IT WAS LOCKDOWN AT MIDNIGHT

At the Centre for Urban and Regional Excellence (CURE), we try and reimagine inclusive development and incubate innovative solutions together with the communities.

FOCUS HEALTH

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.

Water and Sanitation for the Poor in Times of COVID

Lockdown, like Cinderella at 12 O’clock, everything unravelled. While we all scrambled to hoard food, medicines, sanitisers, soaps, money... even beyond basics, those who fed in slums didn’t have this luxury. Sahib Lal, a resident of Yerkhand Camp in Okhla Puri, Delhi had no money, space or a refrigerator to stock vegetables. The running water, the water tank 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 surfaces.

Next day, the community toilet attendant didn’t show up, too scared of being infected or because there were no buses on the road. It could also be because detergents may not have been delivered to clean the toilet. Sahib Lal wondered how he would wash hands 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 wages. 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, porters, 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 acquire for ‘better uses’. A pandemic like COVID-19 has shown us how worthless and it would have been to include, to provide the poor with taps and toilets at home. How much less we would have to worry about these – the community tapped. This is a two pronged approach in India that got drinking water (Census, 2011). All who get bad water will be 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 (An Soli, 2020). Many, as COVID 19 has proved, do not live in the slums but inside small eateries (dhokras), factories, migrant hostels. In Punjab their rented tenements are called dhokhras 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 warned if the toilet they shared with 50 others was clean and connected to the sewer line to prevent ground water contamination.

One cannot stop them when they drew 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 dosens supply them, drives them away, agency and choice. Sommer warned 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 service, overworked, dense, organic and eco-friendly 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 an opportunity to make the poor the protectors of the ecosystem. This can happen when people are involved in the process of planning – demonstration of decision making and hearing their voices can help create 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 logics of shared services must go and be replaced by better and equitable services. Governments must dare to be disruptive, reimagine, rethink. Inclusion has to be the way of Development. The pandemic may nudge that change.

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

Dr Renu Khosla
Director, CURE India