

Chapter 6

Social Costs of Poor Governance

Despite a marked improvement in the lives of a few, there are many in South Asia who have been forgotten by formal institutions of governance

South Asia presents a fascinating combination of many contradictions. It has governments that are high on governing but low on serving; it has parliaments that are elected by the poor but aid the rich; and society that asserts the rights of some but perpetuates exclusion for others. Despite a marked improvement in the lives of a few, there are many in South Asia who have been forgotten by formal institutions of governance. These are the poor, the down trodden, and the most vulnerable of society, suffering from acute deprivations on account of their income, caste, creed, gender, or religion. Their fortunes have not moved with those of the privileged few and this in itself is deprivation of a distressing nature. This chapter looks at the crisis of governance through the eyes

of these forgotten people—for whom the crisis is real and the crisis is today.

As the previous chapters have already highlighted, a vast majority of people in South Asia remains alienated from the formal structures of political and economic governance. The political and economic institutions of governance have tolerated, if not perpetuated, multiple inequities in South Asia. High unemployment, poor living conditions, and increasing squalor have led to a growing sense of frustration amongst the people and have pushed many to the very brink of despair (box 6.1). Increasing levels of crime, violence, and conflicts also reflect this reality. These are manifestations of deep-rooted social cleavages that run along the lines of wealth, caste, creed, gender, and ethnicity.

Box 6.1 Les Misérables—the economics of suicide in Pakistan

Life is the ultimate gift and suicide its final rejection. Though there are many reasons why people commit suicides, in Pakistan, economic deprivations are increasingly pushing individuals to take the final plunge.

According to modest estimates, incidences of suicides have increased by almost three folds since 1997. During 1998-9 around 1,000 people took their own lives, many committing public self-immolation as a final act of protest. Even if some of these suicides occurred due to reasons other than economic deprivations, the extraordinary nature of human misery would still be hard to dispute. Recent evidence clearly suggests the rising economic exclusion of the poor that has resulted in extreme deprivation for many.

Pakistan has been faced with the spectre of a slowing economy and re-emergence of poverty since the early 1990s. Limited employment opportunities, combined with high inflation rates, have left many with nothing to look forward to except destitution. In fact, for the most

vulnerable, mere survival has become a constant struggle.

In 1986, there were 29 million people in Pakistan earning an average of 33 cents per day. They spent only 19 cents per day on food, leaving them with only 14 cents for all other expenses. However, by 1993, prices had increased by 80 per cent and the unemployment rate had reached 13 per cent. Therefore, not only were more people earning 33 cents per day (45 million) but they were also worse off than before. They were allocating an even larger share of their income to food leaving them with only 10 cents, which is hardly enough to meet all their other requirements.

It is therefore clear that the absolute poor cannot survive without state transfers. However, Pakistan's performance in this regard has been extremely poor. It transfers less than one-fourth of one per cent of its GNP to the poor in the form of *Zakat*, *Ushr* and *Bait-ul-mal* payments.

These meagre allocations are not only grossly insufficient but they also reach only

a small minority of the beneficiaries. For example, in Punjab only 3 per cent of the poor receive *Zakat* and *Ushr* payments. However even if these payments were to reach all of the poor in the country, it would mean a transfer of *less than one cent per poor person per day*.

Under such circumstances if some people are killing themselves it is hard not to conclude that society is failing to provide social safety nets for the poor. Though suicide is considered a serious crime in Pakistan, dying of hunger is not. It is not a crime when an unemployed individual's family is ill fed, his children go without schooling, and they have limited opportunities of getting basic health care.

This even while presidents and ministers, bureaucrats and judges, generals and police chiefs are never faced with the realities that haunt the poor. They never starve, their children never go without proper schooling and adequate health care, and they never have to make such extreme choices.

They have not only affected the economic performance of the region but have also resulted in significant human distress.

Life, liberty, and exclusion

Human lives in South Asia remain increasingly imperiled. Though accurate data on the incidence of crime and violence is very hard to come by, even the limited facts reveal a distressing picture. Sri Lanka has the highest rate of murders in South Asia—with 9 murders per 100,000 persons. This is almost four times the rate in Bangladesh and Nepal. Sri Lanka again has the highest rate of armed robberies in South Asia. The rate of car thefts in Bangladesh is five times the prevailing rate in India (see figure 6.1).

Violence is nothing new to South Asia. At the time of the partition of British India, widespread Hindu-Muslim riots resulted in an estimated 500,000 deaths. However, the last few years have seen a scale of violence, mostly targeted against ethnic, religious, or sectarian minorities, that has no historical precedence. The most visible failure of South Asian political institutions has been their inability to protect the life and liberty of their minorities. Between 1954-94 there were around 15,000 communal riots in India, which resulted in 13,301 casualties. Similarly, inter caste violence in India claims hundreds of lives each year. In 1996 alone 36,000 crimes were reported against scheduled castes and tribes. In Pakistan, large-scale sectarian violence between Shia-Sunni extremist groups has been on the rise. The violence that claimed only one life during the country's first thirty years has, in the last twenty years, claimed more than 4,000 lives, in Punjab alone. Similarly thousands of lives are threatened each day in South Asia due to internal conflicts (box 6.2).

However, the gravest form of violence is that committed against women and children. Violence against women, often a hidden scourge, is also on the rise in South Asia. It cuts across boundaries of countries, class, age, and ethnicity. However, data regarding this is extremely

hard to find, as women seldom come forward with information, especially when the perpetrators of violence are from within the family. Therefore, the reported figures are clearly a gross underestimation.

But the scale of the problem can be judged by the fact that even according to the modest official statistics, crimes against women rose by around 38 per cent in India (from 84,000 to 115,723) between 1993-6. Similarly, police statistics from Sri Lanka indicate that there were 26,565 reported crimes against women during the first half of 1998 alone. And in Nepal, where domestic violence is not even considered a crime, a study revealed that 50 per cent of the respondents knew of someone who had been a victim of domestic violence (US State Department 1998). In Pakistan, as well, there are no specific laws that protect women against domestic violence, hence only the most

Box 6.2 Internal conflicts: South Asia at war with itself

Internal conflicts in South Asia are actually wars without frontlines. Many South Asian countries are embroiled in conflicts that manifest themselves in the form of guerrilla wars, separatist movements, or political and ethnic

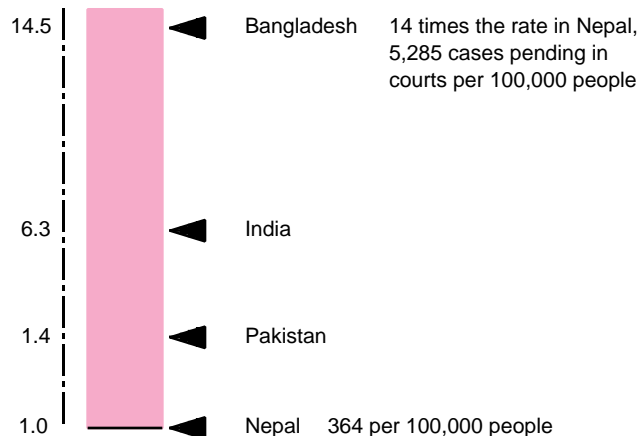
violence. They impose a high human cost with most victims belonging to poor and defenceless communities. From the civil war in Sri Lanka to the continuing violence in Kashmir, South Asia seems to be at war with itself.

Sri Lanka	India	Pakistan
KILLED: 55,000 have died so far in the war with the LTTE.	KILLED: Since 1995, approximately 8,300 have been killed in Jammu and Kashmir and the North-east.	KILLED: More than 3,000 have been killed in politically motivated violence in Karachi since 1995. 1,000 in 1998 alone.
EXTRA JUDICIAL KILLINGS: 750 extra judicial killings by security forces, since 1995.	EXTRA JUDICIAL KILLINGS: 200-400 extra judicial killings in Jammu and Kashmir in 1997.	EXTRA JUDICIAL KILLINGS: 566 people killed in extra judicial killings in 1998.
DISAPPEARANCES: More than 30,000 have disappeared since the beginning of the war. DISPLACED: More than one million people have lost their homes because of the war.	UNACKNOWLEDGED DETENTION: At least 2,000 held in long term unacknowledged detention, by security forces, in Jammu and Kashmir and the Northeast.	SECTARIAN VIOLENCE: More than 4,000 killed in sectarian violence in Punjab since 1978.

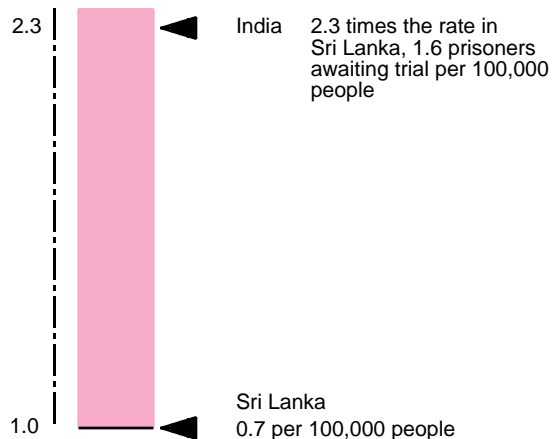
Sources: *Herald* 1998; HRCP 1998; *Newsweek* 1999; and US State Department 1997 and 1998.

Figure 6.1 Profile of human distress in South Asia, 1996
(Indexed to the lowest rate reported)

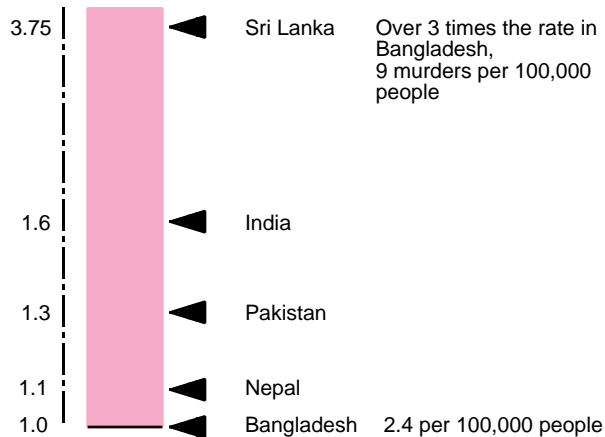
CASES PENDING IN COURTS



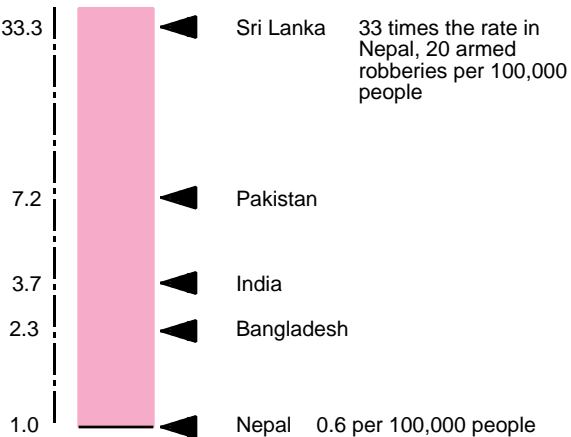
PRISONERS AWAITING TRIAL



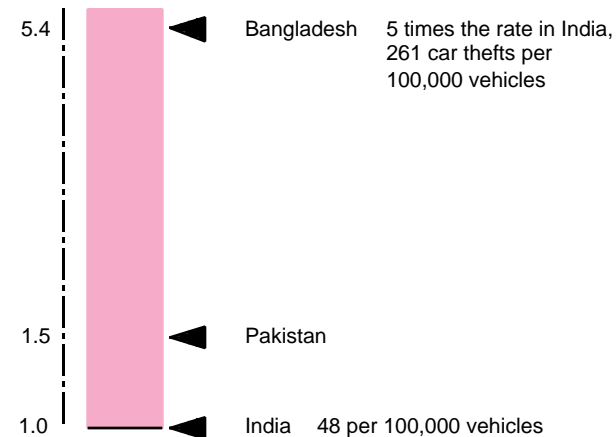
MURDERS



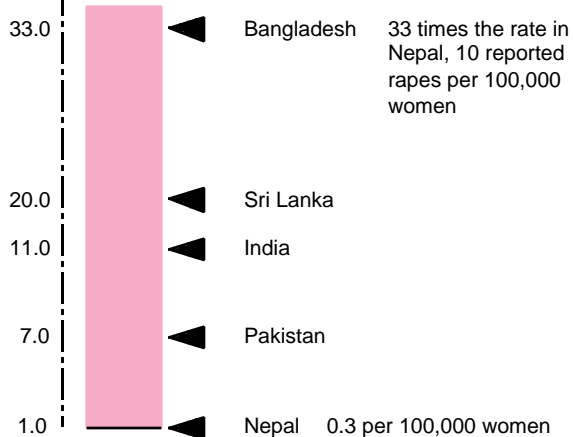
ARMED ROBBERIES



CAR THEFTS



REPORTED RAPES



Source: HDC Governance Tables.

extreme cases come to light. But even then the figures are startling. According to some estimates there are two cases of wife beating in Pakistan *every hour*. Bangladesh has also failed in providing protection to its women and has the highest reported rate of rapes against women in the region.

Much of the violence against women is related to disputes over dowries. Although most 'dowry deaths' involve lower and middle-class families, the phenomenon crosses both caste and religious lines. Many South Asian countries, for example India and Bangladesh, have made dowry demands a punishable offence but the custom is still widely practised. In Pakistan, for example, the government has been relatively successful at curbing the ostentatious display of wealth at weddings but has neglected the dowry menace. According to most conservative estimates, there were around 23,000 cases of dowry deaths in India between 1994-8. Similarly, reports from Lahore indicate an average of sixteen cases of bride burnings a month—with most of the victims belonging to poor families.

Children, who should be the most protected, are undeniably the most vulnerable in South Asia. Crimes of the most heinous nature are perpetrated against children throughout the region. In India, in 1996 there was a 31 per cent rise in the cases of child rapes since 1992, with more than 4,000 reported cases. Similarly the fact that in 1998 more than half of all rape victims in Punjab (Pakistan) were minors, reflects the failure of state authorities in protecting the most innocent and the weakest of society.

Child prostitution is widely known to exist in South Asia but is rarely discussed. Widespread poverty and inadequate social safety nets have left many children with no choice but to sell their bodies simply to survive from one day to the next. Fear of AIDS has turned many away from adult prostitutes to young children with the result that today there are as many as 100,000 child prostitutes in South Asia. In Sri Lanka, an estimated 30,000 children

sell themselves to foreign tourists. These are the innocent victims of the civil war in northern Sri Lanka. Many of them are shipped in from the war zone by agents who prey on war affected homes. Often with the family's wage earners killed in the war, these young children have no other option but to sell their bodies in this war-ravaged economy.

Many 'procurers' who deal in the flesh trade trick parents by pretending to be charitable workers wanting to educate their children. They later sell these innocent children to traffickers and brothels. It is estimated that each year around 7,000 children are registered in India from Nepal for prostitution. But in 1996 only 122 cases were brought up against those involved in the sale and purchase of minors in India. In 1996, a Nepalese NGO reported that the number of trafficked Nepalese girls in India ranged from 100,000 to 200,000. Similarly, children from Bangladesh are brought into India and Pakistan for the same purpose.

Once these children are brought into brothels they are subjected to the most inhuman treatment. Multiple gang rapes, beatings, and unprotected sex become a routine. According to a recent survey of Nepalese sex workers who return from India each year, nearly 65 per cent are HIV positive. Their own communities often reject those who manage to escape and return to their homes. Though governments in the region are making some efforts to bring those guilty to justice, the exploitation of children continues unabated mainly due to inadequacies of relevant laws.

Guardians of liberty

Crimes, violence, and insecurity affect the poor the most. The rich can choose to ignore this reality as they can hire private security agencies to protect themselves. But the poor cannot. For them, reliance on the police is often the only alternative.

But the police may not always be able to provide protection to the poor. This is true even while South Asia remains a

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Country	Numbers killed in police custody & encounters, 1997-98
Bangladesh	23
India	756
Nepal	93
Pakistan	702
Sri Lanka	32

Source: HDC Governance Tables; HRCP 1998; NESAC 1998; and US State Department 1998.

heavily policed society, with one police person for every 939 people. The police force has not only been largely unsuccessful at controlling crime, has also failed in upholding the law. Physical torture and inhuman punishments at the hands of the police are common throughout South Asia. There have been numerous cases of people tortured to death in police custody or killed in fake police encounters (table 6.1). In fact, there have been many instances where police officials have been found to have sexually abused and even raped women in custody. According to estimates from Lahore, in 1998, there was one case of custodial torture against women, every three days. In such an environment, people can hardly trust the police. Recent survey results also corroborate this fact and reveal that only 13 per cent of the respondents in Pakistan and 42 per cent of the respondents in India were satisfied with the performance of their police force (HDC 1999b).

Inadequate legal procedures exacerbate police inefficiency even further. Criminal procedures in South Asia leave lacunas, arising from discretionary powers, which can be misused by authorities (table 6.2). These powers not only impinge upon the civil liberties of

ordinary citizens, but also act as obstacles in the delivery of justice.

As chapter 3 shows, the poor face considerable difficulties in gaining access to the judicial system because of overloaded courts and lengthy court procedures. But even if their cases are resolved, a verdict is reached and the accused is sentenced to a prison term, the discrimination does not end.

It is very likely that if the accused is an influential individual he will be housed in a cell where he receives special facilities. This is true for India, Bangladesh, and Pakistan where prisoners are classified according to their social standing and not according to the nature of their crime. Hence, prominent influential people are lodged in class A prison cells where they are often permitted to have servants, special food, and even televisions in their rooms. For the ordinary citizens in South Asia, to expect governance institutions to ensure the security of their life and liberty is still too much to expect. In a recent survey (see Annex B), it was found that more than half the respondents in Bangladesh, Sri Lanka, and Pakistan simply did not believe that the legal system was just and protective of their rights.

Governance that excludes

And fails to ensure equity and social justice for all. Institutions of governance in South Asia have failed to provide economic, political, and social opportunities to its teeming millions who just happen to be born poor, belong to a different faith, or to the wrong gender.

The absolute poor

As chapter 4 shows, economic growth in the region has not favoured the poor. Even though GDP per capita (PPP \$) has been rising annually at around 2.5 per cent, between 1960-95, the average income of the richest 10 per cent is still six times the average of the poorest 10 per cent (table 6.3). The benefits of growth have not trickled down to the

Country	Discretionary Powers	No. of detainees under the law (1998)
India	Terrorist and Disruptive Activities Act (TADA) ¹ allows the courts to use abridged procedures. For example, confessions extracted under duress are permitted as evidence.	1,502
Bangladesh	Special Powers Act, 1974, allows the government to detain anyone for 30 days if he is suspected of acting to 'prejudice the security of the country'.	885
Sri Lanka	The Emergency Regulations and the Prevention of Terrorism Act (PTA), allows security forces to detain suspects for extended periods of time without court approval.	1,800

1. Although TADA lapsed in May 1995 but 1,502 prisoners continued to be held as of January 1, 1997. Source: US State Department 1998.

poor with the result that only one-fifth of South Asia's people earn almost 40 per cent of its income (figure 6.2). This inequity comes at a high social cost, as countries with highly skewed income distribution invariably show bad social indicators (Commander et al. 1997).

Ratio of income of highest 10% of population to lowest 10%, 1990-96	
Bangladesh	5.8
India	6.1
Nepal	9.3
Pakistan	7.4
Sri Lanka	6.6

Source: World Bank 1999b.

There are 515 million people in the region who are faced with acute income poverty, which severely limits their ability to live a decent life. Moreover, many are also deprived in basic capabilities like education, health, years of life, clean drinking water, and housing. The rich do not have to rely on the state as they can use their own resources to acquire such capabilities. But the poor have to. Therefore, public provision of these services is often the only alternative for them. However, rapidly growing populations, along with misplaced government priorities, have perpetuated stark inequalities in access to such social services.

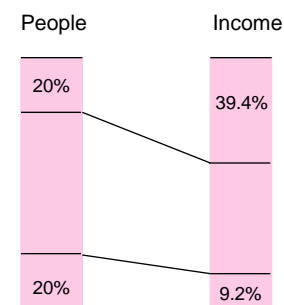
EDUCATION AND HEALTH. One of the most glaring failures of South Asian states has been the inability to ensure adequate allocations for education and health. There is considerable evidence to believe that these low allocations have led to perverse social outcomes for the poor—as social indicators are shown to be sensitive towards changes in expenditure on health and education (Khan, S.R. 1998). According to another study, an increase in public health spending by 5 per cent can lead to a rise in the average life expectancy of the poor by 0.35 per cent and a fall in the infant mortality rate by more than 1 per cent (Bidani and Ravallion 1995).

Equitable social development priorities can make the difference between life and death for the poor. According to a recent cross-country study involving thirty-five countries (which include the five largest South Asian countries), those living under \$2 a day can expect to live nine years less, on average, and their children are 50 per cent more likely to die before their first birthday (Bidani and Ravallion 1995). Similarly, in Madurai—the second largest city in Tamil Nadu, children in the poorest households are more than twice as likely to suffer from serious physical or mental disabilities than children from slightly better-off households (Birdsall and Hecht 1995).

In the face of such powerful evidence, South Asia is still channelling insufficient resources towards the social sectors. Whenever there has been a fiscal adjustment, the axe has fallen on health and education expenditures. Real per capita expenditures on education have followed a downward trend since the early 1990s. India spent Rs 249 per person in real terms on education in 1990; however, by 1992, it had reduced its spending to Rs 239 (table 6.4). Similarly, Pakistan reduced its real per capita expenditure on education from Rs 210 in 1990 to Rs 209 in 1993. By contrast, Sri Lanka and Nepal have not only maintained real per capita expenditures on social sectors but have also raised them, even in the face of severe fiscal adjustment.

However, an even bigger irony is that not only are these allocations meager they are also unprioritized. Though

Figure 6.2
People and income



Source: World Bank 1999b.

Table 6.4 Real per capita expenditures
(local currencies)

Country	Education		Health	
	1990	1992	1990	1992
Bangladesh	138	162	—	—
India	249	239	—	—
Nepal	110	168	35	43
Pakistan	210	209 (1993)	69	71 (1994)
Sri Lanka	507	570	292	353

Source: HDC staff calculation.

Balance sheet of human progress in South Asia

Progress

Deprivation

Life Expectancy

- Average life expectancy increased by over 25% between 1970 and 1997—and is now 62 years.

- Over 200 million people are not expected to survive to age 40.

Health

- The proportion of people with access to health services has risen to 78%.

- 276 million people still lack decent health care.
- Nearly 278 million do not have access to safe water and over 879 million people lack access to sanitation.

Food & Nutrition

- The per capita calorie intake increased from 88% to 111% of daily requirements between 1965 and 1995.

- 79 million children suffer from acute malnutrition.

Education

- Adult literacy rates increased between 1970 and 1995, from 32% to 49%.

- About 395 million adults are still illiterate.
- 50 million children are not in primary schools.

Income

- Real GDP per capita (PPPS) has increased annually since the 1960s by almost 2.5%.

- More than 515 million people are still in absolute poverty.

Children

- Under-5 mortality rates have more than halved over the last three decades.
- Immunization coverage of one-year-olds increased dramatically during the 1980s.

- Over 3 million children die every year before reaching their fifth birthday.

Women

- Female primary school enrolment rates increased by 61% between 1970 and 1993.

- Trained health personnel attend only 31% of births and the maternal mortality rate is 480 per 100,000 live births.
- Women are often denied their basic human rights.

Rural & Urban Areas

- 87% of urban dwellers have access to safe water and 73% have access to adequate sanitation.

- Only 20% of the rural population has access to adequate sanitation.

comparative national data on the incidence of government spending by income group is scarce, there is no denying that even these low allocations clearly bypass the poor as most of them are directed towards non-primary education and non-basic health facilities. Hence, the prevailing political and economic systems have not only produced inequities in these societies but have also perpetuated them.

Public health services in South Asia are often concentrated in large hospitals—mainly in urban centres. Around 70 per cent of Sri Lanka's general health services are located in the country's western region alone (HDC 1998a). Similarly, over half of the government hospitals in Dhaka are located in only three of the seventy-five wards of Dhaka City Corporation. Rural households in Sri Lanka spend 40–60 per cent of their health expenditure on transport costs alone. This pattern of concentration of health services excludes the (rural) poor, as high travel expenses and the opportunity cost of time lost act as major deterrents for them.

Similarly, there is considerable evidence of educational inequities between the poor and the rich in South Asia. In some Indian villages, the literacy rates for upper caste Brahmins are 90 per cent, while those for the lowest castes are only 10 per cent. In India and Bangladesh, the gross primary enrolment rates for landless peasants and medium to large-scale landowners are 17 per cent and 24 per cent, respectively.

The inequitable access is aggravated by inefficiency in the delivery and management of these services. This has led to large-scale absenteeism amongst teachers and health workers, non-availability of critical inputs, political interference, and thousands of ghost schools and dispensaries that exist only on official records (see chapter 4), with the result that even the existing education and health facilities fail to benefit the poor.

These inefficiencies have led to a general decline in the quality of services.

Thus schools exist without proper schooling and rural dispensaries operate without adequate health care. Public services have expanded in quantity but not in quality so that while several countries in South Asia are nearing universal primary enrolment, repetition and dropout rates remain high. Absolute health expenditures have risen but there has not been a matching decline in the burden of disease.

Low quality of health and education services often diminishes their utility for poor people. They have to frequently look towards the private sector for the efficient delivery of these services. Although 45 per cent of the population in Bangladesh has access to health facilities, less than one-fourth of the population uses them (World Bank 1996a). In the poor Indian states of Orissa, Uttar Pradesh, Rajasthan, and Bihar, less than a third of rural men and about 10 per cent of women use the services of primary health centers.

The burden of private health spending falls most heavily on the poor. About 7-10 per cent of income in the poorest Bangladeshi households is spent on health services, compared to only 2-4 per cent by the rich. In rural India, health spending by poor patients comprises 5 per cent of household consumer expenditure. The poor patients are forced to pay out of their pockets, especially since insurance coverage remains low—only 3.3 per cent in India.

The increasing recourse to the private sector for the provision of health and education carries some serious hazards. The private sector may be more efficient than the government, but it reinforces the income and class divisions within these societies. Moreover, private services are often more expensive, have uneven quality, and remain inaccessible to the vast majority of poor people. Sadly, even the regulatory mechanisms to monitor private social services are weak or non-existent. This is a major problem in Sri Lanka where, despite rapid growth in the private sector, the government has yet to regulate private health providers. Similarly in Punjab (Pakistan), there are between

The political and economic systems have not only produced inequities but have also perpetuated them

In South Asia, more than a sixth of the people, almost 200 million, are not expected to survive to age 40

15,000 and 32,000 medical stores that operate without a licence.

Financial burdens on the poor remain considerable even when public services are provided free of cost. The poor are often forced to make hidden payments to teachers and doctors. The poor in Bangladesh often need to pay nearly fifteen times more than the official fee to get specialized attention of the doctor in a public dispensary. The poor are normally exempt from payments for prescriptions in theory, but in practice they are often made to pay for even petty medicines. Medicine pilferage is common; the medical staff is often to be found selling these public drugs in private markets.

YEARS OF LIFE. South Asia has made considerable gains in increasing the life expectancy of its people. But the cruel reality is that average life expectancy and child mortality rates reveal a great divide between the rich and the poor. In India, child mortality rates are much higher in states where there is a larger proportion of poor people. Even within some cities there are considerable differences in mortality rates between rich and poor neighbourhoods. During the late 1980s, in Colombo, child mortality rates in poor neighbourhoods were 0.3 per cent greater than the national average, whereas they were 0.25 per cent less than the national average in rich neighbourhoods, implying that children belonging to poorer households had a lesser chance of survival than the rich (World Bank 1993).

Nonetheless, average life expectancy in the region has increased by over 25 per cent between 1970 and 1997 and it is now sixty-two years. However, this progress for some has been marred by a short life for many. More than a sixth of the people, almost 200 million, are not expected to survive to age 40. This is more than the combined population of France, Germany, and the UK. The burden of this severe human deprivation falls mainly on India, which is home to three-fourths of all South Asians who are expected to die before the age of 40.

Between the period 1960-97, the under-five mortality rates in South Asia more than halved, from 235 per 1000 live births to 110. Pakistan is the only exception in this regard, as it reduced its under-five mortality rate (U5MR) by only 40 per cent. Pakistan and Bhutan have an under-five mortality rate higher than the South Asian average. However, Bhutan's performance has still been better than that of Pakistan, as it successfully halved its U5MR even though it had started with a higher base.

Maternal mortality is another contributor to the short life spans in the region, with an average rate of nearly 500 per 100,000 live births in South Asia, and as high as 1,500 in Nepal and 1,600 in Bhutan. The maternal mortality rates in these two countries are even higher than that of Uganda (510)—which has experienced a proliferation of civil conflicts over the years. This, alongside other indicators, reinforces the double deprivation that poor women suffer in South Asia.

SAFE WATER AND SANITATION. Poor housing and poor health are often associated with limited access to proper sanitation and safe water. The responsibility of managing water supplies and sewage disposal facilities, and collecting user charges usually lies with the local authorities. However, vested interests and local elites play a vital role in influencing decisions regarding the selection and location of infrastructure projects. This is evident from the fact that, throughout South Asia, higher investment (in per capita terms) and better maintenance is seen in the relatively well-off areas.

South Asia has made vast improvements in the delivery of water and sanitation services: access to clean drinking water has almost doubled and access to sanitation has increased by four times since the early 1980s. Yet the magnitude of unmet demand requires more efforts. Currently, there are more than 200 million people in the region without access to safe drinking water and

more than 800 million without proper sanitation. Polluted water is still a threat to many lives and a serious health hazard. This is nowhere more evident than in Bangladesh, where 20 per cent of drinking water tube wells are contaminated with high levels of arsenic. Yet again the poor are most affected, as they are concentrated in settlements without adequate services.

Throughout the region, the poor meet most of their water needs from common faucets, wells or hand-pumps. Most of the poor in India draw water from public stand posts (PSPs) managed by local authorities. However, water through the PSPs is only available for short durations and at low pressure. The number of persons per PSP is very high—especially in low-income areas—resulting in unending queues, long hours of waiting, rising tempers, and quarrels. Similarly, where there are no public taps in the locality, water has to be brought in from long distances resulting in low per capita consumption. Alternatively, it can be obtained from private vendors but only at rates which are well beyond the means of the poor.

Water charges in most South Asian countries are regressive. This has resulted in large-scale wastage of water by the rich. Recent evidence suggests that the poor in Karachi pay forty times more for drinking water than the rich. In many Indian states, the exemption limits fixed by local authorities allow the rich to get away without paying for a substantial part of their water consumption.

One important reason for the failure of local authorities to provide such basic services to the poor is their precarious financial conditions. There is an urgent need to introduce mechanisms which will ensure the provision of funds to local authorities on the basis of minimum needs. The state governments should provide special funds to local authorities based on the assessment of their requirement and performance. Moreover, the local community, especially women who play an important role in the provision, management, and safeguard of

these services, should be involved in the planning for local water and sanitation services.

HOUSING. Adequate housing and shelter is essential for meeting people's basic needs. Millions of people in South Asia live in unacceptable housing.

Compounding the housing problem has been the rapid growth of urban populations. Urbanization, alongside slowing growth in the agricultural sector, has changed the demographic profile of the region. During the last twenty-five years, the South Asian urban population has been growing at more than 3 per cent per annum and is expected to double by the year 2015. Migration of the rural poor to rapidly expanding cities has led to overcrowding and inadequate housing, resulting in the emergence of slums and squatter settlements in almost all South Asian cities. Today, more than 75 million people in urban India live in unplanned settlements and slums. In Bombay alone, more than 5.5 million people live in hutments and slum dwellings. These dwellings house nearly half the city's population but occupy only 2 per cent of the total land area.

South Asian states are allocating insufficient resources for housing and often with the wrong priorities. During 1992-5, housing and community amenities received only 6 per cent of total central government expenditure. In India, in 1989, only 10 per cent of the investment and 30 per cent of the supply of housing units came from the public sector. This is particularly striking, as there are separate government agencies at the Central, State, and Municipal levels responsible for providing housing to the poor. What is alarming is the fact that many of these agencies, on account of their financial and administrative rules, explicitly exclude the absolute poor—those most likely to be homeless. Often the poor do not benefit from state housing agencies, nor can they secure credit from housing cooperatives. Not having legal titles to the land, it is not possible for them to get approval from

South Asian states are allocating insufficient resources for housing and often with the wrong priorities

local authorities to build on what is perceived as illegally occupied land.

The poor are forced to live in squatter settlements with the threat of eviction constantly looming over their heads. They are faced with a precarious situation: governments do not provide services to such areas as they are illegal and unplanned, and the residents cannot spend their own resources, as they simply cannot undertake such heavy investments. Also, the uncertainty regarding their tenancy status, combined with the threat of eviction, deters them from spending their meagre resources on improving residential provisions in case their houses are razed to the ground.

In Karachi, the annual backlog of houses in the formal sector is around 70,000. Hence, it comes as no surprise that nearly half of the city's population (more than five million people) lives in *katchi abadis* or slum settlements. But what is most shocking is that during the last six years, government agencies have bulldozed more than 13,000 houses without providing the inhabitants with any compensation or alternative shelter. This has resulted in losses to the poor amounting to more than \$126 million. The fact that the victims of evictions are often the poor shelterless masses and not the affluent and the powerful—who own illegally built high-rise buildings or palatial homes—is another reflection of the social and economic injustice that pervades the entire South Asian society.

Women

The differential treatment of individuals on the basis of gender is derived from age-old social norms and beliefs in South Asia. Though bias against women is not limited to South Asia alone, its severity is surely unique to the region. The 1997 Report on *Human Development in South Asia* has underlined South Asia as the least gender-sensitive region in the world. As discussed in chapter 1, the region scores very low on the GDI—Gender-related Development Index—due to

some of the world's highest gender disparities in health and education.

As in many other parts of the world, society's attitudes about appropriate gender specific roles widely discriminate against women in South Asia. That is why it is not surprising that women, and their concerns, receive inadequate attention from the institutions of governance. As figure 6.3 shows, the rates of women's economic activity are less than half that for men and women's share of earned income is only one-third that of men. Although there are 635 million women in South Asia, their representation in the echelons of political power is almost negligible. On average, there is only one female parliamentarian for more than 22 million people, compared to one male parliamentarian for nearly 2 million. The lower women to men ratio in South Asia is another testament to the neglect that women suffer in society, which in its most extreme form, raises its ugly head in the shape of female foeticide (Box 6.3).

But there is another type of passive infanticide, which is sustained neglect of women in the form of unequal allocation of resources to nutrition, health, and education. The traditional preference for sons in South Asia is so high that it results in higher female child mortality (Das Gupta, M. 1998). The ratio of female to male mortality rates (between ages 1 and 5) is indicative of the differential treatment that girls receive from their parents (and other adults). Recent studies indicate that in all other regions except South Asia, there is no difference between male and female child mortality rates. In Pakistan, India, and Bangladesh, girls are between 30 to 50 per cent more likely than boys to die between their first and fifth birthdays. However, there is considerable variation within South Asia on this front.

The band across northern India and Pakistan shows much more gender disparity than the South. This is mainly due to the differences in kinship systems, property rights and related features of society. Mortality rates for some Indian

states, like Kerala and Tamil Nadu, actually slightly favour girls, while other states have female-male ratios higher than many non-South Asian countries. The same is true for some provinces in Pakistan, such as Punjab, where girls are almost twice as likely as boys to die between ages one and five (figure 6.4). This disparity exists mainly due to the preferential treatment that boys receive in terms of nutrition and health care at home.

The ratio of female to male enrolment also follows the same pattern as those of mortality outcomes and health treatment. Within India, Kerala and Nagaland again have no gender disparity, whereas in Rajasthan, girls are only half as likely to attend school.

Interestingly, these gender disparities are not associated with income. The overall level of female to male mortality may fall with rising incomes, but the ratio between male and female child mortality

does not. Therefore, South Asia cannot simply expect to bridge gender gaps by raising incomes alone; a more comprehensive strategy would be needed. However, progress is still possible. Studies have shown that sex differences in survival probabilities are smaller when employment opportunities for women are higher, as women's relative bargaining power is stronger. This leads to higher investment in their health and education, thereby ensuring higher survival rates. Therefore, by creating more employment opportunities for women, South Asian governments can not only empower women economically, but can also put an end to the social exclusion faced by almost half of humanity in South Asia.

Minorities

Religious minorities in many South Asian countries are faced with limited opportunities for economic and political

Box 6.3 India: the girl child—silenced from the womb

'The birth of girl grant elsewhere, here grant a boy', Atharva Veda

In most South Asian countries, there is a clear bias against the female child. This is an outcome of age old religious and social norms where the son is seen as continuing the family line and the girl is regarded as a future financial liability—as she has to be married off, possibly with a huge dowry. That is why girl children face some of the most extreme forms of violence and abuse, and in some instances are even denied their very right to be born.

Advances in medical science, instead of working in their favour, have in some cases become a tool in quickening their pace of death. Various medical tests which were developed for the detection of genetic abnormalities in the foetus are now being used to discover the gender of the unborn baby with the intention of getting rid of the female foetus.

Human rights groups estimate that at least 10,000 cases of female infanticide occur yearly, primarily in poor rural areas of India. Female foeticide, which is the modern version of female infanticide, is also widespread in certain parts of India.

According to estimates, there were 78,000 cases of female foeticide in India between 1978-82.

During 1984, in Bombay alone, there were 40,000 cases of female foetus abortions. A survey carried out in a women's centre in Bombay found that out of 8,000 foetuses aborted, 7,999 foetuses were of girls. Similarly, almost all of the 15,914 abortions performed during 1984-5, after undertaking sex-determination tests, by a well-known Abortion Centre in Bombay were those of girl foetuses. However, in the nine years since Maharashtra passed a law banning the use of tests for sex determination, the state government has filed charges against only one doctor.

Due to their high demand, the number of sex determination clinics in Maharashtra (India) rose from 10 in 1982 to more than 500 in 1986. Almost every district town in Maharashtra has at least one SD clinic. This may also be the case in Gujarat, West Bengal, Punjab, Haryana, and Delhi. Many hospitals coax people through brazen advertisements like 'Better Rs 500 now than

Rs 5,000 later'. Surveys reveal that even in cases when tests are done to see if there are any foetal abnormalities, and the parents are advised that there are chances of genetic disorder, the foetus is usually carried to full term if it is male, otherwise it is aborted. Another survey of a hospital in India revealed that 70 per cent of those seeking for sex determination tests belonged to the middle classes, with many of them being literate. A 1992 study found that unlike the 1980s, when there were more cases of SD tests among middle-class families, the demand for these tests is now rising among all sections of the society.

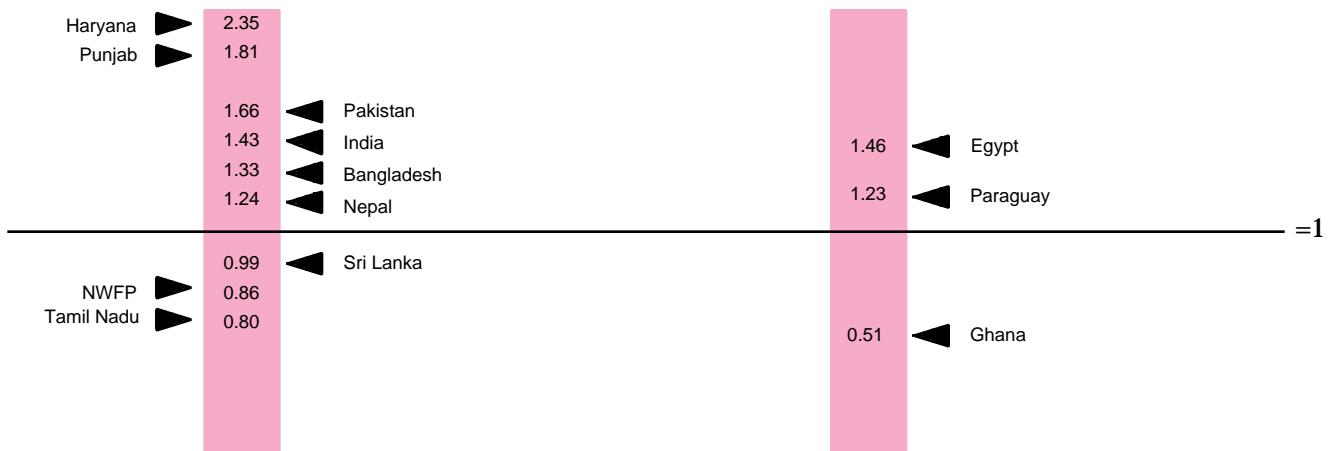
South Asia is already going against the biological norm, where for every 100 men there are only 93 women. A further imbalance in the population can lead to a rise in many social problems like rapes, prostitution, abductions, and greater controls over women. A wholehearted campaign to bring a change in the social values and to eradicate dowry is essential—along with proper legislation against sex-detection tests.

Source: Kapur 1993; and US State Department 1998.

Figure 6.4 The girl child: born to be excluded

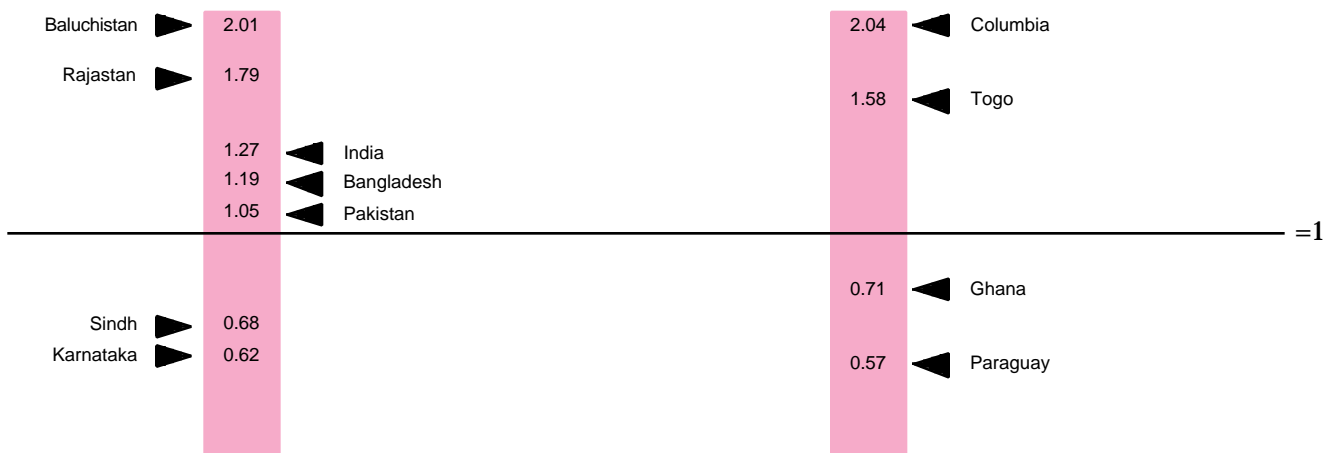
Gender neutrality equal to one

LIFE: Ratio of female to male child mortality



(A higher ratio indicates that females are MORE likely to die between ages 1-5)

HEALTH: Ratio of female to male children who received no treatment for episodes of fever or acute respiratory infection



(A higher ratio indicates that females are LESS likely to get treated than males)

EDUCATION: Ratio of female to male enrolment—children aged 11-14



(A higher ratio indicates that females are MORE likely to be enrolled than are males)

Source: Pritchett et al 1997.

empowerment. Society is often prejudiced against them and, in many cases, the state also fails to ensure their access to state jobs and social services. Most South Asian countries have implemented some affirmative action policies to improve the conditions of their minorities. However, notwithstanding such policies, the discrimination persists.

MUSLIMS IN INDIA. There are more than 120 million Muslims in India. Though economic and social backwardness afflicts many, in India, Muslims find themselves substantially disadvantaged because of their educational backwardness. In terms of education, Muslims lag far behind the Hindu community (table 6.5). The differences are even starker in urban areas—where almost twice as many Muslim males are illiterate as compared to Hindu males, and only one-fourth as many Muslims receive graduate education as Hindus. Their low enrolment and high dropout rates at the elementary and secondary levels result in extremely low representation in tertiary education—with only 1 per cent of the total college graduates being Muslims.

Because of their educational backwardness it comes as no surprise that Muslims lag far behind the Hindu community on the occupational front. In central government services, they account for less than 5 per cent of the total labour force and in some services, like the Indian Defence Services, their strength is only 2 per cent. Even in the private sector, Muslims lag far behind their Hindu counterparts.

However, the divide is even greater when we compare the earning levels of the two communities. The incidence of urban poverty has reached glaring heights amongst the Muslim community, with more than half of them living below the poverty line. While 52 per cent of the Muslims in urban areas fall below the poverty line of Rs 158 per month, only 3 per cent earn more than Rs 475 per month. The rural economic scene is equally distressing, with 35 per cent of the Muslims being landless.

Poverty amongst Muslims can be attributed to their low levels of literacy, lack of access to land and other productive assets, and dearth of employment opportunities. Similarly, various government schemes aimed at improving the lot of the weaker sections have not benefitted Muslims. For various reasons, they have only been able to secure 2 per cent of industrial licences and 4 per cent of financial assistance.

There are important equity and efficiency reasons for targeting resources towards Muslims. However, as they constitute a minority population, there is no guarantee that an elected government would transfer resources for their social and economic uplift. Thus, an alternative policy solution, which has been raised by some political parties in India, could be to enhance their political power. The introduction of electoral laws, which would set aside political seats for Muslims in the legislatures, could influence policies in their favour. Recent research using Indian state level panel data reveals that the constitutionally specified minority representation in Indian legislatures has resulted in increased targeted transfers to minorities (Pande 1998). This suggests that political representation could not only be central to promoting their interests, but would also be essential for ensuring the social uplift of the Muslim community.

AHMADIS IN PAKISTAN. In Pakistan's early years, minorities were able to rise to the senior ranks of the civil and military

The incidence of urban poverty has reached glaring heights amongst the Muslims in India, with more than half of them living below the poverty line

Table 6.5 India—a tale of two communities

	Hindus	Muslims
<i>Population</i>		
% of the total population (1991)	82	12
<i>Education</i>		
Literacy rates (age 7 +) (1996)	59	49
% of urban male illiterates (1987-88)	25	42
% of urban male graduates (1987-88)	8	2
<i>Urban poverty</i>		
% earning less than Rs. 158/ month (1987-88)	35	52
% earning more than Rs. 475/ month (1987-88)	9	3
<i>Ethnic breakdown of parliamentarians (%)</i>	85	6

Source: Akhtar 1996; and Haq 1998a.

bureaucracy. But today, this is rare, as religious minorities experience discrimination in almost all walks of life. However, the kind of discrimination faced by the Ahmadis is unique, even for Pakistan.

A 1974 constitutional amendment declared the Ahmadi sect to be non-Muslim because they did not accept Muhammad (PBUH) as the last Prophet of Islam. However, Ahmadis continue to regard themselves as Muslims and observe many Islamic practices. In 1984, the Government amended the Penal Code and prohibited Ahmadis from calling themselves Muslim and even banned them from using Islamic names and other terminology. Since then, the Government and various religious groups have used this provision to continually harass Ahmadis. Certain sections of the Penal Code forbid Ahmadis from 'directly or indirectly' posing as Muslims. Armed with this vague wording, 115 charges have been brought against Ahmadis for using the standard Muslim greeting form and naming their children Muhammad. Many have been imprisoned just for posing as Muslims and more than 900 cases have been brought against them for preaching Ahmadiyat.

Ahmadis suffer from harassment and discrimination at all levels and have limited chances for advancement into senior levels in government services. Even a rumour that someone may be Ahmadi can eliminate all chances of promotion, or even employment. Therefore, many hide their religion and

practice their faith in secret. Thus, accurate data regarding the total number of Ahmadis in Pakistan is not available. Ahmadis are often targets of religious intolerance; much of it instigated by local religious leaders. Between the period 1984-98, more than sixty Ahmadis were killed just because of their religious convictions (table 6.6). All kinds of meetings of Ahmadis in Rabwah, the Ahmadiyya headquarters, have been banned since 1984 and even sports events organized by the community are not allowed.

Ahmadis continue to suffer violations of their places of worship; denial of freedom of faith, speech, and assembly; restrictions on their publications; a social boycott; and alleged official support of extremist elements that act against them. The Blasphemy Law has become another means of persecution against them. It mandates the death penalty for anyone found guilty of passing a derogatory remark about the Prophet Muhammad (PBUH). Although other religious minorities believe that the law may be targeted against them, it has mainly been directed against the Ahmadis and they continue to suffer in silence.

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Much of the social and economic exclusion of the vulnerable, discussed in this chapter, may end if people organize themselves to assert their rights. This theme is taken up in the next chapter.

Table 6.6
Injustices against Ahmadis,
1984-98

Numbers killed	68
Number of attempted murders	73
Number of places of worship desecrated	32
Number of cases registered against Ahmadis for:	
• Preaching Ahmadiyat	933
• Posing as Muslims	366
• Blasphemy ^a	331
• Using Islamic epithets	115

a refers to the number of cases under the Blasphemy Law.

Source: HRCP 1996, 1997 and 1998.