IT WAS LOCKDOWN AT MIDNIGHT

CENTRE FOR URBAN AND REGIONAL EXCELLENCE

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Water and Sanitation for the Poor in Times of COVID

Lockdown at midnight. Like Cinderella at 12 O'clock, everything unraveled. While we all scrambled to hoard food, medicines, sanitizers, soaps, money…. even beyond basics, those who lived in slums didn't have this luxury. Sukh Lal, a resident of Vivekanand Camp in Chanakya Puri, Delhi had no money, space or a refrigerator to stock vegetables. The morning after, the water tanker didn't arrive and there was no drinking water. The newspapers reported that the tanker service was dispensed as it was hard to maintain social distance with people jostling for water. Who knew how long the Coronavirus (Covid-19) would live on the tanker surface. Next day, the community toilet attendant didn't show up, too scared of being infected or because there were no buses on the roads. It could also be because detergents may not have been delivered to clean the toilet. Sukh Lal wondered how he would wash hands every few hours to protect himself, how he would stand 6 feet away from the person ahead of him in the queue while waiting to use the shared toilet. He wondered if his mother would be paid her monthly wage. He wondered if he would be able to set up his stall next morning. He had just Rs 500, would they last 21 Days? Would they have enough money to pay the rent at the end of the month? Or should he, like the others, go back to his village?

Since we have begun to live in cities and our domestic helpers, presswalas, drivers, vegetable sellers in the slums of these cities, our approach to delivering services to slums has remained unchanged. There is a lack of proper infrastructure like community toilets and community taps, unconnected to the supply pipes and the trunk infrastructure. Many have been living in such slums for over forty years but, because these squatter settlements are on public lands, providing taps and toilets at home is not an option. That would mean granting them ownership of that public land, permanent stay and legitimacy to live forever on lands that the city may want to repurpose for 'better' uses. A pandemic like COVID 19 has shown us how worthwhile it would have been to be inclusive, to provide the poor with taps and toilets at home. How much less we would have to worry about stage three – the community spread.

One in ten urban households in India gets bad drinking water (Census 2011). All who get bad water are in most likelihood, the poor who live in the slums of cities. Informal estimates say there are over 7.5 crore informal migrant workers in the country, 5 crore in the construction sector alone (Jan Sahas, 2020). Many, as COVID 19 has proved, do not live in the slums but inside small eateries (dhabas), factories, migrant hostels. In Punjab their rented tenements are called Vedhas where people rent beds by working shifts. No one ever checked if the water supplied to them was clean, enough and within their vicinity. No one ever worried if the one toilet they shared with 50 others was clean and connected to the sewer line to prevent ground water contamination. No one stopped them when they drew this dirty water out from the hand pumps and used it for drinking, cooking and hand washing. Not getting water at home is a dreadful experience for all, more so for the women and girls who are responsible for its collection and storage. It sets boundaries on what they can do, when and for how long they can go to school and learn the skills to earn better. Bad water disempowers them, denies them agency, voice and choice. Summers worsen the water crisis, and less and less is available for maintaining hygiene needed to break the spread of the virus.

Inclusive infrastructure that is equitable, dignified, and at the same time, healthy, requires some unthinking and a bit of de-engineering. It also needs a change in legacy practices. At the Centre for Urban and Regional Excellence (CURE), we try and reimagine inclusive development and incubate innovative solutions together with the communities. These are localized and designed to promote equity, sustainability and resilience. The solutions are simple, cheap, desirable and doable. They integrate people, creating ownership and place attachment and nudge people to conserve the natural ecologies of their areas. They make people the resource generators.

CURE has partnered with poor communities in Agra, using their traditional wisdom to design water solutions and revitalize the ecology. The poor have contributed in the planning, building, financing and maintaining of seven community rainwater harvesting tanks and numerous groundwater recharging systems. Built using traditional well making techniques, they annually collect 10 lakh litres of rainwater from roofs of schools, community halls, temples and mosques. People bank and use the water when in need, to drink and cook food. Rainwater has made them water-secure and healthier and their areas greener. It has enhanced school enrolment and attendance (and teacher motivation) that will have intergenerational impacts on poverty. Three hundred children in just one school have year-round clean drinking water supply. The city saves hugely on treating and supplying water and its groundwater tables are being recharged and repaired. Most significantly, this huge water bank has flipped the social inequality of these neighbourhoods.

In Delhi, CURE has been developing Resilient Schools. Starting with fixing the toilets and making these functional, CURE has revitalized the rainwater harvesting structures in these schools. The handwashing water is treated in a micro Decentralized Wastewater Treatment System, that makes available water for vegetable gardening. The food and other green waste is composted and reused in the kitchen gardens of the school that are enhancing nutritional intake.

Simplified sewers have been localized to slum geographies. These narrow-shallow sewer lines navigate the organic gullies of slums. Where available they are networked to the city's trunk infrastructure. Where there is no sewerage, these are taken to a decentralized cluster septic tank for primary treatment. Simplified sewer have enabled these households to build personal toilets – just as we all have. They have built their toilets cheaply and retrofitted to their small home spaces. Water pipelines from the main supply pipes have been brought inside slums that have enabled people to get water taps at home. Storm water drains carrying black water to rivers have been treated using bio-remedial-aerobic treatment systems. These have not just made the slums cleaner and healthier, but repurposed the water. Clean and healthy communities has triggered people's investment in housing upgrades, reclaiming public spaces and pushing up land values – making the poor wealthier.

Post COVID19, we could either change the way we think about infrastructure for the poor, including for those who may not be in defined geographies, network them with city systems and provide them equitable access to basic services, or it could be Business as Usual. If we have to step up, then city governments must address four key challenges -- Locality, Localization, Legacies and Participation. Lack of Land tenure or locality is at the root of bad water and sanitation services. Irrespective of the illegal land ownership of slums, the policy should be to on-grid them with taps and toilets at home. There is an assumption that slums are in bad geographies, hard to service, overcrowded, dense, organic and on eco-fragile lands. Remember, bad geographies can be managed with some imagination, a bit of de-engineering to make the scale smaller and localization to fit solutions to these organic contexts. This is also an opportunity to make the poor the protectors of the ecosystem. This can happen when people are involved in the process of planning – democratization of decision making and hearing their voices can help curate solutions that are sustainable and that the community will own and use. And in the end, the government way of working by implementing default solutions for slums have not changed since the 1970s. These legacies of shared services must go and be replaced by better and equitable services. Governments must Dare to Do, be disruptive, reimagine, unthink. Inclusion has to be the way of Development. The pandemic may nudge that change.

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About the author: Dr Renu Khosla is the Director of CURE India, which is working with USAID to lead PASS "Pani aur Swachta mein Sajhedari" in Delhi and Agra. PASS aims to deliver improved and integrational WASH services to poor communities - taps and toilets at home, to ensure equality, better health and enhanced productivity for sustained poverty reduction.