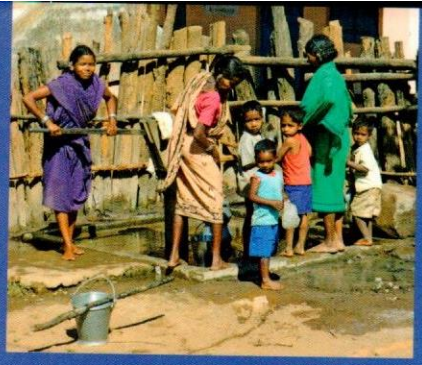
Decentralised Governance in Water and Sanitation in Rural India

Editors Kush Verma • B S Bisht • Aidan Cronin



Water, sanitation and hygiene (WASH) impact health, nutrition and livelihood status of millions of Indians every day. Decentralised governance is a key strategy for enhancing efficiency, equity and justice in this vital sector. Improving governance is not an option; it is, in fact, 'essential' given the enormous challenges faced by India. The volume critically examines the decentralisation of governance in particular to the water and sanitation sector in rural India. The book showcases leading voices—including those of academicians, practitioners and policy makers—from various parts of the country. It includes an introduction to the basic core issues related to the subject, present scenario in the country/specific states, practical examples for their resolution, moving on to broader aspects of good governance in the field, and finally giving implementable remedies. The volume is a useful compendium for practitioners, academicians, civil society activists and policy planners, and also the common citizens—the ultimate consumer of these services.

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Foreword

Decentralised governance in WASH (water, sanitation and hygiene) is considered a key strategy in enhancing efficiency, equity and justice in such a vital sector that impacts on the health, nutrition and livelihood status of millions of Indians every day. Decentralisation entails the process of transferring some of the decision-making powers and responsibilities (fiscal, administrative, legal and technical) from central government down the geopolitical and administrative hierarchy to lower levels, aiming to improve the flow of information and resources between and among various levels of government.

Improving governance in the WASH sector is not an option; it is in fact essential given the enormous challenges India faces. India tragically lost more than 600,000 children under 5 years in 2010 due to diarrhoea and pneumonia,[1] almost 30 per cent of the global total. With only 4 per cent of the global water resources but 16 per cent of the world's population, India is facing serious challenges in meeting water demand. Improved governance is essential for addressing these challenges, improving efficiency and value for money, and to achieve sustainability of investments in the water

1. UNICEF (2012). *Pneumonia and Diarrhoea: Tackling the Deadliest Diseases for the World's Poorest Children*. New York: UNICEF. June. pp.86.

sector. Although the degree and nature of correlation between water sector governance and political prospects is yet to be fully explored, effective WASH governance makes good political sense to Panchayati Raj Institutions (PRIs).

A national seminar was held at the National Institute of Administrative Research (NIAR), Mussoorie, in June 2012 to explore the current status and facets of governance and WASH in India. Over 30 papers were presented by WASH experts and administrators on their experiences in the field, both in India and outside, with technical assistance from UNICEF. Existing challenges were explored and experiences shared on testing of alternate service delivery models, scaling up national water and sanitation programmes, examining community experience on acceptance, confidence and credibility in sector reform, demonstrating willingness to pay for assured, reliable and quality water services demonstrated at community level, and finally around WASH governance at local level.

This book captures the key papers from the meeting and highlights the key discussion points and potential areas for strengthening the WASH and governance processes in India. Authors are experienced sector practioners and policy makers and are well placed to contribute to this vital discourse, which this book advances.

— Pankaj Jain (IAS)

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JOE MADIATH and ANUSHA BHARADWAJ

Social and Gender Equality in Water and Sanitation

Introduction

Sixty-five years after independence, India is still struggling to reach out to rural India. Insular pockets of growth have further isolated villages from benefiting from the fruits of mainstream development programmes. Accessibility and availability of clean drinking water is the main concern of many Indians living in rural India. Dusky women carrying pots of water on their head, in the background of flute music, has been the portrayal of typical village scenery in many Indian films. But the romanticism ends with movies. Fetching water is drudgery for a woman. She is doomed to spend many an hour, scoring hills and plains, to fetch that precious pot of water for her family. Lack of clean drinking water, poor sanitation and poverty further send the poor into a spiral of rural indebtedness.

Gram Vikas is a rural development organisation working with poor and marginalised communities of Odisha since 1979, and presently, it is operational in 24 districts in Odisha. Since 1992, Gram Vikas has implemented its community-based sanitation and water supply programme, in which each family in the village builds its own toilet and bathing room, with piped water supply from a common overhead water tank, ensuring 24x7 access to protected piped water supply to all families all through the year. MANTRA (Movement and Action Network for Transformation in Rural Areas) is the overarching framework of Gram Vikas' habitat development initiatives. As of March 2012, Gram Vikas has provided 24-hour

potable, piped water supply and sanitation facilities to 988 villages (encompassing 57,793 families).

The Context

Access to safe water is a basic human right. This has direct bearing on health and quality of life of the community. "The combination of safe drinking water and hygienic sanitation facilities is a precondition for health and for success in the fight against poverty, hunger, child deaths and gender inequality" (WHO, 2004). At least 1.1 billion people lack access to safe water, and 2.6 billion lack access to basic sanitation, a silent humanitarian crisis that each day takes thousands of lives, robs the poor of their health, thwarts progress toward gender equality, and hamstrings economic development, particularly in Africa and Asia (WHO/UNICEF JMP, 2000). Women continue to be the silent sufferers—carrying on with the burden of hauling water over long distances or facing the risk and indignity of having to defecate in the open.

Safe Drinking Water Crisis

India has made progress in the supply of safe water to its people, but gross disparity in coverage exists across the country. Although access to drinking water has improved, the World Bank (WB) estimates that 21 per cent of communicable diseases in India are related to unsafe water. In India, diarrhea alone causes more than 1,600 deaths daily. Hygiene practices also continue to be a problem in India. Toilet usage is extremely poor in rural areas of the country which is only 14 per cent. The Government of India's (GoI) Department of Drinking Water Supply statistics show 30 million people on average in rural areas of India do not have access to sanitation. This is compounded by the fact that sanitation being a lesser need felt by people; it hardly is an area where the household would like to invest upon.

The lack of proper sanitation is especially a serious concern for women who continue to face the indignity of having to relieve themselves out in the open in the absence of private latrines. In the search for discrete locations, women rise before dawn or wait after dusk to defecate. In the absence of a protected enclosure where

women could take a bath, they are forced to bathe in the common village pond. In these ponds, due to the presence of men on the other side, women are mostly forced to resort to only insufficient cleaning of their bodies. Moreover, in summers, communal bathing in turbid waters of a shallow pond is an instant recipe for the spread of skin diseases.

Deep-rooted Exclusion

Exclusion is the bane of rural Indian society. Exclusion on the basis of caste, class, gender, etc., is a common practice in communities. The most vulnerable and marginalised face maximum exclusion. For example, woman is already treated as a secondary citizen in the community. If the woman happens to be a widow (even worse if she is from a lower caste), she faces exclusion and in most cases, is left out of most community decisions. These practices are deep rooted to the point where the excluded consider it their fate and those excluding them believe it is their right to do so. A successful water, sanitation and hygiene (WASH) programme should involve every family in the village without exception. This is essential to ensure that sanitation is effective and there is no open defecation or contamination of water bodies by any family. More importantly, 100 per cent consensus ensures that even the poorest and most marginalised benefit a minimum level of services, and has an equal vote in deciding how the project should be implemented.

Dual Challenges in WASH Sector

In WASH, there is a need to understand and integrate sanitation with safe water. In India, though both are under the purview of the same department, i.e., the Department of Drinking Water and Sanitation, the focus is more on coverage of water while sanitation continues to be the poor cousin. The link between sanitation and safe water is most often not understood by the implementers, who continue to adopt a disjointed approach, thereby becoming a mutually defeating venture.

The link between safe water and sanitation is obvious. Over 80 per cent of the contamination of water sources is through faecal contamination, which is a result of unhygienic waste disposal

behaviours of the rural communities. Further, sanitation has suffered from a target approach, assuming people with economic capacities would be inclined to invest in the setting up their own infrastructure, whereas the poor people needed some assistance from the government. This has not proved effective, since it never achieved the stated aspiration 'Total sanitation.' The fact that monetary conditions do not necessarily constitute a factor for investment in sanitation is well proved.

An individual approach to sanitation may lead to increase in numeric coverage of toilets but is not likely to achieve safe water or better health. The families left out continue to pollute the water through open defecation, thereby reducing the effectiveness of the intervention. Thus total coverage and total transformation of waste disposal habit should be the approach in order to have improved impact. We will explore these two components in this paper.

Linking Sanitation and Health

To establish this link with the reality in Odisha, Gram Vikas conducted a study in 1992. The study showed that over 80 per cent of morbidity and mortality in rural Odisha was due to poor quality of drinking water, caused by the callous attitude towards human waste disposal. Another survey conducted by Gram Vikas in 2004 of 4,399 households in 49 villages across nine districts of Odisha, showed that less than 1 per cent had access to piped water supply.

Gram Vikas works in rural Odisha in predominantly tribal pockets which have very poor infrastructure development. Most of the tribal habitations have low population density and are located in hard to reach areas where there is lack of basic facilities like drinking water. Majority of the population depend on unsafe water sources—streams, springs and open wells. In summer season, villages face acute water shortage.

Open defecation is the norm in rural Odisha and one of the main reasons for pollution of water sources and waterborne diseases like diarrhea, dysentery, typhoid, cholera, etc. It is estimated that, every year, diarrhea alone kills more than 2 lakhs children under the age of 5 in India. Poor personal hygiene practices also contribute

to large-scale morbidity that lead to people falling sick and losing critical working days.

While the government is mandated to provide drinking water to the citizens and there are efforts that seem to be there, sanitation is an issue that hardly gets much priority. Without sanitation, safe water continues to remain a distant dream. The target approach adopted by the government in case of sanitation without much emphasis on community participation, ownership and behaviour change is also a factor for low coverage of sanitation. Another reason for low usage of latrines promoted by the government under Total Sanitation Campaign is the poor quality infrastructure and lack of water facility for toilet use. On the ground, the water supply projects are also marred by dysfunctional systems, source failure, etc., and one of the primary reasons for this problem is the lack of community involvement in the planning, implementation and post-implementation operations and management.

Social Inclusion

The experience in Odisha showed that the practice of exclusion—of dalits, adivasis, lower castes, widows and women in general—has been deep rooted in the social fabric of society and it requires a great deal of conscious and courageous efforts to challenge the *status quo*. However, the journey to establish open defecation-free villages will require 100 per cent participation of the community and it necessitates a complete overhaul of the outlook of the community towards exclusion. Centuries-old practices must be broken and a new paradigm of development must be established. Democratic public spaces are to be widened and redefined where the excluded have a voice and the women are partners in this new framework.

The MANTRA Programme

Gram Vikas' MANTRA programme unites communities to overcome barriers like social exclusion for provision of drinking water. The programme addresses both improved health and transformation of hierarchical caste- and gender-based exclusion

into equitable inclusion. Thus, the objective of Gram Vikas' work is to improve the quality of life of rural communities by improving their access and availability of drinking water thus enabling them to lead a dignified healthy life.

Specific objectives:

- To enable rural communities with improved access to safe drinking water facilities and proper sanitation.
- To enable communities to have improved hygiene and sanitation practices with respect to water use and waste disposal.
- To eliminate existing social and cultural discriminations in accessing water.

In MANTRA, every household in the village constructs for itself a toilet and bathing room, with 24-hour piped water supply to both the toilet and bathing room as well as to the kitchen of the house. The water is supplied from an overhead water tank constructed on the basis of estimates of per capita consumption of water (of 40 liters per day), projected for a population 20 years hence. This is done so that every household can have 24-hour running water supply on their taps. The water is pumped up using electricity where available and in the hilly areas, water is sourced from perennial springs using the gravity flow system. Where either of these possibilities does not exist, solar power has also been used.

As of March 2012, Gram Vikas has successfully implemented its flagship programme in 988 villages. The beneficiary communities are diverse in their socioeconomic-cultural and geographic backgrounds [i.e., scheduled tribes (STs), scheduled caste (SC) communities, general caste people, below poverty line families, people in hilly and undulated terrains, plain regions, etc.] This has been possible as the programme has strong core values. These non-negotiable core values of MANTRA programme are the cornerstones of every development activity undertaken. These values are:

- *Inclusion*: 100 per cent of the community must benefit from the programme, regardless of caste, social or economic status.

- *Equity*: Social equity and gender equity in all self-governance activities.
- *Sustainability*: Built in mechanisms for financial, social, environmental and institutional sustainability
- *Cost sharing*: The community contributes in cash or in kind (construction materials) and also renders their physical labour This enables them to feel ownership of the assets created by them with Gram Vikas, the government and other donor agencies.

Methodology

The implementation of a socially inclusive and democratic model of Gram Vikas' water and sanitation programme involves the following stages:

- *Motivation period:* When Gram Vikas enters into a partnership with a village, it requires the unanimous support and participation of all adult members of a community as a non-negotiable condition of the MANTRA programme. All households must be involved at all stages in the development process and must benefit equitably. This is based on the principles of inclusion and social and gender equity. For most part, women and the poorest families have been excluded from decision-making in the past. Hundred per cent consensus is also necessary because clean water cannot be assured until there is 100 per cent proper disposal of human waste.
- *Democracy*: Gram Vikas assists each village to set up a village general body, represented by every family in the village and members comprising of each head of household, male and female. In addition, a village executive committee (VEC) is formed and registered under the Society's Registration Act 1860; typically this will comprise of five men and five women from the village plus a Gram Vikas representative. The VEC has proportional representation of all the social classes and castes living in the village. This gives everyone a voice in decisions about village matters. The village

members collectively devise a plan for raising the long-term operation and maintenance costs (pump operator's wages, the electricity bill for pumping and the ongoing maintenance). Each household will contribute an average of ₹ 30 per month. Of late, most villages have started installing water meters to each family water connection and families pay volumetrically for the amount of water they consume, leading to greater equity. In addition the villagers take up community income-generating activities such as fish farming, cultivation of common land or giving a proportion of the harvest (with ¼ to ½% of the yield being contributed). Once agreement has been reached, before anything is commenced, the villagers collectively agree and sign an Memorandum of Understanding (MoU) between them and Gram Vikas.

- *Community fund:* The acid test of the community's resolve is the mandatory contribution of ₹ 1,000, on an average, per family into a community fund. In practice, households living below the poverty line contribute less, whilst better-off households contribute more. This fund is placed in a fixed deposit and the interest is used to cover the social cost (cost of external materials) of extending water and sanitation facilities as the number of households in the village increases.
- *Materials collection:* For the construction of the toilets and bathing rooms, all households are required to contribute in kind, providing locally sourced materials, including sand, aggregate and bricks (hand made by the villagers). The cost of externally sourced materials (pipes, taps, porcelain pans, cement, steel, doors and roofing) would be covered by the subsidy provided by funder/government/Gram Vikas.
- *Training people in masonry and plumbing*: Young men and women who are daily labourers can take a 75-day training course in basic masonry skills. Once trained under the technical supervision of Gram Vikas, they build the toilets, shower rooms and the elevated water reservoir of the village. They can have guaranteed work with Gram Vikas

for a period of two years if they so desire. Installation of the water supply and taps is also carried out by young men and women under the supervision of trained plumbers.

- *Health education*: There is no point in building toilets and bathing facilities unless they lead to a positive behavioural change in the sanitation practices of the community. The women and children in particular are informed about the importance and benefits of personal hygiene (including washing hands and trimming finger nails), the need to keep their new facilities clean and the necessity for all members of the family to actually use the facilities at all times. A sanitation committee inspects all toilets and bathing rooms regularly to ensure that the facilities are being kept clean. Fines are imposed for non-compliance as well as on people not using their facilities.

Sustainability

To ensure success of the programme, mechanism for sustainability must be stressed at every stage of the programme. Gram Vikas' programme incorporates mechanisms for sustainability for the social capital that is created:

Institutional sustainability: The villagers are capacitated to manage their own affairs through village committees.

Social sustainability: Mechanisms for inclusion are institutionalised to ensure equity and justice and thereby enabling communities to overcome barriers of caste, gender, etc.

Financial sustainability: Families contribute an average of ₹ 1,000, where the poor give less and the better-off give more as decided by communities, towards a village corpus fund which is invested and the interest earned is used to construct new toilet and bathing rooms for new families that may come up in the village after the project is completed. A maintenance fund is raised to cover operational expenses where villagers pay for the usage of water volumetrically (water meters).

Environmental sustainability: Gram Vikas does not mine water and wherever possible gravity flow from springs, induced gravity

flow water supply systems or sanitary dug wells are built by the villagers themselves. This also ensures that there is no outflow of money from the community as dug wells can be constructed by the people themselves. Gram Vikas also undertakes appropriate water recharging and water harvesting mechanisms to recharge the aquifer so that the water sources do not run dry during summer.

Impact of the Programme

Studies have shown 85 per cent reduction in the incidence of waterborne diseases in these villages. In all these villages, over 90 per cent eligible children are in school and regular immunisation camps are conducted, covering all eligible children. The programme has had a positive impact on the quality of life of all participating villages, through reduction of waterborne diseases and, hence, a marked improvement in the health situation. Due to the importance given to personal and environmental hygiene, people have cleaner habits and are more aware of their responsibility in keeping not only themselves, but also their village clean. In all villages where water supply has been established, the communities have ensured that the systems are functional. In areas of women's empowerment, participation in *panchayats* or even in some cases, of inter-caste relations, the achievements till date have been heartening.

Conclusion

A development chain starts with improvement in health. It leads to better productivity, more income, access to education and ultimately a better quality of life. The Gram Vikas model has all the elements for success. Firstly, it involves the entire community and brings them together for their own development. Secondly, several mechanisms are put in place for creation of vibrant local institutions. Thirdly, the focus of the MANTRA strategy is dignity of women by reduction of drudgery of women and provision of toilets and bathing rooms. Fourthly, mechanisms for sustainability of the programme and clear withdrawal strategies are in place for every village. Lastly, it is a highly replicable model. Keeping the non-negotiable values intact, the model can be adapted to suit communities in rural India. In conclusion, Gram Vikas demonstrates

each day that the poor deserve quality solutions and it is the role of development agencies to help them realise their potential. Note that a study conducted by PricewaterhouseCoopers (PwC) in 2007 on 'Gram Vikas NGO Network Opportunity to Grow into the Next Stage' states that 'Over the past decade and a half, Gram Vikas has organised a successful, community managed habitat development in the rural areas of Odisha'. The report continues to say that ('Gram Vikas') Rural Health and Environment Programme (RHEP) has proven success in Odisha and based on 15 years of experience of working with the concept, all major flaws have been solved and can be used outside. MANTRA is a strong and proven concept worthy of up scaling. The short-term focus should be on developing the Odisha network, continue outside Odisha pilots and build the network with other states when all the key recruits are in place and the experiences of networking can be leveraged. A matter of pride for Gram Vikas is that the Rural Development Ministry of the GoI has recognised Gram Vikas' MANTRA model as a sustainable model for wider replication throughout the country.

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