

# ENSURING CHILDREN'S RIGHT TO WATER THROUGH COMMUNITY PARTICIPATION: MYTH OR REALITY?

Nandita Singh<sup>a</sup>, Per Wickenberg<sup>b</sup>, Karsten Åström<sup>b</sup> and Håkan Hydén<sup>b</sup>

<sup>a</sup> Department of Land and Water Resources Engineering, Royal Institute of Technology (KTH), Stockholm, Sweden

<sup>b</sup> Department of Sociology of Law, Lund University, Lund, Sweden

## INTRODUCTION

Water is a basic need for children, the availability of which in adequate quantity and appropriate quality is indispensable for their life, physical survival and holistic development. Considering the centrality of the resource in their life, water has been recognized as a human right for this group and seen as a prerequisite to realization of a number of their other rights.

The UN Convention on Rights of the Child (CRC, 1989) recognizes children's right to water as a 'provision right' and requires governments to ensure provision of clean drinking water in an effort towards full implementation of children's right to the enjoyment of highest attainable standard of health [Article 24 (c)]. In the General Comment No. 15 on the human right to water (CESCR, 2002), children have been recognized as a special group that has traditionally faced difficulties in exercising the right and hence obliges upon governments to ensure that they are not prevented from enjoying their human rights due to lack of adequate water in households or through burden of collecting water. According to this document, the human right to water falls within the category of guarantees essential for securing an adequate standard of living and for achieving the highest standard of health (WHO, 2003).

The human right to water entitles every child, girl or boy, to sufficient, safe, acceptable, physically accessible and affordable water for personal and domestic uses. It is acknowledged that while the adequacy of water may vary according to different conditions, the factors of 'availability', 'quality', and 'accessibility' are universally applicable (CESCR, 2002). The question of right to water is further seen as holding special significance for girls primarily in the developing world, where their involvement in collecting, transporting and managing domestic water starts early. Consequently, the right to water of girl children has been provided additional protection under the Convention on Eradication of All forms of Discrimination Against Women (CEDAW, 1979).

Governments have a constant and continuing duty to move as expeditiously and effectively as possible towards the full realization of the right to water, by undertaking action to respect, protect and fulfill the right to the maximum of the available resources. Further, fulfillment of the right is to be achieved through facilitation, promotion and provision. Since right to water is categorized under the economic, social and cultural rights, one of the ways to 'fulfill' the right is by facilitating improved and sustainable access to safe water through adoption of comprehensive and integrated strategies and target-based programs (CESCR, 2002).

In many countries, governments have initiated action within the scope of the children's right to water through targeted water supply programs that tend to prioritize the needs of women and children as well as the poorer marginalized sections. In many cases, these have been in place since long but mostly supply-driven with the result that improved water supply systems have not been sustainable, especially in the rural

areas. Over the last two decades, the new approach of community participation has been integrated into water supply programs with the contention that sustainability of improved water supply systems can be enhanced if communities should be involved in their management. This in turn has had two connotations: - first, involvement in making strategic decisions: what level of service they want, how they want to pay for it, where they want it, etc.; second, involvement in day-to-day operation and maintenance, in collecting money from users and buying spare parts (Schouten and Moriarty, 2003).

Since the emergence of the notion of community participation in water supply sector has been affected by developments within rural development and natural resources management in general, participation of community members is assumed to contribute to enhanced efficiency and effectiveness of investment and to promote democratization, empowerment and equity (Clever, 2001). Also included in the notion are pragmatic policy interests as greater productivity at lower cost, efficient mechanisms for service delivery, and reduced recurrent and maintenance costs (Rahnema, 1992). Further, it has also seen as delivering the advantage of incorporating local people's knowledge into program and project planning that in turn can transform top-down bureaucratic planning (Mosse, 2001; Chambers, 1997).

But how effective has the approach of community participation been in delivering the goods? Has it been able to increase the sustainability of water supply systems? Has it enabled greater equity in terms of contributing and drawing of benefits? Consequently, is children's right to water really being secured through this approach? The paper aims at exploring the realities underlying these questions using empirical evidence from India where the largest child population of the world – approximately 400 million - lives in a context of growing water insecurity as well as increasing difficulties in ensuring sustainable access to safe water.

The data was generated through an interdisciplinary actor-oriented empirical study in 35 rural communities in three different states in the country – Gujarat, Bihar and West Bengal (W.B.), where quality problems in drinking water are a significant concern. The groundwater in many parts of W.B. and Bihar – where it constitutes the main resource tapped for drinking water – contains high levels of arsenic, exposing a large population to risks of a clinical condition called arsenicosis that may ultimately result in death. Indeed, in a number of villages in W.B., families have been wiped out with children left orphaned. In Gujarat, the groundwater is similarly known to possess very high concentration of fluoride, excess accumulation of which in the body causes a clinical condition called fluorosis that may be skeletal or non-skeletal in effect. On the whole, at the pan-India level, high concentration of arsenic in groundwater occurs in 5 states posing the risk of arsenicosis to 10 million (Nickson et al. 2006) while fluoride in groundwater above permissible limits occurs in two-thirds of the states, posing the health risk of fluorosis to another 66 million (Susheela 2001).

Programs for mitigating arsenic and fluoride have followed the strategy of providing safe water through alternate sources, further relying upon community participation as the approach for greater effectiveness and sustainability of the water supply systems and promoting more equitable access. The myths and realities underlying this assumption are explored at length in this paper.

## **CHILDREN'S RIGHT TO WATER AND THE PARTICIPATORY APPROACH FOR ADDRESSING WATER QUALITY PROBLEMS IN INDIA**

As a signatory to different human rights instruments, including the CRC, CEDAW and the International Covenant on Economic, Social and Cultural Rights (ICESCR,

1966), there have been consistent efforts on part of the government in India to enable sustainable access of children to safe water, through Constitutional safeguards, appropriate policies, plans and target-oriented water supply programs.

A number of these measures, such as Article 39(f) of the Constitution, National Policy for Children, 1974, and National Charter for Children, 2004, are related to the goal in a way that provision of safe water is implicit. However, the National Plan of Action for Children, adopted in 2005, explicitly aims to improve lives of children by ensuring universal, equitable access to and use of safe water by providing all households with sustainable access to potable drinking water by 2012. In the rural context, this is to be achieved through expansion of target-based water supply programs to progressively cover the residual 'not covered', 'partially covered' and 'quality affected' habitations. Considering the role of girl children in domestic water management, attention is also drawn to their special needs through provision of safe water within accessible reach of households so as to facilitate this role (DWCD 2005).

With respect to water quality concerns, the interventions for supplying safe water in the arsenic and fluoride-affected areas have been based upon an approach of community participation in the efforts of government as well as non-governmental organizations (NGOs). In W.B., where systematic efforts at arsenic mitigation are almost ten years old, efforts from especially the NGOs have involved the participation of users through constitution of water user committees. The common technological option made available through community participation has been the arsenic removal plant (ARP) that removes arsenic from the contaminated aquifers through chemical treatment processes before supplying. The most common forms are the smaller handpump-based units that are installed at community level suitable for a user group size of 20-25 families.

In Bihar, where the problem of arsenic contamination is comparatively recent in discovery and still under exploration, the initial efforts for arsenic-mitigation introduced jointly by the government and UNICEF are based upon community participation. The water resources commonly planned to be tapped for safe water supply are both groundwater from deeper aquifers and surface water from major rivers through multi-village water supply schemes. In both cases, participatory approach has been adopted where the major physical structures are to be fully financed and built by the government, and handed over to communities on completion. The community has to organize operation and maintenance of the scheme within the village and individual users have to pay for taking their household connections.

In Gujarat, mitigation of fluoride in the affected areas constitutes a part of the statewide rural water supply interventions of the government in partnership with NGOs. The government has set up a state-level organization called WASMO (Water and Sanitation Management Organization) – which adopts decentralized, community-managed, demand-driven approach in all its water supply programs, of which fluoride mitigation is a part. NGOs are involved in empowering communities through awareness campaigns, training, and capacity-building exercises. Under the WASMO efforts, for village water-supply systems, the government provides 90% capital cost while the community has to contribute 10%, and later shoulder the responsibility for its operation and maintenance. The resource tapped for supplying safe water in Gujarat has been surface-water from major rivers through multi-village mega projects that even involve inter-basin transfer. The community responsibility in both the states are to be largely shouldered by the village government (*panchayat*) through the village water and sanitation committee (VWSC).

## **CHILDREN'S RIGHT TO WATER THROUGH COMMUNITY PARTICIPATION: MYTHS VS. REALITIES**

An exploration of the realities of community participation as organized and practiced in rural communities in the states under study reveal that the tenets upon which the approach is based are myths, against which grassroots evidence provides realistic scenarios grounded in a number of inherent difficulties. These are illustrated below.

**Myth 1:** *Given a scope for participation by creating appropriate structures and processes, communities will start participating effectively and sustain their water supply systems in the future.*

**Grassroots realities:** Until recently, rural water supply all over the country was provided and maintained by the government, with involvement of people merely as beneficiaries. Consequently, they tend to suffer from a kind of 'dependency-syndrome', which fails to motivate an attitude favoring investment of time, energy and resources into installing and/or managing water supply systems. This was especially observed in W.B. and Gujarat. In the former case, collection of monthly subscription for the operation and maintenance fund was reportedly difficult, though the amount is very small. In some cases, the users initially contributed but gradually drifted off. Also, in a number of cases, where day-to-day operation of the plant required greater community involvement through voluntary provision of service for 'backwashing' of the unit (a significant problem in areas with high concentration of iron in the water), participation was not forthcoming, resulting in closure of the ARP after a short period of operation.

Similarly, in Gujarat, it was found that in larger villages with piped water supply schemes, people were not motivated to pay for the 10% contribution under the new participatory approach. The contractor who was responsible for constructing the water supply scheme in the village was instead paying this amount. Earlier also, where they were required to pay a nominal water tax under the old system, there had reportedly never been any payment. The people strongly feel that the government should bear the costs and the responsibility of safe water provision to the community.

It was found that in both these states, adequate efforts at mobilizing and sensitizing communities towards the new participatory approach had not been made. In many cases, the people failed to recall any public meetings where personnel from government or NGOs had visited and explained to them 'why' they needed to pay now or contribute to and engage in operation and maintenance of their water supply systems, which they perceived to be the job of the government mechanic. Though WASMO efforts in Gujarat and NGO efforts in W.B. do concede a considerable time for community preparation towards their participatory role, adequate ground-level action does not appear to have been undertaken by the agencies.

**Myth 2:** *The concept of participation entails 'partnership' where the agency is merely the 'facilitator' while communities are the real 'actors' that will effectively take up all responsibilities.*

**Grassroots realities:** Community participation has been seen as closely linked to the notion of partnership and ownership from 'bottom-up' (Blackburn et al, 2000) where the agency (government/NGO) is the facilitator and community, represented by a water committee are the actors. However, this notion has failed to be adequately conceptualized and practiced in reality because communities have not been explained

their expected roles in the process and the responsibilities they need to undertake under the new approach.

A classic example of such a situation was recorded in a village in Bihar that was the first to be reported as arsenic-affected in the state and hence the first to be provided with arsenic-mitigation options. In this case, initial involvement of the elite group that was motivated enough to donate land and provide financial support for a piped water scheme based on deep tubewell arsenic-safe supply was appreciated and well-received by the government. However, they or the entire community was never prepared on 'how' the future partnership was to be executed and 'what' roles were to be taken up by each side, especially by the newly constituted VWSC. Consequently, while the installation of the tubewell and construction of the overhead tank and pipeline have been entirely financed and executed by the government, the unit has not functioned for even a day after completion and 'handing over' to the community. The VWSC has been constituted merely 'on paper' and the so-called members have not been prepared by the agency to shoulder their responsibilities in operation and maintenance of the new water supply system. They are entirely ignorant about their role and consequently, the initial community motivation, represented largely by the village elite, is failing. The government, on its part, has failed to recognize the failure of the first arsenic-mitigation initiative and instead plans to scale it up in a number of other arsenic-affected villages.

**Myth 3:** *Community participation is the panacea to all management problems regarding rural water supply systems because community is homogenous and holds commonality of interests, concerns and capacities.*

**Grassroots realities:** The 'communities' that are supposed to 'participate' in the participatory water supply programs are assumed to be homogenous and cohesive, but the reality in rural India is reverse. The Indian rural communities are heterogeneous along lines of caste, class and religion. The caste system in India represents an institution where the society is divided into social groups that are ranked, normal and endogamous, membership in which is achieved by birth. Each caste is part of a locally based system of interdependence with other groups, involving economic, ritual and social interrelationships (Beteille, 1996). There are also significant heterogeneities across the genders within each such social category. All these factors have a profound effect on the practice of community participation.

For example, in Gujarat, under the famous Ghogha water supply project from where WASMO actually took roots, an analysis of the social context in villages where the participatory approach has been effective in delivering sustainable and safe drinking water reveals that a smaller village population, and greater homogeneity in terms of caste and religion has been a key to success. Here the VWSCs have been able to collect regular cash contributions and facilitate management tasks. The public in these villages is of the opinion that they have greater cohesiveness and stronger democracy with a high degree of reliance on the committee members who are also members of the *panchayat*. In this village community participation has helped secure a regular supply of fluoride-safe water. On the contrary, in the larger villages, the community is divided along lines of caste and religion. In one such village where community participation was among the first to be introduced, there are as many as 2700 households that are divided into 18 water supply zones, each of which receives water only once every fortnight. Here also the *panchayat* constitutes the VWSC but it is so much ridden with factionalism that the smaller factions are unable to confront the collusion between the larger one and a local factory that virtually steals the villagers'

water illegally, leading to water scarcity. The latter also enjoy a strong political patronage. The villagers are consequently forced to continue dependence upon unsafe water supply options that are either unsustainable or provide contaminated water. Similar experiences concerning weakened community participation was recorded in W.B. where NGO-based initiatives for community management of ARPs nearly failed due to religious differences within the potential user group. Lack of sustainability in management of ARPs due to political factions has also been reported in this state.

**Myth 4:** *Communities live in 'institutional vacuum' and hence once helped to learn new institutional forms, they will continue practicing these.*

**Grassroots realities:** The new institutional frameworks introduced for promoting community participation also represent new structures and processes, which in many cases, are alien to the traditional social institutions that are a part of the local socio-cultural context. For instance, the VWSCs are supposed to be equitable in terms of representation of different social groups in the community, with special quotas for members from the weaker sections. However, operational realities about these committees show that the meetings and decisions tend to be controlled by the dominant social group in the village. A social group is dominant when it preponderates numerically over the others, and when it also wields preponderant economic and political power. Besides, higher position in the local social hierarchy, access to western education and external occupation also support the phenomenon of dominance (modified from Srinivas, 1959).

With respect to equitable participation of women, which has also been much highlighted in the international policy arena as a panacea for effective water management, traditional social institutional frameworks were found to play an important role. In Gujarat and W.B., in a number of cases the officially recorded women members in committees expressed ignorance about their membership or their expected roles. Where they were aware of their membership, they remained absent or else their participation was not effective. The gender-based norms which place high positive value on a behavioral pattern where married women in husband's village share an 'avoidance' relationship with elder men, the movement of younger married women outside the domestic space or their speaking in public is not positively valued. Hence, active participation of younger educated women in VWSCs, who are the preferred members, is not actually forthcoming. This was found to be especially true with upper caste women while with respect to those from the weaker sections, women or even men were found to be less vocal due to the prevailing norms on inter-caste interactions. In W.B., operation and maintenance activities concerning water management in the community are seen as men's responsibility, also because maintenance of the community-based ARPs is a cumbersome task, and hence, women's participation in case of physical involvement remains low.

## **CONCLUSIONS**

From the above analysis, it emerges that community participation in water supply programs, here seen largely in the context of water quality concerns, has remained an elusive approach. The realities strongly refute the claims that participation as an approach is supposed to foster. In the Indian case, it has either remained a tokenistic effort or else become unsustainable soon after launch. In some cases, it has even failed to take off. As a consequence, the new safe water supply options that were heralded as alternate sources for mitigation of the contaminants have become unsustainable. Moreover, the participation itself has been inequitable, in some cases

leading to inequity of reach in situations of heterogeneity and lack of cohesiveness in the community.

An analysis of the various factors discussed here shows that unlike the ‘bottom-up’ approach that community participation is supposed to foster, in the case of community management of water supply systems in rural India, it has instead proved ‘compatible with top-down planning systems’ (Mosse, 2001), where the participatory element in the program is a kind of necessity to throw off financial or maintenance burdens from the agencies’ shoulders to the community.

Moving to the core question of the paper, it then emerges that community participation in rural India has failed to sustain rural water supply systems for delivering safe water to communities in quality-affected areas. These communities also have children as members who could number between one-third to one-fourth. Statistics from Gujarat show that the incidence of dental fluorosis in children ranges upto 33% while that of skeletal fluorosis upto 75% (Susheela 2001). Again, in villages with knowledge of water quality problem but absence of sustainable options delivering safe water, children, especially girls have been observed to have greater involvement in procuring domestic water, hauling heavy loads of water from distant sources that are known to be safe. This can expose them to increased risk of injuries, stunted growth & physical attacks. Consumption of low quality water from unsafe sources may itself cause them disease & ill health. This also leads to the problem of absence of children, especially girls, from school, reflected in the high pan-India school dropout rate of 70% for girls (WCD 2005). Affected health & incomplete education in turn would jeopardize their integrated development.

Given such a scenario, if children's right to water is to be ensured, paying a lip service to the approach of community participation will not suffice. The basic tenets of community participation that are useful and may be workable need to be converted from myths to realities by identifying and addressing the contextual barriers. It has been suggested that “communities alone cannot bear the full responsibility for managing their water supplies...A comprehensive and effective framework for institutional support is needed if we want to keep the system working after ‘handing over’” (Schouten and Moriarty, 2001: 4). There is an urgent need to build community capacities in diverse ways to realistically support and foster this basic approach towards greater sustainability, so that the right to water of children can be sustainably ensured and the burden of responsibility for this falls upon governments, supported by other actors to fulfill this commitment towards the framework of child rights.

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