

Social Exclusion in the Context of Swachh Bharat Abhiyan

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The launch of Swachh Bharat Abhiyan marks the beginning of the most ambitious programme on sanitation in the country till date. The high degree of policy priority accorded to sanitation and the proposed budgetary outlays could go a long way in achieving an open-defecation free India. The effective implementation of the programme would translate into improved human development indicators for the country

THE NEED to prioritise sanitation in the country's policy agenda has been underscored by the senior most leaders across political spectrum, emphasising '*pehle shauchalaya, phir devalaya*' (toilets first, temples later). Though drinking water and sanitation are recognised as state subjects under the Constitution of India, Union Government programmes on sanitation have played a significant role in increasing the coverage of household toilets in rural areas from 9 per cent in 1991 to 22 per cent in 2001 and 32.7 per cent in 2011.

The first major Union Government programme on sanitation, Central Rural Sanitation Programme (CRSP), was launched in 1986 with a view to accelerate sanitation coverage in rural areas. The CRSP was restructured into 'Total Sanitation Campaign' in 1999, which marked a paradigm shift to a 'community led' and 'people centered' approach. The programme was revamped as *Nirmal Bharat Abhiyan* (NBA) in 2012 and aimed to accelerate sanitation coverage in rural areas to achieve the vision of '*Nirmal*' Bharat by 2022. The launch of *Swachh Bharat Abhiyan* (SBA) on 2nd October, 2014 marks the beginning of the largest programme on sanitation by the government in the country till date.

The introduction of SBA, that aims to achieve an open defecation free India by 2019, has generated wide interest among the media, policy makers and common citizens. However, an aspect that has largely been missing from the discussions about the proposed scheme pertains to how well the concerns regarding social inclusion would be addressed by the programme.

Access to water and sanitation and the quality of these services in our country is strongly influenced by identities of caste, class and gender. Some UNICEF reports indicate that it is the poorest quintile of the population which has the least access to sanitation. Likewise, significant variations persist in the access of Scheduled Caste (SC) and Scheduled Tribe (ST) households to toilets. Data from Census 2011 reveals that while 35 per cent of the total rural population has access to water within the premises, the corresponding figures for SC and ST households in rural areas are 28 per cent and 14 per cent respectively. It is also estimated that nearly 68 per cent of women headed households in rural areas do not have toilets within the premises. In such a context, it is important to look at water and sanitation services from the point of equity and analyse the extent to which these policies and programmes for water and sanitation are addressing

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the needs of disadvantaged sections of the population.

The introduction of SBA provides an opportunity to address concerns in rural drinking water and sanitation services from the perspective of social inclusion and equity. Though the detailed guidelines of the programme are yet to be issued, a draft Action Plan for the programme has been put forth by the Ministry of Drinking Water and Sanitation. This article examines how conducive the policy and budgetary framework for rural sanitation is for promoting social inclusion. It also analyses the responsiveness of the erstwhile NBA and the newly proposed SBA to the needs of SCs, STs and women in the rural context.

Investments in Rural Drinking Water and Sanitation

A key concern with rural drinking water and sanitation services has been the low magnitude of public spending on these services. Inadequate budgetary resources for sanitation have affected both the quality and coverage of these services. Given the high dependence of vulnerable sections (SC, ST, women etc) on public provisioning of these services, inadequate public spending on them is likely to have a disproportionately adverse impact on these sections of society. The allocations to the Ministry of Drinking Water and Sanitation for the 11th and 12th Plan Periods, i.e. Rs. 45,740 crore and Rs. 98,015 crore respectively, were 21 per cent and 41 per cent lower than what had been proposed by the Ministry to the Planning Commission. The Union Government expenditure on rural water and sanitation was less than 1 per cent of the Union Budget during the 11th Plan period (except in 2007-08), and has remained in the same range in the 12th Plan period so far.

The report of the Standing Committee on Rural Development has also taken note of the need to step up allocations to rural water and sanitation programmes. In reference

to the budgetary allocations to the Ministry of Drinking Water and Sanitation in 2012-13, the committee observed, "This amount is simply not commensurate with the task of providing safe drinking water and sanitation facilities to the 740 million rural population of the country. In view of the fact that the expenditure to fight diseases borne out of contaminated water and open defecation account for about 6 per cent of the GDP, this amount, which constitutes less than 1 per cent of the GDP for the sector hardly seems adequate to address the problem in a holistic manner."

It is in this context that the proposed investment of Rs 1.96 lakh crore over the next five years (1.34 lakh crore for rural areas and Rs. 62,009 crore for urban areas) under SBA, as has been reported in the media recently, is significant. The unit costs of toilets constructed under the programme have also been enhanced. The unit costs for toilets will be enhanced for Individual

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Household Latrines (IHHLs) (from Rs. 10,000 to Rs. 12,000), school toilets (from Rs. 35,000 to Rs. 54,000), *anganwadi* toilets (from Rs. 8,000 to Rs. 20,000) and Community Sanitary Complexes (CSCs) (from Rs.2,00,000 to Rs.6,00,000). However, it is also important to note that while the estimates of the total magnitude of funds for sanitation have increased substantially, the unit costs for IHHLs, the key component of rural sanitation

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The recent discussions on SBA have focused on the significant increase in the proposed budgetary outlays for sanitation. At present, it is not clear whether and to what extent, outlays for drinking water will also be increased. Lack of water is a key factor affecting usage of toilets. Achieving '*swachh bharat*' by 2019, thus, would require not only a substantial increase in the number of toilets constructed, but also water supply to ensure that the toilets constructed are used.

Likewise, the lack of resources for maintenance of school and *anganwadi* toilets could result in rapid deterioration and subsequent non-usage of these over time, impacting the sustainability of the programme. Additionally, the reduction in the budget for the Information Education and Communication component (from 15 per cent to 8 per cent), which is critical to trigger behavioral change to ensure usage of toilets, is a matter of concern.

Public Private Partnerships in Drinking Water and Sanitation

A concern with the overall framework for the newly proposed SBA is the reliance on Public Private Partnership (PPP) for both drinking water and sanitation, as mentioned in the Action Plan of the Ministry of Drinking Water and Sanitation. Though the extent to which PPP will be employed is not clear at present, relying on PPP for water and sanitation programmes could constrain the ability of the government to address the already existing inequities in the access to these services. The experience of PPP in many sectors has raised concerns for the vulnerable sections of population.

Proponents of PPPs argue that they bring in much needed private investments and can provide services at cheaper rates, thereby benefiting the vulnerable sections of society. It is also claimed that services provided under PPPs by private corporations are more efficient. However, the experience of PPPs in drinking water in the country, in several cases, is plagued with significant delays and unsatisfactory service delivery. Moreover, there are concerns that services delivered through PPPs may have higher user charges. This, in turn, could further reduce the access to services for vulnerable and poor sections of society. Typically, PPP projects do not invest in processes for public participation in planning and implementation of projects, thereby reducing the scope for transparency and accountability in their functioning.

Strategies Drinking Water and Sanitation for Vulnerable Sections

Scheduled Caste Sub Plan and Tribal Sub Plan in Rural Drinking Water and Sanitation

Water and sanitation have long been characterised by strong caste based inequities and discrimination, especially in the rural context. Likewise, the access to water and sanitation services by tribal populations is significantly lower than that of other households. An acknowledgement of this is found in the 12th Five Year Plan document that states “...*there are also some disturbing reports about social exclusion, with SCs, STs and minorities being discriminated against.*”

A manifestation of the inequity in rural sanitation programmes is the difference in the coverage of household toilets for different social groups. While the proportion of rural households with access to toilets is still as low as 30.6 per cent, as revealed by Census 2011, the coverage for scheduled caste households and scheduled tribe households in rural areas is even lower at 23 per cent and

16 per cent respectively. Recognising the need to bridge this gap, the Ministry of Drinking Water and Sanitation has initiated the implementation of the Scheduled Caste Sub Plan (SCSP) and Tribal Sub Plan (TSP). Accordingly, 22 per cent and 10 per cent of the Plan outlays of the National Rural Drinking Water Programme and the Nirmal Bharat Abhiyan are being earmarked under SCSP and TSP respectively since 2011-12.¹

While the implementation of these policy strategies is a welcome step and it is hoped that the same would be done under SBA, there is a need to recognize that simply earmarking of funds for SC and ST households would have a limited impact. Not much effort is made to modify the scheme design and address the factors restricting the access of SC and ST households

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to these services in the planning and implementation of schemes. The experience of implementation of these budgetary strategies shows that for most schemes, allocations under SCSP and TSP are reported as earmarked for SCs and STs after the budgets for these programmes have already been prepared.

SC and ST households are confronted with specific challenges in accessing water and sanitation services that need to be addressed through the respective schemes. SC households, for instance, as a result of the historical discrimination faced

by them, are typically concentrated on the periphery of the village, where water supply tends to be limited and erratic. This has an adverse impact on the construction and usage of toilets in these habitations. Likewise, tribal populations tend to be located in geographically isolated terrains where ensuring access to water is a challenge and the cost of construction of toilets may be higher. Addressing such challenges would require not only earmarking of funds, but also introducing specific measures in the respective government programmes.

Access to drinking water and sanitation facilities for SC and ST communities is also hindered by their restricted participation in decision making processes of these programmes. The Report of the Working Group on Rural Domestic Water and Sanitation for the 12th Five Year Plan also recognises low levels of public representation by tribal communities as contributing to their inequitable access to these services. In this context, ensuring adequate representation of SC and ST communities in village water and sanitation committees and strengthening their functioning is critical.

Another manifestation of caste based inequity in drinking water and sanitation is the practice of manual scavenging. Most of those engaged in the practice, belong to scheduled castes and a large proportion of these are women. Data from Census 2011 indicates the existence of 7.94 lakh latrines in the country from which night soil is removed by humans. Though the discussion on SBA has included references to abolition of the practice, there is a need to clearly articulate it as an objective of the programme and emphasise the same in the guidelines that will be formulated.

Gender Concerns in Swachh Bharat Abhiyan

The inextricable link between access to safe and hygienic sanitation services and the well-being and

safety of women, has been well recognized, in both the policy and public discourse. Women, more than men have to bear the brunt of the lack of toilets and other sanitation facilities. Though the Ministry of Drinking Water and Sanitation has not yet initiated reporting in the Gender Budget Statement, the draft Action Plan for SBA recognises some critical gender concerns pertaining to sanitation. However, how well this recognition is reflected in the design of the programme needs to be analysed.

An important concern in the design of both the Nirmal Bharat Abhiyan and the newly proposed SBA is the lack of priority accorded to CSCs. In the absence of household toilets, CSCs are important to ensure access

women lacking access to toilets and using open spaces, often wait till dark and drink less water or modify their diet, which has adverse health implications. Moreover, it also increases their vulnerabilities to various forms of violence. Sanitation programmes, therefore must focus not only on constructing household toilets, but also on safe and hygienic sanitation services through community sanitary complexes.

to sanitation facilities for women. It is well recognised that women lacking access to toilets and using open spaces, often wait till dark and drink less water or modify their diet, which has adverse health implications. Moreover, it also increases their vulnerabilities to various forms of violence. Sanitation programmes, therefore must focus not only on constructing household toilets, but also on safe and hygienic sanitation services through community sanitary complexes.

Although the unit costs for CSCs under the newly proposed programme have been enhanced to Rs 6 lakh, the conditionalities attached to their

construction, as were laid down in NBA, have been retained. The construction of CSCs being contingent on a mandatory 10 per cent community contribution could prove to be a hurdle in achieving the goals of this mission in the long run. Additionally, a large proportion of CSCs that have been constructed are not in use owing to poor maintenance and lack of water supply. It is important to include measures to convert defunct CSCs functional under the programme.

While programmes on sanitation have clearly recognized the importance of toilets from a gender perspective, the need to provide enclosed and safe bathing spaces for women has not found recognition in the policies and programmes. Government schemes on sanitation do not make provisions for construction of bathing spaces within homes, which is critical to ensure privacy and safety of women. Lack of enclosed bathing spaces compromises the privacy of women and increases their vulnerabilities to various forms of violence, while also adversely impacting their hygiene, health and well-being.

The designs of toilets, especially in schools, Anganwadis and CSCs must factor in the different needs of women, including pregnant women, women with disabilities and elderly women. It is hoped that the guidelines of SBA would recognise and address this concern. Moreover, mechanisms for participation of women in the planning and implementation of the programme need strengthening. The experience of implementation of NBA shows that village water and sanitation committees have by and large, remained ineffective, limiting the scope for women to participate in decision-making processes in sanitation programmes.

Conclusion

The launch of Swachh Bharat Abhiyan marks the beginning of the most ambitious programme on sanitation in the country till date.

The high degree of policy priority accorded to sanitation and the proposed budgetary outlays could go a long way in achieving an open-defecation free India. The effective implementation of the programme would translate into improved human development indicators for the country.

However, it must be kept in mind that given a short period of five years to achieve the goals of the programme also makes it one of the most challenging programmes to be implemented. The extent to which the programme is able to achieve its goals would depend on how well the concerns pertaining to social inclusion are addressed since it is the vulnerable and socially excluded sections of population that depend the most on public provisioning of sanitation. Apart from addressing the above described concerns, the successful implementation of the programme would require a number of stakeholders, including line ministries, state governments and other actors in the sector to own the programme.

Readings

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Endnotes

- 1 As per the Recommendations of the Task Force to Review Guidelines on Scheduled Castes Sub-Plan & Tribal Sub-Plan, 2010 □

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