



Urban sanitation in India: Role of the state and civil society

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Abstract

The most important and basic question of modernisation and developmental discourse is providing environmentally safe sanitation to the people by the state and civil society. The challenges that Indian urban sanitation sector is facing is primarily related to the low priority accorded to it by the municipal governments. This task becomes more intricate in context of the countries like India where introduction of new paradigms of plans, policies or projects can challenge people's tradition and belief. Moreover, efforts which come in shape of campaigns do not establish its links with development and social change. Various studies suggest that the open defecation is still prevalent in urban areas. Widespread open defecation has major consequences for health and human capital in India. Inadequate sanitation has a great environmental economic and health impacts in India. In order to minimize these impacts, Government of India has undertaken several measures like 'Swaccha Bharat Abhiyaan' and 'AMRUT' mission, increasing investment in urban sanitation apart from public campaigns to improve sanitary conditions in the country. Against this backdrop, present paper aims at critically examining the issues of sanitation from policy perspective and relating some contemporary Sociological discourses related to the stigmas of lower castes in India. It also tries to articulate the role of various civil society organisations in addressing the issues on the basis of secondary data.

Keywords: Urban sanitation, Swaccha Bharat Abhiyaan, AMRUT

Introduction

Sanitation is a unique human reality. It is manifested in the technological, mental, moral, social, aesthetic and spiritual achievements of humankind. It gives meaning to our collective consciousness with sustainability of environment and therefore it enters into the processes of social change in many forms and at various levels of human activity. In fact, the quality of sanitation is the indicator of living culture. Change in living culture is a very slow and adaptive process in comparison to other changes. Every living culture consists of certain dynamic forces that promote change. But there are certain conservative forces that want to maintain status quo. We may aptly put that, living culture leads to social change. It may occur - internally, mainly due to dynamic forces within the society; externally, through contact with other cultures & societies; naturally, due to environmental changes. Therefore, improving urban sanitation is one of the important agenda.

A large number of people are forced to defecate in open in absence of toilet and also prevailing sanitation culture which effects to a large segment of population to resorted sanitation services. India has different kinds of deficits which are directly or indirectly affected hygiene, sanitation and health of people. These deficits are categories as infrastructural, technological, policy and legal, social and cultural under the broad framework of sociology of sanitation. In urban centres, there is grass deficit of sewer network and in other most of the cities and towns toilets are based on the safety tanks. Government of India has introduced Swaccha Bharat Mission both in urban and rural areas to eradicate the practice of open defecation by 2019 and improving the sanitation conditions. The learning's from the implementation of Swaccha Bharat Mission in India have shown the vast potential of community led total sanitation programme rather than focusing on construction of toilets.

Sociological Discourse on Sanitation

Sociology of sanitation has emerged as a sub-discipline of sociology in recent past. Sociology of sanitation is a scientific study to resolve the problems of society in relation to sanitation, social deprivation, water, public health, hygiene, ecology, environment, poverty, gender equality, welfare of children and empowering people for sustainable development and attaining Millennium Development Goals (Nagala, 2015) [30]. Sociological discourse related to sanitation revolves around the caste system and prevalent notion of 'untouchability' in Indian context. In Indian society, the division of occupational structure on the basis of caste has created a category of sanitation worker known as scavengers. Owen Lynch in his study of the low caste Jatav of Agra (1969) noted that there was a definite opposition to marriage with Bhangis. In Uttar Pradesh, Chamars (leather workers) avoid social contact with Bhangis.

Chaplin (1997) [8] reviews the scavenging conditions and status of scavengers in India. He analyzed the governmental efforts to improve the socio-economic status of scavengers. Sharma (1991) [72] has analyzed the educational status of scavengers in Rajasthan. He stated that female literacy rate in female scavengers has been reported to be dismal. Moreover, Shyamlal (1992) [73] in his study also found dismal literacy rate and low educational levels. In another study on Bhangis in Jodhpur (Rajasthan) in 1973, the writer has showed that while Bhangis found employment in 70 different occupations, 80.29% were still dependent

on sweeping and scavenging. He stated that horizontal occupational mobility is fairly limited despite the scope offered by urban environment. Sharma's (1991) ^[72] study of Bhangis in Delhi in 1980s presents a similar picture of traditional employment. In this study, it was found that scavenging as an occupation to women is still predominant among the Bhangis and their occupational mobility has not really improved over three generations.

Various studies related to the marginalised status and vulnerable conditions of the scavengers have been conducted by authors and sociologists. Chatterjee (1998) ^[9] in her study of scavengers, in Varanasi argues that they have been able to make effective use of trade unionism because no other caste is interested in challenging their monopoly of the low status occupation. Similarly, Singh in his Study (1999) on socio economic status of female scavengers and sweepers in municipal institutions of Uttar Pradesh concluded that scavengers remain marginalized in Indian society today despite the constitutional provisions which direct the state to promote their educational and economic interests. They remained marginalized because their communities are still predominantly employed to carry out the country's basic sanitary services. Lacking the necessary literacy skill to take advantage of government reservations in education and employment, scavengers have not been able to participate in job mobility associated with the living in rapidly growing urban environment. Moreover, scavenging remains a complicated socio-economic problem, which not only requires adequate funding for its redressal, but needs a radical change of mental outlook. Further, it requires improving scavenging conditions in the urban areas by involving local NGOs in construction of low-cost sanitary units as well as mobilizing scavengers and sweepers for their rehabilitation.

It has been estimated that the dehumanizing practice of scavenging still continued in 2587 towns, involving 7,00,000 scavengers (Jayanti, C, 1995) ^[19]. Though accurate figures of scavengers, including sweepers is not available however, it is estimated that in India more than 150 million untouchables are engaged in lower job *viz.* cleaning latrines, streets, sewers and handling municipal solid wastes including industrial wastes; lifting and flaying fallen carcass; handling hides and collecting trash. They are marginalized and living in sub human conditions. It is estimated that roughly 15% of population is considered traditionally untouchables while 7.5% population belonging to untouchable tribes (Spaeth, A, 1996) ^[57].

Singh (2014) ^[50] in his study of selected cities in Uttar Pradesh and West Bengal highlighted that slum dwellers are being deprived of better sanitation facilities due to lack of infrastructure and poor delivery of services. Farooqui (2014) ^[13] in her study also found that there is lack of sanitation infrastructure and poor delivery of sanitation services in slums of Uttar Pradesh and Bihar. She is of the view that Integrated Low-Cost Sanitation Scheme has positive impact on urban sanitation and better access of toilets to women in slums. Singh (2014) ^[50] is of the view that India loses 6.4 percent of GDP annually for lack of basic sanitation and sanitation facilities. The Swachh Bharat Mission is likely to bridge the gap of urban sanitation infrastructure and reduce the open defecation in urban centers. Kalkoti (2014) ^[20] has reviewed the status of urban sanitation and examined the emerging challenges as well as new initiatives; however, lack of sewerage network is causing concern. Jaiswal (2014) ^[18] in her paper highlighted that government initiatives for public health and hygiene are not adequate in India as open defecation is rampant. A very recent study by Wankhade (2014) ^[70] has highlighted the problems of urban water and sanitation sector in India are complex and require concerted efforts to sustain the policy momentum. The study has also reviewed the key policy responses and recent initiatives of the recent decades. Pillai and Parekh (2015) ^[39] are of the view that modernization has played an important role in improving sanitation conditions in India however, we need strong political will which will bring modern amenities and public health education to the door steps of people. It has also been depicted that policies and schemes on urban sanitation would have a limited impact unless they are backed by adequate budgets and effective implementation (Agarwal, 2015, Chikarmane, 2015, Kaul, 2015) ^[2, 10, 21]. Pathak (2015) ^[38] said that in order to achieve the targets of total sanitation by the year 2019, government needs additional support from all sections of society.

Socio-Historic Perspective of Sanitation

In an attempt to trace the evolution of the sanitation practices in India various empiricists have examined the status of sanitation in the colonial period and highlighted the issues of untouchability and sanitation in pre modern era (Jha, 2015) ^[74]. Akram (2015) ^[75] in his recent treatise on sociology of sanitation has conceptualized and analysed the status of sanitation in socio-cultural context. He has also examined the role of 'Sulabh' sanitation mission in improving sanitation condition and empowering manually scavengers in India. Gatade (2015) ^[76] has also raised the issue of caste system and the practice of untouchability in the context of Swachha Bharat Abhiyan. He is of the view that Hindu notions of purity and pollution, an inextricable link with caste system and practice of untouchability, underline the unsanitary practices in Indian society. Ali (2015) ^[77] in his article "Swachha Bharat Abhiyan" has presented a critical analysis of policy and institutional framework for implementation of Swachha Bharat mission in India. He is of the view that open defecation is socially accepted traditional behavior in India and thus, change of social habit will require concerted efforts for social mobilization and enhanced budgetary support. Dipankar (2015) ^[78] also called for the need of improving sanitation condition in India. In order to become a glammed India sanitation and hygiene are the pre-requisite. Singh (2015) ^[51] has talked about the linkages between sanitation, development and social change in India. Kulkarani (2016) ^[79] has reviewed the holistic ideal of cleanness in India in the context of 'Swachha Bharat abhiyan'. He has narrated the holistic ideals of cleanness of Sants, spiritual and religious leaders such as Sant Gadake Mahraj. Shine (2016) ^[80] in her paper has highlighted the issue of health, dignity and safety of women in slums in the context of right to toilet. She has critically reviewed sanitation situation in slums of Mumbai.

Sanitation, social change and quality of life

Universal access of urban sanitation to poor families is a major challenge as slums and backward areas have grossly inadequate sanitation infrastructure and sanitation services as compared to the urban areas. This is because of the fact that development work was carried out in only recognized/notified slum areas by the local bodies. However, In 2005 Govt. of India under the JNNURM Mission highlighted that all existing slums are to be integrated in the mainstream of urban planning and

development. Thus, with the construction of community and public toilets in the states like Maharashtra, Karnataka, Madhya Pradesh, Gujarat and Orissa accessibility of sanitation services has been increased to the urban poor.

Sanitation is one of the basic determinants of quality of life and human development index. Good sanitary practices prevent contamination of water and soil and thereby prevent diseases. The concept of sanitation was, therefore, expanded to include personal hygiene, home sanitation, safe water, garbage disposal, excreta disposal and waste water disposal. Provision of basic services such as water supply, sewerage, sanitation, solid waste disposal and street lighting has traditionally been the responsibility of the local governments. These services are being provided through state government departments, state level boards, corporations etc. Sanitation in urban slums is a complex and pressing issue. Existing unhygienic standards, crowded conditions and poor sanitation contribute to frequent and rapid outbreaks of diseases, lack of access to healthcare facilities compounds health problems. This also affects gender parity, education and livelihoods, making slum population more vulnerable.

Government of India has also introduced National Urban Sanitation Policy. Sanitation being state subject, Government of India has advised to state government for formulation of State Urban Sanitation Policy and City Sanitation Plans for providing guidelines and strategies for improving urban sanitation and empowering manual scavengers. However, progress in this regard is not found satisfactory. Sanitation is the main responsibility of urban local bodies. Most of the local bodies do not have adequate resources to tackle the daunting task of urban sanitation. This is also proved by the service level benchmarking conducted by Ministry of Urban Development, Government of India regarding the state of urban sanitation during 2009. There are large gaps in sanitation services as compared to the benchmarks. Solid waste disposal is the major task of urban local bodies however, more than 1/4th urban solid waste is not being attended which is cause of concern. The littering of waste and particularly plastic waste leads to blockage of drains as well. A large number of urban households do not have sanitary toilets while the existing community toilets are not properly and regularly cleaned. Thus, the effective use of individual and community toilets could not be ensured due to lack of proper cleaning, availability of water and privacy.

Objectives and Methods

The main objective of the present paper is to examine the status of urban sanitation in sociological perspective. It also purports to review the policy and legal perspective of urban sanitation and the role of state and civil society in improving urban sanitation and rehabilitation of manual scavengers in India. The paper is based on secondary data and pertinent literature collected through published and documented sources including internet. The literature has been critically appreciated in order to highlight the gray research areas and data gaps. Besides, secondary data has been discussed, analysed and interpreted.

Status of Urban Sanitation

Sanitation brings heavy return on investment of any development intervention, however, in India; it has been remained neglected for most of the post-independence history. Millions of Indians are subjected to grave ill health, increasing threats to safety, lower spending on education and nutrition, reduced productivity and lower income earning potential resulting into a deepening cycle of poverty due to lack of sanitation facilities (Dasra, 2012) ^[67]. Growing slum population and lack of adequate sanitation force over 50 million persons to defecate in the open every day. The poor bear the worst consequences of inadequate sanitation in the form of ailing children, uneducated girls and unproductive people, making these populations even more vulnerable and costing India 6.4 percent of its GDP (Dasra, 2012) ^[67].

Inadequate sanitation is much more than just an inconvenience. As urban population increases, demand for water and sewage treatment will increase. Census data demonstrate that slum population has tripled in the last three decades, intensifying the strain on insufficient urban resources. Moreover, 7 million people continue to migrate to urban areas every year with most of them finding their way to slums within and on the fringes of cities. Slums are typically overcrowded, lack basic services and facilities, and hence are unhygienic and unsafe. In India, only half of the 50,000 slums are notified or recognized by government. Until recently, urban local bodies were not mandated to provide non notified slums with any services. Thus, slum localities bear the worst consequences of inadequate sanitation facilities. Sanitation in urban slums is a complex and pressing issue. Existing unhygienic standards, crowded conditions and poor sanitation contribute to frequent and rapid outbreaks of diseases, lack of access to healthcare facilities compounds health problems. This also affects gender parity, education and livelihoods, making slum population more vulnerable.

According to Census Data of 2011, open defecation is still prevalent in urban areas as about 13% urban households reported that they are defecating in open. This was recorded significantly high in Chhattisgarh (34.44%) followed by Odisha (33.17%), Jharkhand (30.99%) and Bihar (28.88%). Overall, 81.36% urban households reported that they own latrine facility within their housing premises. This was found significantly high in the state of Mizoram (98.52%), Tripura (97.88%), Kerala (97.43%), Meghalaya (95.74%), Manipur (95.77%), Nagaland (94.60%) and Assam (93.71%). Thus, about 19% urban households do not own latrine facility within their housing premises. This was recorded significantly high in the state of Chhattisgarh (39.80%), Odisha (35.22%), Jharkhand (32.83%) and Bihar (31.04%). Overall, about 6% urban households are using public latrine facility. This was recorded significantly high in the state of Maharashtra (21.04%), Tamil Nadu (8.65%), Delhi (7.12%) and Chhattisgarh (5.36%) (Census, 2011).

Role of State: In the Context of Legislative and Executive Functions

The Constitution of India guarantees the water supply and sanitation as state subjects, and hence the responsibility of provision of urban water supply and sanitation services lies with the state government. After the 74th Amendment, the responsibility for provisioning of water and sanitation lies with urban local bodies. Irrespective of the fact that local and state governments have the mandate for provisioning of urban local bodies, the central government has been a significant and influential player in urban water and sanitation. It has influenced the sector through three primary means: a) by being the largest funder, b) setting

overall policy framework, and c) setting technical standards and norms. The first route that is funding of urban programmes has been most significant (Wankhade, 2014) ^[70]. The Government of India has funded several centrally sponsored schemes/projects - the largest one of these being JNNURM, Swachh Bharat Mission, and AMRUT, Jawaharlal Nehru National Urban Renewal Mission (JNNURM) and National Urban Sanitation Policy. National Urban Sanitation Policy has issued an advisory note on UWSS and seepage management, and established both bi-annual National Ratings Systems and Service Level Benchmarks. Provision of basic services such as water supply, sewerage, sanitation, solid waste disposal and street lighting has traditionally been the responsibility of the local governments. These services are being provided through state government departments, state level boards, corporations etc. Public Health Engineering Department, Public Works Department, Urban Development Department, Housing Boards, Department of Local Self Government, Water Supply and Sewerage Boards etc. are some of the departments of the state government which performs municipal functions (Singh, 2014) ^[50].

Urban development schemes, programmes, and projects target to infrastructure development, delivery of services, and strengthening of local governments. It further highlighted on implementation of reforms at state and ULB level. The scheme was implemented in 65 selected towns and cities across the states during the period of 2005 to 2012. At the Union Government level, there are some schemes and policies that focus specifically on water and sanitation in the urban setting.

Water supply and sanitation were added to India's national agenda during its first five-year plan period. Yet until 1979, relatively negligible investment was made within the sector. Since 1980 – which also marked the start of the International Drinking Water Supply and Sanitation Decade – the government substantially increased its financial commitment to the sector, but mainly to rural sanitation. Urban sanitation remained the poor as the bulk of investment was allocated towards and spent on large infrastructure projects for water. While water was already recognized as a 'public good', safe sanitation was not yet given the same status. It is only in 2007, that urban sanitation and water got significant emphasis, as part of a strong urban reform agenda. This agenda was reflected through the launch of the flagship Jawaharlal Nehru National Urban Mission and the Urban Infrastructure Development Scheme for Small & Medium Towns. A comprehensive policy framework for sanitation provision emerged in 2008, when the Ministry of Urban Development launched the National Urban Sanitation Policy to guide the provision of urban sanitation in the country. Moreover, a National Urban Sanitation Task Force was constituted to draft the National Urban sanitation Policy, a set of clear, comprehensive guidelines for providing sanitation. This marked the first time that the provision of sanitation facilities to the urban poor and residents of informal settlements became a clear policy (Singh, 2014) ^[50].

In 2008, the Ministry of Urban Development formalized a common minimum Service Level Benchmarking framework for monitoring and reporting on service level indicators for key service sectors. A benchmark of is included as one of the Sewerage performance indicators. Cities are being supported to improve their urban services including sanitation, using the benchmarking framework as an indicator of performance. Rajiv Awas Yojana revised in 2012, aiming to create a slum-free India during the Twelfth Plan period by providing basic civic and social services, and decent shelter, to every Indian. The scheme includes bringing all existing slums, notified and non-notified, within the formal system so that they can secure the same level of basic amenities as other city dwellers.

Ministry of Urban Development, Government of India, launched 'Swachh Bharat Mission' in October, 2014 with a view to eliminate open defecation and improving the sanitary conditions in urban areas. The Mission has been implemented in all statutory towns for the period of 2014 to 2019. According to Census 2011, India's urban population is 377 million or 31 percent of the total population. These numbers are expected to increase to 600 million by 2031. The Census 2011 also showed that in 4,041 statutory towns, close to eight million households do not have access to toilets and defecate in the open (7.90 million). Weak sanitation has significant health costs and untreated sewage from cities is the single biggest source of water resource pollution in India. This indicates both the scale of the challenge ahead of the Indian cities and the huge costs incurred from not addressing them.

During 12th Five Year Plan, Atal Mission for Rejuvenation and Urban Transformation (AMRUT) has been launched by Ministry of Urban Development in order to create urban infrastructure and improving the civic services in selected 500 cities. Providing basic services (e.g. water supply, sewerage, urban transport) to households and build amenities in cities which will improve the quality of life for all, especially the poor and the disadvantaged is a national priority. The purpose of 'Atal Mission for Rejuvenation and Urban Transformation' (AMRUT) is to ensure that every household has access to a tap with assured supply of water and a sewerage connection; to increase the amenity value of cities by developing greenery and well-maintained open spaces (e.g. parks); and to reduce pollution by switching to public transport or constructing facilities for non-motorized transport (e.g. walking and cycling). All these outcomes are valued by citizens, particularly women, and indicators and standards have been prescribed by the Ministry of Urban Development, Government of India in the form of Service Level Benchmarks (SLBs).

Sanitation in India is a state subject. State-level steering committees and urban departments play the role of guidance and support to Urban Local Bodies which are responsible for final implementation of sanitation at the local level. ULBs are mandated to undertake planning, design, implementation, operation and maintenance of water supply and sanitation services in cities and towns. The issue of water and sanitation is either linked with housing for the poor or with employment generation, and has not been treated as a standalone issue. Moreover, gender has not been overtly mentioned, but just implied. This shows that the policymakers have not directed enough attention to the needs of women and girls relating to water supply and sanitation, especially in the urban slums. The National Slum Development Programme was one of the few schemes which had a provision for adequate water supply, sanitation, housing, solid waste management, primary and non-formal education in urban slums.

Apart from these policy executions, various legislative measures have also been enacted to execute the plans of urban local sanitation in planned and sustainable ways. The first one is the 'Employment of Manual Scavengers and Construction of Dry Latrines (Prohibition) Act, 1993' which provides for the prohibition of employment of manual scavengers as well as

construction or continuance of dry latrines and for the regulation of construction and maintenance of water sealed latrines and matters connected therewith. Second one is the 'Self-Employment Scheme for Rehabilitation of Manual Scavengers' that focuses on assistance of the scavengers and their dependents for rehabilitation irrespective of their income, who are yet to be provided assistance under any scheme of government. Apart from this, 'National Scheme of Liberation and Rehabilitation of Scavengers' have been launched by the Government in 1992 to provide alternate employment to the scavengers and their dependents. Under the scheme the scavengers and their dependents are trained in trades of their aptitude which can provide them alternate employment. 'Pay and Use Toilet Scheme' also mandates to provide assistance to Urban Local Bodies for construction of toilets for footpath and slum dwellers who were unable to construct their own toilets. The period of the project was one year and the subsidy was payable in four equal instalments on submission of utilization certificates of each instalment. The recent and revolutionary add on in the list of schemes is the constitutional provision in the form of 'The Prohibition of Employment as Manual Scavengers and Their Rehabilitation Act, 2013' which makes comprehensive and stringent provisions for the prohibition of insanitary latrines and employment of persons as manual scavengers, rehabilitation of manual scavengers and their families and to discontinue the hazardous manual cleaning of sewers and septic tanks by the use of technology and for matters connected therewith.

Intersectionality of Private Sector, Civil Society and Community

Despite the increased rhetoric of the increased role of private sector, there has been limited involvement of large-scale private sector in the country, and most of these have been on the water supply side. While the role of major private player's remains restricted to a handful of large projects, there are multiple small- and medium-scale private players. These players typically supply water through tankers and other means to households. Government of India is also encouraging corporate houses, private sector and industry houses for construction of individual household toilets, community toilets and public toilets in urban centres under Corporate Social responsibility (Wankhade, 2014) [70]. They also provide seepage-removal services from on-site systems. There remains considerable debate about the role of these small-scale providers. In the absence of public provisioning, many households, including poor households, invest in self-provisioning; household investments have been discussed in the financing section below. But in addition to investing in hardware, households are responsible for maintaining the facilities at the household level, including cleaning and emptying of on-site systems. In certain cities like Mumbai, Pune and Trichy, poor communities have been responsible for upkeep and maintenance of community toilets. While there has been slow increase in the involvement of civil society, these examples are few, and mostly restricted to larger metropolitan cities. There are also instances of middleclass advocacy groups demanding better services and initiatives.

Conclusions

Sanitation is the basis of a healthy and civilized living. It has been one of the components of human development. Absence of sanitation facilities lead to water-borne diseases, poor dignity and low productivity. Sanitation is closely associated with environment as in absence of proper sanitation, a large segment of children die annually due to water borne diseases. Though, sanitation coverage has been improved over the period, however, a large segment of households do not have sanitary latrines and in absence of safe toilets, they are forced to defecate in open public places. Sanitation is the main responsibility of urban local bodies. Most of the local bodies do not have adequate resources to tackle the daunting task of urban sanitation. There are large gaps in sanitation services as compared to the benchmarks. A large number of urban households do not have sanitary toilets while the existing community toilets are not properly and regularly cleaned. Thus, the effective use of individual and community toilets could not be ensured due to lack of proper cleaning, availability of water and privacy. There is need of emphasis on behavioural change rather providing subsidized toilets in India. In this regard, community led total sanitation approach may be more fruitful in improving sanitary conditions in urban areas.

Rehabilitation of manual scavengers has been cause of concern at the policy circles. A number of legislative measures, programmes and schemes have been implemented for the rehabilitation of manual scavengers and banning the practice of manual scavenging. However, due to low level of sanitary coverage and high dependency on conventional septic tanks, the sanitary workers are found engaged in cleaning and scavenging of toilets. Moreover, sanitary workers do not get adequate instruments, equipments and materials for cleaning of community toilets and regular sweeping of roads and streets. Even, sanitary workers are not well aware about the Municipal Solid Waste Management Rules, laid down by Ministry of Urban Development, Government of India due to intervention of Supreme Court. Toilets are only a part of the sanitation solution. Sewage, waste water and solid waste management must also be tackled and city authorities must play a pivotal role.

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