

Dalit and Right to Sanitation

Introduction

Human rights are primarily rights that enable a person to live life with dignity. Access to adequate sanitation is closely related to human dignity in a manner that is obvious and experienced daily by the millions who are excluded from being able to access sanitation facilities. In addition to being a human right, sanitation is now universally recognised as a basic determinant towards the maintenance of individual and community health, quality of life and development. Denial of the right to sanitation for large numbers of the poor and the marginalised is a clear violation of their human rights.

Why A Dalit Perspective on the Right to Sanitation?

The perspective of Dalits, on the right to sanitation, is somewhat different from other sections of society in the sense that it is much more comprehensive and goes much beyond toilets. Treated as the “waste-absorbers” of Indian society for millennia, cleaning the habitations of others and having the waste of others dumped into their habitations, or forced to have their habitations in the most polluted areas—the Dalits are in a unique position to define and demand the *right* to sanitation which is distinct from, but includes, sanitation as a service or *scheme*. The key differentiator is *discrimination*, wherein they are prevented from using facilities even when such facilities exist—a denial of access arising from an all-pervasive caste-based discrimination. Added to this is the caste-mandated role of providing sanitation services to others and then bearing the consequences of being stigmatised as being polluted because of this forced occupation. Enforcement of differentiation is done through a combination of religion and economics, which creates a chokehold on livelihood options and prevents any mobility from this caste-enforced occupation.

The belief of impurity encourages segregation and ensures invisibility, including glorification of manual scavenging as a ‘spiritual experience’. Ambedkar calls it “the practice of territorial segregation a *cordon sanitaire*”, (Ambedkar, 1948). Segregation has two consequences, both of which occur simultaneously and feed on each other: Sanitation and other infrastructure is not provided in Dalit habitations or, if provided, is of distinctly lower quality; waste is dumped into these locations since the people are ‘anyway dirty’ or they are forced to stay in these locations because they are denied space anywhere else. Dalit men and women emerge from these ghettos, clean the affluent neighbourhoods without touching anybody, and then withdraw at the end of the workday.

Therefore, the Dalit perspective on the right to sanitation includes the right to (a) an environment that is hygienic, with adequate right to water (b) non-discriminatory access to sanitation infrastructure and services (c) eradication of manual scavenging and occupational choice along with occupational health benefits and, where necessary, rehabilitation and non-stigmatisation (d) not have others pollute their environment.

Central to it all is the eradication of untouchability, stigma and caste-based discrimination without which the right to sanitation cannot be realised in India. It involves an attitudinal change that is rooted in notions of ‘ritual pollution’, and goes much beyond the traditional brick and mortar analysis and response.

The Baggage of History and the Continuing Consequences

The Hierarchy of Pollution

In India, Dalits come under the broad¹ administrative classification Scheduled Castes (SCs), categorised as ‘poor’, ‘disadvantaged’ and ‘socially excluded’ groups who, due to caste-based discrimination, experience greater challenges in accessing rights, entitlements and opportunities in every sphere of their life. According to the Census of India 2011, 16.6% of the total population are SCs. Despite constitutional rights, they are deprived of basic civic amenities like water, sanitation, health care and many more.

¹ ‘broad’ because of pervasive misclassification. Some communities that suffer(ed.) from untouchability are misclassified as scheduled tribes, most backward classes or even other backward classes, apart from those classified as ‘other’ or ‘general’.

Indian society is organised on caste lines, which is a hierarchy of ritual pollution. The notion of ritual pollution is so ingrained in social organisations that even bodily functions and body parts fall victim to this classification and stigma. Consequently, every woman during her menstrual periods is 'impure' and every person—female or male, adult or infant—is 'impure' on the left side. 'Clean' acts cannot be done with the left hand, lending a new meaning and stigma to the word sinister. Entire society is divided into various 'castes' with varying degrees of pollution, with one section—the Dalits—historically being considered so polluting that they were stigmatised and made untouchable, un-seeable and un-hearable, since their very touch, sight or sound was considered polluting.

Caste-Based Discrimination in Sanitation and Its Consequences

The privations of this section of society results in several, severe real world consequences. Dalits had to live separate from the main village, and in its most polluted surroundings. Though their livelihood was intertwined with those from the dominant caste village, and they provided several services to the main village—including menial labour, washing, cleaning and sanitation—they were prohibited from any social engagement. Depending on the availability of space, they had to live on the periphery of the village or in a separate habitation. Caste-based residential segregation leads to the exclusion of public goods such as health facilities and, especially, water access (Keskin, 2010). If they had to share a source of water, they were made to wait till all the dominant caste persons drew water and only then were they allowed access. In certain cases, water is rationed and poured into their vessels so that they would not touch/pollute the water source.

This segregation and ritual impurity ascribed to them resulted in even greater attribution of impurity and pollution on them, and their habitations. In cities, and when modern infrastructure came to the villages, this segregation was consolidated. Infrastructure development, though limited in extent, was either denied to the Dalits, or was controlled by the dominant caste, and further disadvantaged them. For instance, primary schools in villages would invariably be in the dominant caste area. The cleaning would be the responsibility of the Dalits—yet Dalit children would be denied entry. In a stunning indicator of the denial of infrastructure and services in urbanisation, child mortality actually increased for Dalit children in urban areas between National Family Health Survey (NFHS)-2 and NFHS-3, i.e. in the seven years between 1998-99 and 2005-06 (Das et.al, 2010).

The infrastructure and services provided to them is, by design, often of distinctly lower quality and quantity than that provided to others. Most government social welfare schemes for them are designed to fail, keeping them at non-dead levels, in total dependence and subservience, rather than providing them an opportunity to escape the web of poverty and discrimination. Consequently, compared to other sections of the Indian population, Dalits have lower indices in life expectancy, literacy, and other indicators of human development.

Table 1: Indicators of development of the Dalits

S. No.	Indicator ²	Scheduled Caste (%)	Other (%)
1	Under 5 Stunting	54	41
2	Under 5 Wasting	21	16
3	Under 5 Underweight	48	34
4	Under 5 Mortality	87	60
5	Child mortality	24	09

Source: NFHS-3

Most of this can be overcome with a few basic attitudinal changes in larger society and a few simple services for the Dalits. For instance, millions of Dalit children under the age of five would be saved by providing access to easily available water—water that is available to others, but denied to them. These easily preventable deaths are directly attributable to the continuing caste-based discrimination that is widely practiced all over India.

Personal cleanliness and expecting Dalits to clean up after them is an attitude that extends to the neighbourhood too, where waste is externalised just outside the notional personal boundary. In an extreme form of irony, cleanliness of one's immediate surroundings and personal space is matched by spitting 'outside' in all public places and moving garbage out of personal space and into the commons. Public defecation of animals, pets or cattle is, literally, holy cow as also the expectation that someone else will clean up.

Access to Water

Water has been a medium of exclusion and segregation of Dalits. Water is believed to be an agent that spreads pollution upon contact with a person who is in a 'state of pollution'. Therefore, in many regions of India, the dominant caste households insist on maintaining distinct water sources from the Dalit households in their villages. A combination of segregation and caste norms determine the distribution of access rights to each water source (Keskin, 2010).

According to the Census of India 2011, only 41.2% of SC households enjoys tap water from a treated source, and 2.9% draw water from rivers, canals, ponds, lakes or 'other sources' (not taps, hand pumps, wells, tube wells or boreholes). The vast majority of Dalits depend on the goodwill of the dominant castes for access to water from public wells. Dalit women stand in separate queues to fetch water, waiting till the non-Dalits finish fetching water.

² According to UNICEF, underweight is defined as low weight to age due to malnutrition. Wasting (low weight to height) is a result of acute food shortage and/ or disease. Stunting (low height for age) is caused due to long-term insufficient nutrient intake.

Access to Sanitation

India has consistently had poor sanitation facilities. Even so, the gap in these facilities between Dalits and non-Dalits is unmistakable, and there is clearly a pattern of caste-based discrimination. The following figures illustrate the differences between Dalit and non-Dalit households with respect to sanitation. Only 23.7% of Dalit households have access to latrines compared to 42.3% for other households. With regard to household connectivity for wastewater outlets, it is 50.6% for general households and 42.9% for SC households (NACDOR, 2007).

Table 2: Status of the Household Living Conditions of SC

Amenities	SC (% of households)	Total
Access to latrines	23.7	42.3
Latrine facility within the premises	33.8	46.9
Connected to drainage	46.6	51.1
Connectivity for wastewater outlets	42.9	50.6

Source: Census of India 2011

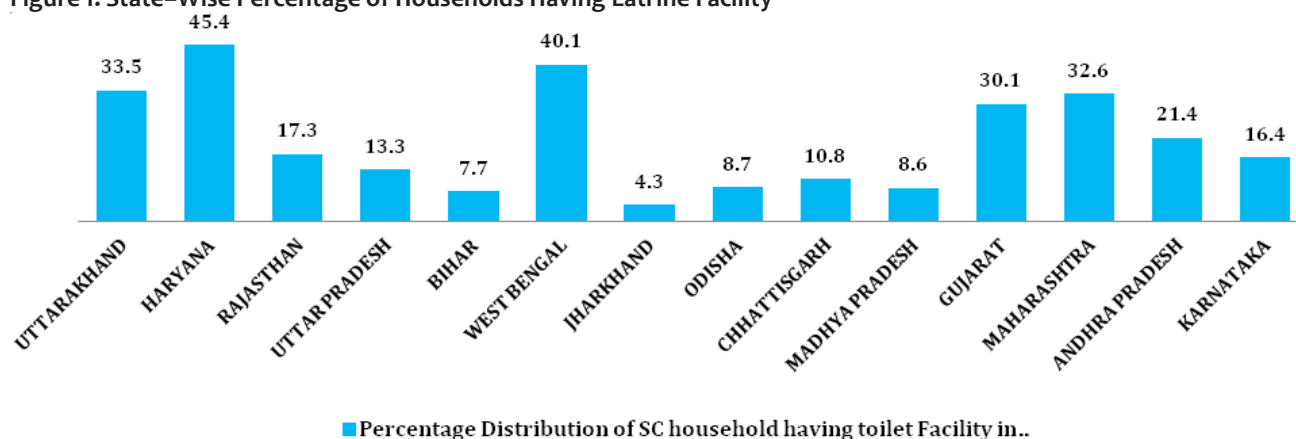
In 2011, 66.2% of SC households continued to lack toilet facilities and resorted to open defecation, and only 33.8% of SC households had toilets within their homes. It is worse in rural areas. As per the Census of India 2011, only 23.7% of the SC households have access to toilets as compared to 42.3% for general households in the rural areas. So the total access to toilets is 57.5% for SCs compared to the national average of 87.2%—a 30% difference. Thus, it is no surprise that a large number of rural SC population defecate in open areas.

Availability of Toilets

Availability of a toilet within the household is one of the major indicators of development. The Census of India 2011 found 53% of Indian households lack toilets compared to 66% for SC households. 76.3% of Dalit households in rural areas do not have any latrine facility. The figure is particularly ironic, since most manual scavenging and a substantial part of all sanitation work in this country is done by Dalit women. About 51% of the unrecognised slums and 17% of the recognised slums are entirely without latrines.

Figure 1 shows the state-wise breakup of the availability of latrine facilities among the SCs in India as per the 2011 Census. It highlights the states where the availability of toilets is less than 50%. The situation is bleak in the following states: Jharkhand, Bihar, Madhya Pradesh, Odisha, Chhattisgarh, Uttar Pradesh, and Rajasthan, where more than 80% of Dalits do not have any toilet facility.

Figure 1: State-Wise Percentage of Households Having Latrine Facility



Source: Census of India 2011

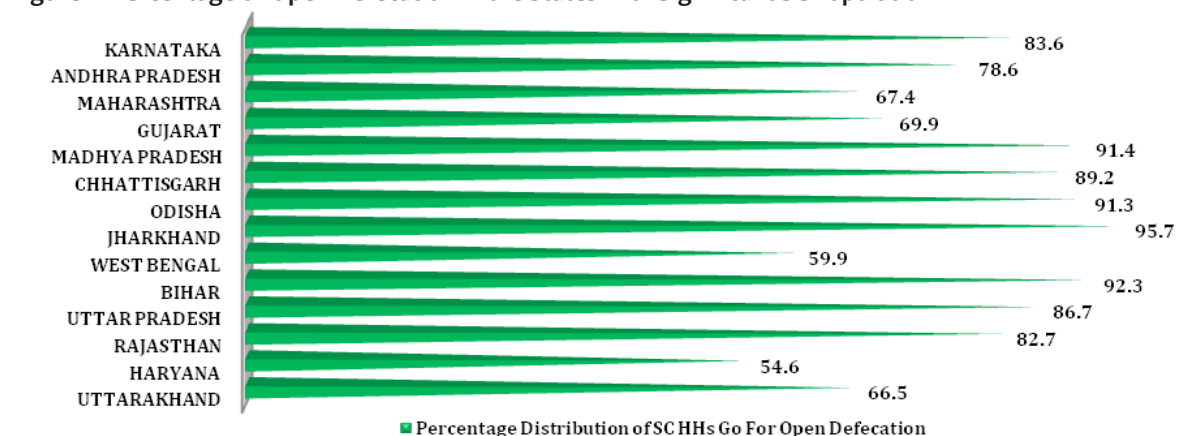
Latrines connected to a piped sewer system are not very common in SC households. Only 6.7% of Dalits have this modern facility. The Census of India 2011 shows that 1.1% of the general population use dry latrines. These latrines need manual scavengers. The manual scavengers are invariably Dalit women.

Toilets as a Tool of Oppression

Absence as Oppression: The Daily Walk of Fear and Shame

Figure 2 shows percentage distribution of open defecation in 14 states with significant SC population. Karnataka, Madhya Pradesh, Chhattisgarh, Odisha, Jharkhand, Bihar, Uttar Pradesh and Rajasthan witness more than 80% of SC households going for open defecation as they do not have toilet facility.

Figure 2: Percentage of Open Defecation in the States with Significant SC Population



Source: Census of India 2011

The situation of Dalits is multi-dimensional with regard to access to sanitation. Access to sanitation—water and proper toilets with adequate infrastructure for management, disposal or recycling—ensures better health and protection from a number of illnesses. It has an important social dimension directly related to the dignity and security of the individual, more so when Dalits are concerned.

Dalits have been traditionally marginalised and denied ownership of productive assets, particularly land. Due to lack of land, a vast majority of Dalits are forced to defecate in open spaces and on the land owned by dominant castes, forest land, road sides, railway tracks, riverbanks or pond embankments. Open defecation, by the roadside or beside railway tracks often results in accidents. Open spaces have been shrinking due to encroachment and privatisation of the village commons -by the dominant communities, the state, corporations and other interests who restrict access through various means. Dominant castes ban the entry of Dalits into ‘their’ land for defecation. Open defecation, whether on the land owned by the dominant castes or on the commons, has led to conflict and atrocities inflicted on Dalit men and women. Being socio-economically suppressed, they can hardly raise their voice against violation of their rights.

Presence of Toilets as a Tool of Oppression

Ironically, the presence of toilets can also be a tool of oppression and exclusion. It is seen mostly in schools, where only Dalit students, specifically the elder Dalit girls, are made to clean the toilets. Though this is an extension of the caste-polluted minds of the school authorities and social norms as a whole, there is reason to believe that there are other active considerations at play.

Girls from other communities are not allotted this task. Allotment of these stigmatised tasks to adolescent Dalit girls is a public humiliation and a very visible means of ‘showing them their place’ especially if they happen to excel in academics. Once ‘put in their place’ at this sensitive age, school becomes anathema to them. The demoralised girls often drop out, with multi-generational costs to their families and the entire Dalit community. For this reason, Dalits oppose toilets in schools if they do not have a proper maintenance system.

Open Defecation – A Curse for Dalit Women

Those without toilets are forced to defecate on any available land nearby. Dalit women become soft targets for harassment and sexual assaults by the dominant caste men. Without a toilet they have to wait for a suitable time (often when it is dark -before dawn or at night) or postpone defecation, which adversely affects their health in the long run. It is unsafe for women to go out at night. In this context, having toilets within the compound becomes a matter of dignity, safety and security for Dalit women.

The National Confederation of Dalit Organisations (NACDOR) report presents a plethora of case studies where women were victimised, sexually harassed, raped and molested by dominant caste men, especially during open defecation. Thus, from a vulnerability mapping and analysis of the situation, open defecation is one of the significant reasons for crimes against Dalit women. The case of Janki below is representative.

In September 2012, Janki (name changed) 42, came to see her daughter in Bibiyapur village of Kanpur district, UP. Since there was no toilet at home, Janki went for open defecation at around 6 pm. On the way back home, she was attacked by two drunken men belonging to the Yadav caste. Dragging her to an isolated place, they raped her and absconded.

After the incident Janki, along with her family members, went to the police station to lodge an FIR. Instead of helping them lodge the FIR, the police insisted that they come back the next morning.

When they returned the next morning, they were surprised to see the culprits already in the police station. Taking the side of the culprits, the police accused Janki and her son-in-law Krishan of levelling false charges against the duo and finally refused to file an FIR.

Manual Scavenging

The government, in line with social norms, has reduced 'sanitation' to a scheme for building toilets. But who will clean and maintain the toilets, and how? It is implicitly assumed that Dalit women will be manual scavengers. It is also assumed that they can be continuously exploited and their human rights denied in the process. These assumptions are built into the very systems design of 'sanitation'. Those at the highest levels of government sanctify these regressive positions by terming manual scavenging a 'spiritual experience'. Contrary to popular perception, few Dalits—least of all the Dalit women who are forced into it—accept manual scavenging as a 'spiritual experience'.

According to the Supreme Court of India³, 'Manual Scavenging' refers to "the inhuman practice of manually removing night soil which involves removal of human excrements from dry toilets with bare hands, brooms or metal scrappers; carrying excrements and baskets to dumping sites for disposal", a practice that is still prevalent in many parts of the country. Official statistics issued by the Ministry of Social Justice and Empowerment for the year 2002–2003 puts the figure of identified manual scavengers at 676,009. Of these, over 95% are Dalits (persons belonging to the scheduled castes), who are compelled to undertake this denigrating task under the garb of 'traditional occupation'. The manual scavengers are considered as untouchables by other mainstream castes and are thrown into a vortex of severe social and economic exploitation. The sub-Committee of the Task Force constituted by the Planning Commission in 1989 estimated that there were 7.2 million dry latrines in the country. These dry latrines have not only continued to exist till date in several States but have increased in number to 9.6 million and are still being cleaned manually by scavengers belonging to the SCs. The excreta is piled into baskets which scavengers carry on their heads to locations sometimes several kilometres from the latrines (National Human Rights Commission, 2011). The cleaning and disposal, including entry into closed sewage lines and septic tanks, is done without any protective gear - leading to the attendant health consequences and stigma.

After the 1993 Act was passed, the *Safai Karmachari Andolan* (SKA) had to physically demolish 'dry latrines'—those that needed manual scavengers—even in a district court, since the court authorities, like the rest of society, were in denial. Until photographic evidence was provided, and sometimes even then—such as the Government of Gujarat response to the PIL in 1996 that accused NGOs of paying people to pose for the photographs—governments denied the existence of manual scavenging. Despite clear orders from the Supreme Court of India, the practice has increased and is still widespread. Over 1% of all households, in both urban and rural areas, rely on this practice even today. The exact number of people in manual scavenging is disputed, with government estimates significantly lower than those of civil society groups. Hopefully, the Supreme Court judgement cited above should put to rest at least the question of prevalence, which many state governments denied. What is not in dispute now is that the practice is prevalent, it has deleterious effects, multigenerational costs, and it must be eradicated.

Considering the gravity of the issue, and the vicious intersection of caste, class and gender, it is imperative that a multi-pronged approach that intervenes at multiple levels is adopted. It needs integrated strategies that target voicelessness and promote women's involvement. Strategies should enable them to question and challenge discriminatory norms, take action to liberate themselves from slavery and reclaim their rights and dignity.

Dalits and National Flagship Programmes

Fulfilling the right to sanitation of Dalits depends largely on the state, both for economic support (so that sanitation facilities are built for the Dalits) and the larger societal attitudinal change (to eradicate manual scavenging and permit Dalit access to water and sanitation). Among the greatest obstacles is the lack of sensitivity and political will of the state agencies, in designing and implementing the programmes and schemes towards liberation of manual scavengers.

The government 'rehabilitation' schemes are designed to fail and are a cruel joke on this hapless section. The figures for the 'rehabilitation' of manual scavengers are farcical. These schemes have insufficient investment and will not suffice to enable those engaged in manual scavenging to escape the web of poverty and discrimination. Not surprisingly, with no alternate livelihood option, many in the profession want to keep to manual scavenging and reject this tokenism of the government. Of course, many 'beneficiaries' don't use the poorly designed toilets either, putting them to more appropriate uses where possible.

Total Sanitation Campaign, Nirmal Bharat Abhiyan

A national flagship programme on sanitation called the 'Total Sanitation Campaign' (TSC) was launched in 1999. But, its results are far from encouraging. The initiative failed to translate into practice as it was government-led, infrastructure-centred, supply driven and subsidy-based. The results of Census of India, 2011 have seriously undermined the claims made by the government regarding the success of TSC in improving access to toilet facilities in the country. Though the Government of India claimed that rural coverage had reached 53%, census data showed that real coverage was only 31%. There is evidence of poor quality of toilets constructed under the scheme, thereby making them unusable (The Hindu, 2012). Despite the then Rural Development Minister of India, Mr. Jairam Ramesh, acknowledging that the 'Total Sanitation Campaign has been a failure' (Tribune, 2011), no effort was made to investigate why it had failed. Instead, a 'new' campaign was launched in 2012 with a new name 'Nirmal Bharat Abhiyan' (NBA).

Though NBA is a more demand-driven and people-centred sanitation programme, it still ignores the key hurdles that hampered the implementation of TSC. One example is that when the government built community toilets under TSC, they

³ Supreme Court of India, 27 March 2014. Writ Petition (Civil) No. 583 OF 2003. Available at, <http://supremecourtindia.nic.in/outtoday/wc583.pdf> (Last accessed 15 March, 2015)

employed Dalits as manual scavengers, since there was no other maintenance system planned. TSC–NBA can thus be said to be a poorly designed scheme, designed to fail in its ostensible purpose but which, instead, was widely successful in its thinly disguised objective of patronage: to keep contractors and other middlemen happy. The hundreds of thousands of ‘missing’ toilets and millions more built with material of poor quality and shoddy workmanship are testimony to the above assertion.

National Scheme of Liberation and Rehabilitation of Scavengers and their Dependents

The ‘objective’ of the National Scheme is to provide financial assistance to scavengers for training and rehabilitation in alternate, dignified occupations. This scheme has been in operation since 1991–92 and provides money for both training and rehabilitation. For training, a stipend up to Rs. 500 per trainee per month for up to six months is provided. A training fee, of up to Rs. 300 per month per trainee, besides honorarium to craftsmen of up to Rs. 100 per month is also provided. There is a provision of payment for a one–time tool kit of Rs. 2000. Rehabilitation of scavengers is attempted through sanction of projects costing up to Rs. 50,000 for each beneficiary comprising 50% subsidy subject to a ceiling of Rs. 10,000 per project, 15% of project cost as margin money loan (MML) and the rest through bank loan/National Safai Karamchhari Finance Development Corporation (NSKFDC) loan. No funds were provided for the Annual Plan 2005–06 and 2006–07⁴.

India has successfully abolished manual scavenging several times, perhaps because the Government of India and the Public Sector continue to be the single largest employer of manual scavengers. Though the ministry claims to have assisted 443,925 scavengers for rehabilitation up to 2003–04, (ibid) the ‘highly successful’ Employment of Manual Scavengers and Construction of Dry Latrines (Prohibition) Act 1993 was followed by The Prohibition of Employment as Manual Scavengers and Their Rehabilitation Act, 2013. Though the revised Act has been passed in 2013 and the Supreme Court of India has passed directions for time bound enforcement, implementation has been tardy and rehabilitation a farce. At the present pace, eradication will take several generations, with all the attendant incentives of the ‘generous stipends’ and the highly valuable skills earned in six months at the cost of Rs. 1,800 for ‘rehabilitation’ with a stipend of Rs. 500 per month for six months (a total of Rs. 3,000). The absurdity of the allocation can be understood by a simple comparison: the government spends about 100 times as much in just the *transfer* of one administrative services officer!

The Challenge and the Opportunity

The adoption of the ‘Swatch Bharat Mission’ by the new government in 2014 brings with it additional challenges. The government approach seems to be more geared towards toiletisation and results in reductionist schemes by the time it leaves the discussion rooms towards implementation. It suffers from lack of convergence due to bureaucratic stand-offs, and therefore is not in touch with government policies. For instance government-scheme built toilets are seldom compliant with the legal requirement of access to all public infrastructure for people with disabilities, or the provisions of the Prevention of Manual Scavenging Act 2013, resulting in the implicit design requirement of manual scavenging for operations and maintenance!

The Swatch Bharat Mission should be made more people-centric, guided by the specific needs of the invisible, marginalised and excluded communities: i.e. bring to the forefront the differing requirements of specific sections, the varying geographic needs and those at different stages of the human lifecycle. Customised designs and appropriate budget allocations are required at the outset to ensure universal access with scientific management, human rights and dignity to the users and service providers.

In this context, *sanitation in its totality*, as a human right assumes importance, ending the biotic, carbon, oxygen, air, water, energy, use and disposal cycles with people, (especially the socially excluded), and start with dignity at the centre. The need for manual scavenging should be eradicated right at the design stage else it will, at best, be replacement of one set of workers by another. The right includes the right to not have the environment polluted, made unsanitary or unhealthy. The polluter cities and communities must dispose off their waste and not dump them on hapless rural areas and weaker communities, ensure universal access to sanitation infrastructure and services, and the dignity of those employed in providing sanitation services. These need to be integrated into programme designs and monitored at every stage of implementation rather than lament their absence post implementation.

The present focus on sanitation—albeit in a truncated ‘toiletisation’ form that is contractor-centric—has made public discussion of this hitherto taboo topic possible. It provides an opportunity to enlarge the discourse, putting the human being and human wellbeing at its centre. It provides an opportunity to debunk taboos, and tackle head-on the regressive ideologies that consider as ‘ritually polluted’, all women some of the time, some people all of the time, and half of all people all of the time. The solution thus lies more in the religious and cultural domains than in the realm of brick and mortar. It is a formidable challenge around which there are no shortcuts if the goal is to be attained.

Recommendations on the Right to Sanitation for Dalits

Ending the sanitation crisis is one of the most important development challenges in India, and it will only increase with the increasing population, increasing urbanisation and increasing consumption. This calls for a comprehensive, sustained and multi-faceted approach that is result based. The social, cultural and religious stigma attached to sanitation, and the ritual impurity ascribed to communities fulfilling this critical task, prevents the crisis from being addressed frontally.

The Indian state has the legal and moral responsibility to ensure the translation of this international commitment into a justiciable domestic law that can overcome the religious and cultural barriers that are embedded in a caste based social order. The right to sanitation must be embedded in the Constitution of India as a legally enforceable right for all people of India, with the right to a remedy (legal and otherwise).

⁴ National Scheme of Liberation and Rehabilitation of Scavengers and their Dependents, Government of India. Available at, <http://mhupa.gov.in/programs/upa/nsdp/NSLRS.htm> (Last accessed 15 March 2015)

In addition, the state has the responsibility to create the physical and social infrastructure necessary for actualising this right with adequate budget provisions, establishing necessary regulations. It should create a working, participatory and democratic monitoring and grievance redress system in case of non-compliance of the provisions under this right. Most importantly, it needs to act against those officials within whose jurisdiction the right is violated. It would have a role in creating awareness among people about the ill-effects of open defecation and the lack of both personal and public hygiene (including proper management of solid and liquid wastes) and incentivising behavioural changes without criminalising or publicly shaming failure (e.g. open defecation).

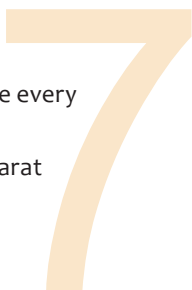
Communities must be responsible to bring about behavioural changes that are in tune with the content of Right to Sanitation and be involved in the participatory management and monitoring of the facilities created. With a decentralised system of governance in place in India (Panchayati Raj), it is absolutely essential that people proactively participate. The tasks before the Government of India in sanitation are to (a) recognise the right (b) fulfil the right and (c) eradicate manual scavenging.

Legal

- Recognise water and sanitation as a basic right, and initiate a process for such formal constitutional and legislative recognition.
- Fulfil the national and international commitments made for creating adequate infrastructure to ensure water and sanitation for all at all times with time bound execution and implementation.
- Promote the fulfilment of these rights in a manner consistent with constitutional and international human rights obligations, specifically those related to caste based discrimination, to bridge the service gap in terms of areas and specific communities.
- Revise existing sanitation related laws, regulations, policies and operating procedures to ensure that they refrain from discrimination.
- Revise legislation and policies for recognition and implementation of the right to sanitation for Dalits.

Fulfil the right

- Ensure the process is sensitive to the specific needs of different sections of society and their life cycles through inclusive and sensitive design, availability of required water and personal hygiene including menstrual health management (MHM), feasible technologies, gender, age and cross-disability friendly.
- Ensure that the overall national sanitation framework is Dalit-sensitive and avoids the twin curses of absence and presence.
- Prioritise sanitation services within budgeting and political processes. Step up allocations for sanitation by adopting lifecycle costing.
- Allocate, without any delay, at least 1% of the national budget for achieving universal sanitation and hygiene and develop specific reporting mechanisms including budget lines, to track the spending. Sufficient funds must be allotted by the Government of India, all states and union territories, so that sanitation facilities are made accessible, especially to the poor and socially excluded. These allocations must be optimally utilised for sustainable sanitation services by monitoring the resources allocated and released, and by the actual change on the ground.
- Build equitable systems and infrastructure so that waste management is not an externality to the waste producing community, but processed and recycled within the user boundaries, and at no time pollutes the health and hygiene ecosystems of the weaker sections of society. The right to a hygienic environment where the waste of the others does not come into, or is disposed off in, their neighbourhood should be protected.
- Ensure appropriate infrastructure and resources so that all human beings at all times have access to sanitation facilities, which would include making available interim facilities for people living within the geographical boundaries of the country including those in relief camps, migratory workers, communities in conflicts and other such unsettled groups, irrespective of their citizenship.
- Ensure that the facilities/infrastructure created are in accordance with geographical and environmental conditions, even as they are sensitive to the specific needs of different sections of Indian society and their life cycles which would specifically include ensuring of designs that are inclusive for women and men, old and young and those with varying forms of disability, even as it ensures the availability of the necessary water for personal hygiene and menstrual health management (MHM).
- Develop a participatory multi-stakeholder monitoring mechanism for annual reporting on clear indicators for poor, marginalised and excluded groups, with equity as a criteria, increasing community participation in planning and implementation and improving transparency and accountability.
- Encouraging community toilet facility within the village, mainly in Dalit areas, as it may not be feasible initially to have every household with toilet and water.
- Introduce toilet designs with features that could be accessible for Persons With Disabilities (PWDs) under Nirmal Bharat Abhiyan.
- Earmark funds for hygiene education in school curricula.



- Build separate sanitation facilities for boys and girls.
- Promote awareness regarding health and hygiene through Self Help Groups (SHGs), Dalit women's groups, schools and health clinics to ensure health and environmental safety.

Eradicate manual scavenging

- Implement with immediate effect, in letter and spirit, The Prohibition of Employment as Manual Scavengers and their Rehabilitation Act 2013 and devise a separate mechanism with community participation to oversee the implementation of the Act.
- Ensure that no human being is manually involved in cleaning human excreta, which specifically includes the strict enforcement of the Manual Scavenging Act 2013.
- Address the human cost programmatically such that the stigma attached to those working in providing services in the sector is removed. Take strict action against officials in case of failure, including those in the Indian Railways, government departments and enterprises, under whose jurisdiction this practice still continues.
- Ensure the dignity, rights and facilities for sewer/sanitation workers at all levels. Mechanise sanitation work.
- Ensure that the disposal and management of human waste is in strict conformity with the principles of protecting human rights, health and environmental sustainability.
- Rehabilitate those in manual scavenging at levels that will ensure that they are not forced back due to lack of livelihood options due to stigma or resource constraints.

References

Ambedkar, B.R. (1948), 'The Untouchables: who were they and why they became untouchables', Siddhartha Books, Delhi.

Keskin, Pinar (2010), 'The Gender of Caste: identity, political reservations and access to water resources in rural India', Harvard Kennedy School

Das, Maitreyi, Soumya Kapoor and Denis Nikitin (2010), 'A closer look at child mortality among Adivasis in India', Policy research working paper, Human Development Department, South-Asia Region, World Bank, available at, <https://openknowledge.worldbank.org/bitstream/handle/10986/3716/WPS5231.pdf?sequence=1>

NACDOR (2007), 'Millennium Development Goals and Dalits: A status report', National Confederation of Dalits Organisation (NACDOR).

National Human Rights and Commission (2011), 'Know Your Rights: Human rights and manual scavenging', Available at, <http://nhrc.nic.in/Documents/Publications/KYR%20Scavenging%20English.pdf> (Last accessed 15 March, 2015).

The Hindu (2012), 'Random verification brings to light fraud in sanitation scheme in State', 3 June, 2012, Available at, <http://www.thehindu.com/todays-paper/tp-national/tp-otherstates/random-verification-brings-to-light-fraud-in-sanitation-scheme-in-state/article3485796.ece> (Last accessed 25 March, 2014).

Tribune (2011), 'Sanitation Campaign has become a cropper: Jairam', October 2011, New Delhi, Available at, <http://www.tribuneindia.com/2011/20111022/nation.htm#6> (Last accessed 25 March, 2014)

For Further Details Please Contact:

• Murali (09849649051) • Mamata (09717894445) • Rajesh (09871484549) • Rahima (09830646876) • Nafisa (09825326809) • Ashif (98264 23634) • Sanjay (9431103041) • Edwin (09448133665) • Alka (9839369393) • Krishnan (9843494005) / Joy (9422505473)

Email • r2s.delhi@gmail.com • righttewaterandsanitation@gmail.com

March 2015

Text: Initial draft by NACDOR team (National Confederation of Dalits Organisation) and finalisation by Daniel Edwin, with guidance from NCCT members and Forum Secretariat. Daniel Edwin is the director of Open Space and has been working exclusively for the Dalits. (E-mail: edwin@openspace.org.in)

Layout: Rohan Jhunja

Printing: Mudra Offset

