

# GOVERNANCE & URBAN POOR

**A** policy watch on young children living in urban poverty  
**HUMARA BACHPAN CAMPAIGN initiative**



**WATER**

*“ Every citizen is entitled ‘to safe, sufficient, affordable and accessible drinking water that is adequate for individual requirements (drinking, household sanitation, food preparation, and hygiene. (United Nations, 2002) ”*

## Abstract

*Access to adequate safe water supply is a fundamental need and a human right. It has considerable health benefits to households and individuals. Equitable access to improved safe drinking water is essential to ensure good health. Despite investments in water and sanitation infrastructure, many low-income communities in India continue to lack access to safe drinking water. The slums in urban neighborhood are particularly characterized by availability of poor water supply and sanitation facilities which poses a threat to its residents especially the children. This Policy brief throws light on the implications of inadequate and unsafe water supply on the health of children. Further it highlights the critical challenges and priorities and offers certain recommendation to the policy makers with special focus on children.*

## Introduction

The success of slum development and rehabilitation schemes/other schemes lies in focusing not only on building houses but also promoting affordable living conditions with adequate social infrastructures of which adequate water supply is one of them. Lack of infrastructure facilities like water supply and sanitation system makes it very difficult for children living in urban slums to sustain and . Nearly 7.6 million children live in urban slums, many without even access to basic services. They are vulnerable to dangers ranging from illness to death due to inadequate sanitation and water supply facilities. Inadequate living conditions are among the most pervasive violations of child rights.

In *M.C. Mehta v Kamalnath* (1997) the Supreme Court

emphatically ruled that the State is not only bound to regulate water supply, but should also help realize the right to healthy water and prevent health hazards. It is a precondition for realization of all human rights. Growing up in an unhealthy and unsafe environment with lack of clean and adequate water is also a violation of young children’s right.

Though access to drinking water in India has increased over the past decade, however, millions of people are still without access to adequate water for both drinking and other usages. Hence, adverse impact of unsafe drinking water on health continues. According to a report by the World Bank nearly 21% communicable diseases in India are water related. In the urban scenario, the slum dwellers particularly women, children, and the economically

*To have access to water ‘is not a matter of choice, everyone needs it’*

disadvantaged are the most affected group because of poor quality of water. Over 90 percent of children under the age of 5 die due to water-related diseases. The urban poor are often forced to live near degraded waterways, and are affected by lack of clean water.

### Plan and Policies on Water

Because the United Nations projects a rapid population growth in urban areas between 2000 and 2030, access to safe drinking water and adequate sanitation in urban areas is likely to worsen unless there is a drastic policy change to cater to the needs of the urban poor. (United Nations Population Division. World Urbanization Prospects: The 1999 Revision). Target 10 of the Millennium Development Goal No.7 of ensuring environmental sustainability also emphasizes that by 2015 sustainable access to safe drinking water and basic sanitation should be made to at least half of the urban population.

In the First Five Year Plan (1951-56), provision of safe and adequate water was recognized as a basic requirement and deserved to receive the highest priority. It was reported in the Fourth Plan (1969-74) that water-related diseases constitute nearly 80 per cent of the public health problems in India. The National Water Policy was announced in 1987 giving high priority to drinking water supply. The Seventh Plan (1985-90) admitted that the 'high rate of incidence of death and disease in urban poor settlements can be attributed largely to poor quality of water and sanitation facilities'. The Eleventh Plan (2007-12) focused on augmented water supply to both urban & rural areas. In urban areas it focused on reform-linked infrastructure facilities with the launch of two new programmes Jawaharlal Nehru National Urban Renewal Mission (JNNURM) in 63 cities and Urban Infrastructure Development Scheme in Small & Medium Towns (UIDSSMT) for 5098 towns. The Twelfth Plan (2012-17) emphasizes on clean & safe drinking water free from chemical and biological contamination and development of infrastructure for water supply in urban areas.

National Water Policy 2012 formulated by The Government of India (GoI) aims to provide clean drinking water and adequate resources for irrigation. The policy asserts that the Central, state and local bodies should ensure minimum quantity of potable water, available within easy reach of the household, for essential health and hygiene of all citizens.

Despite several policies and program provisioning, the accessibility, availability and affordability of child health care services remain a challenge. Although all the five year plans have included the strategies targeting the environmental improvement of urban slums through provision of basic services including water supply and sanitation but in terms of implementation, India has

a long way to go. As urban slum growth is outpacing urban growth by a wide margin (UNDP, 2007), the living conditions of more than a 100 million urban slum dwellers in India remain vulnerable. None of the national policies on poverty has any focus on children's well-being or development. Even in the case of JNNURM and Rajiv Awas Yojana (RAY) no attempt has been made to make it a child friendly, addressing the rights of children to safe, sufficient, affordable and accessible drinking water.

### Key Recommendations:

- *Ensuring safe drinking water for all: Though policy puts the drinking water for all at the highest priority level it is silent on recognizing, defining and ensuring drinking water for all especially children who are most affected due to contaminated water.*
- *Children must be central to slum improvement programmes. The investment in urban governance policies like JnNURM and RAY should also count for children with commitment to ensure availability of safe, clean, uncontaminated water for children.*
- *Children's direct participation in local area planning and designing for slum improvement particularly water and sanitation related infrastructure.*

### Some facts and figures

As per the slum census 2011, 56.7 % of the households in the slums have water supply within the premises and 43.3 % of the households have the water supply outside the premises. 74% of the slum household use tap water as the source of drinking water, while the remaining 26% of households use other sources like well, hand pump, tube wells. Scarce and contaminated water is one of the biggest issues that the slum dwellers encounter. Women and children have to walk miles for water that is used for performing their daily activities which is not only time consuming but also has an adverse affect on their health. Leaking pipes, inadequate water storage facilities and slow movement of water during transmission and distribution contribute to serious health problems. Water is unavailable to many households due to lack of adequate



*"Everybody deserves to live a happy and healthy life, not an unhealthy and miserable one especially the younger ones; the children"*

infrastructure, leakage, theft and pilferage. In addition, poor health among the urban poor is a national issue as it not only impacts the city but also causes serious negative health externalities.

#### **Key Recommendations:**

- *Ensure adequate and safe infrastructure and storage facilities within the houses to store sufficient amount of water*
- *The government should ensure both at policy and implementation level, low prices for water so that everyone in the slums has access to this basic human right without any discrimination*

#### **Impact of inadequate and poor quality of water supply on children residing in urban slums**

Lack of access to reliable, adequate, safe and affordable water supply has a direct bearing on the health of the urban poor as they are the victims of water borne diseases like diarrhea, cholera, gastroenteritis. This further has an adverse impact on their productivity as well as income. The young children living in urban slums are the worst sufferers.

As most of the households do not have piped water, the households have to collect water from public water sources, wells or from tankers supplied by the municipalities. Most of the times it is observed that parents engage children in collection of water as the waiting time is more and supplies are irregular. As per Census 2011, 43.3 % of households get their drinking water from outside of their living premises. The quality of water is not tested or treated in ensuring the conditions necessary for children's health and survival. (Cairncross, S (1990)).The water they fetch is not fit for drinking. As a result the children are vulnerable to water borne diseases like diarrhea and typhoid.

Inadequate storage facilities within the household premises can create problems in the houses where there are young children. If there is a scoop to take water out of a bucket, children may leave it on the ground or contaminate it with dirty hands without waiting for an adult to help them. (Lindskog, P and J Lundqvist (1998), Why Poor Children Stay Sick)

In a slum usually children are engaged in carrying water and can result in damage to neck, head and spine because of carrying heavy loads. Carrying water can also be a serious energy drain for children who may already be undernourished. The time required for carrying water especially for girls, can be sufficient to prevent school attendance. (Nicol A(1998) )

#### **Just mere numbers or a wakeup call?**

- *According to a report by UNICEF and Food and Agriculture Organization (FAO), Forty five per cent of India's children are stunted and 600,000 children under five die each year, largely because of inadequate water supply and poor sanitation. It is also estimated that around 37.7 million Indians are affected by water-borne diseases annually, 1.5 million children are estimated to die of diarrhoea alone, and 73 million working days are lost due to water-borne diseases each year.*
- *A 2002 WHO study stated that, unsafe water and poor sanitation contributed 7.5 per cent of total deaths and 9.4 per cent of total disability-adjusted life years in India.*
- *The world over, unsafe drinking water, along with poor sanitation and hygiene, are the main contributors to an estimated four billion cases of diarrhoeal disease, causing more than 1.5million deaths ,primarily among children under five years of age (WHO 2011).*
- *Studies show that better water supply and sanitation facilities can considerably reduce illness due to water borne infections. Deaths due to diarrhea could be reduced by 65 per cent, while overall child mortality could be reduced by 55 per cent.*

#### **Key Recommendations:**

- *Ensure better and improved facilities pertaining to clean water and sanitation.*
- *Ensure strict water regulation, spreading awareness among the community with the help of NGOs and CBOs about water issues, about effects of poor quality of drinking water on children's health etc.*
- *The needs of women, children and disadvantaged groups should be taken into account while planning and setting up of community level infrastructure for water supply.*
- *Involvement of the beneficiaries especially women and children in planning and developing strategies for better water supply should be encouraged.*
- *Water should be easily accessible within the premises or at immediate vicinity, physically secure which avoids prohibitive waiting of time.*

#### **Conclusion**

The lives of slum dwellers particularly children must be acknowledged and their needs and rights to be given due importance while designing schemes and solutions. Children are recognized as the right holders who should be given priority and be involved in planning and implementation of the various schemes and policies. They should also be granted a platform to secure their needs and rights through child-friendly city approaches to achieve development goals with equity. The United

Nations Economic and Social Council, Committee on Economic, Social and Cultural Rights, in its general comment has observed that 'to ensure safety, water must be free from microbes and substances that constitute a threat to a person's health and be of an acceptable colour, odor and flavor. For sufficiency, the water supply must be of 50 litres for daily individual requirements and the

supply must be regular. Affordability must be ensured in terms of the direct and indirect costs of securing drinking water. But for the young children living in urban poverty, the policy response of the government is neither adequate nor realized in its true spirit. The needs of the children require to be mainstreamed in the policy framework with a child focused perspective.

## "NATIONAL WATER POLICY"




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*Difficult access to clean water can harm children's learning abilities and social skills*