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WATER AND SANITATION FOR THE URBAN POOR

EXPANSION & EXCLUSION?

A BRIEFING PAPER ON RELATED POLICIES



India is becoming dominantly urban.
The urban poor, increasing in number, face severe exclusion
from basic amenities like safe water and sanitation.
It is time public policy gives it priority



Water and Sanitation for Urban Poor

A briefing paper on related policies

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Abbreviations

ADB	Asian Development Bank
AWC	Aanganwadi Centre
BPL	Below Poverty Line
BSUP	Basic Services to the Urban Poor
CBOs	Community Based Organizations
CDP	City Development Plan
CSP	City Sanitation Plan
DLHS	District Level Household Facility Survey
DUDUA	District Urban Development Agency
DUSIB	Delhi Urban Shelter Improvement Board
GOB	Government of Bihar
GOD	Government of Delhi
GOI	Government of India
GOR	Government of Rajasthan
GOU	Government of Uttarakhand
H&UD	Housing & Urban Development
HUP	Health of the Urban Poor
ICDS	Integrated Child Development Services Scheme
IEC	Information, Education & Communication
IHSDP	Integrated Housing and Slum Development Programmes
IIMA	Indian Institute of Management, Ahmedabad
IIPS	International Institute for Population Sciences
JnNURM	Jawaharlal Nehru National Urban Renewal Mission
LIG	Lower Income Group
MDG	Millennium Development Goals
MHST	Mahila Housing Sewa Trust
MIS	Management Information System
NBO	National Building Organization
NFHS	National Family Health Survey
NSS	National Sample Survey
NSSO	National Sample Survey Organisation
O&M	Operation & Maintenance
ODF	Open Defecation Free
OSRDP	Odisha Slum Rehabilitation & Development Policy
OUSS	Odisha Urban Sanitation Strategy
OWSSB	Odisha Water Supply & Sewerage Board
PHEO	Public Health Engineering Organisation
PPP	Public Private Partnership
PRIs	Panchayati Raj Institutions
RAY	Rajeev Awas Yojna
RUIDP	Rajasthan Urban Sector Development Project
SJSRY	Swaran Jayanti Shahri Rozgar Yojna
SLC	Service Level Benchmark
SPAC	State Plan of Action for Children
TCPO	Town & Country Planning Organization
UADD	Urban Administration & Development Department
UIDSSMT	Urban Infrastructure Development Scheme for Small and Medium Towns
ULBs	Urban Local Bodies
URIF	Urban Reform Initiative Fund
UUSDIP	Uttarakhand Urban Sector Development Investment Program
VWSC	Village Water Sanitation Committee
WASH	Water, Sanitation & Hygiene
WATSAN	Water & Sanitation

Foreword

Policies anticipate and forecast scenarios, and guide decisions that address them. Appropriate strategies, programs, projects, and plans flow from policy guidelines. Change in social behaviour is an essential element of any intervention in the water, sanitation and hygiene (WASH) sector. It's a fact that inequality exists in relation to access to services. As WASH and health are closely interrelated, a policy analysis should include policies on health, nutrition, and urban development.

The Health of the Urban Poor (HUP) program aims to support an improved delivery of a comprehensive package of maternal and child health, nutrition and promotion of WASH services to urban poor communities. This policy document attempts to study and analyse policies on health, water, sanitation, nutrition, and urban development at the national level, in the national capital region of Delhi, and also in the eight states where the HUP Program is under implementation i.e., Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Odisha, Rajasthan, Uttarakhand, and Uttar Pradesh.

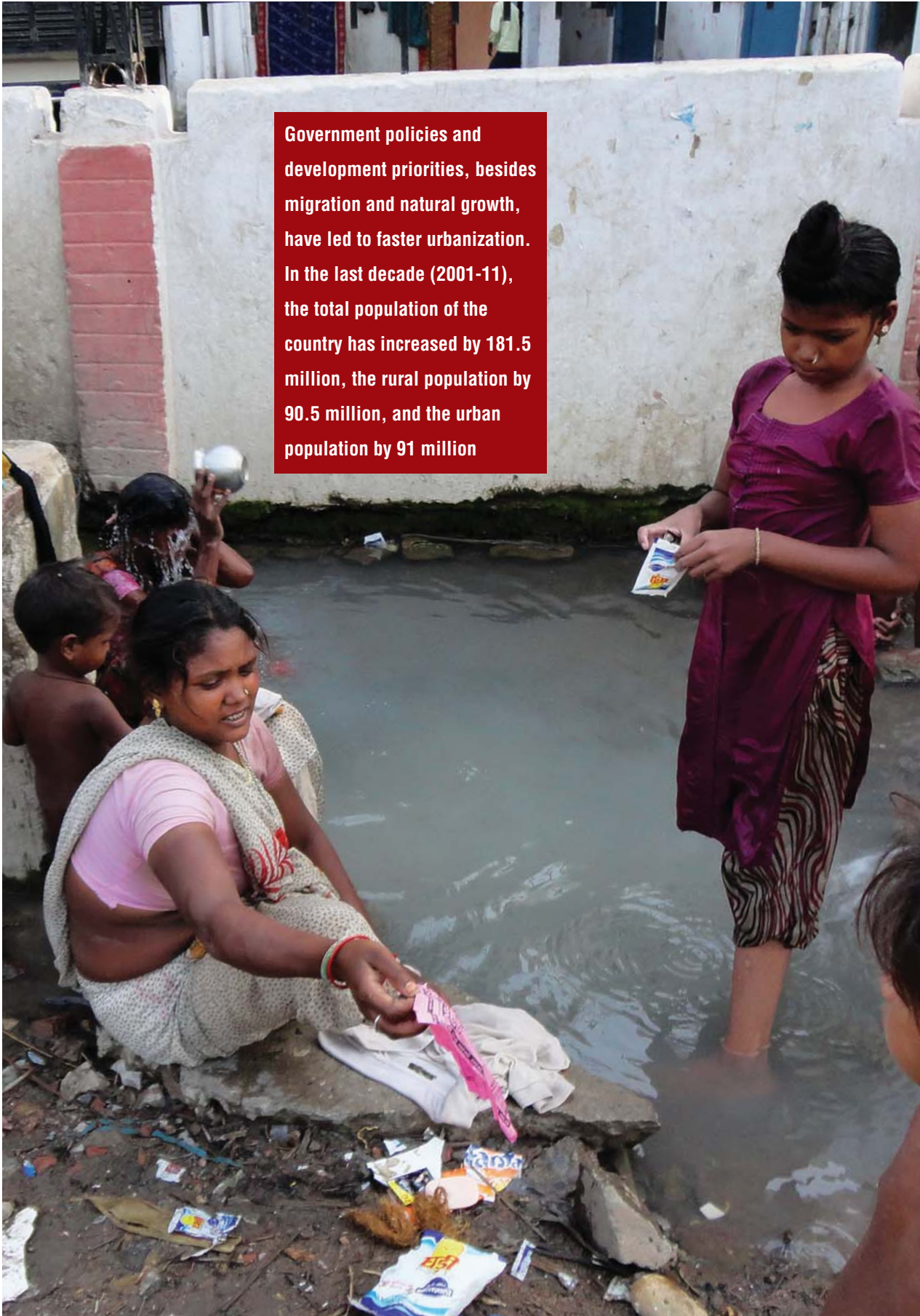
The document looks at the goals, provisions, guidelines, and practices surrounding the provision of WATSAN services, areas with specific reference to the urban poor. An extensive literature survey was undertaken to identify current policies, schemes, guidelines, acts, rules, and government notifications related to WATSAN services in urban areas. It illustrates some of the concerns on WATSAN and also health, housing, and urban development.

I trust this document would be useful to departments like health and family welfare, housing and urban development, women and child development and as also to the urban local bodies, nongovernmental organizations, and development practitioners. Hopefully, the recommendations given in the document would be acted upon.



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Government policies and development priorities, besides migration and natural growth, have led to faster urbanization. In the last decade (2001-11), the total population of the country has increased by 181.5 million, the rural population by 90.5 million, and the urban population by 91 million

India: Transformation

India assumes urban hues in its settlements, discarding the traditional rural image. But in doing so it brings about a new challenge: urban poverty. Often ignored in policy and program, the urban poor must be enabled to access the basic amenities

India is on the verge of a historic change. Known as the country that lives in its villages, it stares at an opposite scenario. In the near future, more people will inhabit the country's urban areas than rural. The census of 2011 gave the first definitive signal of this change. India's urban population has now reached 377.1 million, according to the latest census report (Gol 2011). This is 31.16 percent of the total population of the country. However, the urban population growth rate is 1.8 times that of the overall population growth and 2.6 times the rural population growth.

Government policies and development priorities, besides migration and natural growth, have led to faster urbanization. In the last decade (2001–11), the total population of the country has increased by 181.5 million, the rural population by 90.5 million, and the urban population by 91 million. Thus, the absolute urban population growth was more than the rural population growth. In the preceding decade, the number of towns (urban centers) has increased by 54 percent. In 2001, there were 5,161 towns, which increased to 7,935 by 2011 (Gol 2011).

For the last two decades, the urban population has been rising (see Table 1). Since 1991, the urban population has increased by 75 percent, while the total population of the country has increased by 43 percent and the rural population by 32 percent (see Table 2). The last two decades saw more people in urban areas than the earlier four decades put together. In the first four decades (1951–91), the urban population increased by 153.4 million while in the next two decades it increased by 161.3 million.

Table 1: **Urban Population Growth Trend**

	1991–2001 (%)	2001–11 (%)	Difference
Overall (India)	21.5	17.6	- 3.9
Rural	18.1	12.2	- 5.9
Urban	31.5	31.8	+ 0.3

Source: Gol (2011).

Table 2: **Numbers Say Everything: Population Growth During 1991–2011**

Population	1991	2001	2011	Addition during 1991–2011
All India (in millions)	846.4	1028.7	1210.2	363.8
Rural (in millions)	630.6	742.6	833.1	202.5
Urban (in millions)	215.8	286.1	377.1	161.3
Share of Urban Population (%)	25.49	27.81	31.16	44.34

Source: Gol (2011).

New Era of Poverty

Rapid urbanization brings with it a disturbing change: the urbanization of poverty. Today, urban areas are witnessing a concentration of poverty. Poverty in India is measured by a 'magic line' known as the poverty line. Recent available figures based on this poverty line indicate that overall poverty, including urban poverty, has declined. But in absolute terms it has increased since 1973–74 (see Table 3). In 2004–5 there were 20 million more urban poor than in 1973–74. New estimates are expected by the end of 2013.

Year	Urban Poor (%)	Persons (in millions)
1973–74	49.01	60.04
1993–94	32.4	70.94
2004–05	25.7	80.79

Source: NSSO 65th Round (NSSO 2008).

The understanding of urban poverty includes a few pressing constraints. Urban poverty is often associated with images of expanding slums with high density of poor. However, there have been wide debates over a proper and rational definition of slums and also the urban poor. This has made precise estimate of their numbers difficult.

The slum population in most cities has grown faster than the non-slum population. From 1991 to 2001, the population of India grew at an average rate of 2 percent per annum, the urban population at 3 percent, mega cities at 4 percent, and slum population by 5 percent. Thus, slums remain the fastest growing segment of the urban population, with almost double the overall growth rate compared to the urban population.

Estimates of the slum population differ widely due to the non-availability of a generally acceptable definition of 'slum' and the varying methodologies used by the different agencies in the assessment of the slum population (See Table 4). The 2001 Census is the first to provide independent estimates of the population in slum and non-slum areas. According to this estimate, there were 42.6 million slum dwellers living in 8.2 million houses spread over 640 towns. The estimate, however, excluded 136 towns with a population below 50,000, and a few towns and cities like Lucknow where the local bodies do not recognize any slum area. In 2001, the Town and Country Planning Organization (TCPO) estimated a slum population of over 60.18 million, and in 2004–5, the National Sample Survey Organization (NSSO) estimated 25.7 percent people (over 80 million) living below the poverty line in urban areas. According to UN-HABITAT, the slum population in India was approximately 169 million in 2005; it is projected to reach 202 million by 2020. The Eleventh Five Year Plan (2007–11) used census figures, thus indicating a large number of the urban poor as victims of a structured exclusion.



Document/Agency	Definition/Criteria for Assessment
Draft National Slum Policy –2001, prepared by the Ministry of Housing and Poverty Alleviation, Government of India	In general, all under-serviced settlements, be they unauthorized occupation of land, congested inner-city built up areas, fringe area unauthorised developments, villages within urban areas and in the periphery, irrespective of tenure or ownership or land use shall be covered under the definition of a slum/informal settlement.
Census 2001	<ul style="list-style-type: none"> ● All specified areas in a town or city notified as 'Slum' by State/Local Government and UT Administration under any Act including a 'Slum Act'. ● All areas recognized as 'Slum' by State/Local Government and UT Administration, Housing and Slum Boards, which may have not been formally notified as slum under any act. ● A compact area of at least 300 populations or about 60–70 households of poorly built congested tenements, in unhygienic environment usually with inadequate infrastructure and lacking in proper sanitary and drinking water facilities.
United Nations Human Settlements Program, 2003	Communities characterized by insecure residential status, poor structural quality of housing, overcrowding, and inadequate access to safe water, sanitation, and other infrastructure are defined as slums.
NSSO for the purpose of survey in 1993 and 2002	A slum is a compact settlement with a collection of poorly built tenements, mostly of temporary nature, crowded together usually with inadequate sanitary and drinking water facility in unhygienic conditions. Such an area, for the purpose of this survey was considered as 'non- notified' slum if at least 20 households lived in that area. Areas notified as slum by the respective municipal corporation, local bodies or development authorities are treated as 'notified slums'.

A critical point of concern is that all the slums or settlements of the urban poor are not recognized and notified. A significant portion of the urban population is living in non-notified slums and a considerable portion is homeless

The slums are legally recognized and notified by a competent administrative authority under the Slum Areas (Improvement and Clearance) Act, 1956, and other state slum acts. Different government agencies such as the National Building Organization (NBO), TCPO, NSSO, and Registrar General of India have provided estimates of the number of slum areas and the size of the slum population. In order to provide estimates of slum areas, these agencies collate information from the Urban Local Bodies (ULBs) and state governments.

Generally, all agencies take legally recognized slums into consideration while estimating slums, slum population, and living conditions. But a critical point of concern is that all the slums or settlements of the urban poor are not recognized and notified. A significant portion of the urban population is living in non-notified slums and a considerable portion is homeless.

Underreporting of slum populations in the 2001 Census was common across the country. In the absence of a proper population estimate, access to basic amenities like water, sanitation, and clean environment becomes difficult. As the slum population is increasing, this exclusion must also be widening.

Lucknow is an important example of underreporting of settlements of the poor. The census population of the municipal area of the city has increased 2.30 times during 1981–2001 but decline in the slum population was reported during 1991–2001. The District Urban Development Agency (DUDA) reported the slum population as 670,000 in 2005. In the same year, OXFAM, an international nonprofit organization, carried out a detailed slum survey and mapping. It reported a population of 1,018,000 (46 percent) residing in settlements of the poor. The variation is not only in terms of population but also in terms of the number of settlements. DUDA in its survey reported 530 slums and OXFAM identified 787 settlements of the poor (Vigyan Foundation 2010).

According to the OXFAM survey, 62 percent of slum dwellers were dependent on public sources of water, and 61.5 percent were defecating in the open. In notified slums, 39 percent were defecating in the open while in non-notified slums 76 percent were without any basic sanitation facility (Lucknow CDP 2006).¹ This means a large number of people were never considered for public provisioning for basic amenities. Due to this, there have been different estimates of the slum population excluded from such provisions as well as their coverage. This poses a challenge program in planning and its coverage.

Exclusive Growth

The working group on urban development for preparing the Tenth Five Year Plan 2002–7² document listed several lapses in slums programs, including:

- Non-listing of all habitations, big or small, which should be classified as slums.
- Lack of basic information on the number of households in such habitations and the status of basic amenities.

SCORE CARDS	
<p>Generally, the Census, National Family Health Survey (NFHS) and National Sample Survey (NSS) provide a comprehensive picture on the different indicators such as population/households covered with water and sanitation (WATSAN) facilities. Census 2011, NFHS-III, and NSS 65th Round provide the following figures with respect to access to WATSAN in urban areas.</p>	
Census 2011	<ul style="list-style-type: none"> ● 71.2 % households have access to drinking water within the premises ● 70.6% households have access to tap water ● 6.2% households have access to well water ● 20.8 % households use hand pump / tube well water ● 62.0 % households use tap water that is treated ● 8.6 % households use untreated tap water ● 18.6% households do not have latrines ● 32.7% households have latrine facility with piped sewer system ● 38.2% households have latrine facility with septic tank ● 6.0 % households use public latrine
NFHS-III (2005–6)	<ul style="list-style-type: none"> ● 95% have access to improved source of drinking water ● 50.7% have access to piped water in the dwelling unit ● 20.3% have access to public taps/stand posts ● 21.3% use tube wells or boreholes ● 52.8% have access to improved and individual latrines ● 16.8% defecate in the open ● 0.5% use dry latrines
DLHS – -III (2007–8)	<ul style="list-style-type: none"> ● 94.4% households have access to safe source of drinking water ● 80.8% households have access to toilet facility
NSS 65th round (2008–9)	<ul style="list-style-type: none"> ● 10% of notified slums and 20% of non-notified slums are without any toilet facility ● About 10% notified and 23% non-notified slums did not have any drainage facility ● Underground sewerage existed in about 33% notified and 19% non-notified slums
<p>Note: For details on DLHS-III see IIPS (2008); for details on NSS 65th Round see NSSO (2008).</p>	

¹ City Development Plan Lucknow, 2006 (<http://lmc.up.nic.in/nfinal.pdf>).

² Chapter 6.1 Urban Development, 10th Five Year Plan 2002-2007, Volume II (http://planningcommission.nic.in/plans/planrel/fiveyr/10th/volume2/10th_vol2.pdf).

- It is often said that “there is no place for the poor in the town planning process” and even existing provisions are not implemented for the benefit of the urban poor.

Two concerns emerge when looking at the above data: (i) wide variation in coverage and (ii) no indication in the coverage of the quality of the amenities offered. Access to improved water source for 95 percent of urban households does not mean equal and quality access to safe water and hygiene (DLHS-III) (IIPS 2008). This is more so when a large portion of the country faces continuous water quality problems and 75 percent of the surface water is contaminated due to inadequate discharge of untreated domestic/municipal wastewater (Gol 2005). The *Report on Health and Living Conditions in Eight Indian Cities*, prepared under NFHS-III, indicates the wide variation in situations concerning WATSAN coverage across the country (IIPS 2009) (see Table 5). As per reported figures, 91 percent of the urban population has access to water supply.³ The access is not uniform for all cities/towns. Rather it varies based on the size of the city and the type of urban settlement. Moreover, access does not mean ensured availability of adequate quality and quantity of water.

Table 5: **Two Worlds: WATSAN Situation in Slum and Non-slum Areas**

Sr.	City	Household with piped drinking water (%)		Households with improved not shared toilet facility (%)	
		Slum	Non-slum	Slum	Non-slum
1.	Delhi	84	86	24	74
2.	Meerut	38	69	44	57
3.	Kolkata	85	78	24	58
4.	Indore	71	74	56	66
5.	Mumbai	100	100	21	46
6.	Nagpur	88	86	52	74
7.	Hyderabad	97	99	60	69
8.	Chennai	72	68	19	38

Source: IIPS (2009).

Policy Environment: Slow and Steady but not Sure

India lacks a comprehensive urban development policy. With the absence of a dynamic urban policy, the already growing urban population would continue to rise resulting in continuously increasing numbers of the urban poor and slum settlements. However, the five-year plans provide policy guidelines and strategic direction for the country’s development process. Safe water, sanitation, hygiene and environment have remained priority since the inception of the planning process in the early 1950s. Given below is an assessment of discourses on WATSAN for urban areas in public policy domain.

Five-Year Plans: An Evolution

The first three Five-Year Plans (1951–56, 1956–61, and 1961–66) treated WATSAN as a sub-sector under health. The priority during these plans was to control communicable diseases through the provision of protected water supply and sanitary methods of excreta disposal. The first plan very clearly articulated the lack of safe water supply, proper removal of human waste, and lack of hygienic environment to be the factors affecting human health. The Fourth and Fifth Five Year Plans (1969–74 and 1974–79) dealt with water supply and sanitation under regional/urban development, housing and water supply schemes.

Since the Sixth Five Year Plan (1980–85), water supply and sanitation has become a separate sector in development planning. This is supposed to have been influenced by the Alma Ata Declaration, 1978.

The Alma Ata Declaration, 1978, of Health for All by 2000 was a global commitment for primary health for all. Besides other things, the declaration makes adequate supply of safe water and basic sanitation

³ Report of the Working Group for the Eleventh Five Year Plan.

During the Tenth Five Year Plan (2002–7), urban reforms and changes in existing policies and provisions began. The plan underlined the need for broad-based reforms to overcome the impediments of urban growth



as the minimal attainable for achieving health for all. India, being a signatory to the declaration, committed itself to the provision of safe WATSAN to all by 2000. This engineered the change in approach to WATSAN in the country's overall development plan.

The Seventh Five Year Plan (1985–90) set a target of providing adequate drinking water facilities for the entire population and sanitation facilities for 80 percent of the urban population. In 1987, India adopted its first water policy. The policy accorded top priority to drinking water.

The Eighth Five Year Plan (1992–97) mentioned safe drinking water supply and basic sanitation as vital human needs for health and efficiency. It was committed to the universal coverage of safe drinking water for the urban population and conversion of all dry latrines into low cost sanitary latrines.

The Ninth Five Year Plan (1997–2002) set out to achieve safe water and basic sanitation for all by 2000. The plan focused on the provision of safe water for all and eradication of manual scavenging in the country. "It is now well-recognised that these gaps are unlikely to be bridged over the next 5 to 10 years. Many goals of housing, potable water and sanitation that were to be attained by 2000 AD fixed 10–15 years ago, may require the target point to be extended,"⁴ observed the plan document. Here, it is clear that actual urbanization was less than the projected target and the physical targets were never met. Therefore, the plan extended its targets by another 10–15 years.

During the Tenth Five Year Plan (2002–7), urban reforms and changes in existing policies and provisions began. The plan underlined the need for broad-based reforms to overcome the impediments of urban growth. It made conformity to the reform agenda through the Urban Reform Initiative Fund (URIF) conditional to central assistance. The URIF demands the states repeal the Urban Land (Ceilings and Regulation) Act 1976, reform the Rent Control Acts, strengthen property tax systems, reduce stamp duty, introduce the double entry accounting system, and revise user charges to cover operation and maintenance (O&M) costs. The URIF had Rs 300 crore for different states to bring in the proposed reforms. The plan continued with the commitment for universal WATSAN coverage for urban areas. New targets were fixed along the lines of the Millennium Development Goals (MDGs). It set 2012 as the new deadline for meeting the commitments, that is, until the end of the Eleventh Plan.

The Eleventh Plan ended with none of these commitments being met. "But past trends indicate that such targets are fixed many a times but never achieved. The Tenth Plan also targeted to achieve 100 percent coverage with water supply facilities. It had a targeted investment of Rs 28,240 crores but the actual outlay was only Rs 19,649 crores,"⁵ observes the plan document. It adds: The Eleventh Plan targets 100

⁴ Para 3.7.3, Volume II, 9th Five Year Plan 1997–2002, Government of India (<http://planningcommission.nic.in/plans/planrel/fiveyr/9th/vol2/v2c3-7.htm>).

percent coverage with WATSAN facilities and will require an estimated Rs 129,237 crore, which is more than the total funds that would be available under the mission. By this the Planning Commission already hinted at the further potential lapse of commitments in WATSAN. However, the plan set fresh deadlines:

- Clean drinking water for all by 2009.
- 100 percent water supply accessibility to the entire urban population by 2012.
- 100 percent sanitation coverage for the urban population; 70 percent through sewerage facility and 30 percent through low cost sanitation.
- 100 percent of the population to be covered with appropriate solid waste management.
- Conversion of all six lakh dry latrines by 2010.

The Twelfth Five Year Plan, under preparation, has seemingly focused on the urban poor. The working group has set to focus on programs for urban poverty, slums and services delivery.⁶

In the past, the focus on the development of rural India was justified because of the large proportion of the population living in rural areas. There has, in recent years, been a marked shift in the country's economic structure, from a predominantly agrarian economy to a manufacturing and services sector-oriented economy. Today, urban population growth areas and the accompanying challenges demand concerted policy attention.

Setting the tone for the next Five-Year Plan for the urban poor, the group has recommended slums as the starting point of intervention.

The working group takes the slum and informal settlements as potential and viable entry points for addressing the visible manifestations of poverty in cities and towns. They are identifiable, and although outside of the legal system, have acquired stability, and have vast amount of potential, currently constrained by distorted and exclusionary policies.

Another critical issue the working group has flagged off is the lack of legislative support to the urban poor. According to the group, this is an important reason for the exclusion of the urban poor from basic services. The group's report observes the following:

A key area where the urban poor are particularly vulnerable is the lack of a legislative framework to empower the urban poor. This involves giving legislative strength to policy initiatives such as inclusive urban planning, financial empowerment of the poor, enabling livelihood options, and overall, granting property rights to the urban poor. One area where the urban poor are particularly vulnerable, due to legislative exclusion, is security of tenure which is a prerequisite for access to formal financial institution access to basic services and security from evictions. The formalization of security of tenure finds expression in the formal registration of the property of the urban poor granting them the right to their dwelling space.



There has, in recent years, been a marked shift in the country's economic structure, from a predominantly agrarian economy to a manufacturing and services sector-oriented economy. Today, urban population growth areas and the accompanying challenges demand concerted policy attention

The Twelfth Five Year Plan is expected to be finalized by the end of 2012. It will then be clear how far the well-intentioned recommendations of the above group have been included in the actual plan.

The way drinking water, sanitation and hygiene have been covered by in different policies is given in Table 6.

5 "Drinking Water, Sanitation and Clean Living Conditions," 11th Five Year Plan 2007-2012 (http://planningcommission.nic.in/plans/planrel/fiveyr/11th/11_v2/11th_vol2.pdf).

6 Report of the working group on urban poverty, slums and service delivery system, Planning Commission, 2011 (http://planningcommission.nic.in/aboutus/committee/wrkgrp12/hud/wg_Final_Urb_Pvt.pdf).

Table 6: WASH in Sectoral and Sub-sectoral Policies	
Reference Document	Reference Points on WASH
National Water Policy, 2002 (Ministry of Water Resources, Government of India)	<ul style="list-style-type: none"> Adequate safe drinking water facilities should be provided to the entire population, both in urban and rural areas. Irrigation and multipurpose projects should invariably include a drinking water component, wherever there is no alternative source of drinking water. Drinking water needs of human beings and animals should be the first charge on any available water.
Draft National Water Policy, 2012 (Ministry of Water Resources, Government of India)	<ul style="list-style-type: none"> Recognizes the right to WATSAN. The central, state, and local bodies must ensure a minimum quantity of portable water available within easy reach of the household, for essential health & hygiene to all citizens. Urban domestic water supplies should preferably be from surface water. Where alternative supplies are available, a source with better reliability and quality needs to be assigned to domestic water supply.
National Health Policy 2002 (Ministry of Health and Family Welfare , Government of India)	<ul style="list-style-type: none"> The attainment of improved health levels would be significantly dependent on population stabilization, as also on complementary efforts from other areas of the social sectors such as improved drinking water supply, basic sanitation, minimum nutrition, etc. This is to ensure that the exposure of the populace to health risks is minimized. Reducing mortality by 50% on account of TB, malaria, and other vector and waterborne diseases by 2010 was one of the objectives of the health policy.
National Policy for the Empowerment of Women, 2001 (Department of Women & Child Development, Ministry of Human Resource Department)	<ul style="list-style-type: none"> Special attention will be given to the needs of women in the provision of safe drinking water, sewage disposal, toilet facilities and sanitation within accessible reach of households, especially in rural areas and urban slums. Women's participation will be ensured in the planning, delivery and maintenance of such services.
National Policy for Urban Street Vendors, 2009 (Ministry of Housing & Urban Poverty Alleviation, Government of India)	Provision of civic facilities including provision of drinking water and public toilets at vending zones/vendors' markets.
National Urban Sanitation Policy, 2008 (Ministry of Urban Development, Government of India)	<ul style="list-style-type: none"> Envisions all Indian cities and towns to become totally sanitized, healthy, and livable. Ensure and sustain good public health and environmental outcomes for all their citizens with a special focus on hygienic and affordable sanitation facilities for urban poor and women. The provisioning of basic sanitation should be de-linked from the issues of land tenure. Every urban dweller should be provided with minimum levels of sanitation, irrespective of the legal status of the land in which he/she is dwelling, possession of identity proof or status of migration. However, the provision of basic services would not entitle the dweller to any legal right to the land on which he/ she is residing.
National Urban Housing and Habitation Policy 2007 (Ministry of Housing & Urban Poverty Alleviation, Government of India)	<ul style="list-style-type: none"> Preamble says "urban areas in our country are also characterized by severe shortage of basic services like portable water, well laid out drainage system, sewerage network, sanitation facilities, electricity, roads and appropriate solid waste disposal." Policy takes a note of the substantive gap between demand and supply both for housing and basic services. Policy aims at addressing the special needs of women headed households, single women, working women and women in difficult circumstances in relation to housing services by basic amenities.
National Nutrition Policy 1993 (Department of Women & Child Development, Ministry of Human Resource Department)	<ul style="list-style-type: none"> Under nutrition in urban areas is a major concern. It says the status of urban slum dwellers in India is almost bad as that of rural poor. The children of urban slums dwellers are nutritionally the most fragile. One of the causes may be poor sanitary condition.
Draft National Urban Health Mission (2008-2012) (Urban Health Division, Ministry of Health and Family Welfare, Government of India)	<ul style="list-style-type: none"> Aims to address the health concerns of the urban poor through facilitating equitable access to available health facilities by rationalizing and strengthening of the existing capacity of health delivery for improving the health status of the urban poor. It focuses on establishing synergies with programmes of similar objectives like Jawaharlal Nehru National Urban Renewal Mission (JnNURM), Swaran Jayanti Shahari Rojgar Yojana (SJSRY), Integrated Child Development Scheme (ICDS).

Urban Reforms: JnNURM, the New Mantra

In December 2005, the Government of India announced the Jawaharlal Nehru National Urban Renewal Mission (JnNURM) for integrated planned development of 63 selected cities. It includes two sub-missions, namely, the Urban Infrastructure and Governance (UIG) and Basic Services to Urban Poor (BSUP). Two other reforms driven schemes—Urban Infrastructure Development Scheme for Small and Medium Towns (UIDSSMT) and Integrated Housing and Slum Development (IHSDP)—were also included under JnNURM. UIDSSMT and IHSDP are primarily for the implementation of reforms proposed under the JnNURM in small and medium towns, that is, other than mission cities. The main thrust of the sub-mission on UIG will be on major infrastructure projects related to water supply including sanitation, sewerage, solid waste management, road network, urban transport, and redevelopment of inner (old) city areas with a view to upgrading infrastructure therein, shifting industrial/commercial establishments to conforming areas, etc. The main thrust of the sub-mission on BSUP is to integrate the development of slums through projects for providing shelter, basic services, and other related civic amenities with a view to provide utilities to the urban poor. BSUP seeks to provide a garland of seven entitlements—tenure, affordable housing, water, sanitation, health, education, and social security—in low income settlements in mission cities.

The Rs 100,000 crore budget of JnNURM is meant for the time-bound implementation of mandatory and optional reforms proposed under it; Central assistance is directly linked with the implementation of reforms. The JnNURM proposes 21 mandatory and optional reforms. Though the reforms are interrelated and will affect the entire urban population, there are some that are specific to WATSAN and the urban poor:

- Levy of reasonable user charges with the objective that full cost of operation & maintenance (O&M) or recurring cost is collected within seven years.
- Internal earmarking of budgets for BSUP.
- Provision of BSUP including security of tenure at affordable prices, improved housing, water supply, and sanitation, and ensuring the delivery of other already existing universal services of the government for education, health, and social security.
- Implementation of decentralization measures as envisaged in the Constitution (74th Constitution Amendment Act).
- Repeal of the Urban Land Ceiling and Regulation Acts.
- Enactment of community participation law.
- Introduction of property title certification system in ULBs.
- Earmarking at least 20–25 percent of developed land in all housing projects (both public and private agencies) for the economically weaker section (EWS)/lower income group (LIG) category.
- Encouraging public-private partnership (PPP).

The Rs 100,000 crore budget of JnNURM is meant for the time-bound implementation of mandatory and optional reforms proposed under it; Central assistance is directly linked with the implementation of reforms. The JnNURM proposes 21 mandatory and optional reforms



7 <http://mc.up.nic.in/MOU.pdf>.

Concerns

It is well recognized that adequate water, safe sanitation, and a clean environment are basic human needs and provision of these can reduce the burden of diseases by 70–80 percent. Despite repeated commitments for the provision of WATSAN for the entire urban population, this is yet to be achieved. It appears that there is a general inclination to declare a timeline for achieving these goals and then extending it to meet the said targets.

The urban poor are often victims of structured exclusion and realistic planning is not possible without adequate information about their settlements, population, living conditions, and livelihoods.

The National Slum Policy was drafted but never declared. Now, the National Urban Sanitation Policy has been declared to make cities slum-free, without considering the appropriate definition or inclusion criteria for the urban poor and slums. The Rajeev Awas Yojana (RAY) has been launched for planning and implementing slum-free city plans. It has a provision for the mapping of slums, but it also has a provision for the categorization of slums on the basis of land value. There are apprehensions that this may favour giving away land for real estate development instead of helping in providing sustainable services for all the urban poor and slum dwellers.

In India, poverty is assessed on the basis of the poverty line, fixed by the Planning Commission. The deprivation from essential services and facilities is never considered a criterion. People victimized by structural exclusion and deprivation from essential services in the name of tenure status and forced deprivation never consider it to be a violation of their fundamental rights or basic human rights.

The Planning Commission of India, headed by the prime minister, develops the Five-Year Plans and assesses the financial requirements to achieve the plan targets. Despite this, the plan outlays for WATSAN are significantly lesser than the assessed fund requirement.

India's finite and fragile water resource are under stress and are depleting, while water demands, including drinking water, industry, agriculture and others are growing rapidly in line with urbanization, population increase and rising industrial growth. Again, the risk of bacteriological contamination of water resulting in waterborne diseases is higher. Availability of poor quality of water at source, poorly maintained water and sewer lines also add to the concern. For ensuring water quality, inter-sectoral allocation, planning and management of the increasing fragile water resource have emerged as major challenges which lack adequate attention.

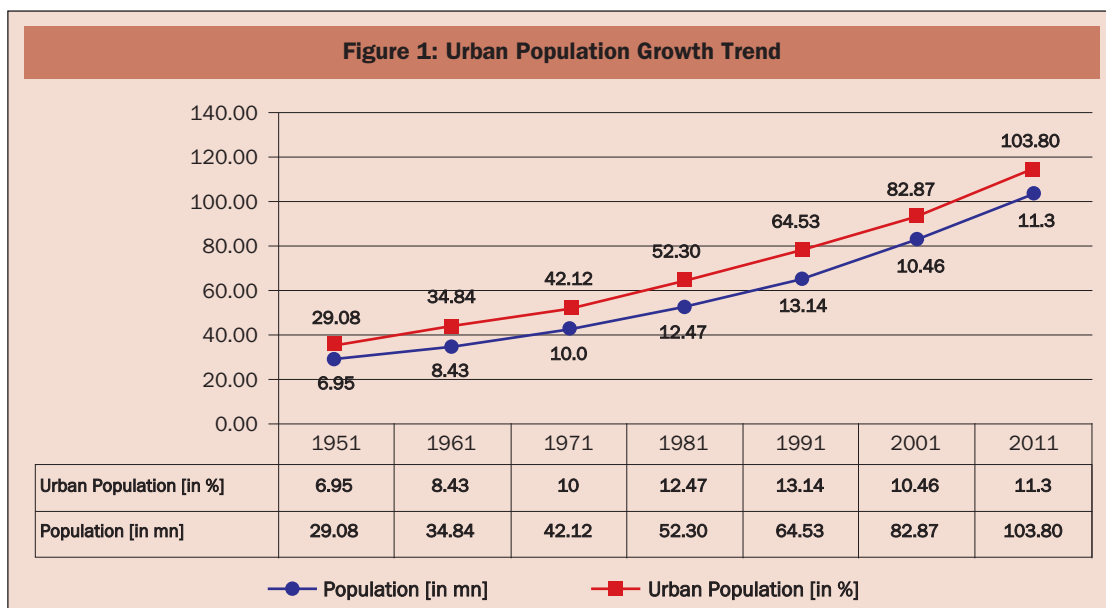
Bihar: Miles Travelled, Many More to Go

Bihar is India’s third most populous state with a population of 104 million people. At 1,102 persons per sq km, the state has the highest population density in the country. The decadal population growth during 2001–11 was 25.07 percent compared to 28.43 percent during 1991–2001. The population of Bihar forms 8.58 percent of India’s total population in 2011.¹

Urban Tilt

The urban population growth rate is significantly higher as compared to the overall population growth of the state. During the last decade, overall population growth was 25.07 percent while decadal urban population growth was 35.11 percent, and the share of urban population increased to 11.3 percent from 10.4 percent (Figure 1). However, as per the 2011 Census, among all the states of the country, Bihar occupies the 11th position in terms of total urban population. But, in terms of percentage share of urban population to the total population of the state, it ranks 34th. The level of urbanization in Bihar is clearly much lower (11.3 percent) than the national average of about 31.16 percent. Also, around 53 percent of the state’s total population and about 39 percent of the urban population is living below the poverty line (GoB 2011a). There are 1,845 urban slums reported under 139 urban local bodies (ULBs) (GoB 2011b). The estimated slum population of the state in 2011 was 1.68 million (Gol 2010).

Bihar has 11 Municipal Corporations, 41 Municipal Councils, and 88 Municipal Panchayats (GoB 2011b). Patna is the largest corporation with 44.1 percent share of the population of all corporations, and 20 percent of the total urban population of Bihar (IIMA 2008).



Source: Gol (2011a)

¹ Bihar Population Census India (<http://www.census2011.co.in/census/state/bihar.html>).

Water Sanitation Situation in Urban Bihar

It is reported that 97.5 percent of urban households in Bihar have access to improved source of drinking water. Only 12.7 percent of the total urban households treat water to make it safe for drinking (GoI 2011b). As per the 2011 Census, out of the total urban households, only 20 percent have access to tap water. The census also observed that around 75 percent households have access to hand pump/tube well water, 3.3 percent use well water, and 2.5 percent of the total urban households use water from uncovered wells for drinking.²

Despite improvement in the sanitation coverage, the situation is not very satisfactory. The number of households with access to water closet latrines has improved from 43.4 percent in 2001 to 63.4 percent in 2011 (Census 2011), but only 7.2 percent of urban households having access to a piped water system and about 29 percent have no access to any type of latrine facility and therefore defecate in the open. Another 2.2 percent households use unsafe sanitation practices including service latrines and night soils disposed in open drains.³

The importance of water, sanitation and hygiene (WASH) is well recognized in the sectoral and sub-sectoral policies. Provision of safe and adequate water and sanitation (WATSAN) for the entire population is one of the priorities of the development planning process. For some key highlights of WATSAN in sectoral and sub-sectoral policies in the state, see Table 1.

Concerns

The state's sanitation infrastructure suffers from serious inadequacies such as institutional bottlenecks, lack of standards, weak PPP models and monitoring mechanisms, lack of sewer networks, multiplicity of agencies and limited community involvement. These adversely impact service delivery thereby jeopardizing the achievement of environmental and sanitary.

Municipal services are practically nonexistent in slum areas where drainage is very poor and there is no garbage collection. Owing to a shortage of latrines, the slum dwellers, especially women, practice open defecation.

Despite improvement in the sanitation coverage, the situation is not very satisfactory. The number of households with access to water closet latrines has improved from 43.4 percent in 2001 to 63.4 percent in 2011



² "Main Source of Drinking Water 2001-2011", Census of India 2011 (http://censusindia.gov.in/2011census/hlo/Data_sheet/Bihar/Main%20Source_%20Drinking_Water.pdf).

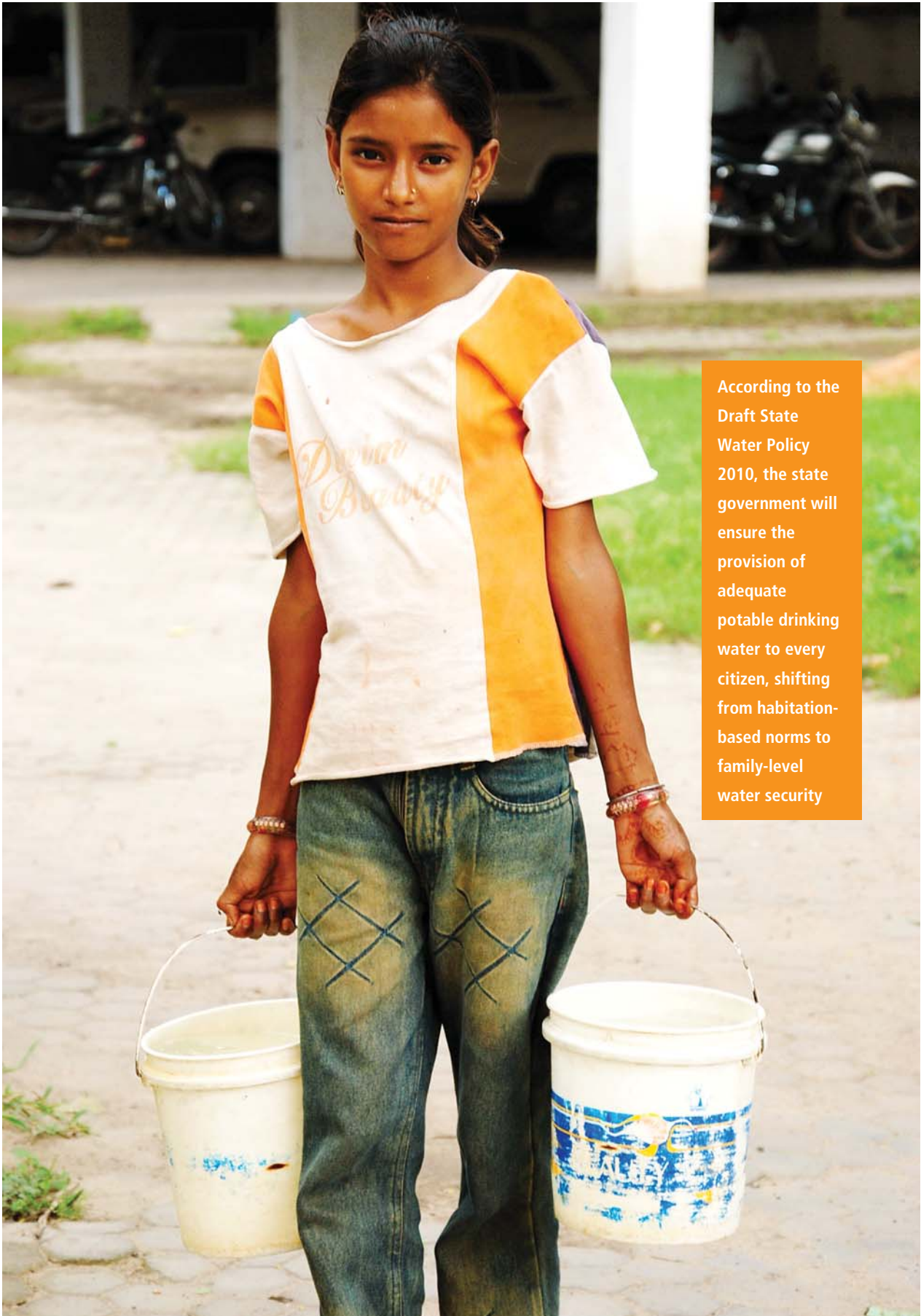
³ "Availability and Type of Latrine Facility 2001-2011", Census of India 2011 (http://censusindia.gov.in/2011census/hlo/Data_sheet/Latrine_Facility_backpage.pdf).

Table 1: WASH in Sectoral and Sub-sectoral Policies	
Policy Documents	Reference Points on WASH
Draft State Water Policy, 2010 ⁴ (Public Health Engineering Department, Government of Bihar)	<ul style="list-style-type: none"> The state government will ensure the provision of adequate potable drinking water to every citizen, shifting from habitation-based norms to family-level water security. Drinking water needs of humans and livestock will be the first charge on any available water source. In multipurpose irrigation projects top priority will be given to drinking water. Integrated Water and Sanitation Management Organization and participation of Water Users/VWSC/PRIs with focus on social equity. Suitable WATSAN systems will be developed to minimize the impact of floods on communities, especially on women and children.
Bihar Metropolitan Planning Committee Rule, 2008 ⁵ (Urban Development and Housing Department, Government of Bihar)	Perspective planning shall give due regard to integrated infrastructure development covering water, energy, sanitation, education, health, recreation, communication, and other utilities and facilities and services.
Urban Sanitation Strategy ⁶ (Draft), 2010 (Urban Development and Housing Department, Government of Bihar)	<ul style="list-style-type: none"> The objective is to encourage cities to prevent open defecation, provide potable water in adequate quantity and safely manage waste water, etc., by prioritizing sanitation and developing individual action plans suited to local conditions. The strategy emphasizes development of a city sanitation plan. It promotes health through community empowerment and by promoting sector integration to leverage resources through convergence. ULBs should explore alternate means of service delivery including through public private partnerships (PPPs). Benchmarks should be defined for water, sewerage, sanitation, and solid waste management.
State Slum Policy, 2011 (Urban Development and Housing Department, Government of Bihar)	<ul style="list-style-type: none"> The policy acknowledges the United Nations declaration that recognizes WATSAN as a basic human right. It is aimed at making the state slum-free by creating provision of basic services in all the listed tenable slums irrespective of their tenure status. Upgradation of slums, which are listed as 'tenable' under section 3.2.2 meant towards facilitating housing, provision of basic services, that is, water supply, sewerage, toilets, street lighting, street paving, storm water drainage, collection and disposal of solid waste. At least 20 percent of the ULB budget for basic service provision should be earmarked for the urban poor. The ULB will carry out regular operation and maintenance (O&M) of services in slums.
Bihar Water Sanitation Policy (Public Health Engineering Department, Government of Bihar)	<ul style="list-style-type: none"> The goal is to provide sufficient safe water for drinking purpose and other domestic activities on a sustainable basis, and to make toilet facilities available for safe disposal of excreta in every household and school. The policy suggests that roles should be fixed for community, women, poor, vulnerable, women and children, and nongovernmental (NGOs) in WATSAN.
Bihar Municipal Bill, 2007 (Urban Development & Housing Department, Government of Bihar)	ULBs, besides being responsible for managing water, sanitation, sewerage and drainage, are also required to take necessary for preventing or checking the spread of dangerous diseases in the municipal area, or any epidemic disease among animals therein.

4 <http://www.cseindia.org/userfiles/bihar%20state%20water%20policy%202010.pdf>.

5 <http://urban.bih.nic.in/Acts/AR-02-17-11-2008.pdf>.

6 <http://www.indiasanitationportal.org/sites/default/files/Bihar.pdf>.



According to the Draft State Water Policy 2010, the state government will ensure the provision of adequate potable drinking water to every citizen, shifting from habitation-based norms to family-level water security

There is no authentic data on slums and slum population as the state has no overarching act or process of notification, although some local governments have undertaken an informal listing of slums. No accurate information is available regarding land ownership types in Bihar's urban areas, although it was reported by the revenue board that approximately 40 percent of urban land is under public ownership and 60 percent is under private ownership, with Waqf land representing an insignificant proportion. Also, no information is available concerning the de facto rights applicable to each tenure category (GoB 2011c). Large quantity of water is lost due to leakages, but there is no database in terms of maps of distribution systems and conditions of pipes (ADB and GoB 2008).

Inter-sectoral convergence among stakeholders in urban areas is very weak. There are multiple agencies involved in management of urban basic services. However, the coordination among them is very poor. Also, there is no mechanism to strengthen service delivery in urban poor areas through convergence.

The Twelfth Five Year Plan Approach paper of the state indicates the need for effective targeting so that the fruit of inclusive growth reaches all sections of society, especially the weakest, unserved, and marginalized. However, the strategic focus on WASH issues for the urban poor needs special mention.

Suggestions and Recommendations

- The state requires a dedicated policy to address WATSAN issues for urban areas. The current WATSAN policy, sanitation strategy, and water policy of the state do discuss the issues related to WASH in urban areas, but specific focus is required on access to WASH services in urban poor areas.
- In the 74th amendment, ULBs are mandated to provide basic services in all poor settlements. Core basic services are also to be provided in those slums that are to be relocated. Such services include safe drinking water, sanitation, and solid waste management as per the norms prescribed for urban areas in the state. This is to be revised from time to time according to non-negotiable benchmarks. At least 20 percent of the ULB budget for basic service provision should be earmarked for the urban poor. The issues of cross-subsidization of the urban poor and their involvement in the collection of operation and maintenance charges also need to be addressed.
- Policy formation should be based on analysis of evidence-based well researched information for effectively guiding the implementation of any program related to WASH in urban poor areas. Disease



In the 74th amendment, ULBs are mandated to provide basic services in all poor settlements. Core basic services are also to be provided in those slums that are to be relocated

burden due to WASH should be studied for urban poor localities before designing any strategies on service and information, education and communication (IEC).

- Benchmarks should be developed and monitored through efficient management information systems to affix responsibility. There is a need to develop a more accurate monitoring system by revamping the existing monitoring mechanism and evolving a community-based monitoring system.
- Financial status of ULBs should be improved by removing the gaps in revenue collection, PPPs in the WASH sector for the urban poor, and by leveraging the resources of other sectors. Management information System (MIS), budgetary analysis, and financial management techniques of ULBs need a boost.
- Private sector and social institutions need to be encouraged to partner in slum improvement programs and given appropriate incentives for such participation. ULBs are to define the terms and conditions of such participation.
- The water supply function in the state has been transferred to only a few of the Nagar Parishads and not all the ULBs. It is required that the ULB coordinates with the para stataal service providing agency like the Bihar Rajya Jal Parshad (BRJP) to ensure access of water supply to slums.
- The community should be empowered to manage WATSAN services in their respective areas. This will help reduce O&M cost and ensure sustainability of services. Urban specific behavior change and communication activities need to be developed to promote hygienic behavior at the community level.

CHAPTER 3

Chhattisgarh: Growing Up

Chhattisgarh came into existence on November 1, 2000. Spread over 4.11 percent of the country's geographical area, it hosts 2.11 percent of India's population. The state has a total population of 25.54 million,¹ of which 23.24 percent live in urban areas, including 182 towns, 85 more than that in 2001 (see Table 1). The state has witnessed 41.83 percent population growth in the last decade. More than half of the urban population lives in slums. According to the provisional census data of 2011, 48.86 percent of the urban population constitutes females (see Table 2). This was 48.23 percent in 2001.

Chhattisgarh is one of the fastest industrializing states of the country, fueled by the state's huge reservoir of natural resources. Urbanization has triggered continuous migration from rural areas to urban centers. The state has 812² notified slums, an indication of the increasing rural-urban migration. In the last decade, the urban population of the state increased by 3.15 percent. Out of this, a major chunk of the growth is in the slums.³ As per the 2001 Census, Chhattisgarh has a slum population of 422,096, which is about 20 percent of state's urban population. Almost 46.38 percent, that is, 5.45 lakh of the urban population of the state, lives below the poverty line in urban areas.⁴

Census Year	No. of Towns			Remarks
	Statutory Towns	Census Towns	Total no. of Towns	
Census 2001	75	22	97	Increase in two towns as compared to 1991 census.
Census 2011	168	14	182	Addition of 85 towns as compared to 2001.

Source: Census of India 1991, 2001, 2011 (<http://censusindia.gov.in/>).

Indicators	Census, 2011			Census, 2001		
	Total	Rural	Urban	Total	Rural	Urban
Population (in millions)	25.54	19.60	5.94	20.83	16.65	4.19
Male (in millions)	12.83	9.79	3.04	10.48	8.31	2.17
Female (in millions)	12.71	9.81	2.90	10.36	8.34	2.02
% total population		76.76	23.24		80.00	20.00

Source: Census of India 2001 and 2011 (<http://censusindia.gov.in/>).

¹ Census of India 2011 (<http://censusindia.gov.in/>).

² Office of state health resource center, 2012 in a workshop presentation.

³ http://mohfw.nic.in/NRHM/Task_grp/Report_of_UHTF_5May2006.pdf, page no 30, 2nd Paragraph.

⁴ Estimated figure from the office of the Jawaharlal Nehru Urban Renewal Mission (JnNURM) Office, Chhattisgarh.

Only 44.20 percent of urban households in the state have access to treated tap water. Even though this is quite high compared to rural areas where only 3.26 percent of households are supplied treated tap water, the fact that almost 56 percent of the state's households lack the facility of treated tap water is not encouraging



Sans WATSAN

As per the 2011 Census report, only 44.20 percent of urban households in the state have access to treated tap water. Even though this is quite high compared to rural areas where only 3.26 percent of households are supplied treated tap water, the fact that almost 56 percent of the state's households lack the facility of treated tap water is not encouraging. The sanitation situation is not very heartening either. Close to 75 percent of households in the state do not have latrines in their premises. While this figure is 60.19 percent for urban areas, for rural areas it's a dismal 14.53.

The Annual Health Survey Report, 2010, which covers 265,000 people from 329 sampling units in urban areas, reported unsatisfactory progress of the state in context of safe drinking water and improved sanitation services. The survey reports about 51 percent of households in urban areas are treating their water to make it safer for drinking. It also reveals that 67.1 percent of households with access to toilets, while 13.4 percent of them share the same with other individuals. This implies 32.9 percent of households in urban areas are practicing open defecation.

Moreover, nearly 24 percent of the urban population faces a water crisis during the summer season. Almost 43 percent of the population has individual water connections and 37 percent of the population has a common source for water collection in urban areas.⁵ Almost half of the urban population is poor and lives in slums. Over 9 percent of the slum dwellers do not have individual toilets at home. The estimated number of urban dwellers practicing open defecation is about 2.34 million.⁶ As per Raipur's City Sanitation Plan (CSP), 2010, in this city alone, 57 percent of the urban poor practice open defecation.

Concerns

There are multiple agencies with overlapping responsibilities involved in urban development and provision of basic services for the urban poor. Right to life with dignity and right to equality are fundamental rights guaranteed by the Constitution of India and there is a need to adopt an integrated approach toward water, sanitation, and hygiene (WASH) for the urban poor.

⁵ NFHS III, 2005-06.

⁶ State Urban Sanitation Strategy 2010 (<http://www.indiasanitationportal.org/sites/default/files/Chattisgarh.pdf>), p. 3.

Table 3: **WASH Sectoral and Sub-sectoral Policies**

Policy Document	Reference Points on WASH
Draft Water Policy, 2001 (Department of Water Resources, Government of Chhattisgarh)	<ul style="list-style-type: none"> • A draft water policy based on the National Water Policy of 1987 was circulated in 2001 for discussion. • Currently, no specific approved water policy in the state.
Chhattisgarh Vision, 2010 (Government of Chhattisgarh)	<ul style="list-style-type: none"> • Prioritizes specific development goals and services. • The state promises to deliver safe drinking water to all.
Chhattisgarh Urban Sanitation Strategy, 2010 (Department of Urban Administration and Development, Government of Chhattisgarh)	<ul style="list-style-type: none"> • Focuses on development of sanitation plans. • Moreover, it talks of entire cities and towns becoming totally sanitized, healthy, and liveable.
Bhagirathi Nal-Jal Yojana, 2009 (Department of Urban Administration and Development, Government of Chhattisgarh)	<ul style="list-style-type: none"> • The program is meant for supplying domestic water to the urban poor. The urban poor households who subscribe to the scheme would be provided with a free water supply connection, the capital cost of which is to be borne by the state government. • The applicant must pay the prescribed water charges. • The Urban Local Bodies (ULBs) have been designated as the lead implementing agencies of the scheme, as per the circulated guidelines.⁷ • The scheme targets to provide three lakh free connections called “Bhagirathi Connections” to urban poor households in the state.
Integrated Health and Population Policy, 2006 (Department of Health and Family Welfare, Government of Chhattisgarh)	<ul style="list-style-type: none"> • For giving preventive care services, the policy recommends the state define the minimum guarantees in terms of access to food, drinking water, and sanitation, elementary education and health education, safe working and living standards and minimum environmental quality standards. • It emphasizes intersectoral coordination as essential to ensure that many of the social determinants of health are addressed adequately. Priority areas for such coordination are nutrition and food supply, water and sanitation, and poverty alleviation programs.
Urban Development Policy, Chhattisgarh (Department of Urban Administration and Development, Government of Chhattisgarh)	<p>Water supply</p> <ul style="list-style-type: none"> • Water supply augmentation schemes in all the cities will be pursued aggressively. • The government will identify and develop new schemes with a balanced consumer mix (industrial, commercial and domestic) for improved financial viability of projects. <p>Sewerage</p> <ul style="list-style-type: none"> • Creation of decentralized sewerage and waste water treatment system wherever possible. • Mandatory decentralized sewerage and waste water treatment facility in new housing colonies. • Encourage public participation (co-funding) in small improvement projects like desilting of sewers, cleaning of garbage, etc. <p>Sanitation</p> <ul style="list-style-type: none"> • ULBs to prepare a master plan for solid waste management. • Segregation of waste into biodegradable and non-degradable at the source of generation to be encouraged • “Polluter pays” principle to be strongly enforced with heavy fines for public littering. • Bio-medical and industrial waste to be disposed according to pollution control norms. Licenses and permits of commercial establishment to be subject to following sanitary disposal practices. • Landfill sites to be identified for each ULB and options for joint disposal facilities for adjacent ULBs to be explored. <p>PPP: Public private partnerships would be encouraged.</p> <p>Focus on urban poor: The urban poor would be integrated into the service delivery mechanism.</p>

⁷ <http://www.waterawards.in/2010-winner-profile-cg-suda.php>.

Though the state has declared the urban sanitation strategy and slum rehabilitation and development policy in the past years, the integration issues of WASH to achieve health for all have not been reflected in the declared policy framework



As per the policy, facilitating a special urban poor program starting with housing, water supply, toilets and drainage, livelihoods, roads and transport, education, health and welfare services to all slum dwellers, is required at the state level as there is a direct link among burden of diseases with water and sanitation (WATSAN) and personal and environmental hygiene. Though the state has declared the urban sanitation strategy and slum rehabilitation and development policy in the past years, the integration of WASH issues to achieve health for all have not been reflected in the declared policy framework.

Suggestions and Recommendations

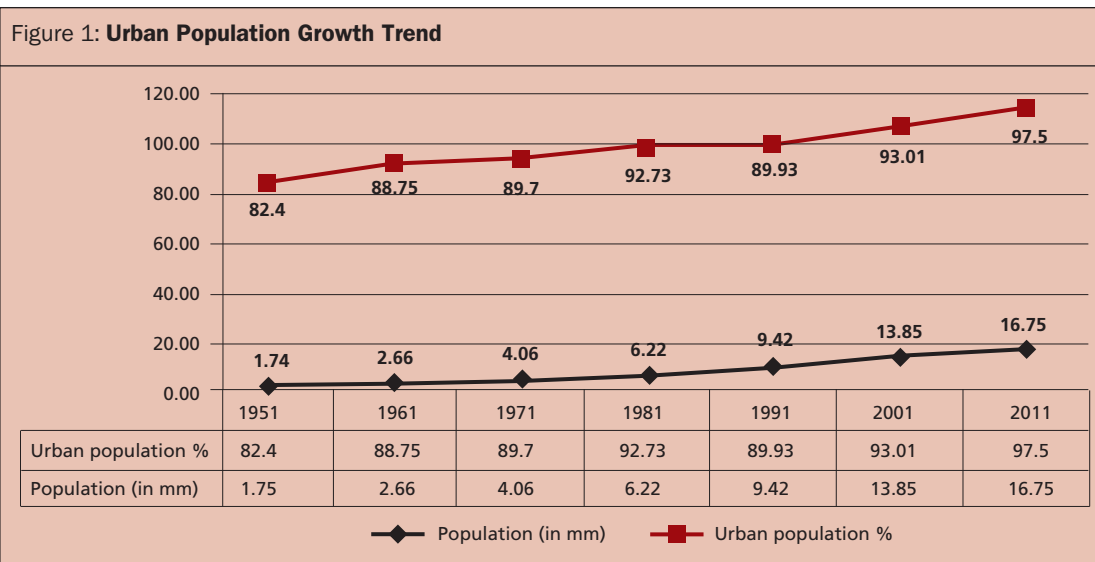
- The service standards of the ULBs are notified as per the recommendations of the 13th finance commission. There is a need to separately include the present level of services in slums/settlements of services with targeted coverage.
- There is a need to opt for an integrated WASH intervention for the urban poor community. Hundred percent Open Defecation Free (ODF) status by 2016–17 and a slum-free Chhattisgarh by 2025 are among the major policy commitments made by the government. The target for health and hygiene education for the urban poor within a stipulated time period needs prioritization.
- Effectiveness of WATSAN projects and schemes needs to be assessed on the basis of the burden of WATSAN related morbidity and mortality. Therefore, more operation researches and mid-term evaluation of schemes and programs could be conducted by involving a third party or recognized research institutions.

CHAPTER 4

Delhi: A Capital of Problems for the Urban Poor

The National Capital Territory of Delhi was once one of the fastest growing cities in the country. Its population growth has slowed down substantially, but this is not the best news in terms of urban poverty and the poor's access to water and sanitation (WATSAN). The challenges in that sector remain the same.

Delhi's decadal population growth during 1991–2001 was 47 percent, which was more than double the national growth. The present population of Delhi is 16.75 million and 97.5 percent of it is urban (Gol 2011). Delhi has reported a sharp decline in its population growth: from 47 percent to 26.56 percent.¹



Source: Gol (2011).

Informal City

- There are various estimates of the slum population in the capital city. To make sense of it, given ahead are a few credible, though diversified, estimates: The 2001 Census reported a slum population of 20.30 lakh in Delhi, which was 15.73 percent of the reported urban population (Gol 2001).
- The National Sample Survey (NSS) 65th Round slum survey in 2008–9 reported 4,390 slums and 5.77 lakh slum households with an approximate population of 28 lakh. This is while the Delhi Shelter Improvement Board reported 685 *jhuggi jhopri* (JJ) clusters and 4.18 lakh *jhuggies*.²
- According to the estimates of the Committee on Slum Statistics/Census, the slum population in Delhi in 2011 was 31.63 lakh (NBO 2010).

¹ City Development Plan Delhi, 2006 (http://jnurm.nic.in/wp-content/uploads/2010/12/CDP_Delhi.pdf).

² See <http://delhishelter.nic.in>.

- According to the NFHS-III, 20 percent of Delhi households were reported as slum households and 14 percent of the total constituted poor households. Out of the total poor households, 68 percent were in slums and 32 percent were in non-slums areas (Gol 2009).

Territories and Trickles: State of WATSAN in Delhi

As per 2011 Census, only 78.4 percent houses have provision for drinking water on premises, and 3.3 percent still defecate in the open. Only 59.3 percent of the households are connected with a piped sewerage network, whereas 4.2 percent of households have no drainage connectivity for waste water.³

As per NFHS-III, 2005–6, 92.6 percent of households have access to improved source of drinking water and 69.3 percent of households have access to improved but shared sanitation facilities. But a significant gap is also reported among slum and non-slum households (see Table 1).

Particular	% of households		
	Slum	Non-slum	Total
Source of drinking water			
Improved source of drinking water	94.1	92.2	92.6
Piped water into dwelling yard/plot	49.4	81.5	74.9
Public tap/standpipe	35.0	04.0	10.3
Tube well/borehole	9.4	4.3	5.3
Other improved	0.3	2.5	2.0
Non-improved	5.9	7.7	7.4
Sanitation Facility			
Improved not shared	23.9	74.1	63.9
Any facility shared with other households	23.2	20.2	20.8
Other unimproved facility	1.6	0.7	0.9
No Facility	19.1	2.6	6.0

Source: NFHS-III, IIPS, ORC Macro, 2007.

In Delhi, slums are broadly divided into two categories—notified slums⁴ and non-notified slums. Generally, the JJ⁵ clusters are in the category of non-notified/listed/identified slums.

According to estimates, 66.2 percent of total slums in Delhi are non-notified (Gol 2008–9). The levels of facilities and services vary within notified and non-notified slums. It is reported that tap water is the major source of drinking water for 95 percent of notified and 68 percent of non-notified slums in Delhi. Around 5.4 percent of the non-notified slums have no definite source of drinking water. Individual septic tanks/flush latrines are reported from 36.7 percent notified slums whereas no individual latrines are reported from the non-notified slums. Shared/community latrines are reported from 63.3 percent notified and 88.4 non-notified slums; and about 11 percent of the non-notified slums have no latrine facility. Waterlogging affects 14 percent of notified and 77 percent of non-notified slums during the monsoon.

³ <http://www.indiasanitationportal.org/2255>.

⁴ Notified under section 3 of the Slum Areas Improvement and Clearance Act, 1956.

⁵ JJ clusters are scattered across the city. Generally, they are situated on vacant land along railway lines, roads, drains and river embankments, and also vacant spaces near residential, industrial and commercial complexes. Around 55 percent of squatters reside near residential areas and 40 percent along the road

Service provisions in unplanned settlements	% of colonies covered with piped water supply	% of colonies covered with sewer facility
Regularized unauthorized colonies	98.2	80.7
Resettlement colonies	100	100
JJ clusters	21.7	9.8

Source: City Development Plan Delhi, 2006 (http://jnurm.nic.in/wp-content/uploads/2010/12/CDP_Delhi.pdf)

As per the slum survey report of Delhi, based on the NSS 65th Round, the major source of drinking water for 87.63 slums is tap water; in 8.9 percent of slums, tube wells/hand pumps constitute the major source. In 3.46 percent of slums, water from other sources is used as drinking water. Individual latrine facilities are reported from 7.84 percent slums, shared/community pit or flush latrines are reported from about 57 percent slums, service latrines are reported from 15 percent slums, and no latrines are reported from 20 percent slums (GoD 2010).

According to the City Development Plan (CDP) of Delhi, only 21.7 percent of JJ clusters are covered with piped water supply and 10 percent with sanitation facilities. Wide variation is reported among the different categories of slums (see Table 2).

The CDP says, “In all the relocation sites, and in 85–90 percent of JJ clusters, residents did not have access to public goods and services. These areas lack general health services, access to portable water and sanitation”.

Policy Environment

India has a few sub-sectoral policies in place. But there is no comprehensive urban development/slum development policy in existence. The National Capital of Delhi (NCD) is primarily an urban territory with 97.5 percent of its population being urban. Thus, it suffers from the absence of a comprehensive development policy.

Access to and availability of safe WATSAN for the entire population is recognized by the international commitments and several sectoral policies. Some of the reference points to sectoral policies are given in Table 3.



According to the City Development Plan (CDP) of Delhi, only 21.7 percent of JJ clusters are covered with piped water supply and 10 percent with sanitation facilities. Wide variation is reported among the different categories of slums

Table 3: **WASH Sectoral and Sub-sectoral Policies**

Policy Document	Reference Points on WASH
<p>Delhi Jal Board Act 1998 (Department of Law Justice & Legislative Affairs, Government of National Capital Territory of Delhi)</p>	<ul style="list-style-type: none"> • To provide for the establishment of a board to manage water supply, sewerage and sewage disposal and drainage within the National Territory of Delhi and matters connected therewith. • Treat, supply and distribute water for household consumption or other purposes to those parts of Delhi where there are houses, whether through pipes or other means. • Collect, treat and dispose of sewage from any part of Delhi and carry out works connected with sewerage, sewage treatment and sewage disposal including the planning, design, construction, operation and maintenance of works relating thereto.
<p>Delhi Urban Shelter Improvement Board Act, 2010 (DUSIB) (Department of Law Justice & Legislative Affairs, Government of National Capital Territory of Delhi)</p>	<ul style="list-style-type: none"> • The main objective of the DUSIB is to improve quality of life in slums and JJ clusters by implementing planned schemes on behalf of the Delhi government.⁶ • The board shall have the power to make a survey of any JJ basti, with a view to ascertaining the number of residents thereof, the existing standard of health, sanitation and civic amenities, the availability of medical and educational facilities for the residents thereof, and any other matter which may appear necessary to it to enable it to perform its functions under this Act. • The board may prepare a scheme for the improvement of any JJ basti which may include provision of toilets and bathing facilities, improvement of drainage, provision of water supply, street paving, and provision of dustbins, or sites for garbage collection, street lighting, or any of them, or provision of any like facilities.
<p>Mission Convergence</p>	<ul style="list-style-type: none"> • Mission Convergence, a flagship program of the Delhi government seeks to strike the right balance between various government departments, Community Based Organizations (CBOs) and the people by bringing in major reforms in governance for empowerment and upliftment of the vulnerable population of Delhi. • It has re-engineered the process of service delivery through a unique Public Private Community Partnership (PPCP) to make the system more responsive to the citizens. • Samajik Suvidha Sangam, a state-level body is registered as a society and is the implementing arm of Mission Convergence. This convergence model brought together the schemes of the following participating departments like Health & Family Welfare, Food & Civil Supplies, Scheduled Caste (CS)/Scheduled Tribe (ST)/Other Backward Classes (OBCs) & Minorities Welfare, Social Welfare, Urban Development, Labour, Information Technology. • The need has been felt to address the water, sanitation & hygiene (WASH) situation in slums/communities as women and children mostly bear the brunt of inadequate WATSAN infrastructure. • There is also a need to improve WATSAN practices of the people through intensive behavioral change communications. Clean and hygienic environment fosters good health which ultimately reduces expenses on treatment. Keeping this in view, WASH is hereby included as an integral component of the Stree Shakti-Suvidha Kendras (SS-SK) activities.⁷

The Delhi Urban Shelter Improvement Board (DUSIB), as per its designated functions, carried out a survey of the JJ clusters. According to the survey, there are 685 clusters with 418,283 jhuggies. The number is significantly lesser than the assessment of the NSS 65th Round slum survey report, which assessed 4,390 slums with 5.77 lakh households. The variation is mainly due to the difference in the definition of “slum.”

The Jawaharlal Nehru National Urban Renewal Mission (JnNURM) was launched in 2005 for fast track reform-based development of 63 select cities including Delhi. According to the basic requirement of the mission, Delhi's City Development Plan was prepared by the Department of Urban Development, Government of Delhi, and approved by the Mission Directorate in 2006. The CDP was to be prepared on the basis of the actual situation with a projected requirement for the next 20–25 years. But the assessment of the situation of the urban poor and proposed plan for basic services for the urban poor was prepared on the basis of estimates of 1994 and 2000.⁸

⁶ As mentioned in the aims/objectives and vision/mission at <http://delhishelter.nic.in>.

⁷ Samajik Suvidha Sangam, Mission Convergence, Government of NCT of Delhi, circular, September 2011.

⁸ http://jnnurm.nic.in/wp-content/uploads/2010/12/CDP_Delhi.pdf.

The JnNURM guidelines and the Eleventh Plan document of the Government of India prioritize WATSAN, along with solid waste management and mandate 40 percent of the mission's funds for it. Further, under the reforms suggested in the mission, these sectors get preferential budget allocation. But the CDP was prepared without any real assessment of the slums and the situation therein. The CDP has an investment plan of ₹24,140 crore. The components of Urban Infrastructure and Governance (UIG) and Basic Services for Urban Poor (BSUP) account for 82 and 18 percent of this allocation respectively.

Concerns

Planning on the basis of improper estimates instead of real assessment, and wide variation in assessment of the slum dwellers and the poor lead to exclusion of the poor from basic amenities.

It is well recognized that water contamination and unsafe sanitation practices with lack of personal and environmental hygiene contribute 70–80 percent of the existing morbidity. In Delhi, 1.45 lakh cases of acute diarrhea and 0.40 lakh cases of typhoid were reported in 2009 (Gol 2010b). This indicates the acute urgency of universal coverage of WATSAN as a public health issue.

Nutrition and health education for adolescent girls and women is one of the integral services under the Integrated Child Development Scheme (ICDS). According to the National Family Health Survey (NFHS-III), only 2.7 percent of mothers in urban areas have received nutrition and health education from the Anganwadi Centre (AWC).

Provision of the services as per tenure status excludes large number of settlements from formal service delivery mechanism. The jhuggies are considered illegal thus individual tap connections are not allowed. Clusters of less than 50 jhuggies are not considered jhuggi bastis thus denying them basic services.

As per the Eleventh Plan Document of the Government of India, 100 percent water supply and 100 percent sanitation coverage for the entire urban population by 2012 are among the planned targets, but how can this be achieved without an inclusive approach?

Multiple agencies with overlapping responsibilities are involved in urban development and provision of BSUP. The right to life with dignity and the right to equality are fundamental rights guaranteed by the Constitution of India, and there is a need to adopt an integrated approach toward WASH for the urban poor (See Table 4).

The urban poor are often victimized by structured exclusion in the name of definition, provisions, and standards. In the absence of an inclusive definition, the settlements of the poor are categorized as slums and further categorized as notified and non-notified slums. In addition, services are provided on the basis of tenure status. WATSAN is an essential human need and basic human right. The provision of differential services deprives the poor of their basic human rights.

It is theoretically recognized that access to safe WATSAN with a clean environment can reduce the burden of diseases by 70–80 percent. Yet two to three million people in Delhi are deprived of it. Efforts were made to develop service standards for the provision of basic services for the urban citizen. But the level of existing services was not assessed for the slum households/urban poor. Such deprivation cannot improve the condition in general.

Mission Convergence should assess the actual household coverage of WATSAN with respect to stipulated quality and quantity norms for the formulation of a workable strategy plan. It should also organize/expedite water, sanitation, personal hygiene cum community health campaigns and training for urban poor women along the lines of the Total Sanitation Campaign (TSC) in rural areas.

The National Urban Sanitation Policy has been declared and slum-free city planning is proposed under the Rajeev Awas Yojana (RAY). However, the general approach to exclusion cannot improve the situation. There is a need to develop a framework for the inclusion of the urban poor in the provision of essential needs for improvement in health conditions and poverty reduction.

Sector/department/agency	Suggestions
Urban Development/Delhi Urban Shelter Improvement Board	<ul style="list-style-type: none"> • Inclusion of all urban human settlements in planning. • Universal provision and availability of adequate and equitable water and basic sanitation facilities for all urban human settlements, irrespective of tenure status. • There is a need to bring necessary changes in policy framework and amendment in acts related to service provisions for the universalization of WATSAN.
Women and Child Development	<ul style="list-style-type: none"> • Provision of health and hygiene education including menstrual hygiene for all urban poor women and adolescent girls through AWC. • Demand convergence with urban development department/service providing agencies for provision of water and basic sanitation within household premises or close to premises as per the spirit of the women's empowerment policy. • Provisioning pipe water supply, baby friendly toilet units and hand washing facilities along with the building of AWCs.
Health Department	<ul style="list-style-type: none"> • Promotion of WASH practices by doctors and health workers. • Ensuring WASH education as a preventive health measure for the urban poor. • Community health audits of WATSAN schemes.

Suggestions and Recommendations

- The process of estimation and assessment of level of services on sampling basis may not be suitable. This method ignores location-specific conditions. Therefore, enumeration and mapping of all the settlements of the urban poor, irrespective of size and status across the NCT, should be given priority.
- The general service standards of the provision of water for drinking and domestic consumption may not be very useful for slum households as a majority of them are dependent on community or common water sources. In such a situation, assessment on the basis of installed capacity is not useful. Prior to developing service standards, it is important to assess the present level of service in slum households in various locations of Delhi. On the basis of such an assessment, reasonable service standards need to be fixed.
- Access to safe WATSAN and improvement in personal and environmental hygienic conditions is vital to improve the health condition of the people. There is a need to launch WASH for health campaigns across the settlements of urban poor.

Jharkhand: After 12 Years, Nimble Steps

Jharkhand was carved out of Bihar as a new state in November 2000. According to the 2011 Census, its population is 32.96 million. Though 24 percent, i.e., 7.9 million, of the state's population is urban, in a few districts like Dhanbad, Purbi Singhbhum, Bokaro, Ramgarh, and Ranchi it ranges from 58 to 43 percent. The state has 228 towns (GoI 2011). In the last decade, the urban population grew at a rate of 32.29 percent whereas overall state and rural population growth rates have been 22.34 and 19.50 percent respectively. The share of urban population to total population was 22.24 percent in 2001, which increased to 24.05 percent in 2011. Please see Table 1 for the urbanization trend in the state.

Indicators	Census, 2011			Census, 2001		
	Total	Rural	Urban	Total	Rural	Urban
Population (in millions)	32.97	25.04	7.93	2.79	1.44	1.35
Male (in millions)	16.93	12.78	7.93	1.82	0.92	0.89
Female (in millions)	16.03	12.26	3.77	0.98	0.52	0.46
% total population		75.95	24.05		51.59	48.40

Source: Census of India 2001¹ and 2011 (GoI 2011).

Usual Exclusion, Unusual Ramifications

As per Census 2001, the slum population of the state was 12.7 percent, as reported from 11 towns of the state. As per the National Sample Survey Organisation (NSSO 2004), the percentage of urban people living below poverty line was 20.2 percent (almost 1.3 million people). In the rural areas of the state, 46.3 percent of people (10.3 million) were living below poverty line (BPL). Overall, as per the NSSO, as high as 40.3 percent of people were BPL in the state of Jharkhand.

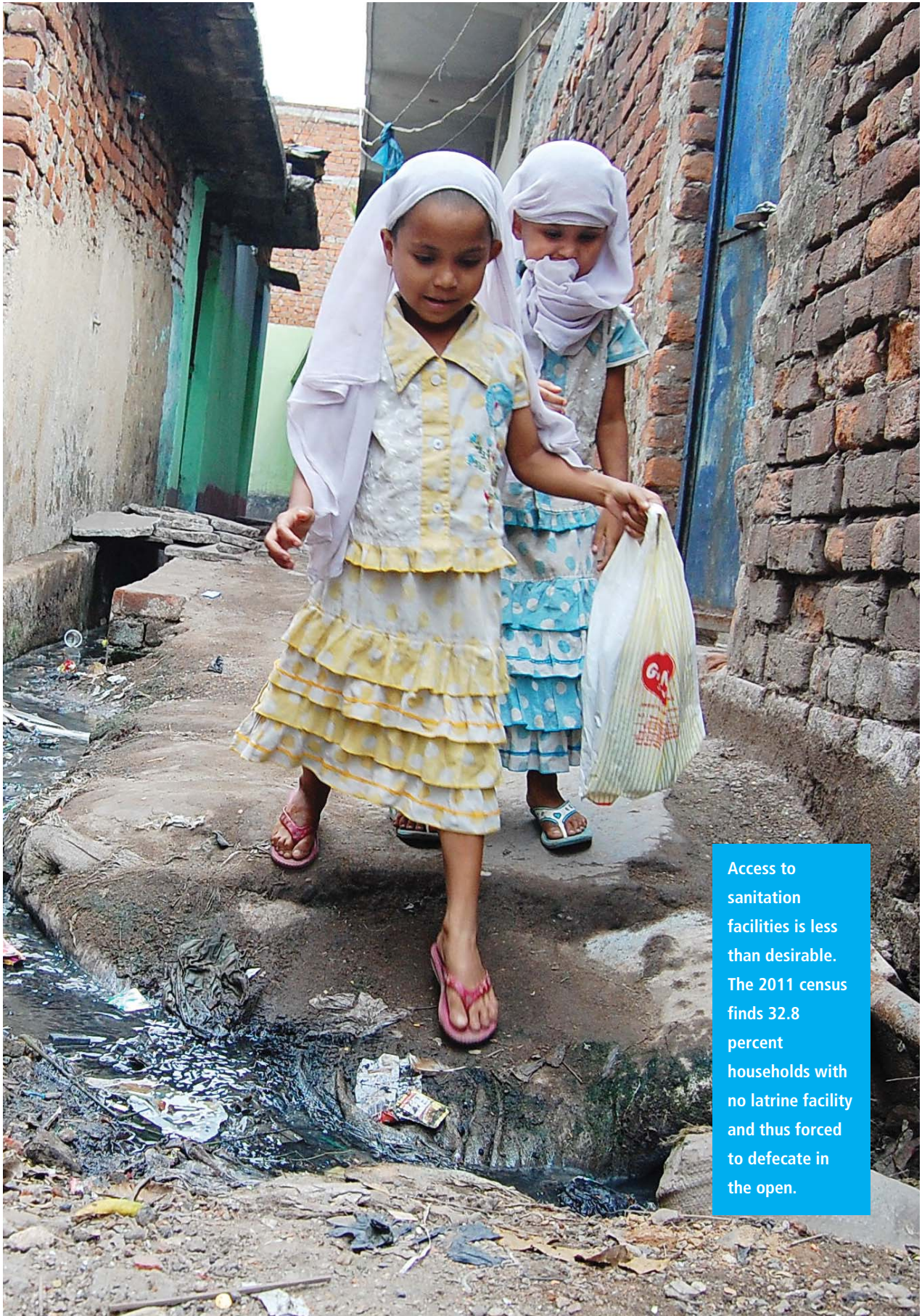
Of the state's 1.5 million urban households, tap water is the main source of drinking water for 41.6 percent households.² Interestingly, this was 48 percent in 2001.

Access to sanitation facilities is less than desirable. The 2011 census finds 32.8 percent households with no latrine facility and thus forced to defecate in the open. Only 1.8 percent households use public latrines. Around 1 percent households use unsafe fecal disposal systems. Only 14 percent households are covered with a piped sewer system, 49.2 percent have septic tank latrines, and 1.8 percent use other pit latrines. There are other assessments on the urban population's access to water and sanitation (WATSAN).

The latest census has not segregated data on the WATSAN situation for urban poor and non-poor or slums and other areas. The variation in the situation is clearly reflected if we look into the National Family Health Survey-III 2009 (NFHS-III), Census 2001, and Census 2011 (see Table 2).

¹ <http://ranchi.nic.in/census.htm>.

² "Main Source of Drinking Water 2001-2011", Census of India 2011 (http://censusindia.gov.in/2011census/hlo/Data_sheet/Jharkhand/Main%20Source_%20Drinking_Water.pdf).



Access to sanitation facilities is less than desirable. The 2011 census finds 32.8 percent households with no latrine facility and thus forced to defecate in the open.

% Households			
Indicators	Urban poor	Urban non-poor	Overall Urban
Households with access to piped water supply at home	7.0	41.3	30.5
Household accessing public tap / hand pump	73.6	44.0	53.4
Household using sanitary facility (flush/pit toilet)	31.2	93.1	73.7

Source: Factsheet for Urban Poor in Jharkhand, HUP 2010.

Policy Overdrive

The state has a few specific policies with wide ramifications for WASH for the urban poor. Given below are concise summaries. (See Table 3)

Reference Document	Reference Points on WASH
Jharkhand State Health Policy, 2002 (Health & Family Welfare Department, Government of Jharkhand)	<ul style="list-style-type: none"> This policy stresses the link between environment and health. It mentions the inevitability of WATSAN in ensuring health for all.
Draft Women Empowerment Policy, 2010–2015 (Women and Child Development Department, Government of Jharkhand)	The policy aims for priority access of women to safe drinking water and sanitation facilities in both rural and urban areas.
Jharkhand Rehabilitation and Re-settlement Policy, 2008 (Department of Revenue and Land Reforms, Government of Jharkhand)	The policy makes specific mentions of the impact of development projects on public and community properties, assets and infrastructure like drainage, sanitation, drinking water sources, and community ponds.
Draft State Water Policy, 2011 (Water Resource Department, Government of Jharkhand)	<ul style="list-style-type: none"> The policy states: "It is important to make sure that the right of every citizen to equitable access to water for his or her basic needs is protected and enforced through appropriate policy, and legislative and programme initiative." The community will be effectively involved in the planning and management of drinking water supply and sanitation facilities in urban as well as rural areas. Community level organizations and appropriate local-level bodies shall manage, operate, and maintain these services on a day-to-day basis.

Concerns

Even though the state water policy recognizes the importance of equitable access to water for basic needs and benchmarking of water resource projects, several concerns remain unaddressed and hence the persistent critical gaps. For example, the policy does not recognize the importance of clean water and sanitation for improvement in health status and reducing poverty. Also, benchmarking of the service provisions is not recognized.

Similarly, while the policy recognizes water audits for the optimal utilization of created irrigation potential available in the state, it has not thought of including water audits for ensuring water for drinking, hygiene, and sanitation for the urban population, including all the settlements and entire population of the urban poor.

The state needs to have an integrated drinking water and sanitation policy. This needs to be followed by promulgation of slum-related guidelines and policies to give equal attention to urban drinking water and sanitation needs, especially to the urban poor. Such a policy, that prioritizes and recognizes WASH for the entire urban and rural population, should be backed by sound action plans for provision of safe drinking water, adequate sanitation, and clean environment for the urban poor.

Water, sanitation and hygiene (WASH), which are essential determinants for health, have been mentioned in many program guidelines under preventive and promotive aspects. The State Health Policy talks about the importance of linking health and environment, calling for interventions in drinking water and sanitation. However, critical gaps remain. Some of these gaps—that can only be addressed when the policy clearly spells out guidelines—include: (i) The link between WASH and diseases; (ii) stress on personal and environmental hygiene; (iii) the role of various departments; (iv) convergence between various provisions.

Despite of the Constitution's 74th amendment, there is no real devolution of power to the Urban Local Bodies (ULBs). It is still the Urban Development Department that plans, manages, and oversees all urban sector reforms. There needs to be a state-specific strategy to facilitate immediate devolution of powers to the ULBs.

Suggestions and Recommendations

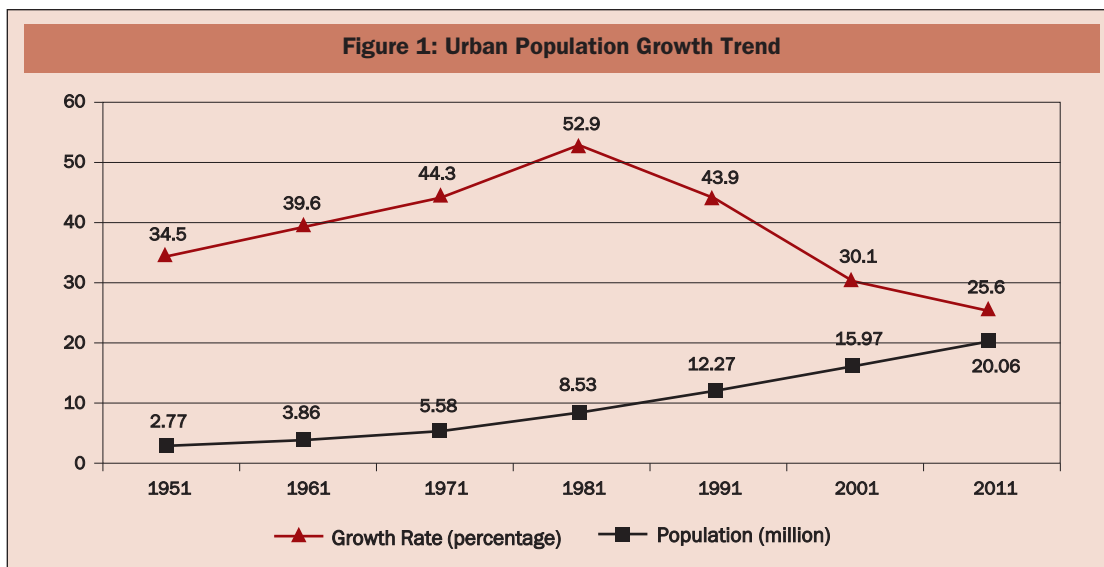
- The state urgently needs a Slum Rehabilitation Policy. Recently, there have been slum demolition drives due to the intervention of the court. The displaced need to be properly rehabilitated with shelters and other infrastructure including basic amenities. This, therefore, calls for a policy and strategy with utmost urgency.
- The state also needs to have a state-specific Nutrition Policy which can address the link between provision of safe WATSAN with nutrition status.
- Jharkhand should formulate City Sanitation Plans. This should be initiated without further delay as it is provided for under the Jawaharlal Nehru Urban Renewal Mission (JnNURM). This will help in facilitating proper implementation of national-level policies in the state.
- There is also an urgent need to undertake WATSAN mapping towards building a segregated database in notified and non-notified slums. Creating such databases and making them easily accessible to people and other stakeholders is crucial for successful planning.

Madhya Pradesh: Large but Lagging Behind

Madhya Pradesh is the second largest state of the country, covering 9.38 percent area of the country (308,244 sq km).¹ However, it hosts 6 percent of the country's population. The state's population growth is unprecedented. India's population increased by 408 percent during 1901–2011, whereas Madhya Pradesh's population grew by 473 percent during the same period (Gol 2011). In the Human Development Index (HDI), the state stood 16th among the states (UNDP 2011). This indicates the state's poor socioeconomic conditions.

According to the 2011 Census, the state's population is 72.59 million. Of this, 20.1 million reside in urban areas. Urban population growth is much higher than the rural population and the state's overall population growth. During 2001–11, the state's urban population growth was 25.6 percent in comparison to a rural population growth of 18 percent and the overall growth rate of 20 percent. In the last decade, the share of urban population to total population has increased to 27.6 percent from 26.5 percent. Though the urban population growth trend shows a declining rate of growth, the absolute number is increasing (see Figure 1).

Despite this, in the last decade, 40.1 million more people were added to the urban population. The number of towns has increased from 394 to 476 during 2001–11. There are four cities—Indore, Bhopal, Gwalior, Jabalpur—with over a million people each. These four cities accommodate around 35 percent of the total urban population.



Water and Sanitation (WATSAN) Too Far

The state's estimated slum population was 6.4 million in 2011 (Gol 2010). This is around 32 percent of the total urban population. It is also reported that out of the total slums in the state, 34 percent are

¹ Press conference for release of Provisional Population Totals, Madhya Pradesh. (http://www.censusindia.gov.in/2011-prov-results/prov_data_products_MP.html)

Of the 3.84 million urban households in the state, 55.4 percent have access to a water source within their premises, 30.1 percent near the premises, and 14.5 percent have to fetch water from distant sources



notified and 66 percent are non-notified (Gol 2009). The assessment of the urban poor and declaration of the urban poverty line is highly debatable. Currently, the central government is working on a new methodology to estimate overall poverty. Till it is accepted, practically, we may not be able to get an official estimate of the urban poor.

According to the census of 2011, there are 3.84 million urban households in the state. Of this, 55.4 percent have access to a water source within their premises, 30.1 percent near the premises, and 14.5 percent have to fetch water from distant sources. Tap water is the principal source of water for 62.2 percent of urban households. For close to 30 percent households, hand pumps are the principal source of water while well and other sources are principal sources for 5.5 and 2.4 percent of households respectively.

On access to sanitation, the census of 2011 paints a miserable picture. Close to 23 percent of urban households have no toilet facility and they defecate in the open. Another 1.5 percent households use unsafe fecal disposal systems. A meager 3.3 percent households used public toilets. Only 20.2 percent households have access to a piped sewer system while 50.1 percent use septic tank latrines and 1.2 percent use improved pit latrines. The 2011 Census has not yet released segregated data for slum and non-slum populations.

The National Sample Survey (NSS) 65th Round survey found that 24 percent of notified and 81 percent of non-notified slums were affected by waterlogging during the monsoon. Around 18 percent of notified and 24 percent of non-notified slums didn't have any toilet facility. According to this survey, only 3 percent of notified slums were covered with an underground sewerage facility and none of the non-notified slums had any such facility. It is reported in Bhopal, that about 80 percent of slum dwellers defecate in the open.² In Jabalpur, 75 percent of slum households defecate in the open.

Water-related diseases are high in the urban areas of Madhya Pradesh. The state is one of the high malaria endemic states. Ratlam and Shiuvpur are high-risk towns in terms of being malaria prevalent. Indore has witnessed increased incidence of vector-borne diseases like chikungunya, malaria, and dengue, particularly after floods. In the slums of Bhopal, nearly 14 percent of the respondents had somebody in their family suffering from malaria in the last one month and nearly 5 percent responded that their family members suffered from stomach worm.³ Diarrhea affected around 16 percent children in the urban areas (IIPS, 2010).

² City Development Plan, Bhopal, 2006 (<http://www.jnnurm.in>)

³ "Base Line survey: Status of Water and Sanitation in the Slums of Bhopal" (AIF CIF Component of Project Uday), p. 38 (<http://www.unhabitat.org.pk/newweb/LatestPublications/UN-HABITAT%20Water%20and%20Sanitation%20Publications%20-%20Asia/WAC%20Programme/India/Publications/Baseline%20Survey%20Bhopal.pdf>).

Table 1: WASH in Sectoral and Sub-sectoral Policies	
Reference Document	Reference Points on WASH
State Water Policy, 2003 (Water Resources Department, Government of Madhya Pradesh)	<ul style="list-style-type: none"> • The facility of sufficient drinking water shall be extended to the entire urban and rural population. • It should be made mandatory to treat industrial and urban waste to the required standards before these are allowed to flow into a stream.
Madhya Pradesh State Disaster Management Policy (MPSDMP), 2002 (Madhya Pradesh State Disaster Management Authority)	The relevant government departments and local authorities would provide temporary shelter, health and sanitation services to rescued victims in order to prevent an outbreak of disease.
Madhya Pradesh Housing and Habitat Policy, 2007 (Housing and Environment Department, Government of Madhya Pradesh)	Basic amenities at relocated/rehabilitated slums shall be provided by the local bodies.
State Environment Policy, 1999 (Housing and Environment Department, Government of Madhya Pradesh)	<ul style="list-style-type: none"> • Water budgeting for rational allocation for domestic, agricultural, industrial, and other uses, and for rural and urban populations. • Building of a network for assessment and monitoring of surface and groundwater quality. • Measures to contain the misuse of drinking water. • Create and strengthen healthcare facilities and environmental sanitation to contain the spread of communicable diseases.
Madhya Pradesh Women Policy, 2008–2012 (Women and Child Development Department, Government of Madhya Pradesh)	<ul style="list-style-type: none"> • Promotion of active participation of women on issues related to forest, WATSAN, and environment. • Ensure access and control of rural and urban women on forest, WATSAN, and environment.
Madhya Pradesh State Street Vendors Act, 2012 (Urban Administration and Development Department, Government of Madhya Pradesh)	Provision of civic facilities including provision of drinking water, sanitation, waste management, and electricity.

Concerns

The state doesn't have any comprehensive urban development, slum development, or urban WATSAN policies. Only sectoral and sub-sectoral policies are in place which focus on water, sanitation, and hygiene (WASH). Some of the state policies that concern WATSAN include: Madhya Pradesh Population Policy, Madhya Pradesh State Health Policy, Madhya Pradesh State Water Policy, Madhya Pradesh State Women's Policy, Madhya Pradesh Housing and Habitat Policy, Madhya Pradesh State Environment Policy, and Madhya Pradesh State Disaster Management Policy (See Table 1). Besides, the state government recently circulated a draft health policy that does not mention WATSAN.

The urban local bodies (ULBs) are assigned with the task of urban planning and development and yet there have not been enough reforms to enable these bodies to function effectively. The state government's Urban Administration and Development Department (UADD) is responsible for overseeing urban sector reforms that includes arranging capital investment for basic infrastructure under the ULBs.

The UADD is also responsible for the implementation of various schemes sponsored by the central and state governments. The public welfare schemes are implemented through the District Urban Development

Agency (DUDA). Being the parent organization of municipal corporations, it monitors their functioning. Besides the local bodies, there are number of agencies responsible for urban development/management in the state, for example, the Town and Country Planning Department, City Development Authority, Public Health Engineering Department, Madhya Pradesh Housing Board, and Madhya Pradesh Pollution Control Board.

It is clear that the majority of urban households depend on community/public water sources. However, there are doubts over the quality and availability of water supplied.

Access to safe and adequate WATSAN is important to reduce social and gender discrimination. It is well recognized that water supply and sanitation have a direct bearing on improving health conditions in slums, especially of women. Active participation of women in issues related to WATSAN and the environment is one of the policy objectives of the State Women Policy (2008–12). However, looking at recent policy and programs, these objectives remain on paper and never see the light of day.

Suggestions and Recommendations

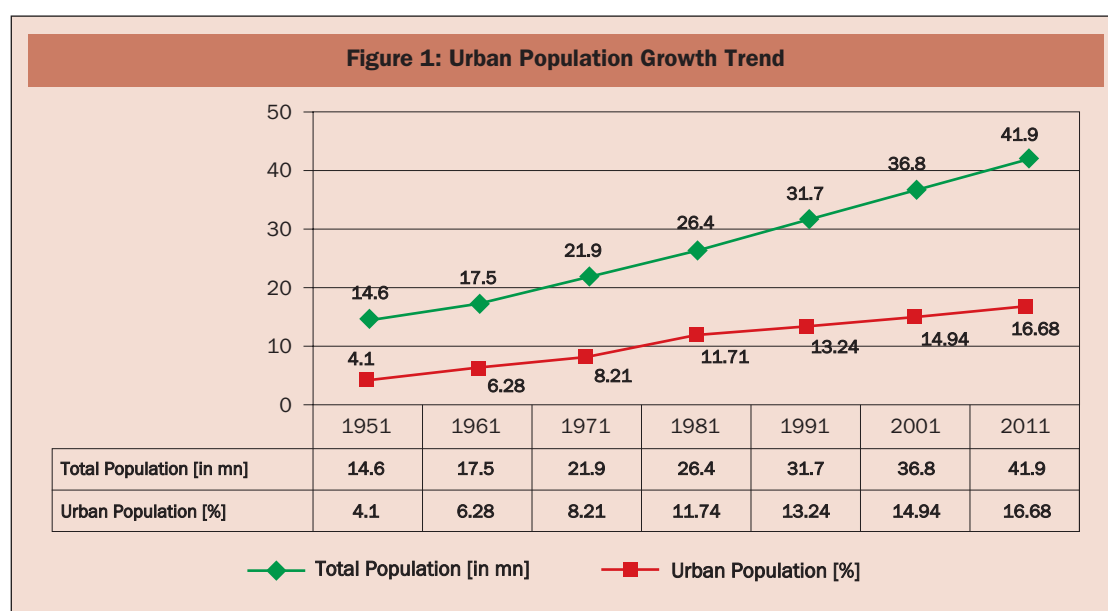
Several measures are required to ensure safe and adequate WASH to improve health, economic, and living conditions of the urban poor. A few of them are as follows:

- Delinking WASH from tenure status, as discriminatory service provision of WATSAN is against the fundamental right of equity and to life with dignity.
- There is an urgent need to develop a segregated database for assessing the real situation and declaration of the service standards for slum and non-slum areas.
- There is a need to develop a comprehensive WASH policy for all with a special focus on the urban poor and women. It is also important to develop monitoring indicators for the assessment of the impact of the WASH policy, as well as impact of the other policies on sustainable WASH for the urban poor.

Odisha: Moving Ahead

Odisha is the eighth largest state of the country, covering 4.74 percent of India's landmass. However, its population of 41.94 million is just 3.46 percent of the country's population. The state is dominantly rural with only 16.68 percent of the state's population being urban. But this is changing fast with a high rate of urbanization. The decadal urban population growth is 26.80 percent, almost double the overall growth rate, that is, 13.97 percent.

During 1951–2011, the total population increased 2.87 times while the urban population increased 11.65 times (See Figure 1).



As with other fast urbanizing states, Odisha is also witnessing the rapid growth of slums in urban areas. The 2001 Census reported a slum population of 1.4 million, which was 25.41 percent of the urban population. The state has 1,953 slums out of which 32.3 percent are notified and the rest are non-notified (Gol 2009: 47). But the Committee on Slum Statistics/Census estimated the state's slum population at 1.73 million in 2011 (Gol 2010: 22). The state has one of the country's highest urban poverty ratios. Around 44 percent of urban households in the state live below the poverty line.¹ The latest poverty estimates of the Planning Commission for the year 2009–10² suggests that 25.9 percent of the urban population lives below the poverty line. However, this figure has remained controversial and has not yet been finalized.

Urban Nightmare

As per the 2011 Census, 48.0 percent of urban households use tap water for drinking purpose. Of this, 42.1 percent access treated sources and 5.9 percent manage from non-treated sources. Around 57

¹ Based on Uniform Recall Period (URP) consumption, poverty estimates for 2004–5, Planning Commission, Government of India.

² http://planningcommission.nic.in/news/press_pov1903.pdf.

35.2 per cent of households in the state do not have latrines. This is the second least coverage of sanitation in urban India after Chhattisgarh, where 39.8 percent households are without latrines



percent of urban households have a source of water within their premises.³ As per the Annual Health Survey 2010–11, around 89 percent households have improved source of drinking water in urban areas. Nearly 40 percent households treat water before use in urban areas.⁴

According to the Census 2011, 35.2 per cent of households in the state do not have latrines. This is the second least coverage of sanitation in urban India after Chhattisgarh, where 39.8 percent households are without latrines. As per the Annual Health Survey 2010–11, nearly 70 percent urban households have access to toilet facilities.⁵

Rourkela industrial town, with 53.40 points, is the best sanitized city among all Class I cities of the state. This was revealed from the sanitation ranking exercise of 423 Class I cities of India, covering 21 indicators by the Government of India in 2009–10 under the National Urban Sanitation Policy. Rourkela industrial town, that is basically where the Rourkela Steel Plant area is located, was ranked 14th in the nation in this report. However, in the same area, Rourkela city’s ranking was in black as the city’s sanitation condition still needs considerable improvement. It was ranked 133 in the entire country. Other cities that got black color badges in the state are Cuttack (ranked 72), Balasore (ranked 78), Puri (ranked 89), Barhampur (ranked 107), Bhubaneswar (ranked 124), and Baripada (ranked 129). Sambalpur city, at 269, earned an infamous red color code indicating it is among cities on the brink of public health and environmental “emergency” and in need of immediate remedial action.⁶

Big Commitments: Institutional Mechanism

The State has several sectoral and sub-sectoral policies that deal with different aspects of WASH (for details please see Table 1). The Housing and Urban Development (H&UD) department of the state is the nodal department for planned growth of cities and towns with adequate infrastructure and basic amenities. The Public Health Engineering Organisation (PHEO) and the Odisha Water Supply and Sewerage Board (OWSSB) are under the administrative control of the H&UD department. Currently, the

3 “Houses Household Amenities and Assets, Drinking Water”, Odisha, Census of India 2011 (http://censusindia.gov.in/2011census/hlo/Houselisting_Housing_2011_odisha.html).

4 “Annual Health Survey 2010–11”, Fact Sheet, Odisha, Office of the Registrar General & Census Commissioner, India, Ministry of Home Affairs, Government of India, p. 126 (http://censusindia.gov.in/vital_statistics/AHSBulletins/files/06-Orissa_AHS_Bulletin__23x36_.pdf).

5 Ibid. p. 127.

6 Rank of cities on sanitation 2009–10, National Urban Sanitation Policy (http://www.indiawaterportal.org/sites/indiawaterportal.org/files/Rank%20of%20cities_NUSP_Ministry%20of%20Urban%20Development_Government%20of%20India_2009-2010.pdf).

Table 1: **WASH in Sectoral & Sub-sectoral Policies**

Policy Documents	Reference Points on WASH
Odisha State Water Plan, 2004 (Department of Water Resource, Government of Odisha)	<ul style="list-style-type: none"> • Sets the standards for urban water supply in the state to access domestic water requirements. The standards are as follows: <ol style="list-style-type: none"> 1. Towns provided with piped water supply but without sewage system (< 50,000 population) = 70 lpcd. 2. Cities provided with proper water supply where sewage system exists/is contemplated (> 50,000 and <2,00,000 population) = 135 lpcd. 3. Metropolitan and mega cities provided with proper water supply whenever sewage system exists/is contemplated (> 2,00,000) =150 lpcd.
Odisha State Water Policy, 2007 (Department of Water Resource, Government of Odisha)	The state shall provide adequate safe drinking water for human beings and livestock, in both urban and rural areas.
Odisha Water Works Rule, 1980	Water supply in urban Odisha is regulated by the Odisha water works rule.
Odisha Water Works (Urban Local Bodies) Amendment Rules, 2009, Feb 2010	<ul style="list-style-type: none"> • Simplification of connection and introduction of connection fee (domestic) on installment basis to both above poverty line (APL) and below poverty line (BPL) families. APL households to get house connection by paying Rs 3,600 on equal monthly installments of 12/24/36 months. • Domestic water connection fees for BPL consumers under the new scheme "PIYUS" shall be Rs 500 (non-refundable connection fee Rs 440 plus refundable deposit of Rs 60) which can be paid either one-time or in five interest free equal monthly installments of Rs 100 each.
Odisha Urban Sanitation Strategy (OUSS), 2011 (Housing and Urban Development Department, Government of Odisha)	<ul style="list-style-type: none"> • OUSS envisions that all cities and towns in Odisha become totally clean, sanitized, healthy, livable, ensuring and sustaining good public health and environmental outcomes for all citizens, with a special focus on hygienic and affordable sanitation for the urban poor and women; in line with the National Urban Sanitation Policy. • It speaks of adequate quantum of funds allocated for provisioning services to urban poor. • The state aims at achieving open defecation free (ODF) status across urban Odisha by 2016–17.
Odisha Slum Rehabilitation and Development Policy, 2011 (Housing and Urban Development Department, Government of Odisha)	<p>The state's SRDP (GoO 2011a) has two commitments:</p> <ol style="list-style-type: none"> 1. An open defecation-free urban Odisha by 2016–17. 2. A slum-free Odisha by 2020, through the implementation of the seven-point charter in convergence of related line departments like housing, water supply, toilets and drainage, livelihoods, roads and transport, education, health and welfare services to all slum dwellers.
Odisha state integrated health policy, 2002 (Health and Family Welfare Department, Government of Odisha)	<ul style="list-style-type: none"> • It talks, among other approaches, a public health and societal approach that will be used to address determinants of ill health, such as nutrition, water supplies and sanitation to reduce transmission of communicable diseases and risk factors for diseases. It focuses on the involvement of political representatives of local self-government (both rural and urban) for strengthening public health programs. • It asks that the health department take steps for the testing of water quality through its laboratories, health promotion regarding WATSAN related problems, its prevention, outbreak investigation, regular chlorination and water purification.
Odisha State Plan of Action for Children (SPAC) 2009–12 (Women and Child Development Department, Government of Odisha)	Discusses universal access to safe drinking water in the state with sanitation facilities and adoption of positive personal home hygiene and sanitation practices.

PHEO plans, executes, operates, and maintains the urban water supply and sewerage systems. After completing water supply and sewerage projects, the OWSSB hands over their operation and maintenance (O&M) to the PHEO. The state is quite progressive in formulation of policies to facilitate urban reforms. Odisha Water Sanitation Strategy (OWSSS) 2011, Odisha Slum Rehabilitation and Development Policy (OSRDP) 2011,⁷ Schemes for Affordable Urban Housing in Odisha, 2012,⁸ etc. are some examples.

As mandated by the 13th Finance Commission, all the urban local bodies (ULBs) need to declare the current service levels across the four key urban service levels, that is, water supply, sewerage, solid waste management, and storm water drainage. The Odisha government has piloted Service Level Benchmark (SLB) in water supply in Bhubaneswar and Barhampur and has rolled out the same to 12 more cities/towns.⁹ The H&UD department has notified the current service level and target for the financial year 2011–12 for all 103 ULBs in the state.¹⁰

Concerns

The Odisha Slum Rehabilitation and Development Policy mentions that all slums will be covered through convergence of seven services. However, the level of services is not disclosed. For example, water supply in all the slums may be considered to be one of the commitments made, but whether all the slum households will be covered through individual tap connections or through availability of water within the premises, or through provision of public hand posts or public tap connections is not clear. Similarly, whether an entire household will be given basic sanitation facility, or whether all slums will be covered with public sanitation facilities, is not clearly mentioned.

The PIYUS scheme in Odisha is a pro-poor initiative by the state government, which was launched in 2010, by amending the Orissa Water Works Rule, with the objective of providing universal access to safe drinking water to BPL families. But all urban-based policies/reforms are silent on providing piped water supply to the urban poor who have no record of rights.

Though the Odisha Urban Sanitation Strategy (OUSS), 2011 envisions all cities and towns as totally clean, sanitized, healthy and livable, it does not reflect upon the management of solid waste, liquid waste, and drainage systems, which are equally important to ensure healthy and sanitized cities and towns in the state.

The Housing & Urban Development (H&UD) department has notified service standards¹¹ of the ULBs as per the recommendations of the 13th Finance Commission without assessing the level of services for the urban poor/slum dwellers. It is important due to the wide variation in level of services between slum and non-slum areas.

Ensuring safe drinking water to the urban population is the responsibility of the Public Health Engineering Organisation (PHEO), H&UD department in Odisha. As per the Odisha Integrated Health Policy, 2002, the testing of water quality on a regular basis and its related problems are supposed to be made by the Health and Family Welfare Department. But the lack of coordination between the two departments affects in ensuring the quality of water provided to urban consumers.

7 OSRDP aims to create an enabling environment at both state and city level for citywide slum upgrading and poverty reduction. It will also provide the framework within which RAY shall be implemented. See Slum Rehabilitation and Development Policy 2011, Housing and Urban Development Department, Government of Odisha, p.3 (<http://www.orissa.gov.in/govtpress/pdf/2011/420.pdf>.)

Schemes for Affordable Urban Housing in Odisha, 2012 provides a policy framework to address the issue of poor availability of affordable housing in urban areas, especially for the economically weaker section (EWC), lower income group (LIG), lower middle income group (LMIG), and middle income group (MIG). ([http://www.urbanorissa.gov.in/\(S\(4zhcaxfay31cdse0lrtxon3n\)\)/pdf/Odisha_affordable_Housing\(approved%20version\)_31.08.2012.pdf](http://www.urbanorissa.gov.in/(S(4zhcaxfay31cdse0lrtxon3n))/pdf/Odisha_affordable_Housing(approved%20version)_31.08.2012.pdf).)

8 Schemes for Affordable Urban Housing in Odisha, 2012 provides a policy framework to address the issue of poor availability of affordable housing in urban areas, especially for the economically weaker section (EWC), lower income group (LIG), lower middle income group (LMIG), and middle income group (MIG). ([http://www.urbanorissa.gov.in/\(S\(4zhcaxfay31cdse0lrtxon3n\)\)/pdf/Odisha_affordable_Housing\(approved%20version\)_31.08.2012.pdf](http://www.urbanorissa.gov.in/(S(4zhcaxfay31cdse0lrtxon3n))/pdf/Odisha_affordable_Housing(approved%20version)_31.08.2012.pdf).)

9 The 12 cities/towns where the SLB in water supply has rolled out are Puri, Jatni, Dhenkanal, Balasore, Baripada, Phulbani, Sambalpur, Rourkela, Subarnapur, Keonjhar, Koraput. See "Annual Activity Report, 2011-12", Housing and Urban Development Department, Government of Odisha, p. 22

([http://www.urbanorissa.gov.in/\(S\(zx122r555fuqmksxfiyha55\)\)/pdf/annual_activity_report/Annual_Activities_Report_2011-12.pdf](http://www.urbanorissa.gov.in/(S(zx122r555fuqmksxfiyha55))/pdf/annual_activity_report/Annual_Activities_Report_2011-12.pdf).)

10 Notification No. 8974/Reform-FC-39/2011, Housing and Urban Development Department, Government of Odisha, March 31, 2011.

11 *ibid*.



One of the objectives of the state plan of action for children 2009–12 is to provide adequate safe drinking water to the entire population in urban, rural, and tribal areas. Similarly, Odisha's urban sanitation strategy, 2011, has set a year-wise target for achieving open defecation free (ODF) status in urban Odisha

Nutrition and health education for adolescent girls and women is one of the integral services under the Integrated Child Development Scheme (ICDS). According to the National Family Health Survey (NFHS)-III, 79.2 percent of the pregnant urban women have not received any ICDS services during pregnancy, and only 10.6 percent of them received nutrition and health education from anganwadi centers (AWCs). 85.6 percent of mothers in urban Odisha receive no services from the AWCs while breastfeeding and 5.8 percent received nutrition and health education from the AWCs (IIPS and Macro International. 2008: 74, Table 47).

Policies are quite ambitious in setting targets, which seems very unrealistic. One of the objectives of the state plan of action for children 2009–12 is to provide adequate safe drinking water to the entire population in urban, rural, and tribal areas.¹² Similarly, Odisha's urban sanitation strategy, 2011, has set a year-wise target for achieving open defecation free (ODF) status in urban Odisha. At the beginning, an ODF status of 5 percent of the wards in each ULB during the financial year 2011–12 is set which progressively increases to 10 percent, 20 percent, 50 percent, and 80 percent respectively in the financial years 2013, 2014, 2015, 2016, eventually reaching 100 percent by the end of financial year 2017 (GoO 2011b). As per strategy, the target was to make Bhubaneswar the first ODF city of Odisha by 2011–12. It is difficult to achieve the target without well-designed supporting schemes and programs. Even the existing programs and schemes like the Jawaharlal Nehru Urban Renewal Mission (JnNURM), Rajiv Awas Yojana (RAY), Integrated Low Cost Sanitation (ILCS), Integrated Housing and Slum Development Program (IHSDP), and Urban Infrastructure Development Scheme for Small and Medium Towns (UIDSSMT), etc., are limited to few ULBs and pace slow of implementation.¹³

Convergence among various departments is crucial for service provision. The institutional mechanism designed in various policy frameworks for convergent action remains dysfunctional.

The same is the case with inter and intra departmental convergence, which is a matter of concern. Various schemes and programs implemented within a department or by allied departments, lack convergent action for better outcomes. For example, the City Development Plan is a prerequisite for cities under JnNURM, development of the City Sanitation Plan is a requirement for the implementation of Odisha urban sanitation strategy, and the preparation of a slum-free city plan of action is required as per RAY guidelines. These plans are prepared by the same ULBs that cater to the needs of various schemes/programs/ strategies so they lack a holistic approach toward the development of a city/town.

¹² GoO (2012). This plan says the implementing departments would be Rural Development, Health and Family Welfare, Panchayati Raj, and Housing and Urban Development.

¹³ JnNURM is confined to Bhubaneswar and Puri; RAY is confined to six cities, that is, Bhubaneswar, Cuttack, Barhampur, Sambalpur, Puri, and Rourkela; the water supply project under UIDSSMT covers 11 cities/towns (Barhampur, Sambalpur, Paralakhemundi, Bhanwanipatna, Angul, Koraput, Vyasnagar, Phubani, Nayagarh, Bargarh, Talcher) except the JnNURM mission cities.

The government of Odisha has declared a Slum Rehabilitation and Development Policy, which is aimed at a slum-free Odisha by 2020. The policy has a provision for the listing and notification of all the slums with an assessment of the level of services



Suggestions and Recommendations

There are multiple agencies with overlapping responsibilities involved in urban development and provision of basic services to the poorest of the poor in urban areas. As right to life with dignity and right to equality are fundamental rights guaranteed by the Constitution of India, so there is a need to adopt an integrated approach toward WASH for the urban poor. Considering the urban WASH scenarios and policy framework available in the state, the following suggestions and recommendations are placed for consideration:

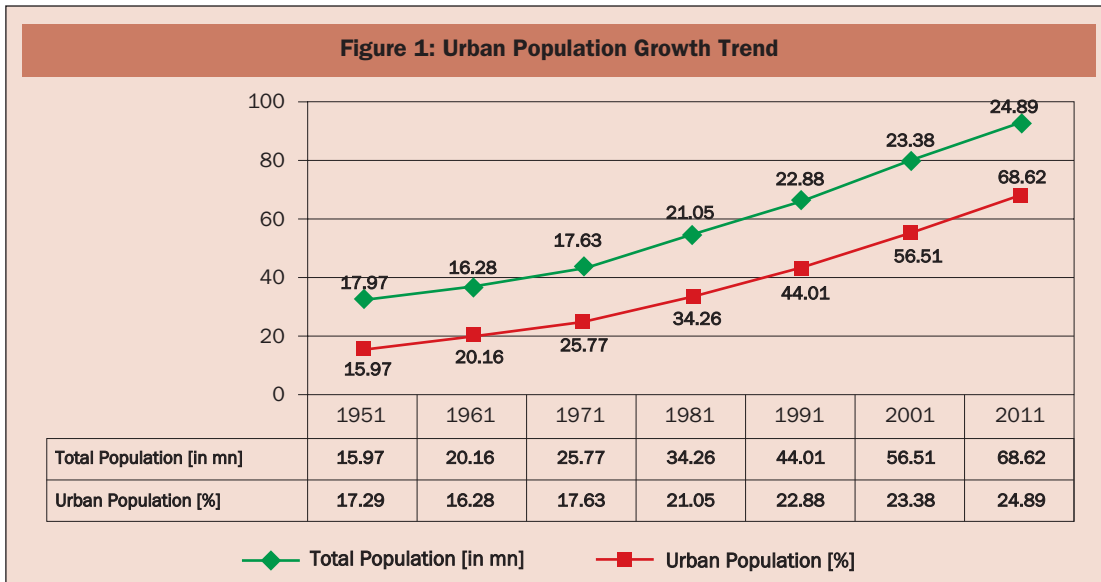
- The government of Odisha has declared a Slum Rehabilitation and Development Policy, which is aimed at a slum-free Odisha by 2020. The policy has a provision for the listing and notification of all the slums with an assessment of the level of services. As per the policy, a settlement of 20 households with specified characteristics is to be considered a slum. The need is to recognize that water, sanitation, and a clean environment are essential human needs and also basic human rights, and therefore all settlements, irrespective of their size, need to have these services.
- The service standards of the ULBs are notified as per the recommendations of the 13th Finance Commission. There is a need to separately include the present level of services in slums/settlements with targeted coverage.
- Odisha has a State Water Policy, 2007, promulgated by the water resources department based on the National Water Policy, 1987. Further, it also has an Urban Sanitation Policy, 2011, as mandated by the National Urban Sanitation Policy, 2008. So, as of now, these are separate policies. As WATSAN is interrelated, providing one service without the other makes a marked difference. The state should therefore formulate an integrated urban water supply and sanitation policy or strategy for provisioning WATSAN facilities to all.
- The effectiveness of WATSAN projects and schemes need to be assessed on the basis of the burden of WATSAN related morbidity and mortality.
- There is a direct link among burden of diseases with water, sanitation, and personal and environmental hygiene. Odisha has number of policies which address the integration of water, sanitation and hygiene (WASH) to achieve health for all. Lack of operational guidelines hampers the implementation of policy framework. The government should expedite circulation, in all concerned departments and among all officials, of necessary orders and circulars to operationalize these provisions of integration.

Rajasthan: WATSAN Deserted?

Geographically, Rajasthan is the largest state of the country covering more than 10 percent of the total area of the country. The state hosts around 6 percent of the country's population. But the desert state has just 1 percent of the country's water resources.

Like India, the dominantly rural state is urbanizing. Its three-fourth population is rural. But the share of urban population is increasing gradually. In terms of urbanization, Rajasthan ranks 26th in India.¹ Moreover, although the overall population density of the state is 201 persons per sq km, urban areas report much higher density. For example, Jaipur district has 598 persons per sq km.²

Rajasthan has been urbanizing rapidly in recent decades. In 1951, the share of urban population was 17.29 percent, which increased to 24.89 percent in 2011 (see Figure 1). The overall urban population growth rate of the state during 2001–2011 was 29.26 percent, when rural population grew by 19.05 percent. In the last two decades, that is, 1991–2011, urban and rural populations in the state increased by 70 and 52 percent respectively. It is estimated that the urban population may increase to 29 percent in 2026 with around 24.4 million people living in urban areas. It is estimated that 47.51 lakh persons, comprising 32.9 percent of the urban population of the state, live below the poverty line (GoR 2006).



The Price to be Poor

The procedure to assess the urban poor and declare the urban poverty line is highly debatable. As per poverty estimates of 2005–6, 32.9 percent of the urban population was below poverty line (BPL) (Gol 2007). The reported slum population was 23.6 percent of the total urban population, going by the 2001

1 "Rural Urban Distribution of Population - India," see Introductory Note (Gol 2011).
 2 Jaipur district: Census 2011 data (<http://www.census2011.co.in/census/district/435-jaipur.html>).

In Jaipur city, about 45 percent of the urban poor families are dependent on community water sources, 39 percent on private water sources, and 16 percent have no definite source of water



Census. The Committee on Slum Statistics/Census estimated a 3.82 million slum population for 2011, which was 22.36 percent of the reported urban population of the state in 2011.

As per the 2011 Census, there are 3.09 million households in the state. For around 83 percent households, tap water is the principal source of water while hand pumps/tube wells, wells, and other sources are the main source of drinking water for 11.7, 1.5, and 4.2 percent households respectively. It is also reported that 7.2 percent of urban households get untreated tap water and 1.5 percent get drinking water from uncovered wells.

Overall, the existing water and sanitation (WATSAN) status does not reflect access to and availability of it for urban poor and slum dwellers. In Jaipur city, about 45 percent of the urban poor families are dependent on community water sources, 39 percent on private water sources, and 16 percent have no definite source of water. Basic sanitation facilities are absent in most of the slums and *katchi bastis* (shanty towns with minimum drinking water and electricity facilities) (GoI 2006: ch. 8, p. 160). Most of these places have neither a sewerage system nor septic tanks. There are about 76 community latrines throughout Jaipur which cater to the slums and public in general, which is much below the requirement. As a result, most of the slum dwellers resort to open defecation along the roads and open drains thus polluting the surroundings and risking their health.³

In Jaipur, about 26 percent of slum households have access to in-house tap connections, 37 percent are dependent on public taps, 17 percent are dependent on neighbors, and 8 percent are dependent on private sellers. Thus about 25 percent of slum households have no definite source of water. Out of the total surveyed slum households, 40 percent have access to in-house toilets, 2 percent accessed community toilet facilities, and 48 percent had no toilet facility and defecated in the open (MHST 2009).

A Favorable Environment

Rajasthan has declared the following policies. Some policies are specifically for the urban poor and slum development. (See Table 1)

The Department of Urban Development and Housing in the state has the overall responsibility of urban development. The Directorate of Local Bodies is the nodal agency for all administrative matters relating to the local bodies and provisioning of urban services; maintenance of public assets is exclusively the

³ City Development Plan (CDP), Jaipur, 2006 (<http://www.jnnurm.in>).

Table 1: WASH in Sectoral & Sub-sectoral Policies	
Reference Documents	Reference Points
Rajasthan Urban Housing and Habitat Policy 2006 (draft), (Department of Urban Development & Housing, Government of Rajasthan)	Ensuring that all existing dwelling units have easy accessibility to basic sanitation facilities and drinking water, preferably on individual basis or on shared basis.
Affordable Housing Policy 2009 (with a focus on EWS & LIG housing for urban areas of Rajasthan) (Department of Urban Development Housing and Local Self Government, Government of Rajasthan)	Affordable housing for all and integrated habitat development with a view to ensure equitable supply of land, shelter and services at affordable prices in Rajasthan, with special focus on urban poor and excluded groups of society.
Slum Development Policy 2010 (under public private partnership) (Department of Urban Development Housing and Local Self Government, Government of Rajasthan)	Provision of water supply pipeline, sewerage-drainage facilities, recycling of water, sewerage treatment plant and disposal of the solid waste are priority in planning for slum development/redevelopment.
Katchi Basti Niyaman Niti (Slum Regularization Policy) 2004 (Urban Development & Housing, Government of Rajasthan)	Roads, drainage, sewerage and other civic amenities shall be developed by the concerned agency for the development of the slums (katchi bastis)
State Water Policy February 2010 (State Water Resource Planning Department Government of Rajasthan)	<ul style="list-style-type: none"> • Adequate drinking water facilities shall be provided to the entire population in both urban and rural areas. • In multipurpose irrigation projects, top priority to be given to drinking water. • Urban and rural drinking water schemes to be planned on the basis of conjunctive use of surface and groundwater so that minimum surface water is required to be transported.
State Policy for Women, 1996 (Women and Child Development Department Government of Rajasthan)	<ul style="list-style-type: none"> • It will be difficult to improve the health status of women in the absence of meaningful education programs, social support services like child care, clean drinking water, and proper sanitation facilities. • Strive to prevent and manage infectious diseases like malaria, tuberculosis and waterborne diseases through public education, awareness, and improvement of sanitation.

responsibility of the local bodies. There are many agencies responsible for city management. The Rajasthan Urban Infrastructure Development Project (RUIDP) and Asian Development Bank (ADB) funded projects also include provisions of basic infrastructure, urban development, and heritage conservation.

Concerns

Water, sanitation, and personal and environmental hygiene are essential human needs. The state policy for women, adopted in 1996, emphasizes the prevention of waterborne diseases through public education, awareness, and improvement in sanitation. Nutrition and health education for adolescent girls and pregnant women is one of the integral services under the Integrated Child Development Scheme (ICDS). It is reported that about 94.1 percent of pregnant urban women have not received any service and only 2.6 percent have received nutrition and health education from anganwadi centers (AWCs), according to the NFHS-III.

There are a large number of unlisted slums in the state for which, no data about water facilities is available. Therefore, segregated data and information is required about notified/non-notified slums, settlements of the poor and other areas for the assessment of the actual situation. Rajasthan has also

declared a slum development policy that focuses on domestic water and sewerage systems in planning for slum development/redevelopment. The policy has provisions on declaration of slum area, eligibility criteria for rehabilitation, selection of the bidder, and broad outline of the plan for slum development through the public private partnership model. It also has criterion for size of houses to be constructed for eligible slum dwellers. However, it does not mention anything on the service standards for WATSAN for rehabilitated families.

Suggestions and Recommendations

Multiple agencies with overlapping responsibilities are involved in urban development. There is a need to adopt an integrated approach for water, sanitation and hygiene (WASH) for the urban poor.

Following are some suggestions based on a review of policy:

- There is a need to review both national and state water policies with respect to the provision of adequate safe drinking water for the entire urban population including poor localities. Generally, the achievements are measured in the form of allocation, expenditure, installed capacity, and physical coverage. But the need is to examine why and how urban poor communities/settlements are deprived from adequate safe water. Special needs of women in WATSAN must be factored into policies and programs.
- Rajasthan's slum development policy focuses on development/redevelopment of selected/identified slums through private developers. The policy gives exclusive right to developers over leftover land. There is a need to review the policy in terms of its implications on groundwater recharge. Leftover land would be utilized for commercial purpose and it may reduce the size of open land available. Secondly, there is a need to develop WATSAN service standards.

Uttarakhand: Fastest Urbanization Needs Faster WATSAN

In the next 15 years, Uttarakhand will become one of the seven most urbanized states in India. Currently, the state's urbanization rate is one of the fastest in the country. As per the census report of 2011, the state's total population is 101.17 lakh (see Table 1). The urban population constitutes 30.5 percent of the total. It was 25.67 percent in 2001. During 2001–11, the state witnessed an overall population growth rate of 19.17 percent. But during the same period its urban population grew by 41.86 percent (GoI 2011). It is projected that the share of urban population is likely to rise to 37.3 percent by 2026 (GoUK 2007).

Indicators	Census, 2011			Census, 2001		
	Total	Rural	Urban	Total	Rural	Urban
Population	1,01,16,752	70,25,583	30,91,169	84,89,349	63,10,275	21,79,074
Male	51,54,178	35,12,456	16,41,722	43,25,924	31,44,590	11,81,334
Female	49,62,574	35,13,127	14,49,447	41,63,425	31,65,685	9,97,740
% total population		69.44	30.55		74.33	25.66

Source: Census of India 2001 and 2011 (<http://censusindia.gov.in/>).

As elsewhere in the country, urbanization in the state has brought in its wake several new challenges. Slums have sprouted extensively in cities like Dehradun, Haridwar, and Nainital. According to the state slum survey of 2010, there are around 582 slums in the state with an estimated population of around eight lakh (ADB 2010). The slum population of Uttarakhand in 2001 was estimated to be around six lakh, or approximately 30 percent of the total urban population and the projected slum population of the state in 2017 is estimated to be around 9.5 lakh (GoI 2010).

Urban development in Uttarakhand occurred in an unplanned manner resulting in lack of civic amenities. The pressure of an increasing population on cities not only places an unavoidable burden on available water and sanitation (WATSAN) infrastructure facilities, but it also hinders the social and economic development process of the cities. Basic infrastructure, like water supply and sanitation and solid waste management, are not in place to meet the booming demand. In this context, the urban poor, mostly concentrated in the slums, suffer the most. The NFHS III survey pointed out that 75.6 per cent of urban households had piped water in their dwellings/yard/plot. At the same time 72.8 per cent of the urban households had improved sanitation facilities, which were not shared. (For details, please see Table 2)

The 63 towns of Uttarakhand can be classified into three categories based on per capita water supply: 25 towns have water supply of more than 135 lpcd, 17 towns between 70–135 lpcd, and 21 towns less than 70 lpcd (GoUK 2010). This means only 25 towns have adequate water supply (ibid.). The remaining 38 towns need augmented water supply and extension of the distribution system. In most towns and cities, water wastage due to leakage in pipelines and drop in production efficiencies is reported at around 30–50 percent. But the exact figures may be much higher. As a result, per capita supply rate is restricted to 70 lpcd or even less for a substantial proportion of the urban population (GoUK 2007).

As per the rating of cities on the state of sanitation provisions based on 19 parameters by the Union Ministry of Urban Development in 2010, Dehradun was rated in the Red category (<33 points) while Haldwani was rated in the Black category (34–66 points). This indicates the need to formulate proper city sanitation strategies in the state.

Many poor people do not have access to basic services like water, drainage and improved sanitation system. They often reside in overcrowded and unhygienic slum settlements. The problem of water quality exists in many slums, and in some, water supply is erratic. Unequal distribution of water, low pressures, old dilapidated pipelines, uncontrolled, zoning and unsatisfactory operation and maintenance (O&M) are common issues in slums. With inadequate sanitation, waste disposal or drainage facilities in informal settlements, water stagnation, disposal of rubbish in rivers and open defecation are prevalent in many areas, mostly in slums.

Components	Total (in %)	Rural (in %)	Urban (in %)
Source of drinking water			
Improved source	87.4	82.9	98.9
Pipe water into dwelling /yard/plot	43.6	31.0	75.6
Public tap and stand post	22.7	27.7	10.0
Tube well or borehole	17.2	19.1	12.3
Other improved	3.9	5.0	1.0
Non improved source	12.3	17.0	0.6
Other source	0.2	0.1	0.5
Sanitation facility			
Improved , not shared	44.4	33.2	72.8
Not improved	54.4	66.6	26.8
Any facility shared with other households	11.1	8.1	19.0
Other unimproved facility	0.1	0.1	0.2
No facility or open space field	43.2	57.7	6.2
<i>Source: Uttarakhand State Report</i>			

At an Evolutionary Stage

Since 2009–10, the state government has emphasized urban health issues as major thrust areas under the Reproductive Child Health (RCH) program. The state government’s urban policies and plans reiterate national strategies and reflect increasing outlay in urban infrastructure. (For a note on WASH Sectoral and Sub-Sectoral policies, see Table 3)

Most of the urban infrastructure programs in the state are being implemented under the Uttarakhand Urban Sector Development Investment Program (UUSDIP) and Jawaharlal Nehru Urban Renewal Mission (JnNURM) reforms. In Uttarakhand, there are 66 urban local bodies (ULBs) comprising three municipal corporations, 29 Nagar Palika Parishads, and 34 Nagar Panchayats. The local bodies have been assigned the responsibilities of solid waste management, storm water drainage, road maintenance, street lighting, and slum improvement. However, the ULBs play a limited role in city planning, development, and provision of infrastructure. State utilities like the Uttarakhand Pey Jal Nigam (UPJN) and Uttarakhand Jal Sansthan (UJS) manage water supply and sewerage services and O&M. The draft water policy of Uttarakhand suggests a review of issues relating to water resource and domestic water supply, keeping in view the provisions of the 73rd and 74th amendments of the constitution. The policy also suggests increase in the norm of per capita consumption.

The Uttarakhand Urban Sector Development Investment Programme (UUSDIP) aims at improving both the quantity and quality of water supply to established standards by improving existing networks. It has slum improvement components that include providing bulk water supply and sewerage systems at the entry of slum areas, improving solid waste management, access roads, street lighting, and drainage in areas where poor communities reside, which include slums. The program aims to cover around 300,000 poor people, accounting for about half the state’s slum population.

Policy Matters

Reference Document	Reference Points on WASH
Uttaranchal Health and Population Policy, 2002 (Department of Medical Health & Family Welfare, Government of Uttarakhand)	<ul style="list-style-type: none"> The seasonal surge in communicable diseases such as gastroenteritis, typhoid, and different types of hepatitis is due to unhygienic practices and unavailability of safe drinking water. The Uttarakhand government is fully committed to create an enabling environment for influencing direct and indirect health determinants such as nutrition, water, sanitation and the environment. Coordinated efforts will be made in collaboration with other departments to provide basic amenities such as sanitation and safe drinking water to the urban slum population. Health and population policy objectives can’t be achieved without involvement of other departments that deal with direct and indirect health determinants. For instance, drinking water, sanitation, pollution, food. Education and other development activities have direct relationships with the health status of people, health practices, and prevalence of diseases. Safe drinking water and sanitation will be given high priority, taking into account the successful experiences of the Swajal project in the state and involving community and women’s self-help groups (SHGs) in implementation and maintenance of schemes.
Uttarakhand Draft Water Policy, 2003 (Department of Drinking Water, Government of Uttarakhand)	The management of water resource in the state should be dealt in an integrated and holistic approach rather than being managed in the traditional compartmentalized approach where water-use related activities are done by separate departments of drinking water, irrigation, energy, forests, etc. The new approach will be that of the water sector approach, treating water as one natural resource and managing it in a holistic manner.
Uttarakhand Draft Slum Development Policy, 2011 (Urban Development Department, Government of Uttarakhand)	It proposes to provide houses or plots to families residing in slums. A master plan will be prepared specifically for each of the districts as well as the slum clusters. This would benefit nearly 7.5 lakh people living in 582 slum clusters.

Concerns

Even though most of the habitations are covered by drinking water schemes commissioned in the past, they all struggle to provide uninterrupted water supply.

There is a need to review issues relating to the management of water as resource and water supply for domestic use in the state water policy, keeping in view the increasing demand of an ever-growing urban population.

There is lack of institutional coordination among departments in planning, and O&M for sustainability of WATSAN schemes in urban areas.

The supply and management of water resources for drinking purposes is centralized. Community participation does not exist.

With no voice in policy decisions the slum dwellers face great challenges with regard to water supply and sewerage connection services.

There are also barriers to women's participation in construction, management, and maintenance of water supply and sanitation services. Moreover, educating women on WASH issues has not been a strong focus in existing programs in the state.

There are no clear strategies for implementing policy principles and measures in the state Draft Water Policy.

There are growing complexities around the provision and management of water and sanitation facilities in the anganwadi centers (AWCs), especially in the slums. Somehow, this aspect is not being given priority while planning.

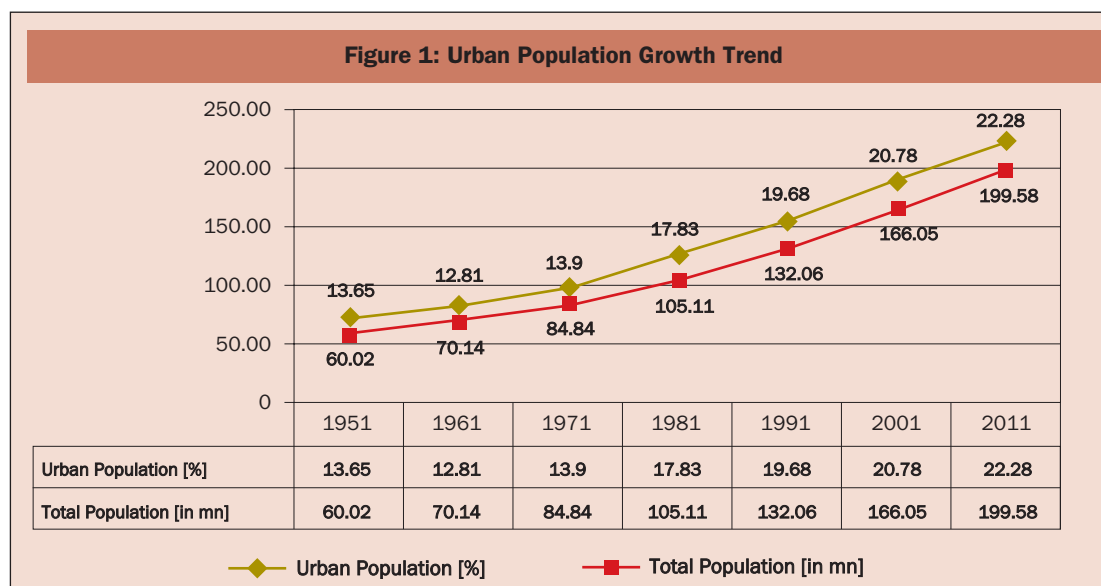
Suggestions and Recommendations

In order to cope with the host of issues that have emerged as a result of rapid urban growth in Uttarakhand, it has become imperative to draw up a coherent WATSAN policy for the state. Clear strategies for implementing policies and principles need to be defined.

- Universalization of WATSAN for all urban areas. This involves universal coverage of the urban population with safe drinking water and improved sanitation facilities. The provisioning of basic water and sanitation should be delinked from issues of land tenure and legal status. All city policies and plans should reflect universalization of WATSAN services.
- Policy framework to be developed for septage management in the state as a large portion feeds on onsite sanitation systems such as septic tanks. Guidelines for de-sludging of septic tanks, transport, and disposal/treatment needs to be framed and adopted. Total sanitation coverage in all urban areas should be ensured for improvement of surface water quality. For this, decentralized systems need to be promoted in the state as 100 percent centralized sewerage connections cannot be achieved due to undulating topography.
- There is a need to empower the ULBs to take up reforms in the state. Inclusion of ULBs in planning and execution of water supply and sanitation schemes with the Uttarakhand Pey Jal Nigam and the Uttarakhand Jal Sansthan is suggested. This includes a strong emphasis on continuous training programs for ULB-level functionaries for capacity building. Besides functional devolution in terms of the 74th Constitutional Amendment Act (CAA), all-round municipal capacity building and organizational development is of paramount necessity.
- Reforms in the sector should be accompanied by public awareness and participation of all primary stakeholders, right from the planning stage in formulating policy, program and schemes in WATSAN (that is, a supply-driven approach) to ensure system sustainability. Establish structures necessary for community participation/empowerment and participatory planning and decision making on WATSAN at the community level.
- There is a need to adopt water conservation techniques, not only to restore the fast deteriorating ecosystem of the state but also to ensure social security. Bylaws on rainwater harvesting and its proper implementation in cities will ensure environmental sustainability and ultimately benefit a larger section including the poor community.
- Encourage women to participate in managing water systems in urban areas, water user associations, as well as manage finances. The Swajal project's design being implemented in rural areas of Uttarakhand has helped recognize the importance of community involvement and women's participation in implementing and maintaining WATSAN systems.

Uttar Pradesh: Up the Level

Uttar Pradesh is India's most populous state, accounting for 18.6 percent of total rural and 11.8 percent of total urban population. The state is considered less urbanized in terms of percentage of rural and urban population, as compared to other major states. In absolute numbers, however, it has the second largest urban population in the country after Maharashtra. Out of the state's population of 199.58 million, 22.28 percent, that is, 44.47 million live in urban areas (Gol 2011). Urban population growth in the state is significantly higher than that of the rural population. During 2001–11, urban population growth was 28.75 percent whereas rural population growth was 17.81 percent. During this period, the share of urban population increased by 1.5 percent.



The state has registered an increase in the number of census towns. During 2001–11, 10 statutory and 199 census towns were added to the state's earlier list of 704 such towns (Census 2011).

Unknown and Excluded

The Committee on Slum Statistics/Census estimates the slum population of the state to be 108.78 lakh in 2011 (Gol 2010). This is 24.55 percent of the total population according to the census report of 2011. The National Sample Survey Organisation's (NSSO's) 65th Round, 2008–9 estimated 2,394 slums in the state. Out of this, 47 percent were notified and 53 percent were non-notified. About one third of the urban population of the state lives below the poverty line.¹

As per the 2011 Census, about half of urban households have access to tap water. The census statistics reveal that tap water, well water, hand pumps/tube wells are the main sources of drinking water for 51.5, 0.8, and 46.3 percent families respectively. While 1.3 percent uses other sources, 6.9 percent of urban households access untreated tap water and 0.5 percent use water from uncovered wells.

¹ <http://planningcommission.nic.in/news/prmar07.pdf>

Though the state has made significant progress in terms of sanitation coverage, about 15 percent of urban households still do not have access to any sanitation facility. Only 2.1 percent use public latrines. Another 3.3 percent use unsafe sanitation practices, including service latrines. Only 28.3 percent households are covered with a piped sewer system and 46.9 percent have septic tank latrines.²

Table 1: State of Slums	
Census 2001	Total urban population of the state was 34.51 million and the share of urban slum population was 4.39 million, that is, 12.72 percent.
NSSO 2008–9	<p>60 percent of notified and 66 percent of non-notified slums in the state are affected by waterlogging problems during the monsoon.</p> <p>16 percent of non-notified slums are without any latrine facility.</p> <p>90 percent of notified and 46 percent of non-notified slums have open drains for water disposal.</p> <p>54 percent of non-notified and 9 percent of notified slums have no drainage facility.</p>

This doesn't reflect the real state of water and sanitation (WATSAN) facilities for the urban poor and slum dwellers. In Lucknow, none of the non-notified slums have access to individual tap connections. Most slum dwellers and the homeless in the city defecate in the open.

Though there is no comprehensive urban development policy for the state, other policies like those on water and urban sanitation deal with these fundamental amenities (see Table 2). WATSAN remains a priority since the inception of the planning process. The state had set highly ambitious targets for WATSAN in the Eleventh Five Year Plan. The state plan document shows the state's decision to move away from a 'hand pump' based water supply strategy to a 'piped drinking water supply' based regime. It also proposes to improve the sanitation status in rural and urban areas by working towards declaring the state as 'open defecation free' by 2012.

Though there is no comprehensive urban development policy for the state, other policies like those on water and urban sanitation deal with these fundamental amenities. WATSAN remains a priority since the inception of the planning process



² http://censusindia.gov.in/2011census/hlo/hlo_highlights.htm

Reference Document	Reference Points on (WASH)
Uttar Pradesh State Water Policy 1999 ³ (Irrigation Department, Government of Uttar Pradesh)	<ul style="list-style-type: none"> • Qualitative improvement in water resource management through user's participation and decentralization of authority. • The state has to provide adequate drinking water facilities (both for people and livestock) to the entire population in both urban and rural areas by the year 2025. • Water harvesting should be given due consideration in planning water resources. • The quantity of water, its protection against pollution, and safeguards against water-related health hazards are also key concerns. • Sewage collection, treatment, and disposal with the ultimate aim to provide universal coverage shall be adopted and enforced.
Urban Sanitation Policy 2010 ⁴ (Directorate of Local Bodies, Government of Uttar Pradesh)	<ul style="list-style-type: none"> • It envisions all urban areas as totally sanitized, healthy, and livable. The goal is to ensure and sustain good public health and environmental outcomes for all their citizens with special focus on hygiene and affordable sanitation facilities for the urban poor. • Generate awareness among communities and institutions about sanitation and its linkages with public and environmental health. • Strengthening of city and local institutions (public, private, and community) to accord priority in sanitation provisioning. Each city needs to formulate City Sanitation Plans in conformity to the state policy.
Uttar Pradesh Urban Housing Policy 1995 (Department of Housing & Urban Planning, Government of Uttar Pradesh)	<ul style="list-style-type: none"> • The policy is in the form of 16-point guidelines. The guidelines begin by declaring that administrative agencies will function as facilitators, to create an environment which enables private agencies, community groups, and individuals to take responsibility for housing development. • Environmental conservation and promotion of open and green spaces constitute objectives that are also linked to solid waste collection and disposal as well as drainage.
Uttar Pradesh Population Policy 2000 (Department of Health & Family Welfare, Government of Uttar Pradesh)	<ul style="list-style-type: none"> • Basic minimum services need to be ensured to improve the life of the people. • These include infrastructure and facilities for safe drinking water, housing assistance, roads, primary healthcare, primary education, midday meal program, and public distribution system (PDS).
Uttar Pradesh Women Policy, 2006 ⁵ (Department of Women Welfare, Government of Uttar Pradesh)	<ul style="list-style-type: none"> • An integrated approach will be adopted for women's health in which both health and nutrition are included. • Efforts to be made for the construction of community toilets in villages; separate toilet blocks to be constructed for girls in schools.

Concerns

Planning without any assessment of a given situation in slums leads to faulty intervention and exclusion of basic services. Slums and other habitations of the urban poor are not included in urban water and sanitation planning.

The City Development Plan (CDP) was supposed to be developed on the basis of the actual situation of the city for 100 percent coverage of WATSAN and solid waste management. In reality, the CDP has been prepared without primary assessment of slums/settlements of the urban poor. Similarly, the City Sanitation Plan (CSP) has been prepared without a sanitary survey of the slums.

3 http://swaraup.gov.in/Downloads/up_wp.pdf

4 <http://www.indiasanitationportal.org/sites/default/files/UP.pdf>

5 http://mahilakalyan.up.nic.in/women_policy-1.htm

- i. The importance of WASH in the improvement of the health of the urban poor and poverty reduction is yet to be realized.
- ii. Nutrition and health education for adolescent girls and women is one of the integral services under the Integrated Child Development Scheme (ICDS), but coverage of services is very low in urban areas.
- iii. Provisioning services based on tenure status will deprive a large number of slum dwellers from basic services.

Suggestions and Recommendations

- There are multiple agencies with overlapping responsibilities that are involved in urban development and provisioning of basic services for the urban poor. Convergence among service providing agencies for water and basic sanitation with the premises or close to the premises as per the spirit of the women's empowerment policy, needs to be ensured.
- The state must ensure universal provisioning and availability of adequate and equitable water and basic sanitation facilities for all urban human settlements, irrespective of tenure status.
- There is a need to develop a comprehensive urban drinking water and sanitation policy for the state.
- Service benchmarks need to be developed on the basis of actual household coverage without any discrimination.
- A detailed action plan needs to be developed for the timely implementation of the aforementioned drinking water and sanitation policy for the entire urban population.

Annexure I

Annexure I: Plan Outlay for Urban Water & Sanitation during Plan Periods			
Plan	Total outlay (in crore)	Plan outlay for urban water supply & sanitation (in crore)	% to total outlay
I Plan (1951–56)	3,360.00	43.00	1.28
II Plan (1956–61)	6,750.00	44.00	0.65
III Plan (1961–66)	8,573.00	89.37	1.04
IV Plan (1969–74)	15,902.00	282.00	1.77
V Plan (1974–79)	39,303.49	549.44	1.40
VI Plan (1980–85)	97,500.00	1766.68	1.81
VII Plan (1985–90)	180,000.00	2965.75	1.65
VIII Plan (1992–97)	434,100.00	5982.28	1.38
IX Plan (1997–2002)	859,200.00	18624.00	2.16
X Plan (2002–7)	15,25,639.00	19758.55	1.30
XI Plan (2007–12)	36,44,718.00	75000.00	2.05

References

- _____. (2008–9). “Condition of Urban Slums: Some Characteristics of Urban Slums, 2008–09,” NSS 65th Round, Ministry of Statistics & Programme Implementation, Government of India (<http://re.indiaenvironmentportal.org.in/files/Some%20characteristics%20of%20urban%20slums%202008-09.pdf>).
- _____. (2009). “Health and Living Condition in 8 Indian Cities,” National Family Health Survey (NFHS-3), India, 2005–06. Ministry of Health and Family Welfare, Government of India (<http://hetv.org/india/nfhs/nfhs3/NFHS-3-Delhi-state-report.pdf>).
- _____. (2010). “Housing Condition and Amenities in India, 2008-2009”, NSS 65th Round (July 2008-June 2009), National Sample Survey Office, Ministry of Statistics & Programme Implementation, Government of India.
- _____. (2010b): National Health Profile (NHP), Central Bureau of Health Intelligence, Ministry of Health and Family Welfare, Government of India (<http://cbhidghs.nic.in/writereaddata/mainlinkFile/File1012.pdf>).
- _____. (2011). “Provisional Population Totals”, Census of India 2011, Office of the Registrar General & Census Commissioner, Ministry of Home Affairs, Government of India.
- _____. (2011). Census 2011, Provisional Population Totals–NCT of Delhi, Ministry of Home Affairs, Office of the Registrar General & Census Commissioner, Government of India (http://www.censusindia.gov.in/2011-prov-results/prov_data_products_delhi.html).
- _____. (2011b). Odisha Urban Sanitation Strategy 2011, Housing & Urban Development Department , Government of Odisha.
- _____. (2012). State Plan of Action for Children, 2009–12, Department of Women and Child Development, Government of Odisha (<http://www.wcdorissa.gov.in/download/StatePlanAction.pdf>).
- _____. (GoB). 2011c. “Bihar State Slum Policy, 2011”, Urban Development & Housing Department, Government of Bihar (<http://urban.bih.nic.in/Acts/AR-01-21-12-2011.pdf>).
- _____. 2007. “Poverty Estimates 2004-05”, Planning Commission, Government of India.
- _____. 2008. District Level Households & Facility Survey- III, (2007-08), Ministry of Health and Family Welfare, Government of India and IIPS (<http://www.rchiips.org/PRCH-3.html>).
- _____. 2009. Report on Health and Living Conditions in Eight Indian Cities. National Family Health Survey (NFHS-3) India, 2005-06. Ministry of Health and Family Welfare, Government of India and IIPS.
- _____. 2011. “Provisional Population Totals”, Census of India 2011, Paper 1, Registrar General & Census Commissioner (http://www.censusindia.gov.in/2011-prov-results/data_files/india/paper_contentsetc.pdf).
- _____. 2011. “Provisional Population Totals”, Census of India, Uttarakhand, Government of India (http://censusindia.gov.in/2011census/censusinfodashboard/stock/downloads/Profiles_4/PDF/IND005_4.pdf).
- _____. 2011. “Provisional Population Totals”, Paper 2, Volume I, Census of India 2011. (http://www.censusindia.gov.in/2011-prov-results/paper2/data_files/india/paper2_1.pdf), Ministry of Home Affairs, Office of the Registrar General & Census Commissioner.
- _____. 2011a. “Selected Socio-Economic Statistics, India, 2011”, Ministry of Statistics & Programme Implementation, Government of India (http://mospi.nic.in/mospi_new/upload/sel_socio_eco_stats_ind_2001_28oct11.pdf).
- _____. 2011b. “Annual Health Survey 2010–11”, Office of the Registrar General & Census Commissioner, Ministry of Home Affairs, Government of India (http://www.censusindia.gov.in/vital_statistics/AHSBulletins/AHS_Baseline_Factsheets/Bihar.pdf).
- _____. 2011b. “Economic Survey 2011-12”, Finance Department, Government of Bihar (<http://finance.bih.nic.in/Budget/Economic-Survey-2012-En.pdf>).

- Asian Development Bank (ADB) and Government of Bihar (GoB). 2008. "Bihar Urban Development Project, Final Report, Volume I – 2008" (<http://www2.adb.org/Documents/Reports/Consultant/IND/39654/39654-01-IND-TACR.pdf>).
- Asian Development Bank (ADB). 2010. "Uttarakhand Slum Survey", Asian Development Bank.
- Development Centre for Alternative Policies. 2003. "Review of Draft Water Policy of Uttaranchal-Final Report", New Delhi (<http://dcapindia.org/pdf/25.pdf>).
- Government of Bihar (GoB). 2011a. "Bihar at a Glance 2011", Directorate of Economics and Statistics, Government of Bihar (<http://dse.bih.nic.in/New-Publications/Bihar%20At%20a%20Glance-2011.pdf>).
- Government of India (GoI) (2001). Census 2001, Ministry of Home Affairs, Office of the Registrar General & Census Commissioner, Government of India (<http://censusindia.gov.in>).
- Government of India (GoI) (2010). "Report of the Committee on Slum Statistics/Census", National Buildings Organisation, Ministry of Housing and Poverty Alleviation, Government of India (http://mhupa.gov.in/W_new/Slum_Report_NBO.pdf).
- Government of India (GoI) (2011). "Provisional Population Totals, Figures at a Glance, Madhya Pradesh", Census of India 2011 (http://www.censusindia.gov.in/2011-prov-results/prov_data_products_MP.html).
- Government of India (GoI). 2005. National Urban Sanitation Policy. Ministry of Urban Development, Government of India.
- Government of India (GoI). 2009. National Sample Survey (NSS), 65th Round, July 2008-June 2009, Ministry of Statistics and Programme Implementation, Government of India (http://mospi.nic.in/Mospi_New/site/inner.aspx?status=4&menu_id=96).
- Government of India (GoI). 2009. National Sample Survey (NSS), 65th round, 2008-09, Ministry of Statistics and Programme Implementation, Government of India.
- Government of India (GoI). 2010. "Report of the Committee on Slum Statistics/Census", Ministry of Housing and Urban Poverty Alleviation, National Buildings Organisation, Government of India (http://mhupa.gov.in/W_new/Slum_Report_NBO.pdf).
- Government of India (GoI). 2010. "Report of the Committee on Slum/Census", Ministry of Housing and Poverty Alleviation, Government of India, August 2010.
- Government of India (GoI). 2010. "Report of the Committee on Slum Statistics/Census," Ministry of Housing and Urban Poverty Alleviation, National Buildings Organisation, Government of India.
- Government of India (GoI). 2010. "Report on the Committee on Slum Statistics /Census," National Buildings Organisation, Ministry of Housing and Urban Poverty Alleviation, Government of India (http://mhupa.gov.in/W_new/Slum_Report_NBO.pdf).
- Government of India (GoI). 2011. Census of India 2011, Office of the Registrar General & Census Commissioner, Ministry of Home Affairs, Government of India (<http://censusindia.gov.in/>).
- Government of India. 2006. "Rajasthan Development Report", Planning Commission, Government of India (http://planningcommission.nic.in/plans/stateplan/sdr/sdr_rajasthan.pdf).
- Government of Jharkhand (GoJ). 2006. "Health of the Urban Poor in Jharkhand, Key Results from NFHS III 2005-06", Department of Health & Family Welfare, Government of Jharkhand.
- Government of NCT of Delhi (GoD) (2010) Urban Slums in Delhi, based on NSS 65th Round, July 2008-June 2009, Directorate of Economics & Statistics, Delhi (www.environmentportal.in/files/UrbanSlum_65thRound.pdf+urban+slum)
- Government of Odisha (GoO) (2011a). "Slum Rehabilitation and Development Policy 2011", Housing and Urban Development Department, Government of Odisha.
- Government of Rajasthan (GoR). 2006. "Health of the Urban Poor in Rajasthan: Key Results from the National Family Health Survey, 2005–06" (www.uhrc.in/name-CmodsDownload-index-req-getit-lid-104.html).
- Government of Uttarakhand (GoUK). 2010. "Uttarakhand Annual Plan 2010-11", State Planning Commission, Uttarakhand (<http://spc.uk.gov.in/contents/view/4/18/66-annual-plan>).
- Government of Uttaranchal (GoU). 2007. "Uttaranchal Urban Development Project (UUDP), Report, Volume 7 of 9,

- Asian Development Bank (ADB) and Urban Development Department, Government of Uttaranchal (<http://www2.adb.org/documents/reports/consultant/38272-ind/38272-07-IND-TACR.pdf>).
- Indian Institute of Management Ahmedabad (IIMA) (2008). "Urban Development Strategy for Bihar: A Management Perspective" by Prem Pangotra and Astha Govil, Indian Institute of Management, Ahmedabad, W.P. No. 2008-04-02 (<http://www.iimahd.ernet.in/publications/data/2008-04-02Pangotra.pdf>).
- International Institute for Population Sciences (IIPS) and Macro International. 2008. National Family Health Survey (NFHS-3), India, 2005-06: Orissa. IIPS, Mumbai.
- International Institute for Population Sciences (IIPS). 2007. National Family Health Survey (NFHS-3). Ministry of Health and Family Welfare, Government of India and IIPS, Mumbai.
- International Institute for Population Sciences (IIPS). 2007. National Family Health Survey (NFHS-3) 2005-06, Ministry of Health and Family Welfare, Government of India.
- International Institute for Population Sciences (IIPS). 2010. "District Level Household and Facility Survey (DLHS-3), 2007-08: India. Madhya Pradesh," IIPS, Mumbai and Government of India.
- Mahila Housing SEWA Trust (MHST). 2009. "Urban Slums in Gujarat and Rajasthan: Study of Basic Infrastructure in Seven Cities", Mahila Housing SEWA Trust, Ahmedabad.
- National Building Organization (NBO) (2010). Report of the Committee on Slum/Census, Ministry of Housing and Poverty Alleviation, Government of India, August 2010 (http://mhupa.gov.in/W_new/Slum_Report_NBO.pdf).
- National Sample Survey Office (NSSO). 2008. India Urban Slums Survey: NSS 65th Round: July 2008-June 2009. Ministry of Statistics and Programme Implementation, Government of India, New Delhi (http://mospi.nic.in/Mospi_New/upload/nssso/534_highlights.pdf).
- United Nations Development Programme (UNDP) (2011). "Inequality Adjusted Human Development Index for India's States – 2011", UNDP, New Delhi (http://www.in.undp.org/content/dam/india/docs/inequality_adjusted_human_development_index_for_indias_state1.pdf).
- Uttarakhand Portal, "Uttarakhand brings new Slum Policy: Cosmetic Empathy" (<http://www.uttarakhandportal.com/2011/12/uttarakhand-brings-new-slum-policy.html>).
- Vigyan Foundation. 2010. "Alternate Poverty Report of Lucknow", Vigyan Foundation, Lucknow.



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