Urban homelessness and the right to water and sanitation: experiences from India’s cities

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Abstract

Improving access to water and sanitation for vulnerable groups has been a significant development priority in recent decades and this has been coupled with calls for water and sanitation to be recognised as fundamental human rights. However, to date there has been very limited attention on the right to water and sanitation for homeless people, despite their high vulnerability to a range of water and sanitation insecurities. Drawing on empirical data from the Indian cities of Delhi and Bangalore, this paper examines homelessness and the right to water and sanitation. It highlights the everyday practices and experiences of homeless people in their efforts to access water and sanitation, and sheds light on some of the factors that contribute to their water and sanitation insecurity. It concludes that addressing the human right to water and sanitation for homeless people will require going beyond a technical and sector approach, to the more challenging task of tackling the complex factors that create and sustain their vulnerability and marginality in urban spaces.

Keywords: Homeless; Human rights; India; Urban; Water and sanitation

Introduction

Improving access to water and sanitation has been a significant development priority in recent decades. One approach to this has been to increase the exposure of water and sanitation services to private investment and market principles (e.g. The Dublin Statement, 1992; World Water Council, 2000; Wimpeny, 2003; World Bank, 2004). A second approach has been for water and sanitation to be recognised as fundamental human rights (e.g. Bluemel, 2005; Bakker, 2007). In July 2010 the UN General Assembly passed a resolution affirming water and sanitation as fundamental human rights (UN General Assembly, 2010). However, implementing the right in urban areas is an enormous challenge. Social inequality and unprecedented urban population growth characterise many cities and are reflected in the swelling of the world’s slum populations, which are expected to double from 1 billion to 2 billion by 2030 (UN-Habitat, 2003). Given these figures, it is not surprising that much of the
attention given by governments, non-governmental organisations (NGOs) and international development agencies to improving water and sanitation for the urban poor has focused on slums and low-income settlements. Beyond the world’s slums, however, one group of the urban poor who have received very limited attention in research, policy and practice are the homeless.

This paper draws on the findings of a study that explored homelessness and the right to water and sanitation in the Indian cities of Delhi and Bangalore. The study aimed to highlight the everyday practices and experiences of homeless people in their efforts to access water and sanitation and shed light on some of the factors that contribute to their water and sanitation insecurity. A qualitative methodology was used for its value in providing rich and contextual understandings and insights on complex social realities. Semi-structured interviews with open-ended questions were conducted with homeless people to encourage them to describe and elaborate on their everyday experiences, practices and understandings of their social milieu. These interviews were conducted with families, women and men in different settings such as homeless shelters, temporary and makeshift shelters, and in open places in order to capture the diversity of homeless people and their experiences as well as to illuminate the commonalities.

In Delhi, seventy-two homeless people were interviewed as part of thirteen individual or group interviews. The interviews took place in six homeless shelters and three locations where people sleep in the open. In Bangalore, interviews were held in eight homeless pockets with forty-two participants who stay in temporary makeshift shelters. The number of participants in each interview ranged from one to fourteen. This reflects homeless people’s different living and sleeping arrangements. For example, some people stay alone and have little contact with other homeless people. Others, however, stay in groups based on family ties, age, gender, or place of origin or in common areas such as homeless shelters. In these social environments people share common experiences and often display a preference to participate as a group rather than individually. The study also involved interviews with government officials from eight departments and agencies,1 conversational interviews with NGO employees and social activists, and the collection and review of relevant documents. In keeping with the aim to highlight homeless people’s everyday practices and experiences, a sample from the individual and group interviews, selected to reflect gender difference and living and sleeping arrangements, are presented later as micro case-studies. These micro case-studies provide contextual accounts of homeless people’s realities and their experiences and practices in accessing water and sanitation facilities.

The first section of the paper introduces the elements of the right to water and sanitation that formed the analytical framework for the study. I then briefly consider the state of the right to water and sanitation in India and introduce the provision of services in Delhi and Bangalore. This is followed by a discussion on homelessness in India, and Delhi and Bangalore more specifically. The fourth section provides an account of homeless people’s everyday practices and experiences in accessing water and sanitation. This section highlights the vulnerability of homeless people in accessing services and the multiple ways in which their right to water and sanitation is compromised. In the concluding section I tease out a number of factors that contribute to homeless peoples’ water and sanitation insecurity.

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1 These were: Karnataka Slum Clearance Board; Bangalore City Police; Bruhat Bangalore Mahanagara Palike (Greater Bangalore Municipal Corporation); Karnataka Housing Board; Karnataka Urban Infrastructure Development Finance Corporation; Department of Women and Children; Bangalore Development Authority; and Bangalore Water Supply and Sewerage Board.
and inhibit their rights from being realised. Here, I suggest that addressing the right to water and sanitation for the urban homeless requires going beyond a technical and sector approach to engaging in the more challenging task of addressing the multiple and complex dimensions of how their vulnerability and insecurity is created and sustained in urban spaces.

The right to water and sanitation: a guiding framework

The right to water and sanitation has a long history in international human rights treaties and political commitments, existing implicitly or explicitly in various instruments as a component, pre-condition and necessary condition of other human rights (Scanlon et al., 2004; Cullet, 2013). In the last two decades there have, however, been calls for water and sanitation to be recognised as an independent human right. These calls came in the context of over one billion people living without access to basic water supply and double that without adequate sanitation (Bluemel, 2005), the importance of water and sanitation to the public’s health (Meier et al., 2013), and concerns with pricing, allocation regimes and the concept of water as an economic good (Bluemel, 2005; Bakker, 2007; Cullet, 2013). Much of the early work on the right to water and sanitation has focused on the water component, with significant and meaningful progress made on clarifying what the normative content of the right to water entails, the obligations and responsibilities it places on state parties as the principal duty bearers of rights (as well as other actors), and the challenges and constraints associated with the realisation of the right (Gleick, 1998; UN Committee on Economic, Social and Cultural Rights, 2003; World Health Organization, 2003; Scanlon et al., 2004; Bluemel, 2005; UN Economic and Social Council, 2005; Dubreuil, 2006). With the growth and persistence of a global sanitation crisis, in recent years there has been more explicit attention given to the right to sanitation. This has included clarifying the normative content of the right (COHRE et al., 2008), assessing if recognition of the right to sanitation makes any difference to improving access to affordable, quality sanitation services in developing countries (DFID, 2011), and deepening understanding on the law and policy contexts of the right to sanitation from international and comparative perspectives (for example the recent workshop on Realising the Right to Sanitation – International and Comparative Perspectives organised by SOAS, University of London in 2013).

Like other human rights, the right to water and sanitation includes both substantive and procedural elements. In 2002 the UN Committee on Economic, Social and Cultural Rights provided a normative interpretation of these rights in the non-legally binding General Comment No. 15. This was followed by the UN Economic and Social Council’s Draft guidelines for the realization of the right to drinking water and sanitation (2005) which provides a succinct interpretation of the substantive and procedural elements of the right and a guiding framework for assessing the right to water and sanitation in different contexts. In July 2010, international recognition of the human right to water and sanitation reached a historic landmark when the UN General Assembly passed a resolution affirming the right to water and sanitation as fundamental human rights, essential for the full enjoyment of life and integral to the realisation of all human rights (UN General Assembly, 2010). These texts articulate the human right to water and sanitation as universal, interdependent and indivisible rights. It is from these documents, as well as from other authoritative texts, that an analytical framework for this study was developed. This encompasses the obligations and responsibilities of state parties, as well as the substantive and procedural elements of the right.
Obligations and responsibilities of state parties

As the principal duty bearer of human rights, state parties have the obligation and responsibility to respect, protect and fulfil the right to water and sanitation. This requires that they do not obstruct enjoyment of the right and that they also prevent third parties from doing so (UN Committee on Economic, Social and Cultural Rights, 2003). It also obliges state parties to take the necessary measures to facilitate and promote the right, and to provide water and sanitation for those who are unable to realise the right ‘by the means at their disposal’ (UN Committee on Economic, Social and Cultural Rights, 2003). As a universal human right, state parties must apply the principle of non-discrimination in their policies and programmes related to water and sanitation. However, they should also observe positive discrimination by giving particular attention and priority to vulnerable groups such as those without basic access, women and children, migrant workers, deprived urban areas, and those who have ‘traditionally faced difficulty in exercising their right’ (UN Economic and Social Council, 2005).

Substantive and procedural elements of the right to water and sanitation

The right to water and sanitation requires that every person have access to adequate and sufficient water and sanitation to ensure their human dignity, health and life. How much water is adequate and sufficient varies from society to society, as well as between different sectors of a society depending on a variety of factors such as climate, diet, lifestyle and culture (Gleick, 1996). The World Health Organization (2003: 13) has categorised water sufficiency on a continuum ranging from: no access (less than 5 lpd); basic access (20 lpd); intermediate access (50 lpd); and last, optimal access (100–200 lpd). Adequate sanitation is more difficult to quantify but generally refers to facilities that are of a sufficient standard to protect human health and the environment (UNECE, 1999). In order to analyse national data and monitor progress on the Millennium Development Goal of reducing by half the number of people without improved sanitation by 2015, the WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation has devised a more specific understanding on adequate sanitation in the form of a sanitation ladder (World Health Organization & UNICEF, 2013). On the sanitation ladder, ‘unimproved’ services include open defecation, facilities that ‘do not ensure hygienic separation of human excreta from human contact’ including pit latrines without a slab or platform, hanging latrines and bucket latrines, and shared facilities (World Health Organization & UNICEF, 2013: 12). In contrast, improved sanitation ‘ensure[s] hygienic separation of human excreta from human contact’ including flush/pour flush to a piped sewer systems, septic tank or pit latrine; a ventilated improved pit latrine, pit latrines with a slab and composting toilets (World Health Organization & UNICEF, 2013).

In addition to being adequate, the right to water and sanitation requires that facilities are available and physically and economically accessible. This means that toilets are available at all times of day (COHRE et al., 2008), and that water supply is continuous or regular (UN Committee of Economic, Social and Cultural Rights, 2003). Physical accessibility to water supply has been categorised by the World Health Organization (2003: 15) on a continuum related to distance.

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2 lpd = litres per day.
No access = more than 1 km/30 min round trip to obtain access to water.
Basic access = within 1 km/30 min round trip to obtain water.
Intermediate access = water provided on plot through at least one tap (yard level).
Optimal access = supply of water through multiple taps within the house.

A water and sanitation service that is physically accessible is one that is ‘within, or in the immediate vicinity of the household, educational institution, workplace or health institution’ (UN Economic and Social Council, 2005: s. 1.3[a]). Thus, on the World Health Organization’s continuum only intermediate or optimal access would ensure the right was being enjoyed. One of the most controversial elements of the right is economic accessibility and since the early 1990s there have been fierce debates over water commodification and pricing policies. Presently there is no affordability threshold for water and sanitation set at the global level, and across countries and international organisations thresholds vary from as low as 2% to as high as 6% of total income (Hutton, 2012).

Access to good quality, safe and culturally acceptable water supply and sanitation facilities are also necessary for the right to be met. Good quality and safe sanitation is hygienic; at no risk of collapse; prevents human, animal and insect contact with excreta; assures privacy; and has water points positioned to enable use for personal hygiene (COHRE et al., 2008). It also requires excreta and wastewater removed and/or disposed of safely and where the health of sanitation workers is protected (COHRE et al., 2008). A good quality water supply is one that is safe for personal and domestic uses and which is culturally acceptable in terms of colour, odour and taste (UN Committee of Economic, Social and Cultural Rights, 2003; World Health Organization, 2003; UN Economic and Social Council, 2005). Safe sanitation facilities and water supply also means they are available in a location that guarantees physical security (UN Economic and Social Council, 2005). This includes freedom from risk to personal well-being such as dog attacks, sexual abuse, police brutality, rough or dangerous terrain, inadequate lighting, traffic hazards and health risks.

The right to water and sanitation also comprises procedural rights. These are central to the implementation of and compliance with substantive rights and include access to information, participation in decision making processes, and the right to determine the type and management arrangements of services (UN Economic and Social Council, 2005). Where vulnerable groups have been traditionally excluded and marginalised from decision making process, duty bearers must make efforts to ensure they are equitably and fairly represented (UN Economic and Social Council, 2005).

In sum, the right to water and sanitation places duties on the state to respect, protect and fulfil the right – as it is obligated to do for other human rights. It also requires that people have the right to information on services, the right to participate in decision making and the right to decide what services best meet their needs. Essentially this is an issue of governance and political participation. Such procedural rights are core to realisation of the substantive elements of the right which include: adequacy, sufficiency, accessibility – both physically and economically, availability, quality, safety and cultural acceptability.

The right to water and sanitation in India and service provision in Delhi and Bangalore

In India, the human right to water and sanitation is not explicitly enshrined in the Constitution or national law as a fundamental right, but it has been interpreted by the Indian courts in various case rulings as deriving from Article 21 of the Constitution on the right to life, and Article 47 on the ‘Duty of
the State to raise the level of nutrition and the standard of living and to improve public health’ (Bluemel, 2005; Cullet, 2013). Such judicial rulings have contributed to recognition of the right in the country. However, the courts have not provided much explanation on the substance of the right to water and little has been done to establish a rights-based framework for sanitation (Cullet, 2013). As a result there are important gaps in the legal framework concerning the right (Cullet, 2013). For instance, while the National Urban Sanitation Policy (2008) and the National Water Policy (2012) aim for universal access, neither explicitly recognises water and sanitation as human rights. In achieving universal access, these policies emphasise the need to commercialise public utilities, increase the role of the private sector, and reduce public subsidies as a means for improving efficiency, accountability and raising service delivery standards.

While the union government sets the overarching policy framework, under provisions set out in the Constitution state governments are vested with the responsibility for planning, designing, implementing and operating water and sanitation projects within their jurisdiction, a responsibility that they can devolve to the Panchayati Raj in rural areas or municipal governments in urban areas. According to the 2011 Census of India, drinking water coverage in urban areas is 91.9%, while sanitation coverage is a much lower 81.4%. In Delhi and Bangalore, piped water and sewerage systems are currently provided by public utilities, the Delhi Jal Board (DJB) and the Bangalore Water Supply and Sewerage Board (BWSSB), respectively. As in many other developing regions and urban India generally, access to good quality water and sanitation facilities in Delhi and Bangalore is not universal, with intermittent supplies and large portions of the population without piped water and sanitation services in their home. Since the 1990s, in both cities, there have been efforts to extend and improve services, often with the support and guidance from international development banks, bilateral development agencies, private consultants and international water companies. This variously involves green-field projects, the introduction of new market-finance mechanisms, incrementally removing public subsidies, imposed restrictions on the employment of new staff, attempts to outsource operations and maintenance to private operators, connecting slums to user-pays services, and removing public taps supplied with treated water in order to reduce non-revenue water.

These activities, including the removal of public taps (on which the homeless are highly dependent), cannot be separated from moves to commercialise water services and increase the role of private operators. In Delhi, for instance, a number of proposals are currently underway for pilot projects to reduce non-revenue water and provide continuous water supply through public–private partnerships. The study report for one pilot area explicitly states this will involve the removal of public taps (DRA Consultants Pvt Ltd and Shah Technical Consultants Pvt Ltd, 2011). In a study conducted by a private consultancy company for a second pilot area in the city the removal of public taps is not mentioned explicitly but from a close reading of the report it is implicit in the project design plans (Jalakam Solutions, 2011). The founder of this consultancy company has been very engaged in attempts to privatise water services in Bangalore and has a strong view on the adverse impact of public taps on service provider efficiency. During an interview with the author in 2007 he explained how efforts to remove public taps in

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3 For case law see Bluemel (2005) and Cullet (2013).
4 For a detailed discussion on the politics of how these reform measures are taking place in Bangalore see Walters (2013), and for Delhi see Asthana (2009).
Bangalore were dovetailing with efforts to commercialise and privatise the public utility and how he considered this to be good for service delivery, as well as the city’s poor.  

Outside the piped water and sewage networks provided by the DJB and the BWSSB, there are a number of non-utility water and sanitation supply regimes in Delhi and Bangalore. In Delhi, around one-third of households rely on groundwater through unregulated tubewells or handpumps. This has resulted in the groundwater table decreasing since the mid-to-late 1970s and the level of salinity simultaneously increasing (Lorente & Zerah, 2003). As in Delhi, groundwater in Bangalore is decreasing both in quality and quantity. In Bangalore there is similarly a large reliance on groundwater with many households and commercial establishments having tubewells on site. There are also a large number of public taps and minitankers fed with groundwater, and particularly in the peripheral areas of the city that have not traditionally been provided with water from the BWSSB. Because groundwater public taps are un-metered, and there is pressure on the utility’s service stations to perform commercially, their maintenance receives little attention from the engineers and so not only are they drying up and un-potable but they are frequently out of order (Lorente & Zerah, 2003).

In both cities there are also a diverse range of private, small-scale and informal water supply vendors. Water vending can take multiple forms, operate at different scales and serve a variety of urban population groups and niches (Kjellen & McGranahan, 2006). Some consider that small-scale providers are able to compensate for a lack of public sector provision (Lorente & Zerah, 2003). However, independent water suppliers tend to be more expensive per unit than piped water supply and their services are generally unregulated and monitored (Kjellen & McGranahan, 2006). While a variety of groups purchase water from informal vendors, it is those who live in the ‘informal city’ (such as slum colonies, resettlement areas and the homeless) for whom informal water vendors are a critically important, albeit inequitably expensive, source of water. In addition to the global trend toward a growing role for private operators in the provision of water supply, either through public utility reforms or small-scale unregulated vendors, there is also a growing preference for private leasing arrangements and user-pays of public sanitation blocks (Kjellen & McGranahan, 2006).

In urban India, many public sanitation facilities not only provide toilets but also amenities for personal bathing and clothes washing. While public sanitation is primarily the responsibility and duty of the urban local bodies, in recent decades there has been increased involvement of both for-profit and non-profit non-government actors. For example, since the 1970s, the Indian NGO Sulabh International Social Service Organisation has constructed and/or is maintaining over 8,000 public toilets in public places or in slums throughout the country on a user-pays basis. These are generally constructed on land provided by the government and adopt a cross-subsidy element where public toilets in heavy foot traffic areas can cross-subsidise the user-charges for those constructed in slums (Sharma, 2010). Private actors have also taken an interest in the construction of public sanitation facilities. In Bangalore, for instance, the philanthropist wife of a large information technology company offered to fund the construction of 100 public toilets in the city. Based on Sulabh’s user-pays model, the Bangalore municipal government provided the land, as well as free or subsidised electricity and water. Private companies were contracted to build and operate the facilities for a period of years before handing them over to the municipality (Sharma, 2010). However, when the municipality decided to make the facilities

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5 See Walters (2013) for more details.
6 Twenty-seven were originally built and then over the next 5–6 years the municipality built a further fifty to sixty.
free, private profits declined sharply and maintenance deteriorated, leaving many of the toilets practically unusable (Sharma, 2010). In Delhi, in addition to the outsourcing of already existing public sanitation facilities, a number of sanitation blocks have been constructed and maintained through a build–operate–transfer model where the private contractors generate their income by selling advertising space on the outside of the building and provide facilities free of charge. A study on community toilet complexes in Delhi found that in slum and resettlement areas there is limited interest in advertising in these locations and therefore it is difficult for private agencies to ‘successfully and hygienically run’ the facilities (Sheikh, 2008: 3). From personal observation, the quality of sanitation blocks in Delhi is wide-ranging. User-pays facilities in low income areas and where large numbers of homeless people stay are often being poorly maintained and cleaned with the opposite holding true for free facilities in better-off parts of the city.

**Homelessness in Delhi and Bangalore**

Homelessness is a complex phenomenon and there is wide variation in how it is defined. As Springer (2000: 479) has explained:

‘A definition of homelessness might refer to a special housing situation, to a special minimum standard, to the duration and the frequency of a stay without shelter, to lifestyle questions, to the use of the welfare system and to the being part of a certain group of the population, to the risk of becoming houseless and to the possibility to move or not if desired.’

With no universally accepted definition, worldwide estimates on the number of homeless people vary significantly, ranging from 100 million to 1 billion (UNCHS, 1996, cited in Tipple & Speak, 2005). Different criteria for defining who is homeless and therefore how many people are counted as homeless also exists within countries. In India, homeless people are defined in the Census of India as those not living in ‘census houses’, that is, a structure with a roof (Tipple & Speak, 2005; Supreme Court Commissioners, 2012). The 2001 Census of India enumerated the number of homeless people in the country at 1.94 million, with just 0.77 million of those living in towns and cities (Supreme Court Commissioners, 2012). These figures are considered to be ‘gross underestimates’ by the Supreme Court Commissioners on homelessness who suggests a more realistic figure would be around 3 million (Supreme Court Commissioners, 2012). The Supreme Court Commissioners (2012: 4–5) also propose a more comprehensive definition of homelessness, recommending that homeless people should include:

‘Persons who do not have a house, either self-owned or rented, but instead:

i. Live and sleep at pavements, parks, railway stations, bus stations and places of worship, outside shops and factories, at constructions sites, under bridges, in hume pipes and so on.

ii. Spend their nights at night shelters, transit homes, short stay homes, beggars homes and children’s homes.

iii. Live in temporary structures without full walls and roof, such as under plastic sheets, tarpaulins or thatch roofs on pavements, parks, nallah beds and other common spaces.’
Estimates on the number of homeless people in Delhi and Bangalore diverge dramatically depending on who is doing the counting. Ashray Adhikar Abhiyan, a shelter rights campaign for the homeless, enumerated 52,765 homeless people in Delhi in 2000, in contrast to the 2001 Census of India which only counted 24,966 (Indo-Global Social Service Society, 2012). In 2008, the Indo-Global Social Service Society (2012), an NGO that works on the rights of homeless people and which collaborated on the research presented in this article, counted the number of homeless people in the city at 88,410. Due to the invisibility of homeless people and the difficulties in enumerating them, it has been estimated that the homeless population of Delhi could be as high as 150,000 – a figure significantly greater than that of the 2001 Census (Indo-Global Social Service Society, 2012). In Bangalore the number of people recorded as being homeless also differs significantly. A government survey put the number of homeless people in Bangalore at just 2,868, an NGO survey at just over 17,000 (Deccan Herald, n.d.), and in another NGO study the number was considered to be as high as 100,000 (Shekhar, 2006).

There can be many practical reasons why one survey enumerates homeless people at significantly lower levels than another. However, as Springer (2000: 476) has pointed out, homelessness is politically sensitive and ‘the choice of the definition of who is homeless determines who will be enumerated and who will in the end receive financial or other support’. Indeed, one cannot overlook the fact that the Census of India provides a very minimal definition of homelessness and that homeless people receive limited targeted support from the state. Currently there are no national programmes for the homeless and the programmes that have been launched such as The Shelter and Sanitation Facilities for the Footpath Dwellers in Urban Areas (1992) which was later modified and renamed Night Shelter for Urban Shelterless in 2002, have failed in their objectives to improve conditions for the homeless due to a ‘lack of proper design, implementation and accountability’ (Supreme Court Commissioners, 2012: 3).

Homelessness is not only complex, but homeless people are not a homogeneous group. In Delhi and Bangalore, some people have been born into homelessness, some are seasonal migrants and others have lived homeless – in various social/family constructions – for decades. They are also from different religions, and different castes and minority groupings within those religions. Within their diversity there are also striking similarities. A comprehensive study on homelessness in Delhi highlighted how underprivileged groups such as lower-caste Hindus and Muslims are grossly over-represented in the city’s homeless population (Indo-Global Social Service Society, 2012). The study also showed homeless people are predominately unskilled and casual workers who earn meagre wages, and that many have migrated from ‘backward states’ due to various forms of structural and cultural marginalisation such as poverty, unemployment, debt and cultural atrocities (Indo-Global Social Service Society, 2012). Living in precarious physical environments and suffering from a variety of health-related problems, some 95% of Delhi’s homeless population do not have voter or ration cards (Indo-Global Social Service Society, 2012). This effectively excludes them from participation in India’s formal democracy and as recipients of welfare entitlements. During the course of this study the majority of homeless people we spoke to in both Delhi and Bangalore identified their lack of personal identification, and particularly voter and/or ration cards, as a critical and significant factor in their on-going marginalisation, destitution and vulnerability. Subjected to police brutality and discriminatory anti-beggary laws, many homeless people don’t just live and forge meagre incomes in public spaces, they also die there. A Right to Information request submitted by the Indo-Global Social Service Society revealed that in Delhi there were deaths and unclaimed bodies of 330 homeless children, 985 homeless women and 13,517 homeless men from January 2007 to January 2013.
Migration to urban areas due to various forms of marginalisation and discrimination are a cause of homelessness in India’s cities, but urban homelessness is also intensified by discriminatory and harmful state policies on urban land-use and allocations. These policies favour the modernisation, beautification and privatisation of city space over the rights of the poor. For instance, over a 4-day period in January 2013, the Bangalore municipal government demolished a slum, bulldozing 1,512 households and forcefully evicting over 5,000 people to accommodate the development of a new residential housing and commercial structures (HLRN & PUCL, 2013). Many of these people are now homeless. The Commonwealth Games that were held in Delhi in 2010 also saw large-scale evictions of the urban poor with an estimated 200,000 people displaced to beautify and ‘clean up’ the city and to make space for roads and parking lots (HLRN, 2011). In preparation for the Commonwealth Games, in the winter month of December 2009, the Municipal Corporation of Delhi demolished a temporary canvas shelter for the homeless rendering more than 200 people without any form of protective accommodation. Just days after, two of those who had been evicted died on Delhi’s streets. The events surrounding this resulted in the Supreme Court of India ordering state governments to provide one well-equipped shelter that can accommodate 100 people per 100,000 of the resident population7. This was an unprecedented, instructive and progressive move on the right to adequate shelter for the homeless and recognised the ‘intense vulnerability, denial of rights and extreme poverty’ homeless people experience (Supreme Court Commissioners, 2012: 4).

However, the Order has not been fully observed and acted upon by state governments. In Bangalore, the local government has proposed to set up seventy shelters but there are only six currently in place. Furthermore, those that are available are in terrible condition, do not supply adequate water and sanitation facilities, and have been thoughtlessly located (Supreme Court Commissioners, 2012). The shelter situation in Delhi is slightly better but is still well below what is required with only sixty-six permanent shelters and eighty-four temporary shelters (portacabins constructed from tin sheets) in the city. Inevitably, this leaves the vast majority of homeless people in India’s cities without adequate shelter and even in the shelters that are available the quality of the facilities, including water and sanitation, is highly variable. Where shelters are poorly maintained and serviced, homeless people often elect to sleep in the open rather than in unhygienic and unsanitary shelter conditions.

Interviews with government employees in Bangalore amplified the apathetic attitude and non-responsiveness of state bureaucrats toward the homeless. Every agency we interviewed confirmed there were no specific programmes, projects, schemes or funds allocated for urban homeless. Furthermore, no government department acknowledged that their agency had any responsibility to the homeless, had engagement with any other government department on homelessness, nor had any direct interactions with homeless people. The failure to address homelessness was defended because higher levels of government had not provided any policy guidelines or directives regarding this extremely vulnerable group of the urban poor. There was also a lack of awareness among government employees about homelessness generally. Government officials were asked what they thought the biggest challenges facing homeless people were and not one of them mentioned housing or adequate shelter. This was in stark contrast to the responses by the urban homeless who put adequate shelter and housing, which is inclusive of adequate water and sanitation, at the top of their list.

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7 For more details on the events that led up to the Supreme Court Order see Indo-Global Social Service Society (2012).
Homeless people’s everyday practices and experiences of water and sanitation insecurity

This section details the everyday practices and experiences of homeless people in accessing water and sanitation services, highlights a wide range of insecurities they face in doing so, and the multiple ways in which their right is not being realised. Following the definition of homelessness proposed by the Indian Supreme Court Commissioners on homelessness, the discussion is divided into three sub-sections based on the living and sleeping arrangements of homeless people: rough sleepers, shelter accommodation and self-made temporary structures in public places.

Rough sleepers

The first group the Supreme Court Commissioners identify as homeless are those who sleep rough, or more specifically ‘[l]ive and sleep at pavements, parks, railway stations, bus stations and places of worship, outside factories, at construction sites, under bridges, in Hume pipes and so on’ (Supreme Court Commissioners, 2012: 4). Tens of thousands of people sleep rough in Delhi. Hundreds of these people sleep in the Asaf Ali Road area of old Delhi. Many of these individuals work as manual rickshaw pullers or cycle rickshaw drivers and return to Asaf Ali Road around 9 pm when the shops shut, the people have left and it is possible to lie down and sleep. On a cool late winter night in early March, a group of young men originally from the state of Bihar and who sleep at Asaf Ali Road explained to our research team how there are no proper sanitation facilities near where they sleep, and while there is a urinal block nearby it is in an extremely pathetic and unhygienic condition. The closest sanitation block is about 0.5 km away and they have to pay INR3 for defecation and INR10 for bathing and washing clothes there. The price is inhibiting. Instead of using the public facilities these men usually defecate and urinate in the surrounding open spaces near where they sleep, and for bathing and washings clothes they go to a burst water pipe which is 2 km away.

On accessing drinking water one man explained:

‘There is a public tap 1 km away and we go there late at night. We don’t take water bottles because it is too difficult to keep them and carry them around. We just drink water directly from the tap and then come back to where we sleep. The water comes 24 hours but the water pressure at the tap can be very low and there are around 300 people who take water from there. There is no conflict at the tap though and we don’t mind walking there. It is safe [for men] to do that. Our only fear is the police. If they see us at walking at night they can harass and beat us with their batons and rods. We are scared of the police only. We can also buy drinking water in a pouch from the shop for INR1 or from a mobile vendor. For one glass it is INR2. This is bad quality water. We earn INR100–120 per day. We spend INR80–90 per day on food and INR10–15 per day for water.’

While we were talking to this group of young men a police officer strolled by, baton in hand, and told us we should not be talking to these fellows because they are criminals. These men live at the extreme margins of economic, social and political life. Their daily income barely affords them food and water, their efforts to get voter identification have been constantly obstructed by state agencies and they are frequently harassed by the police.

Aaraniya, a 47-year-old lady originally from the state of Tamil Nadu, also exists on the margins of urban India. She lives with her husband and four children on a median strip in a busy,
congested and very polluted bus depot in Bangalore city. She and her husband are cobblers, her three sons aged between 15 and 25 are coolies (mobile street vendors) and her 13-year-old daughter attends a government school. Their weekly household income is INR600. Her family occupies around 3 m² on this median strip. In the day they utilise this space for their cobbling work and in the evening they pull a tarpaulin over to form a shelter for sleeping. Aaraniya has stayed with her husband in this location for nearly three decades, which means her children have lived no place else. Educated to third standard and with basic literacy, Aaraniya has no ration card or voter identification. This means she has no access to welfare entitlements and no ‘voice’ with politicians since she is unable to vote.

Every morning before school Aaraniya’s daughter buys three pots of groundwater for INR2 per pot from one of the hotels that border the bus stand. This water will be used for drinking and cooking. The three pots provide just 20 l of water, or less than 5 l per person for a family of six. There are no alternative water sources in the area and because the water is not good for drinking and they do not have the means to purify it they frequently fall sick. For sanitation, the family uses the public facilities adjacent the bus stand which are open from early morning until 10 pm. They have been outsourced to a private operator and are run on a user-pays basis. Charges are INR1 for urination, INR2 for defecation and INR10 for clothes washing and personal bathing. Each of Aaraniya’s family members uses the facilities twice daily, once for defecation and once for urination, bathes twice a week and as a family they wash clothes twice a week. Their combined weekly spending on sanitation is INR266, for water INR42. This is a total of INR308, which amounts to more than 50% of their income. When Aaraniya or her teenage daughter is menstruating, maintaining personal hygiene is even more difficult. They cannot afford to use the facilities any more than they already do, and because they cannot afford sanitary pads they use old clothes which they have to wash daily and hang out to dry on the median strip where they live and sleep. They are extremely embarrassed that people passing by can see their menstrual clothes drying, but they have no choice. Homeless people are among the most invisible of the urban poor, but many aspects of their private lives are also starkly visible.

Homeless shelters

The second category of homelessness recommended by the Supreme Court Commissioners are those who ‘[s]pend their nights at night shelters, transit homes, short stay homes, beggars homes and children’s homes’ (Supreme Court Commissioners, 2012: 5). The banks of the Yamuna River in the Nigambodh Ghat area of North Delhi are a major hub for the city’s homeless. There are around 5,000–6,000 homeless people staying in this area but with only ten temporary shelters located at the Nigambodh Ghat and a further ten within a 1 km radius there is a severe shortage of shelter accommodation so many people sleep in the open. We spoke to a group of men who stay in one of the temporary portacabin shelters. Most of them were migrant labourers who had come to Delhi in search of employment as construction workers. As daily wage earners they have no guaranteed income and much of what they do earn they send home to their families.

They described how every 2–3 days drinking water is supplied to the shelters by the DJB and stored in 500-l water tanks, but that there is a chronic shortage of water for washing and bathing and a severe lack of sanitation facilities. The only public water source in the area is a tubewell hand pump which is utilised by thousands of people and can only be used for washing clothes because it is of a very poor quality. The water in the nearby Yamuna River is too polluted even for clothes washing.
Due to the lack of water available for sanitation, twice a week the men walk 2 km to a public sanitation block to bathe and wash clothes. They have to pay INR 5 for bathing, washing two pieces of clothing or using the toilet. The charges and the distance to the sanitation block prevent the men from using the toilet facilities every day. Alternatively, some men use the portable toilets that are provided by the municipality at the shelter. However, these toilets are dirty, cramped and uncomfortable so many prefer to go for open defecation on the banks of the Yamuna River.

A group of women in a temporary portacabin shelter in the Lodhi Road area of Delhi also told us how drinking water is not a problem because the DJB supplies this to the shelter regularly and free of cost. There are no cooking facilities at the shelter so the water is only used for drinking. However, the shelter has no sanitation facilities, not even portable toilets, and the people who stay there have to use the privately managed public facilities that are located approximately 25 m away. This is a family shelter, where men, women and children can stay. The lack of sanitation facilities at the shelter is particularly hard on the women, as they explained:

‘The sanitation block is only open from 6 am to 8 pm. If we need to bathe and wash clothes we can only do it during this time. After [8 pm] we have to go for open defecation away from the shelter in places we can find which are private. We go in pairs so that one can go toilet while the other watches out to ensure no-one is coming and we can do our business in private and in safety. This is particularly difficult for women during times of menstruation. At times when the sanitation blocks are shut it is also particularly difficult for those who are handicapped or have mental illness.’

‘The sanitation block is divided between male and female bathing and toilet areas but the doors are broken or are not there. We have to hang a cloth so we can bathe or go to the toilet in private. There are no waste bins available and we have to dispose of our sanitary napkins by flushing them down the toilet. We don’t like to do this and we want them to provide bins. Also, there is the problem of not always being able to access enough water for bathing and clothes washing. Some of the toilets are broken also.’

‘The sanitation block is provided by the Delhi Government and it is managed by a caretaker who is an employee of the local government. There is an agreement that we don’t have to pay to use the sanitation block but sometimes we have to pay the caretaker INR 5 for a bathing or clothes washing visit8. This is because sometimes he [the caretaker] doesn’t get paid by the Delhi Government. The facilities are very dirty and not hygienic. There is meant to be a cleaner but sometimes they do not do their job because the Delhi Government does not always pay them.’

In contrast to temporary shelters, in a permanent women and children’s shelter we visited and that is managed by a local NGO there was a much greater level of water and sanitation security. In this shelter water is supplied by the DJB through a tap in the yard. The shelter also has a tubewell with an electric pump, kitchen facilities and an electric water purifier. These conveniences mean there is sufficient clean

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8 In 2010 the Delhi High Court passed an order wherein sanitation blocks near shelters should remain open 24 hours and be free of charge for the homeless.
water for the women and children who stay there. The shelter sleeps around fifty people and has three toilets and two bathrooms which are located inside, accessible all day and night, and are private and clean.

Temporary/makeshift structures

The final category of homeless people recognised by the Supreme Court Commissioners are those who ‘[l]ive in temporary structures without full walls and roof, such as under plastic sheets, tarpaulins or thatch roofs on pavements, parks, nallah beds and other common spaces’ (Supreme Court Commissioners, 2012: 5). Gowramma lives in a temporary structure on a small piece of land bordering the footpath of a four-way road intersection near a busy city market in Bangalore. She lives in a joint family made up of nine members: herself, her husband, her widowed sister-in-law and six school-aged children (aged between 11 and 17). Her family are basket-weavers and like Aaraniya have stayed in the same location for around three decades. There are a number of homeless households who live in this location, all of whom have migrated from the neighbouring city of Mysore in search of a better livelihood. Gowramma has received no schooling and is illiterate. Unlike many homeless persons she has a ration card and a voter card but these can only be used in Mysore not Bangalore. Their weekly household income is around INR250.

Sanitation is a major problem for Gowramma and her family. There is a public sanitation block 1 km away across the busy intersection. It is a pay-and-use facility owned by the local government but outsourced to a private operator. To use the facilities for urination or defecation it costs INR3 and for a hot bath INR20. Because of the distance, the busy road intersection and most particularly the price, they seldom use the public facilities. They go for defecation in an open yard area on the back-side of the footpath and try to time their body functions so that they go in the early morning or late evening when the area is less busy and they have more privacy. There is a security guard who watches over this area and he frequently harasses them for their presence and activities. Their bathing is equally public and problematic. They bathe in the open space by their shelter or on the footpath behind a small tarpaulin. For some personal security the women kept watch while other women bathe. They prefer this to using the public facilities because they feel it is safer. Men and women bathe once or twice a week and the children bathe every school day.

There are two public taps supplied with water from the BWSSB where people in this homeless pocket collect water. One is located 0.5 km away and the other, a much further 1.5 km away. Gowramma and the other females in her household (girls included) collect water from the tap that is located further away because it is less crowded and therefore there is less conflict there. Water at both taps comes in the very early morning on alternate days. They start their journey to collect water between 4 and 5 am and have to do two trips to collect the twelve pots (8 l each). They are usually finished by 9 am and by this time the children are very tired and often arrive late to school. This water is of good quality and is used mainly for drinking and cooking. For bathing and clothes washing the family use groundwater which they collect from a local business that lets them take two pots every couple of days. Unlike Aaraniya, Gowramma and her family do not pay any monetary cost for water and sanitation. However, their water and sanitation costs are very high, particularly for the females in their household. They spend many hours collecting water from far away, girls go to school late and tired, they have no decent privacy for bathing and going to the toilet, and they often experience harassment from the local security guard.
Discussion: homelessness and the right to water and sanitation

The everyday experiences of homeless people are telling of their extreme vulnerability in accessing basic services and how their human right to water and sanitation is far from being realised. For the homeless, except those who stay in well-equipped and well-managed shelters, their access to water and sanitation is grossly inadequate and insufficient to ensure their human dignity and health. While drinking water is supplied by the public service provider in Delhi’s temporary shelters, for those who sleep rough or in makeshift shelters either in Delhi or Bangalore, they are forced to travel long distances to source free water, buy water for a significant cost, or use water that is not good for human consumption. Access to water for sanitation, and affordable and good sanitation facilities more generally, is unacceptably low. High user-pays charges; limited opening hours; and a lack of privacy and safety, especially for women and children, leave homeless people highly susceptible to a range of sanitation insecurities and vulnerabilities. Homeless people’s vulnerability and their lack of water and sanitation rights is not simply a technical matter but is embedded in wider processes of marginalisation, urban development trajectories and governance failures which deny their basic social entitlements and rights. This means that achieving the right to water and sanitation for the homeless requires going beyond a technical and sector approach to understanding the wider complexities of how their vulnerability and insecurity is created and sustained. From the previous discussions some of these complexities can be teased out.

As the principal duty bearer of rights, the state is complicit in the denial of rights, with homeless people’s right to live safely in the city neither sufficiently recognised nor protected by state actors or in state governance frameworks. A lack of adequate and assured livelihood and housing security, the absence of a comprehensive state policy and programme to address the needs and rights of homeless people and the failure of state governments to observe orders issued by the Supreme Court of India on homeless shelters, reflects an indifference and apathy toward the homeless by the state and leaves them highly exposed to structural and social inequalities. Furthermore, while the Indian courts have interpreted that the right to water and sanitation can be derived from the national Constitution, the union Government has failed to explicitly include the right to water and sanitation in national policies, or make specific reference to provision of services for homeless people. State indifference and apathy toward the homeless is at once coupled with discriminatory policies and practices which create and sustain the vulnerability of homeless people. Urban land-use policies favour the modernisation, beautification and privatisation of city space with little regard to, and often harmful consequences for, the very poor who have no security of place; and as many have no voter identification and influence with politicians, no political voice. Anti-beggary laws criminalise the urban poor and police violence and brutality pushes the homeless even further to the extreme margins of urban insecurity.

Current trends in many of India’s cities toward the commercialisation and privatisation of urban water and sanitation services are having, and will continue to have, adverse outcomes on the right to water and sanitation for homeless people. Public taps, a critical water source for the homeless, are increasingly being targeted for removal under the auspices of improving the financial self-sufficiency of utilities. Inevitably, without the state providing alternative water sources or ensuring adequate shelter and livelihood, homeless people will have to increasingly depend on buying water from informal venders or commercial establishments or use free, but often un-potable water, for their consumptive purposes. The commodification of public sanitation facilities, and the outsourcing of these facilities to private operators without adequate governance, management and operations
safeguards for the homeless, is also incompatible with the right to sanitation on the basis of affordability, accessibility and safety. Because the homeless are denied the right to adequate shelter and livelihood and have no dwelling where individual household taps and toilets can be installed (and charged for), they are largely ignored in government or NGO programmes and projects for improvements in services for the poor, most of which combine the provision of services with the capacity to charge for these services.

While this paper has looked at homelessness and the right to water and sanitation within the political, economic, social and cultural milieu of two Indian cities, the issues raised speak to a more general global problem that spans continents, regions and the developed and developing world. Homelessness as a marginalised social reality is a global phenomenon, the commercialisation of urban water and sanitation services is international in its reach, and although many countries have supported the right to water and sanitation in international resolutions, very few have recognised these rights in their domestic legal frameworks. Thus, it is very plausible that weaknesses in the implementation of the right to water and sanitation that have been highlighted in the context of Delhi and Bangalore are present in some shape and form in other countries and cities around the world. These implementation weaknesses include a lack of political will, low prioritisation of the rights of the most vulnerable urban groups in water policy and projects, and lack of financial and other resources as well as a void in public consultation and inclusive decision making processes at different levels.

Final remarks: advancing the right to water and sanitation for the homeless

Homeless people live in an extreme state of water and sanitation insecurity yet there has been a significant lack of attention in research, policy and practice to ensuring their rights are achieved. This study on the right to water and sanitation for homeless people in Delhi and Bangalore calls therefore for further research to understand homeless people’s insecurity in different urban settings around the globe, as well as in international declarations, treaties and frameworks.

It also exemplifies the need for explicit recognition of the needs and rights of homeless people in national and local water policies and projects, and for these rights to be implemented in practice. This will require the efforts of a variety of actors. Judicial action such as the Supreme Court of India’s order on homeless shelters, and the transparent monitoring of these orders to ensure compliance and accountability, has been an important and progressive step in the recognition of homeless people’s rights. However, implementation of the order has been slow and the sustained work by local NGOs and community groups in advocating for homeless people’s rights based on the Constitution, court rulings and international agreements is critical. So too is local advocacy and activism that challenges the commodification of urban water and sanitation services as these are arguably incompatible with ensuring the rights of the poorest are achieved. The mobilisation and meaningful participation of homeless people is also decisive in advancing their rights as they themselves know their realities better than anyone else. However, given the invisibility of homeless people and the complex factors that sustain and produce their marginality and vulnerability this will be no easy task. Indeed, the indivisibility of human rights and the importance of both their procedural and substantive elements suggests that addressing the human right to water and sanitation for homeless people will require going beyond a technical, legal and sector approach to the more challenging task of tackling the complex factors that create and sustain their vulnerability and marginality in urban spaces.
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