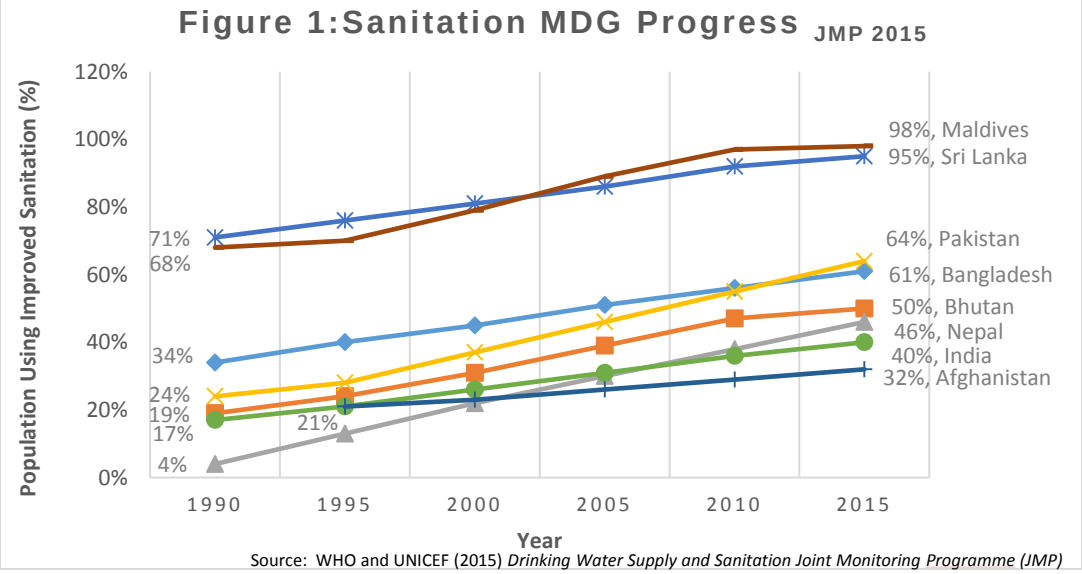
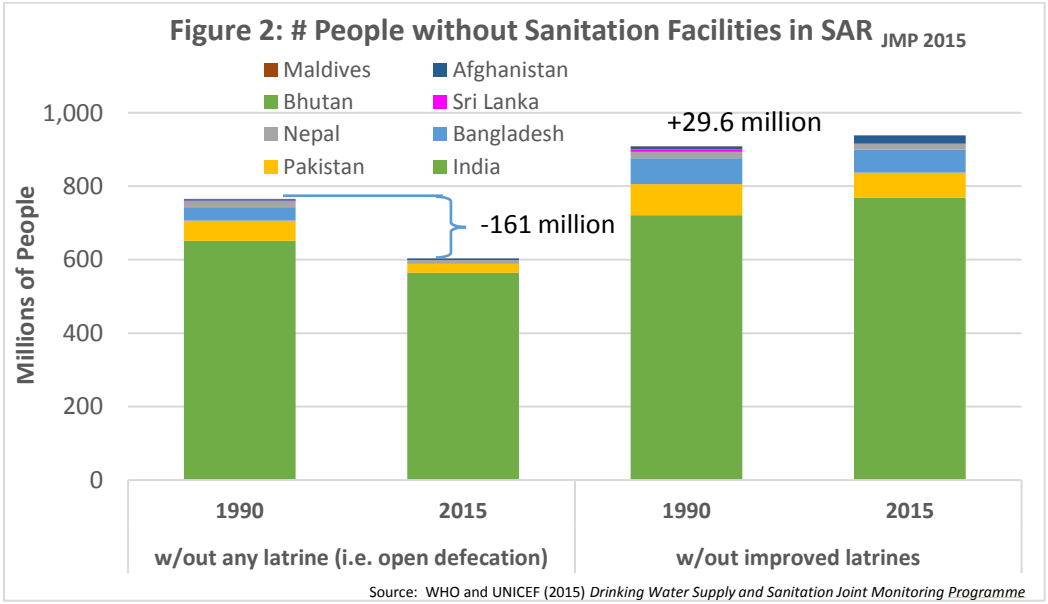
Thinking beyond Open Defecation Free (ODF) towards the Sustainable Development Goals (SDGs) and safely managed sanitation for all

The South Asian Region has secured significant improvements in sanitation over the Millennium Development Goal (MDG) period. While only the Maldives, Sri Lanka and Pakistan achieved the MDG target of halving those without access to improved sanitation, all of the countries improved the percentage access to sanitation for their population over the MDG period[i] (Figure 1). Over this period, the South Asia Region was also responsible for the invention of the Community Led Total Sanitation (CLTS) approach of creating open defecation free (ODF) communities[ii].



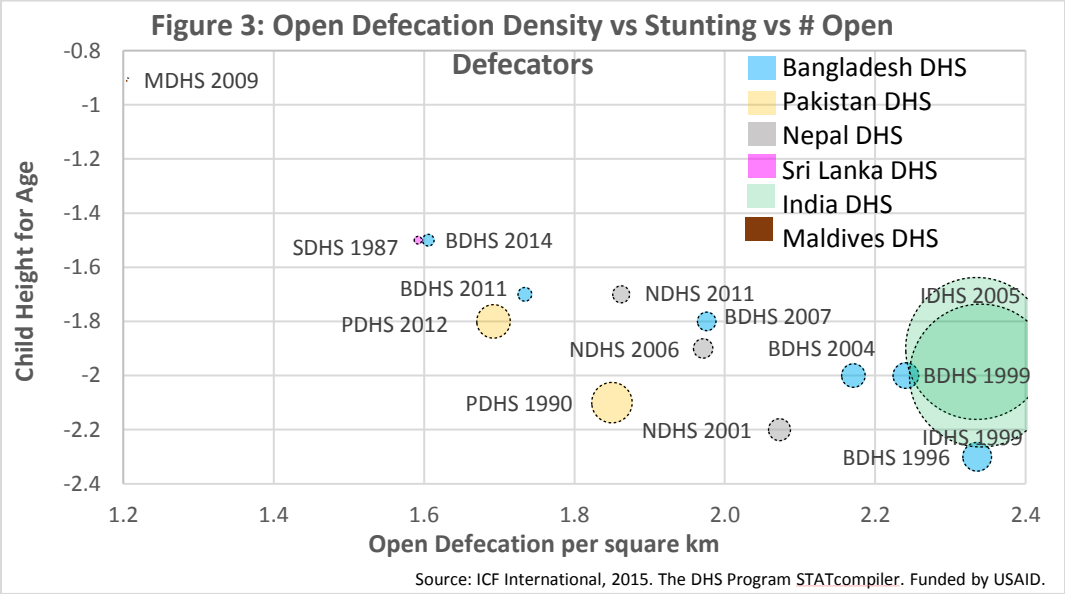
Source: WHO and UNICEF (2015) *Drinking Water Supply and Sanitation Joint Monitoring Programme (JMP)*

Globally, the South Asia Region (SAR) has made the most significant improvements in reducing open defecation with Bangladesh, Nepal and Pakistan having all reduced open defecation by more than 30 percentage points since 1990. This means that while the number of people defecating in the open declined by 161 million over the MDG period, the number of people without improved latrines in South Asia actually increased by 29.6 million[iii].

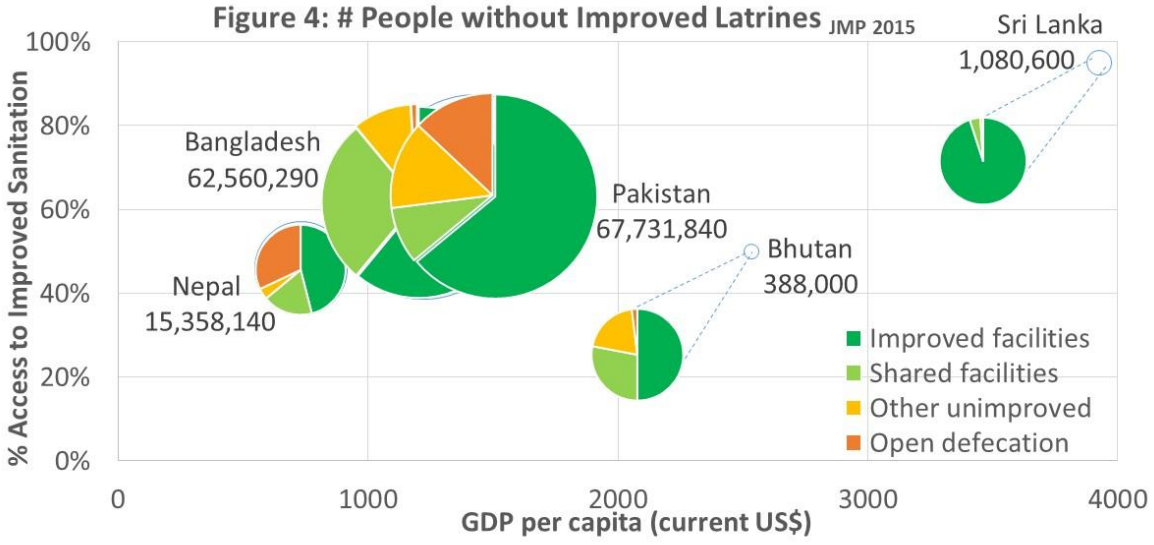


Source: WHO and UNICEF (2015) *Drinking Water Supply and Sanitation Joint Monitoring Programme*

What is most significant about the focus on eradicating open defecation is the surprisingly high correlation between open defecation density (i.e. the number of people open defecating within a particular area) and the incidence of chronic malnutrition (i.e. low height-for-age) amongst children under 5[iv] (Figure 3). Exposure to fecal contamination is not only associated with acute symptoms (i.e. diarrhea and fever characterised by low weight-for-age) but it is also associated with chronic symptoms (i.e. lack of absorption of nutrients characterised by low height-for-age or stunting). Environmental Enteric Dysfunction (EED) is one such condition where constant ingestion of fecal matter can lead to the blunting of intestinal villi resulting in the malabsorption of nutrients without any symptoms of diarrhea[v]. The surprising correlation of open defecation with stunting along with recent research on the association of EED with chronic malnutrition in children[vi] suggests that eradicating open defecation has very significant health benefits[vii].



The Civil Society WASH Fund is supporting projects within Bangladesh, Bhutan, Pakistan, Nepal and Sri-Lanka. Across these countries in South Asia, the scale, scope and resources to address the challenge of moving beyond the eradication of open defecation varies significantly (See Figure 4). As the data suggests, the countries with a higher Gross Domestic Product (GDP) per capita and smaller populations have greater capacity to move up the sanitation ladder[viii].



The Sustainable Development Goals (SDGs) have introduced several changes building on the success and shortcomings of the MDGs[ix]. A safely managed category has been introduced to ensure that fecal waste from improved latrines is safely emptied, transported, treated, disposed of and/or re-used. Hygiene is also given priority to maintain health and stop the spread of disease including handwashing, food hygiene and menstrual hygiene management practices[x] (see Figure 6). The shift in the SDGs to universal access also reflects the learning that halving the numbers of those without access can leave the poorest and most vulnerable behind. The SDG sanitation target 6.2 aims to progressively eliminate inequalities in population sub-groups and highlight that special attention needs to be given to the needs of women and girls (see Figure 5).

Figure 5: Key shifts in the definition of sanitation access associated with the change from the sanitation MDGs to SDGs

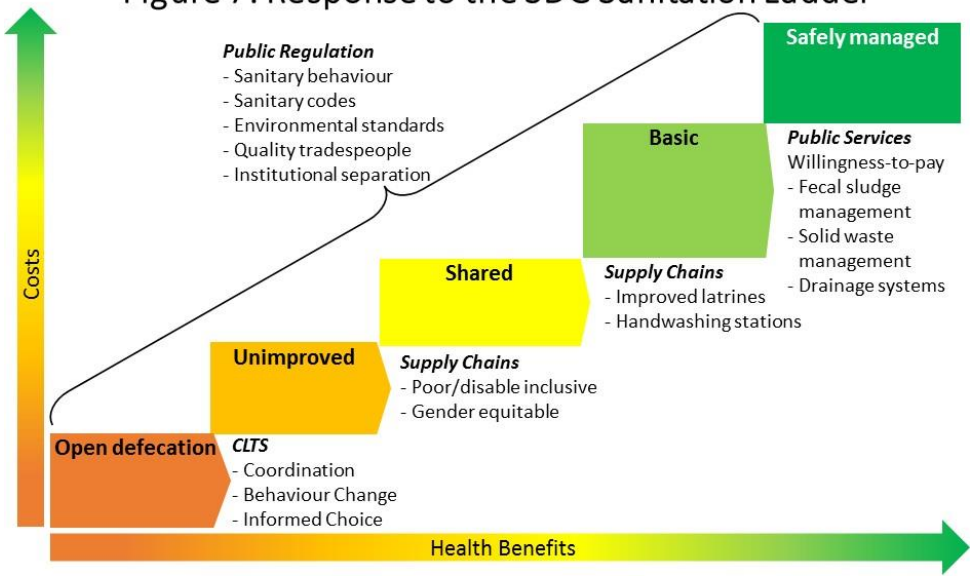
TARGET 6.2

LANGUAGE IN PROPOSED TARGETS		NORMATIVE INTERPRETATION
By 2030, achieve	***access***	Implies facilities close to home that can be easily reached and used when needed
	to ***adequate***	Implies a system which hygienically separates excreta from human contact as well as safe reuse/treatment of excreta in situ, or safe transport and treatment off-site
	and ***equitable***	Implies a system which hygienically separates excreta from human contact as well as safe reuse/treatment of excreta in situ, or safe transport and treatment off-site
	sanitation	The provision of facilities and services for safe management and disposal of human urine and faeces
	and ***hygiene***	The conditions and practices that help maintain health and prevent spread of disease including handwashing, menstrual hygiene management and food hygiene
	for all	Suitable for use by men, women, girls and boys of all ages including people living with disabilities
	and ***end open defecation***	Excreta of adults or children are: deposited (directly or after being covered by a layer of earth) in the bush, a field, a beach, or other open area; discharged directly into a drainage channel, river, sea, or other water body; or are wrapped in temporary material and discarded
	paying special attention to the ***needs of women and girls***	Implies reducing the burden of water collection and enabling women and girls to manage sanitation and hygiene needs with dignity. Special attention should be given to the needs of women and girls in 'high use' settings such as schools and workplaces, and 'high risk' settings such as health care facilities and detention centres
	and ***those in vulnerable situations***	Implies attention to specific WASH needs found in 'special cases' including refugee camps, detention centres, mass gatherings and pilgrimages

Figure 6: SDG Target 6.2 definition. 'By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations.'[xi]

Moving beyond the eradication of open defecation towards the safe management of sanitation for all requires a continuous shift in the types of approaches deployed[xii]. That is, the shift from eradicating open defecation, to shared or basic sanitation, to safely managed systems for all will need to be accompanied by a shift in approaches from collective behaviour change, towards strengthening supply chains and improving public services[xiii] (see Figure 7). Across all of these steps there is a need for the public regulation of the compliance of behaviour, infrastructure and services of individuals, collectives and corporations in order to protect the safety of all concerned.

Figure 7: Response to the SDG Sanitation Ladder



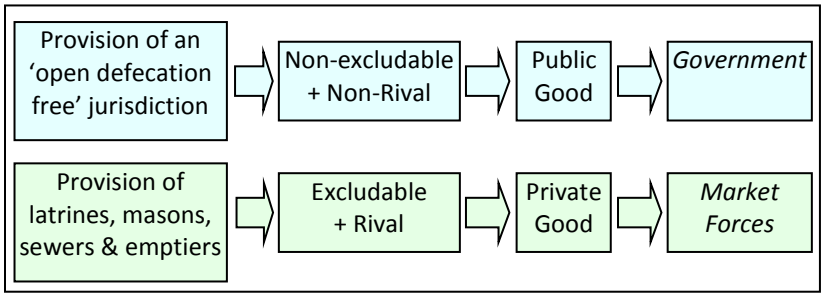
In moving forward to address the challenges of the SDGs and safely managed sanitation for all there are some important lessons to be learned from the relative success of eradicating open defecation.

One important lesson is that an ODF area is a pure public good (i.e. it is both non-rival and non-excludable). It is non-rival because one person enjoying an open defecation free area does not reduce the availability for anyone else to enjoy. It is non-excludable because it is not possible to include some while excluding others from the benefits of an ODF area. The provision of public goods are the *raison d'être* of government.

Almost all of the other aspects of sanitation are private goods (i.e. they are rival and excludable). Latrines and sewers, masons and pit emptiers are rival and excludable. Rival, because one person using a toilet or a sewer, a mason or a pit emptier means that there is one less for others to use. Excludable because someone can be excluded access while others use that good. Private goods are most efficiently dealt with by market forces, irrespective of whether the front-end provider is public or private.

This delineation of public versus private goods through CLTS supports the understanding that the primary role of government is to ensure that no-one (including future generations) is excluded from a safe sanitation service. This is separate from and above the role of providers (public and private, community and household) that deliver services to the underserved. This distinction is particularly important for government which typically plays both roles (See Figure 8).

Figure 8: Sanitation Service



In the same way that government has established ODF communities by ensuring that all households, schools, public buildings have sufficient sanitary facilities, government can ensure that no-one is excluded from safe sanitation. This can be done if government enters into well-defined quality of service agreements with providers of sanitation services, which may take the form of public and/or private, community and/or household providers.

Another lesson from the CLTS approach to eradicating open defecation is the notion that household latrines should not be subsidised[xiv]. While there are instances where subsidies for sanitation can be effective, those instances are rare and should be approached with caution. Although oversimplified, the no subsidy mantra promoted by CLTS was effective in maintaining an important principle of retaining asset ownership and financing liability together. By retaining asset ownership and financing liability together and by entering into quality of service agreements with all providers of sanitation services, this means there are only two options for the ownership of sanitation assets.

1. If the responsible tier of government owns the assets, then it can ensure maximum quality sanitation services through the letting of competitive contracts (i.e. service or management contracts, leases or concessions).
2. If the responsible tier of government doesn't own the assets, then it can ensure a minimum quality of service criteria through social / legal licensing of the market (i.e. planning approvals, no-objection certificates, trade licenses).

These principles that have underpinned the success of the movement to secure ODF areas are worth remembering in the shift towards the SDGs and safely managed sanitation for all.

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[i] WHO & UNICEF (2015) *2015 Update and MDG Assessment,* Joint Monitoring Programme for Water Supply & Sanitation http://www.wssinfo.org/fileadmin/user_upload/resources/JMP-Update-report-2015_English.pdf

[ii] Kar, K & Chambers, R (2008), *Handbook on Community Led Total Sanitation (CLTS),* Plan UK and the Institute for Development Studies at the University of Sussex http://www.communityledtotalsanitation.org/page/clts-approach

[iii] WHO & UNICEF (*2015) as above*

[iv] Spears D (2013) How much international variation in child height can sanitation explain? Policy Research Working Paper 6351, World Bank http://elibrary.worldbank.org/doi/abs/10.1596/1813-9450-6351

[v] Korpe & Petri (2012) *Environmental Enteropathy.* Trends in Molecular Medicine

[vi] Crane RJ et. al. (2014) *Environmental enteric dysfunction: An overview*, Community-based Management of Acute Malnutrition (CMAM) Forum https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4472379/

[vii] Mbuya MN & Humphrey JH (2016) *Preventing environmental enteric dysfunction through improved water, sanitation and hygiene: an opportunity for stunting reduction in developing countries,* Maternal Child Nutrition https://www.ncbi.nlm.nih.gov/pubmed/26542185

[viii] https://www.wsp.org/content/economic-impacts-sanitation

[ix] UN Water, *The United Nations Inter-Agency Mechanism on all Freshwater related issues, including sanitation* http://www.unwater.org/sdgs/from-mdgs-to-sdgs/en/

[x] WHO & UNICEF, *WASH Post-2015, Proposed indicators for drinking water, sanitation and hygiene,* http://www.wssinfo.org/fileadmin/user_upload/resources/JMP-WASH-Post-2015-Brochure.pdf
WHO & UNICEF (2015), Methodological note: Proposed indicator framework for monitoring SDG targets on drinking-water, sanitation, hygiene and wastewater http://www.wssinfo.org/fileadmin/user_upload/resources/Methodological-note-on-monitoring-SDG-targets-for-WASH-and-wastewater_WHO-UNICEF_8October2015_Final.pdf

[xi] UN Water (2016) *Integrated Monitoring Guide for SDG 6 Targets and global indicators* http://bit.ly/2dJkHPv

[xii] SNV (2016) *Thinking Beyond the Finish Line: Sustainable Sanitation Services for All; Asia Regional Learning Event* http://www.snv.org/public/cms/sites/default/files/explore/download/snv_asia_regional_learning_event_-_ssh4a_-_march_2016.pdf

[xiii] WSP (2012), *What Does It Take to Scale Up Rural Sanitation*, World Bank https://www.wsp.org/sites/wsp.org/files/publications/WSP-What-does-it-take-to-scale-up-rural-sanitation.pdf

[xiv] Kar K & Pasteur, K (2005) *Subsidy or self-respect? Community led total sanitation -An update on recent developments*, IDS Working Paper 257, Institute for Development Studies, http://www.communityledtotalsanitation.org/sites/communityledtotalsanitation.org/files/wp257_0.pdf