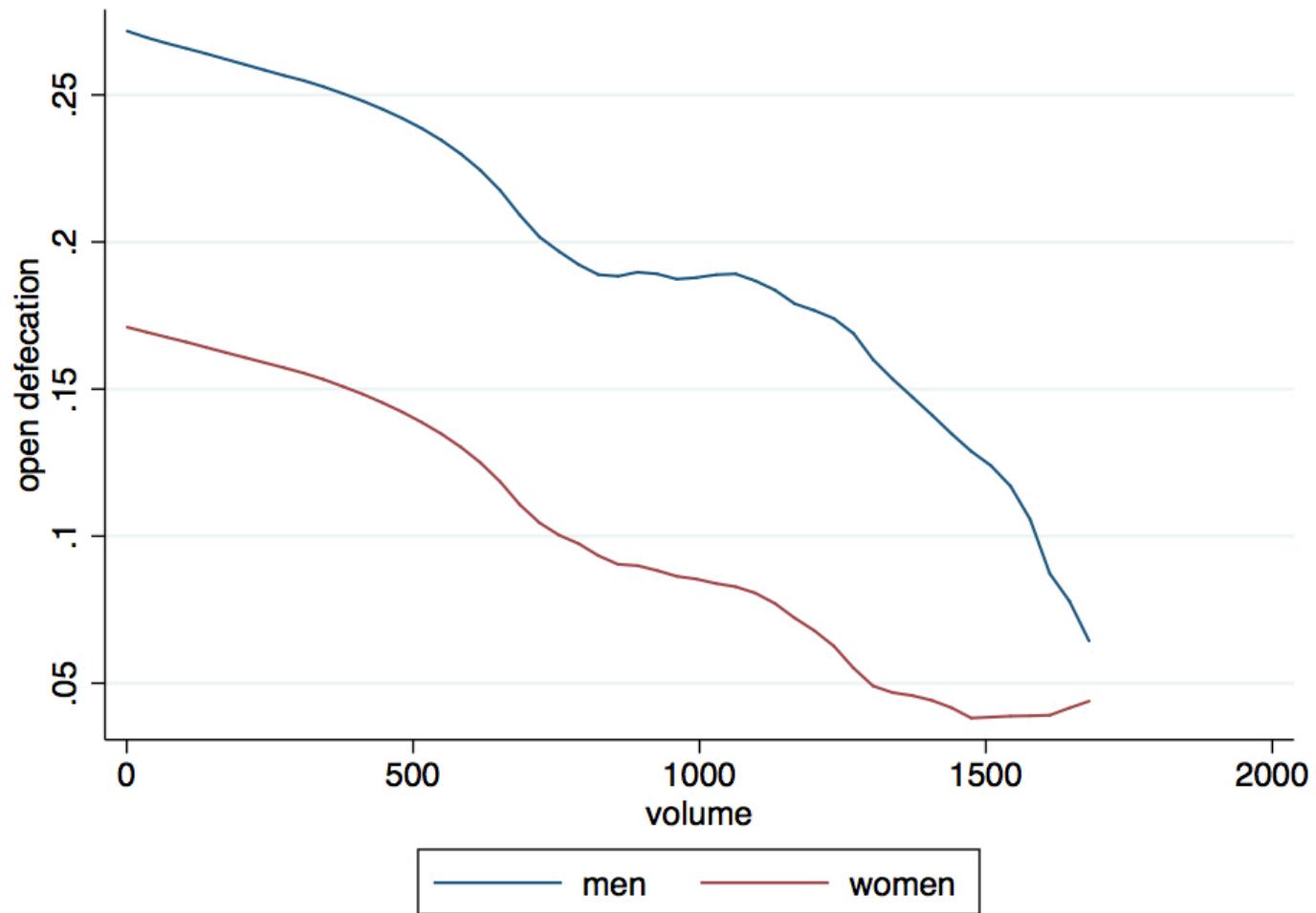


100 qualitative interviews across Gujarat, Haryana,
Uttar Pradesh and the Nepali terai!

rural Indians want **big pits**



rural Indians go in the open less if they have a bigger pit



pit emptying has a different social meaning in India

- other countries do not have the social institutions of **caste and untouchability**
- caste is considered to be hereditary and it governs how people interact with each other
 - castes are hierarchically ranked with people in the highest caste considered to be the purest
 - people in the lowest caste – untouchables – are responsible for **handling human waste** and other things that are considered **ritually polluting** in Indian society
- people in Indian villages **do not empty their own pits** because they do not want to be associated with work that people of the lowest caste do

towards an evidence-based Swachh Bharat Mission

- more than 50 articles in popular media covering our research
- numerous presentations in Delhi and the US
- meetings with government officials in Central government, Rajasthan, Bihar, and Uttar Pradesh

ing out to
The Modi
age and ne-
prod and
port for its
ession of
Mukherjee
session has
aw only four
good
democracy
nd of advice
ll, to a polle-
"it is the man-
rite" and the
ght to oppose,
bers permit to
not disrupt the
ment, he said
nter and in-
erative



SANGITA VYAS

THE stated goal of the Swachh Bharat Mission is to eliminate open defecation by 2019. But, from the guidelines released last month, it is clear that the mission will fail to reach its goal. There are at least two reasons for this: it wrongly focuses on construction and does not present an effective strategy to solve the real problem, promoting latrine use.

When the Swachh Bharat Mission was launched in October, it was announced that it would have a budget of Rs 1.34,000 crore, over five years, to build a toilet for every house which doesn't have one. On a yearly basis, this is nine times the 2013-14 Nirmal Bharat Abhiyan budget and amounts to roughly 2 per cent of the total Union budget for 2013-14. The guidelines make no mention of the new budget, so whether government expenditure will reach these levels is unclear.

What we do know, however, is that this would be spending money on the wrong problem: lack of infrastructure does not seem to be why so many Indians defecate in the open. My colleagues and I recently conducted a study across Bihar, Haryana, Madhya Pradesh, Rajasthan and Uttar Pradesh, home to 45 per cent of households without a toilet. It revealed that most respondents who live in households with government-constructed latrines still defecate in the open. Building more of these

Not a clean sweep

Swachh Bharat guidelines sidestep the real problem

toilets would be a waste unless the government simultaneously addressed people's preference for open defecation.

Why do so many rural households prefer not to use government latrines? Many people believe that the pits of these latrines will fill up in a few months, when, in fact, if they are used by a family of six every day, it would take five to six years. Emptying a latrine pits poses particular challenges in India. Unfortunately, it is associated with "social pollution," which means that the laws of supply and demand do not apply to pit emptying.

First, these health workers already have a set of responsibilities. Piling on additional duties, particularly those that provide negligible compensation for hard work, will probably not help us achieve our goal. Second, as we have experienced on our visits to villages, many of these workers themselves don't open or use latrines. So how can we expect people to defecate in the open to effectively convince others to use latrines?

One noteworthy addition to the Swachh Bharat Mission is the creation of a monitoring and evaluation cell. In a shift from the past, the policy calls for monitoring latrine use in addition to construction. The guidelines note that a third-party independent group will conduct an annual survey. The 69th round of the NSS has already measured latrine use, not just la-

review
which
steain
eight
the lat-
undog
of Prime
Modi,
face of
have
bring in

trine ownership, and one promising development is that this might continue in future surveys. This step is necessary, although not particularly encouraging, for ending open defecation in five years.

The prime ministers has motivated citizens, activists, and researchers throughout India to turn their attention to eliminating open defecation. But now that the mission guidelines have settled for the mere semblance of an action plan, what should those of us committed to solving the problem do?

A dismal answer would be to wait: the third-party monitoring system could be used to hold the government accountable in a few years' time. But open defecation kills too many children for that to be a complete answer. Another possibility is to learn more about the cultural forces related to notions of caste, purity and pollution, and to work out how they might be fought. We could also encourage the states, responsible for implementing the mission, to be bold and do what is necessary and creatively adding what is needed to make it successful. This is a tall order, and only a state may be able to pull the task, but we should all keep up the pressure.

The writer is associate director at the Research Institute for Community Economics, Delhi
svyas@researchinstitute.org

The New York Times

"All the News That's Fit to Print" VOL. CLXXI No. 56,563 © 2014 The New York Times TUESDAY, JULY 15, 2014



Children workers work near a sewage pipe in the Ganges in Varanasi, India, where no city has a comprehensive treatment system.

Manurition in Well-Fed Children Is Linked to Poor Sanitation

IN GARDHAR HARBOR—SREERAM DISTRICT, India—He was their third visitor to visit of the eye, he was a city 1-year-old living in a village in the state of Kerala, India. He had a healthy, chubby, but somewhat pale, face. When I asked him the reason seemed to be a lack of the right diet. His mother said he had been ill for months of diarrhea and vomiting. The doctor who had treated him said that the child was malnourished. It is a common belief that children across India, where a large percentage have been born in the last 10 years, are malnourished and stunted.

Seeking Soccer Respect, Qatar Lacked Abroad

THIS ARTICLE IS BY Steve Eder, New York Times Staff Writer

DOHA, Qatar—A little more than a month ago, Qatar's national soccer team was playing in the 2012 World Cup. They were the only Arab team to qualify for the tournament. They were the only Arab team to be in the tournament. They were the only Arab team to be in the tournament. They were the only Arab team to be in the tournament.

Iron Outlines Nuclear Deal, Accepts Limit

No Rise in Production for Several Years



Shrinani Jeyaraj, Associate Director, RICE Institute

BY DAVID SANGER
VISNA, India—The deal struck in September, first with an interim deadline for an agreement with the West on the future of the world's nuclear program, that Iran could accept a deal that would limit its nuclear program to a level for several years, provided it is a true step toward the goal of a nuclear-free world.

The deal, which was announced in September, was a landmark in the history of nuclear disarmament. It was the first time that Iran had agreed to limit its nuclear program. It was the first time that Iran had agreed to limit its nuclear program.



TO END OPEN DEFECTION MAKE INDIANS WANT TO

People can afford toilets but are reluctant to ever have to deal with a full latrine pit

COVER STORY CLEANING INDIA

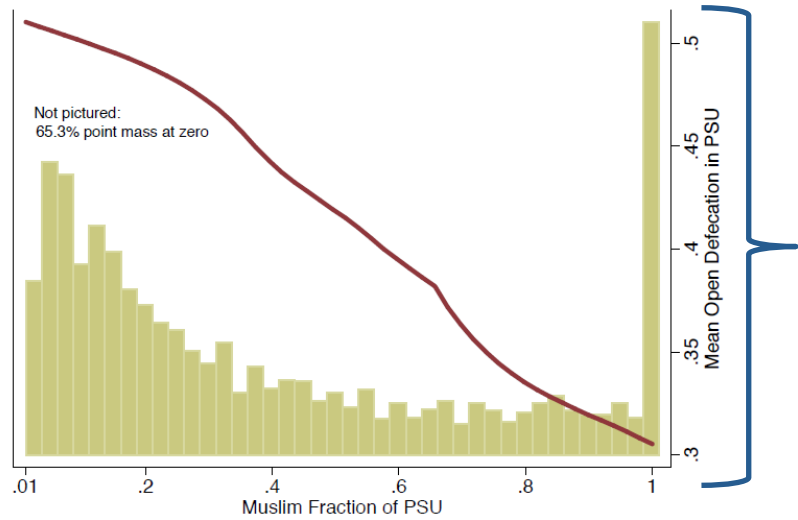
Over half of all Indians defecate in the open, and in rural areas, this figure is about 70 per cent. In contrast, less than 1 per cent of people in China, 4 per cent of people in Bangladesh, and about a quarter of people in Sub-Saharan Africa defecate in the open. Why is there so much more open defecation in India? Considering that open defecation in rural India causes death, disease, malnutrition and the loss of economic productivity, understanding why it is so common is an important priority.

For the past year, we have been part of a team of researchers who have been investigating sanitation beliefs and attitudes of people in the rural parts of six north Indian states. What we find about why so many people in rural India



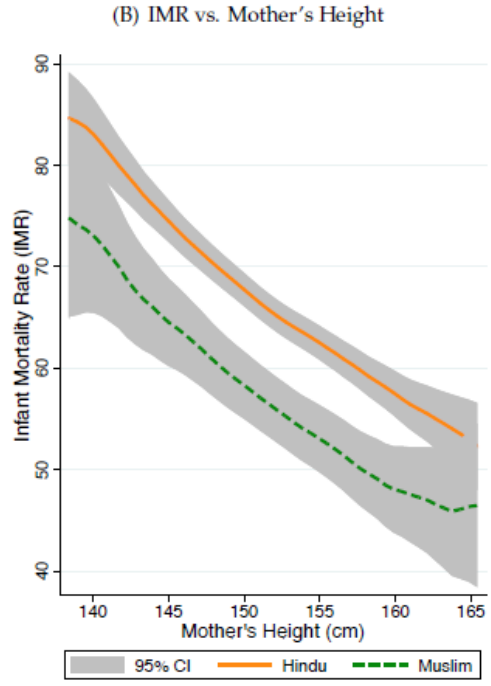
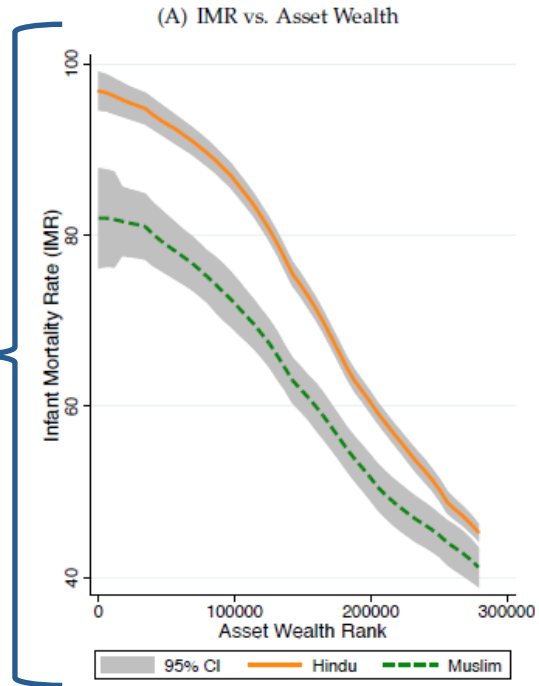
DIANE COFFEY AND DEAN SPEARS

other statistical work in progress: identifying effects of sanitation externalities on infant mortality from differences between Hindus & Muslims in India



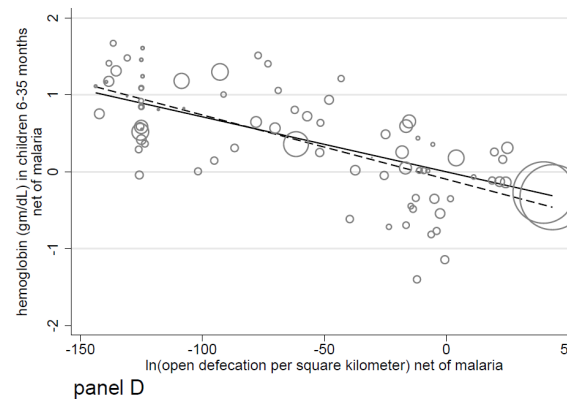
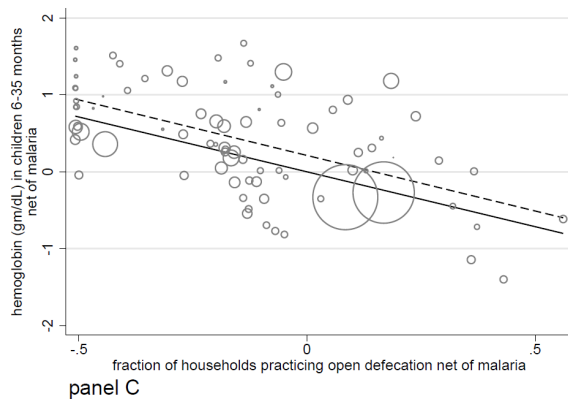
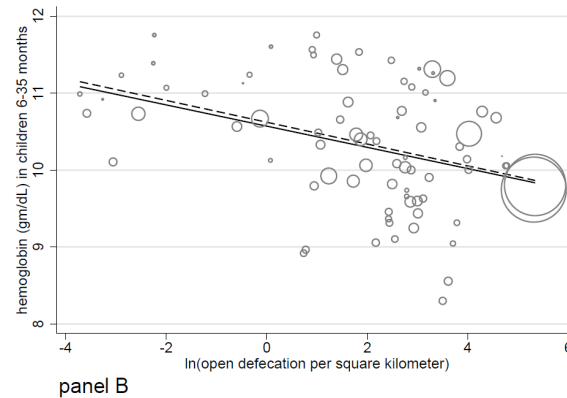
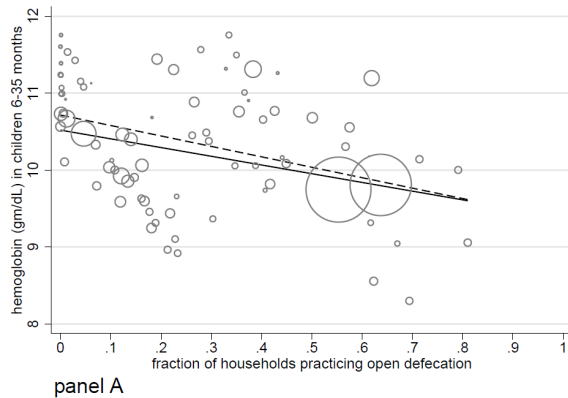
open defecation rates are importantly lower in local areas with more Muslims, on average

Muslims are poorer than Hindus, on average, and at the same level of rich or poor, Hindu babies are more likely to die



other statistical work in progress: sanitation and anemia

An effect of open defecation on hemoglobin levels would be consistent with theories of environmental enteric infection, and would contribute towards resolving the puzzle of anemia in South Asia.



Data are from 81 Demographic and Health Surveys. Solid lines are weighted by the population of the country, dotted lines are not. Scatters are population weighted.