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Planning Committee on

DEVELOPMENT

(1994-95)

(TENTH LOK SABHA)

MINISTRY OF RURAL DEVELOPMENT-

RURAL WATER SUPPLY AND SANITATION

ELEVENTH REPORT



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LOK SABHA SECRETARIAT
NEW DELHI

December, 1994/Pausa, 1916 (Saka)

ELEVENTH REPORT

STANDING COMMITTEE ON URBAN & RURAL DEVELOPMENT (1994-95)

(TENTH LOK SABHA)

MINISTRY OF RURAL DEVELOPMENT—
RURAL WATER SUPPLY AND SANITATION



*Presented to Lok Sabha on...
Laid in Rajya Sabha on.....*

23 DEC 1994

LOK SABHA SECRETARIAT
NEW DELHI

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PART II*

Minutes of the sittings of the Committee on Urban and Rural Development held on 23rd February, 18th March and 10th October, 1994.

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**LIST OF MEMBERS OF THE STANDING COMMITTEE ON
URBAN & RURAL DEVELOPMENT (1994-95)**

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(iv)

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1. **Shri S.C. Gupta** — *Joint Secretary*
2. **Shri G.R. Juneja** — *Deputy Secretary*
3. **Shri C.S. Joon** — *Assistant Director*

INTRODUCTION

I, the Chairman of the Standing Committee on Urban and Rural Development (1994-95) having been authorised by the Committee to submit the Report on their behalf, present this Eleventh Report on 'Rural Water Supply and Sanitation' of the Ministry of Rural Development.

2. The Committee took oral evidence of the representatives of the Ministry of Rural Development on 23rd February and 18th March, 1994. The Committee wish to express their thanks to the officers of the Ministry of Rural Development who appeared and placed their views before the Committee on the subject.

3. The Report was considered and adopted by the Committee at their sitting held on 10th October, 1994.

NEW DELHI;
October 10, 1994
Ashvina 18, 1916

PRATAPRAO B. BHOSALE,
Chairman,
Committee on Urban & Rural Development (1994)

1. INTRODUCTORY

1.1 Safe drinking water supply and basic sanitation are vital human needs for health and efficiency. The quantity of safe water consumed by an individual directly or indirectly and the maintenance of personal hygiene can well be considered as a measure of the advancement of the society.

1.2 Though Rural Water Supply and Sanitation is a subject listed under State List, the Central Government plays a coordinating and monitoring role and support various programmes through Central Sector Schemes, institutional finance and expertise. This role has to progressively deal with the growing awareness for quality of life, upgradation in the rural areas and to find a permanent solution to these problems in a holistic manner by constituting different programme implementation bodies.

1.3 It is estimated that rural areas account for nearly three fourth of the population of the country and have a much larger concentration of people below the poverty line. The Ministry of Rural Development plays the role of a nodal agency by formulating programmes and policies for around development in the rural areas. One of the crucial areas of concern is the supply of safe drinking water and sanitation.

1.4 The quality of life in rural areas is not satisfactory partly because of poverty and ignorance and partly because of the failure in implementing the programmes effectively or due to shortage of funds. However, it is observed that in some areas the level of ground water is going down whereas in some other areas the water gets contaminated due to industrialization, increasing use of fertilizer, influx of population and poverty while in some other cases, it is due to lack of care in sedimentation, filtration, disinfection, presence of iron content, excess brackishness and fluoride. These problems are permanent in nature which the country has been facing even after 47 years of independence. Disease, drudgery and death every year are directly attributable to the lack of these basic necessities. The poor, especially women and children are the primary victims of these basic problems. Access to safe drinking water and basic sanitation henceforth constitute crucial component of social and economic development. Unfortunately, even today we have not provided a concrete and permanent solution to tackle these problems.

1.5 Supply of safe drinking water and provision of sanitation comprise much more than installation of water supply systems and construction of latrines. They encompass all activities which improve hygiene in order to raise the quality of life and the health of the people. It is estimated that every year, 1.5 million children

under five years die in India of water-related diseases, the country loses 1800 million person hours (over 200 million mandays) each year due to these diseases. Though the Government has accorded due weightage to supply of drinking water and rural sanitation in the Seventh Five Year Plan yet the overall performance in these two areas is not satisfactory at all. Therefore, the Committee have decided to take up this subject for detailed examination and present a report thereon.

2. RURAL WATER SUPPLY

2.1 Provision of drinking water supply in the rural areas is the responsibility of the State Governments and funds have been provided in State budget right from the commencement of the first Five Year Plan. A National Water Supply Programme was introduced in 1954 in Social Welfare Sector. The States gradually built up the Public Health Engineering Departments to tackle the problem of water supply. In spite of these efforts, it was observed that rural Water Supply Scheme was implemented only in the easily accessible villages neglecting the hard core rural areas where no source of safe drinking water was available. Realising the situation, the Government of India directed the State Governments to identify such villages as problem villages (PVs) and to make special efforts to formulate and implement schemes in those villages.

2.2 Taking into account the magnitude of the problem and also to accelerate the pace of coverage of the hard core problem villages (PVs), the Central Government introduced the Accelerated Rural Water Supply Programme (ARWSP) in 1972-73 to assist the States and Union Territories with 100% *grants-in-aid* to implement the schemes in these villages. With the introduction of Minimum Needs Programme (MNP) during the Fifth Five Year Plan, the Central Government decided to withdraw the scheme of ARWS in 1974-75. The Programme was, however, re-introduced in 1977-78 when the progress of supply of safe drinking water and identification of problem villages was not as per the expectations.

2.3 The Ministry of Urban Development had been the nodal agency for this sector at the beginning of the Seventh Plan. Subsequently, in the year 1985 rural water supply was transferred to the Department of Rural Development.

2.4 In order to accelerate the programme of coverage of no-source PVs and to deal with problems of quality of drinking water, a National Drinking Water Mission was launched in 1986 popularly known as 'technology mission' in order to provide scientific and cost-effective content to the Centrally Sponsored Accelerated Rural Water Supply Programmes. The Government has since renamed it as Rajiv Gandhi National Drinking Water Mission to provide safe drinking water supply to the uncovered rural population over the next few years.

Objectives of Rajiv Gandhi National Drinking Water Mission

2.5 Rajiv Gandhi National Drinking Water Mission was launched with the following objectives:-

- (i) to cover all no source problem Habitations.
- (ii) to supply LPCD in all areas for human beings and additional 30 LPCD in desert areas for cattle within accessible reach.

- (iii) to evolve cost effective appropriate technology to solve specific problems.
- (iv) to take conservation measures for sustained supply of water.
- (v) to improve performance and cost effectiveness of ongoing programmes.
- (vi) to create awareness on use of safe drinking water.
- (vii) to promote community participation.

Norms

2.6 Rajiv Gandhi National Drinking Water Mission has adopted the following norms for providing safe drinking water to rural population in the villages:-

- (a) 40 litres of drinking water *per capita* per day for human beings.
- (b) 30 lpcd additional for cattle in desert districts (under Desert Development Programmes).
- (c) One handpump or standpost for every 250 persons.
- (d) Water sources should exist within 1.6 km in the plains and within 100 metre elevation difference in hilly areas.
- (e) The water is defined as safe if it is free from biological contamination (guineaworm & bacilli causing diseases like cholera, typhoid etc.) and chemical contamination (excess fluoride, brackishness, excess iron, arsenic, nitrates etc.).

2.7 Under Rajiv Gandhi National Drinking Water Mission the following priorities are adopted in selection of villages/areas for implementation.

- (a) To cover 6th plan spill over problem villages (as per 1980 list).
- (b) To cover all villages with no water source (1985 list).
- (c) To cover no source problem villages surveyed or identified subsequently.
- (d) To cover all villages with contaminated drinking water (both chemical and biological).
- (e) To cover all villages with *per capita* supply less than 40 lpcd to bring the service level to the norm level.
- (f) To cover hamlets and habitations.

2.8 One of the major norms set up by the Rajiv Gandhi National Drinking Water Mission is to provide water sources within a distance of 1.6 km in the plains and within a distance of 100 metre elevation difference in hilly areas. On the

question of norms for providing drinking water to the rural areas, the Secretary Ministry of Rural Development informed the Committee during evidence that “we should provide water within 1.6 kilometres distance. Normally we provide water in less than that distance.”

2.9 The Committee feel that it is difficult for anyone to bring water from a distance of 1.6 km for a family consisting of 4-5 members besides bringing water for cattles. Keeping in mind the *per capita* per day consumption of drinking water i.e. 40 litres as per the guidelines issued by the Ministry of Rural Development one has to cover a lot of distance every day to fetch water. Broadly speaking the actual victims are women. The Committee, therefore, strongly recommend that the Ministry of Rural Development should give a serious thought to change this norm to reduce the distance of 1.6 km to 0.5 km or so for supplying drinking water.

3. FINANCIAL ALLOCATIONS AND EXPENDITURE

3.1 Out of the total outlay of Rs. 30.00 crore for rural development in the Eighth Five Year Plan, the financial outlay for Rural Drinking Water supply will be 5,100 crore in the Central Sector and with the corresponding State Plan outlay of Rs. 4,950 crores under MNP in order to supply safe drinking water to rural areas. The major objectives during the Eighth Five Year Plan period are as follows:-

- (i) to cover all the left over no-source villages in the initial years of the Plan;
- (ii) to provide sustainable supply of safe water to all the no-source habitations by the end of the Plan;
- (iii) to complete eradication of guinea worm and to tackle major quality problems like fluorosis, brackishness, iron and arsenic etc., in drinking water;
- (iv) to enhance the quantum of supply and its quality in all villages;
- (v) to step up efforts in securing scientific inputs in rural water supply; particularly for source finding and recharge of aquifers;
- (vi) to improve the operation and maintenance of water supply systems;
- (vii) to ensure water quality by surveillance throughout the country.

3.2 Financial allocations made during the Accelerated Rural Water Supply Programme during the period of 1991-92, 1992-93 and 1993-94 is given below:-

Financial Progress

| Years | Allocation made | Amount Released | Exp. incurred | State Sector MNP Expenditure Incurred |
|---------|-----------------|-----------------|---------------|---------------------------------------|
| 1991-92 | 758.000 | 644.491 | 505.240 | 692.54 |
| 1992-93 | 460.000 | 458.993 | 483.661 | 799.19 |
| 1993-94 | 740.000 | 737.020 | 563.500 | 370.56 |

3.3 The coverage of rural population as reported by the States is as under:-

(in lakhs)

| | Total rural Population as per 1991 census | Coverage upto 1992-93 | % coverage 31.3.1993 (as per 1991 census) | 1993-94 | |
|--------------|--|-----------------------------|---|---------|------------------------------|
| | | | | Target | Coverage upto Dec. '93 |
| Total | 6286.91 | 4412.87 | 76.55 | 198.15 | 100.02 |
| SC | 1128.68 | 762.27 | 67.54 | 38.01 | 20.30 |
| ST | 627.51 | 532.66 | 84.88 | 19.50 | 8.43 |

3.4 In order to accelerate the coverage of SCs/STs, a minimum of 25% of ARWSP funds has to be utilised for provision of drinking water supply for SCs and another 10% for STs. During 1991-92, Govt. had decided to give special assistance for coverage of SC/ST habitations as part of Dr. Baba Saheb Ambedkar Centenary Programme. Out of this Rs. 56.74 crores was released in 1991-92, Rs. 2.02 crores in 1992-93 and Rs. 0.75 crores in 1993-94 respectively.

3.5 During the Seventh Five Years Plan, 153357 Problem Villages were covered against the target of 155963 Problem Villages and the remaining 2605 Problem Villages in 19 States were spilled over to 1990-91. During the first two years of Eighth Five Years Plan (1992-93 and 1993-94), only 2690 Problem Villages were covered against the target of 3693 Problem Villages. However, during 1994-95 (Upto Nov. 94) only 59 Problem Villages were covered against the target of 278 Problem Villages. Hence the Committee observe that the coverage of Problem Villages during Eight Five Years Plan is not encouraging.

3.6 The Committee note that despite giving top priority to the Rural Water Supply Programme under the Eighth Five Year Plan, Government have not been able to give due attention and the problem is not taken care of in its right perspective. The Committee, therefore, strongly recommended that Government should make sincere efforts in order to maximize the coverage of the Problem Villages.

4. SURVEY OF PROBLEM VILLAGES

4.1 The problem villages has been assessed in India from time to time for providing drinking water. Last survey was conducted in 1985. On the basis of the survey the State Governments/UTs were advised to formulate the location, and specific areas for tackling the problem of drinking water.

4.2 During the course of oral evidence the representatives of the Ministry of Rural Development informed that "in 1991 we organised a comprehensive survey where not only the no-source villages, no-source habitation or partially covered villages were also listed. The survey is currently on but the results that come in, we are not satisfied with the quality of survey done. That data after proper verification and validation will be the base of our activity."

4.3 The Committee find that the data collected through comprehensive survey conducted in 1991 to identify problem villages both partially and fully for supplying drinking water has not been verified so far and no action plan has been chalked out in this regard. The Committee take a serious note that the survey conducted in 1991 has not been finalised even after the lapse of about three years. The Committee recommend that the Ministry should make concerted efforts to finalise an action plan without further delay in order to make available water supply to the most neglected hard core villages.

5. NATURE OF PROBLEM VILLAGES

5.1 In so far as the problem of drinking water is concerned, there are three types of villages. As per the prescribed norms (i) only those villages which have no source of safe drinking water; (ii) Partially covered village means those villages which have some sources but not adequate source according to minimum requirement norms and (iii) Problem villages are those villages where quality contamination or chemical contamination of water is prevalent and where water is not potable.

5.2 Explaining the main problems in supply of drinking water to the rural villages, the Secretary, Ministry of Rural Development informed the Committee during evidence that basically they were facing two types of problems. One such problem was non-availability of water according to the national norms. Another problem was that of non-availability of good quality of drinking water. The representative of the Ministry agreed that there were villages in which source of drinking water was depleting and getting contaminated. But the Government had been more or less successful in tackling this problem. During 1994 itself about 500-600 villages would be covered to tackle the problem of drinking water. Government had been making an endeavour to tackle the problem of drinking water since 1985 but in spite of all this a large number of drinking water sources were drying up in many States.

5.3 The witness stated the new villages for the sake of drinking water were coming to light which had not been covered earlier as per the national norms.

5.4 The representative of the Ministry informed the Committee during evidence that they had a target to cover 1.6 lakh villages in the country for the supply of drinking water but unfortunately they were not able to fulfil the target as the data given by the survey conducted in 1985 were not correct. Secondly, the survey did not take into account the new villages on account of neglect of water conservation.

5.5 The committee find that in order to fulfil the objective, there is an urgent need to make a correct assessment of present and anticipated problem villages and to take effective measure for tackling the Problem of drinking water.

5.6 The Committee recommend that to implement this programme in a right perspective the Ministry of Rural Development should have a comprehensive data pertaining to the new villages/new bastis with water quality problems, villages where the sources are drying up and those villages which are facing problems of water conservations etc.

6. IMPLEMENTATION OF THE SCHEMES

6.1 Water supply is a State subject. The Ministry of Rural Development is responsible for policy formulation and co-ordination of the Rural Water Supply Programmes; by giving technical guidance, central assistance, development of trained manpower, research activities, management Information System, organisation of seminars/conferences, securing international cooperation and assistance etc. The main implementing agency is the State Government.

6.2 During the oral evidence of the Ministry of Rural Development, the representatives of the Ministry have pointed out certain reasons for not fulfilling the targets as follows:-

- 1.** "To assist the State Government in implementing this Programme there are Public Health Engineering Departments. They have technical people, staff and contractor. In spite of the Central Government's best efforts, all the States do not work on Mission mod.
- 2.** The village level institutions are not involved in the maintenance and operation as well. In many States where, Departmental maintenance takes place villagers do not want to touch when the pumpset is inoperative.
- 3.** In a number of densely populated States the maintenance of these water sources has been bureaucratised, routinised and inadequate funds were made available for this purpose. The Central Government has been insisting them to transfer the maintenance part to the Panchayats at block level to give money for this purpose and funds may be allocated to Panchayats for maintenance. The State should also support them by providing training, equipment tools and other things for the purpose.

6.3 The Committee do not fully appreciate and agree with the reasons advanced by the representatives of the Ministry of Rural Development for not fulfilling the targets under the Scheme. The Committee would like to recommend that monitoring mechanism should be strengthened and intensified for ensuring a smooth and uninterrupted supply of water in rural areas to the village level for the better implementation of the schemes meant for the rural people.

6.4 The Committee also recommend that for the effective maintenance of water sources and their necessary infrastructures in rural areas adequate funds should be made available to the Panchayats by the State Governments. Furthermore, the Central Government should issue uniform guidelines to the State Governments for giving adequate powers to the Panchayats at the local level for maintenance purpose, in order to avoid red tapism.

7. SOURCE OF SUPPLY OF WATER

7.1 One of the major area of concern pertaining to the rural water supply is the source of water. Eighty five percent of the water needs of the rural areas are met from the ground water, wells and hand pumps. Fifteen percent is met from surface water like ponds, lakes, rivers etc.

7.2 In reply to the question as to what was the percentage of rural population which was receiving piped water supply, the Ministry of Rural Development have stated in a written note that "Separate information is not maintained on scheme-wise basis at the level of Central Government for percentage of population covered through the piped water supply and other schemes. However, on an average about 20-25% rural population is covered through the Piped Water Supply Scheme and about 75-80% through the Handpumps and other devices. The position varies from State to State. In some States like Haryana, Punjab and hilly areas, most of the population is covered with Piped Water Supply Scheme."

7.3 So far as drinking water is concerned, the main problems that the Rural India is facing are due to non-utilization of existing water sources in some areas, over-exploitation of ground water and due to contamination of water in some other areas.

7.4 The Committee observe that even after passing of four decades of independence, Government have not been able to utilise the available ground water in some areas like in the State of Orissa and Bihar. The Committee further observe that the reverse trend has also been witnessed in some areas whereas the Government relied on ground water for providing short term relief, but, the ground water levels are rapidly declining leading to severe water crisis. It has adversely affected the wells in many States like UP, Rajasthan, Gujarat, Maharashtra, Madhya Pradesh, Tamil Nadu, Karnataka and Andhra Pradesh. Such over exploitation of sub soil water coupled with massive deforestation can cause irreversible damage to water beds which are not being replenished due to soil erosion.

7.5 The Committee note that rural India has been facing certain problems due to the non-utilisation of existing water resources in some areas, and over-exploitation of ground water or contamination of water due to population explosion and industrialization in some other areas. Therefore, the Committee strongly recommend that the Ministry of Rural Development should take steps in coordination with other related Departments for recharging the ground

water by all possible means including traditional and conventional methods. The need of the hour is to frame fresh guidelines on the national water policy with a view to create an integrated development of ground water as well as for an effective use of available surface water for drinking purpose.

7.6 The Committee further recommend that the Rajiv Gandhi Drinking Water Mission should take all necessary steps like soil conservation, afforestation, prevention of losses of water through evaporation and other methods for harnessing rain water.

7.7 The Committee observe that no separate information was being maintained with regard to the coverage of rural population through the Piped Water Supply Scheme. The access of rural population through the Piped Water Supply is very low. The decade began with the promise that potable water will be supplied to the entire country by the end of 1990. But the Committee note that the promise remained unfulfilled. Hence, the Committee desire the Ministry of Rural Development to make concerted efforts to provide water supply through pipes in the plain rural areas in general and the hilly regions in particular in order to ensure the supply of sufficient drinking water in those areas.

7.8 The Committee also observe that the drinking water problem becomes more acute in summer. It has been observed by the Committee that water starved people resort to road blockades, attack Municipality Officers, stage angry protests to draw the attention of the authorities to their plight. The Committee take a serious note of it as this has been going on for decades without any tangible results. Therefore, the Committee strongly recommend that the Ministry should formulate an effective policy to tackle this serious problem.

7.9 Further, it has been observed by the Committee that the people residing in hilly and desert areas are facing more problems than that of the plain areas. Hence the Committee recommend that all out efforts should be made and a comprehensive programme should be drawn up and implemented effectively at the earliest to provide sufficient safe drinking water supply in these areas.

8. OPERATION AND MAINTENANCE

8.1 Proper maintenance of machinery and other necessary infrastructure provided by Government for supply of water in rural areas is crucial for an uninterrupted supply of safe drinking water to the rural people. For this purpose, apart from the provision allowed under the Non-Plan budget of the States, 10% of the annual plan funds are utilized out of the State Sector MNP and another 10% out of the Centrally Sponsored Accelerated Rural Water Supply Programme. During evidence, the representatives of the Ministry of Rural Development also stressed that Panchayats and local people should be given responsibility for operation and maintenance of water sources.

8.2 The Committee recommend that the Ministry should ensure proper maintenance of public assets and adequate funds should be provided for this purpose. Further, it has been found that in coastal areas, the machinery used for supplying of water frequently goes out of order because of presence of salinity in the water. The Committee would like to recommend that a careful study should be made to provide appropriately designed and good qualitative machines in coastal areas for supplying of drinking water.

8.4 The Committee would like to recommend that the Ministry of Rural Development should evolve a formula/guidelines as per the requirement of the region for the maintenance of hand pumps and other necessary infrastructure for supplying water in each village. Some amount should be allocated for the maintenance of the ongoing schemes.

8.5 The Committee also strongly recommend that women need to be associated with the community participation efforts since most of them have to carry water from long distances in rural areas. They have to spend lot of their time in water collection and transportation. Whenever there is a breakdown in water supply, it is the woman who suffers the most. The Committee, therefore, recommend that the decision on the coverage of a village or to treat a village as a problem village, the Mahila Members of Village Panchayats and Women groups should be involved and a reasonable number of women should be represented in the village water monitoring Committee. The Mission should adhere to these basic things by providing information, education and training to women-mass in the rural areas.

8.6 As regards the maintenance and repairs of hand pumps and water pipes the Committee recommend that the Ministry of Rural Development should put more emphasis on research and development methodology to

develop cost effective appropriate technologies for the identification of new sources of water, conveyance of water from the source, treatment of the contaminated water, ensuring proper distribution system, etc. as these are the major activities of the Rajiv Gandhi National Drinking Water Mission to be undertaken during the 8th Five Year Plan.

9. WATER QUALITY SURVEILLANCE

9.1 Next to the promise of providing Water Supply to all the Country side, the more pertinent question is, whether the water already being supplied is clean and safe for consumption. Many a times the sewage water finds its way into the piped water and sometimes water inside the pipes gets contaminated due to rusted pipelines. Besides, the surface water also gets contaminated due to industrialisation, increase in population or due to the excess presence of chemical component. Not only the surface water but also the underground water in rural areas is also getting populated at an alarming rate because of discharge of pollution by industries and chemical content in the adjacent areas. All these abnormalities spread cholera, gastrointestinal and other water born diseases, which sometimes lead to death.

9.2 During the course of oral evidence, the Secretary of the Ministry of Rural Development informed the Committee that they had identified four types of quality contamination of water. They were guineaworm, salinity, excess fluoride and iron. The details collected from the State Governments revealed that water in the villages of Bihar and Madhya Pradesh was contaminated mainly due to excess iron content. On the other hand, there were some villages in the country where the arsenic content and salinity were very high. The Ministry of Rural Development was focussing their attention either on setting up treatment plants in these areas or was trying to find out alternate sources of drinking water. The representative of the Ministry informed the Committee that the Government had been successful in handling the guinea-worm problem in the country except in the States of Rajasthan and Andhra Pradesh where the problem still existed to some extent.

9.3 The Secretary of the Ministry further informed the Committee:-

“We are targetting on fluoride villages in Rajasthan, Gujarat, Andhra, Tamil Nadu and to some extent in Madhya Pradesh also. This is also one of the worst forms of water contamination. It affects the bones, teeth and children. There are about 7,000 and odd villages in the country. We are targetting on those villages. We are pushing the States Governments to prepare projects for that area. Till last year we were only advocating fluoride treatment plants. We have taken a decision that wherever alternative sources are available we will give the first preference for that. Only if they are not available, we will treat the water, because the maintenance of the tanks is difficult for villagers. We are going in a big way to do this.”

9.4 The Committee note that the supply of drinking water is the major area of concern as far as rural water supply is concerned. It is found that villages

in the vicinity of some river or nala are often neglected with the result that these villagers use the contained water for drinking purposes and fall prey to several diseases. The Committee suggest that speedy steps should be taken to provide safe drinking water to such village through pipes and handpumps. The Committee also suggest that the mission should make necessary arrangements for providing specialised training equipments as well as keep effective surveillance over the use of contaminated water by the rural people.

9.5 The Committee further recommend that the Ministry of Rural Development should strengthen its monitoring mechanism and issue uniform guidelines to the State Governments/UTs requesting them to take necessary steps to save the existing sources of water from pollution and contamination throughout the country.

10. RURAL SANITATION

10.1 Rural Water Supply alongwith Sanitation are the two foundation stones for rural development. There exists a direct correlation between water, sanitation and health. Inadequacy in the provision of safe drinking water; improper disposal of human excreta, solid and liquid wastes lead to unfavourable environmental hazardous conditions and lack of personal and food hygiene are some of the factors responsible for many killer and epidemic diseases. It has been stated in the Annual Report (1993-94) of the Ministry of Rural Development:-

“It has been estimated that more than 1.70 lakh children are affected by poliomyelitis; 2.50 lakhs die due to tetanus and 15 lakhs die every year due to dehydration caused by diarrhoea. This alarmingly high mortality of infants is attributed largely to poor sanitation.”

10.2 The concept of sanitation was earlier limited to disposal of human excreta by cesspools, open ditches, pit latrines, bucket system etc. But at present, sanitation is a more comprehensive term. It begins through personal hygiene, sanitation at home, sanitation in the village, disposal of used water liquid and solid waste, garbage, food hygiene, personal, domestic as well as environmental hygiene etc.

11. HISTORICAL BACKGROUND

11.1 Although the concept of sanitation has got a comprehensive meaning with passage of time but lack of knowledge, ignorance and perception about sanitation and personal hygiene among the villages in India have been the major factors responsible for slow progress in sanitation.

11.2 As per the information provided in the Annual Report (1993-94) of the Ministry of Rural Development Sanitation Programme was introduced in the Health Sector in 1954. The year 1985 witnessed the transfer of Rural Sanitation Programme to the Department of Rural Development from the Ministry of Urban Development. Thereafter from 1986, the Ministry of Rural Development played a nodal agency for coordinating the programme for sanitary latrines. During 1987, Rural Sanitation Programme was included in the State Sector under Minimum Needs Programme (MNP).

Norms and Basis for providing Funds under CRSP

11.3 Under the Central Rural Sanitation Programme (CRSP) 1986, it was decided to provide sanitary latrines to SC/ST and people living below the poverty line. The total resources to be mobilised under this programme were to be shared by State Governments and Central Government on 50:50 basis. The criteria for allocation of funds to States/UTs which was linked to the criteria for allocation of funds under ARWSP provided for weightage to rural population (50%), area (20%). Incidence of Poverty (10%). It was decided to construct two pit pour-flush water seal latrines at an estimated cost of about Rs. 1200 per latrines. However, the cost of latrine varied from State to State.

Norms and Basis for providing Funds under MNP

11.4 As per the modified criteria and norms (1990-91) out of MNP funds, the State would provide an amount at least equal to one third of Central assistance. For State-wise allocation of funds weightage is given to incidence of poverty (50%). Rural Population (40%) and hilly states on the basis of population (10%); the cost of a latrine for individual household was adopted at Rs. 2500, contribution from beneficiaries/panchayats was taken at 20%, 15% and 10% with reference to minimum demand for 20, 50 and 100 units respectively. Contribution from SC/ST was set at 5% in the form of labour/material/cash.

11.5 It has been mentioned in the Annual Report of the Ministry (1993-94) that efforts made under the various programmes mentioned above were highly inadequate to achieve the desired goal of covering 25% of rural population by 1991, as

envisaged in the decade programme launched in 1981. By the end of 1993 it was reported that only about 3.15% of the rural population as per 1981 census and 2.5% of rural population as per 1991 census had been provided with sanitary latrines. The reasons for slow progress and low coverage are as follows:-

- (i) Lack of initiative at all levels.
- (ii) Inadequate financial resources.
- (iii) Poor perception of importance of sanitation.
- (iv) Lack of felt need from the people.
- (v) Lack of people's participation.

12. EIGHTH FIVE-YEAR PLAN

Objectives and Strategies

12.1 Objectives

- (a) To accelerate coverage of rural population specially among the households below poverty line with sanitation facilities complementing the efforts in Rural Water Supply and slowly breaking the vicious circle of disease, morbidity and poor health resulting from insanitary condition and water borne diseases.**
- (b) To generate felt need through awareness, creation and health education involving voluntary organisations and Panchayati Raj Institutions helping thereby to establish sanitary latrines with lesser dependence on Government subsidy.**
- (c) To eradicate manual scavenging by converting all existing dry latrines in rural areas into low cost sanitary latrines.**
- (d) To encourage suitable cost effective and appropriate technologies to support the other objectives.**

Strategies

12.2 The strategies would be:-

- (i) To provide subsidy to the poorer among the households below poverty line.**
- (ii) To encourage other households to buy the facilities through markets, including sanitary marts.**
- (iii) To launch intensive campaign in selected areas and to support such campaigns with infrastructural facilities to establish individual sanitary latrines wherever possible.**
- (iv) To establish sanitary complexes exclusively for women wherever necessary.**
- (v) To encourage locally suitable and acceptable models of latrines.**

Programme Components

12.3 The components of the programme are as under:–

- (a) Construction of individual sanitary latrines for households below poverty line with subsidy (80%) where demand exists.**
- (b) Conversion of dry latrines into low cost sanitary latrines.**
- (c) Construction of exclusive village sanitary complexes for women by providing complete facilities for handpump, bathing, sanitation & washing on a selective basis where adequate land/space within the premises of the houses do not exist and where village Panchayats are willing to maintain.**
- (d) Setting up of sanitary marts.**
- (e) Total sanitation of village through the construction of drains, soakage pits, solid and liquid waste disposal.**
- (f) Intensive campaign for awareness generation and health education for creating felt need for personal, household and environmental sanitation facilities.**

13. FINANCIAL EXPENDITURE & ACHIEVEMENTS

13.1 Schemewise outlay/anticipated expenditure during the Seventh Plan (1985-90) and Eighth Plan (1992-97) for Rural Sanitation is given below:-

(in Crores)

| Scheme | Seventh Plan (1985-90) | | Eight Plan (1992-97) Budgetary Support |
|--|---------------------------|-----------------------|--|
| | Outlay | Actual Expenditure | |
| 1. State/UT Plans Rural Sanitation MNP | 96.75 | 49.22 | 294.23 |
| 2. Central Plan Centrally Sponsored Rural Sanitation Programme | 4.20(\$) | 16.58(\$) | 380.00 |

13.2 Physical achievements envisaged at the end of the Eighth Plan for Rural Sanitation is indicated below:-

(in million)

| Population to be covered % as on 31.3.1995 | Expected coverage during 8th Plan |
|---|--------------------------------------|
| 4.03 | 0.72 |
| | 16.80 |

13.3 So far as centrally sponsored Rural Sanitation Programme is concerned, the above mentioned table shows that the actual expenditure for the 7th Plan is Rs. 16.58 crores and the population to be covered as on 31.3.1985 will be 4.03 million. In the 8th Five Year Plan, the Budgetary support is Rs. 380.00 crores for CRSP and Rs. 294.23 crores for rural sanitation under MNP and the expected coverage of population during 8th Plan is 16.80 million.

13.4 The physical achievements and financial programmes under Centrally Sponsored Rural Sanitation Programme during 1992-93 and 1993-94 is as under:-

| Year | Target Units | Physical Achievement Units | % | Outlay | Financial Utilisation % Expenditure (Rs. in crores) | % |
|----------------------------------|--------------|----------------------------|-------|--------|---|--------|
| 1992-93 | 186407 | 20150 | 10.81 | 20.00 | 21.68 | 108.20 |
| 1993-94 (Upto December, 1993) | 233697 | 34644 | 14.82 | 30.00 | 16.25 | 54.17 |

13.5 In the year 1992-93 the plan outlay was of Rs. 20 crores and the utilisation of funds was Rs. 21.68 crores which comes to 108.20 per cent and the physical targets were of 186407 units and the achievement of physical target was to the order of 20150 which is only 10.81% and in the year 1993-94 the plan outlay was of Rs. 30 crores of which Rs. 16.25 crores has been utilised upto December, 1993. However, the outlay of Rs. 60 crores has been approved for 1994-95.

13.6 The Committee are distressed to note that population to be covered under Central Rural Sanitation Programme under 7th Plan very small as compared to the enormous flow of money. Due to lack of adequate sanitation in rural areas the overall rural development programmes have got stuck. Therefore, the Committee would like to recommend that the Ministry of Rural Development should adopt a pragmatic approach to tackle this problem and to motivate the beneficiaries to help themselves and to support this programme for attaining better quality of life.

13.7 The Committee observe that an outlay of Rs. 60 crores has been earmarked for 1994-95 for rural sanitation. The Committee regret to note poor performance vis-a-vis expenditure incurred on the Programme during 1992-93 the physical targets achieved were only 10.81% during 1992-93. Similarly, during 1993-94 the utilisation of funds was to the tune of Rs. 16.25 crores against the plan outlay of Rs. 30 crores (December 1993) i.e., 54.17% while the physical achievements were of the order of 34644 units against the target of 233697 units i.e., only 14.82%. Keeping in view the poor performance during the last two financial years, the Committee strongly recommend that a serious thought should be given to the problem of rural sanitation and suitable ways and means should be explored through result oriented action plan to maximise the number of beneficiaries as it is one of the basic necessities of human life.

13.8 The Committee further recommend that, with the changing situation, the age old conventional methods of sanitary latrines should be replaced by the better modern sanitary equipments as per the suitability of local and regional conditions.

14. CONSTRUCTION OF INDIVIDUAL HOUSEHOLD LATRINES

14.1 One of the major strategy to fulfill the objectives of 8th Five Year Plan pertaining to sanitation programme is to encourage locally suitable and acceptable model latrines in the rural areas. The programme component is the construction of individual sanitary latrines for households below poverty line with 80% subsidy, where demand exists. It may be pointed out that out of the total annual funds, a minimum 20% should be earmarked for paying subsidy to the individual households from SCs & STs below poverty line. Viewing the present pace of construction of sanitary latrines under this programme, the concept of total sanitation is still a far cry.

14.2 During oral evidence of the representatives of the Ministry of Rural Development, it has been stated that:—

“Apart from comprehensive definition of sanitation; only 12.4 or 12% of the households have sanitary latrines. So the gap of coverage is very large unlike in drinking water we have tackled at least two-third of the problem. Here 85% of the problem remains to be tackledNext year we have doubled the outlay to Rs. 60 crores. We are hopeful of generating a momentous. Already in densely populated delta areas and in relatively more prosperous areas like Maharashtra and Punjab, people are demanding it. But in large number of States people are not still ready.”

When asked about the amount spent on this programme, the representatives of the Ministry stated during evidence:—

“That during the year 1993-94 the outlay for centrally sponsored Rural Sanitation Programme was Rs. 30 crores. In the year 1994-95 the Government intended to double this amount i.e. Rs. 60 crores.”

But according to the representatives of the Ministry, even with an amount of Rs. 60 crores they will not be in a position to tackle this problem significantly.

The witnesses further stated that so far, 22 lakh latrines have been constructed which is not even 10% of the target fixed by the Ministry. That is why the majority of Rural Population was not having individual household latrines.

14.3 The Committee observe that the coverage of construction of household latrines is very small. At present the coverage is only 10 to 12% and about 88 to 90% of it still remains to be tackled. Keeping in view the slow growth of

construction of sanitary latrines under this programme, the concept of total sanitation is still a far cry. After taking into account the vast gap between the target and achievements and the poor performance by the Ministry, the Committee strongly recommend that a serious thought should be given to the problem of construction of individual household latrines. The Committee further recommend that proper drainage system should be linked with the construction and maintenance of sanitary latrines and more funds should be provided for this programme which is the basic unit of providing a greater impetus to rural sanitation programme because such facilities are required to be provided (to cover the entire rural population) on an enormous scale.

14.4 So far as the cost for construction of latrines is concerned, the Committee recommend that the amount of assistance for construction of latrine should be revised by keeping in mind the cost escalation of materials.

15. CONVERSION OF DRY LATRINES

15.1 There are about 24 lakh dry latrines in the rural areas. In India, the major cause of concern is the existence of thousands of buckets and dry latrines. The excreta from buckets is often spilled in the vicinity of toilets during transport to the disposal site.

15.2 It is common to find excreta flowing in open drain due to defecation by children as well as by adults. Sometimes hazardous septic tank effluent also find their way into the drain flowing in front of houses, exposing the entire community to health hazard and foul environment.

15.3 The Committee recommend that all dry latrines in the rural areas should be converted into pour flush or other suitable types of latrines.

15.4 The Committee also recommend that this programme should be given top priority in view of its importance for the health and hygiene of millions of people living in rural areas as well as for environmental protection. Necessary steps should be taken up by the Ministry of Rural Development to achieve the physical targets at the earliest on the basis of whole village/bastis.

16. VILLAGE SANITATION COMPLEXES FOR WOMEN

16.1 So far as village sanitation complexes are concerned upto 10% of the annual funds can be utilized to provide public latrines in selected villages during the plan period, exclusively for the women.

16.2 Sanitation facilities on an enormous scale are required to be provided to cover the entire population. It has been noticed that the increasing trend in the growth of population in rural areas has further aggravated the poor quality in sanitation. Generally, the main victims are women and children.

16.3 The Committee observe that Public Latrines have not proved to be very successful in the past. In view of the difficulties experienced by rural women in some areas, where individual household latrines are not feasible, village sanitary complexes exclusively for women could be constructed on a pilot basis. The Committee strongly recommend that this facility for women should be given top priority in the Rural Sanitation Programme.

17. PEOPLE'S PARTICIPATION

17.1 People's Participation is a very important aspect of the sanitation programme. People's participation through grass root democratic institutions like Gram Panchayats, local voluntary agencies, autonomous institutions etc. is a most important phenomenon.

17.2 During oral evidence, the representatives of the Ministry of Rural Development informed the Committee as under:—

“Sanitation more than other rural development Programmes, depends on popular participation and voluntary effort. It cannot be merely a Government programme where we go and push something and come way. By definition voluntary agencies, Zila Parishads, People's bodies, People's organisations, People's representatives institutions are better suited to implement this programme than the Revenue Department, Block Development Authorities, Public Health Engineers and such Government functionaries. That is why we have taken a decision to spend upto 10% of the outlay through voluntary agencies at the Ministry level and also we are considerably strengthening the funding to CAPART which is our apex institution for voluntary organization to implement this programme.”

17.3 The Committee appreciate the efforts made by the Ministry of Rural Development for encouraging more and more rural people to participate in the various sanitation programmes launched by the Government. The Committee recommend that the Ministry should provide adequate infrastructure for giving wide publicity to the basic necessities and importance of maintaining sanitation through T.V., Radio, Cinema, Newspapers and educational institutions for generating awareness among rural people. The programme for people's participation should be made more attractive so that the people may come forward for effective programmes pertaining to maintenance of better health and sanitation.

17.4 The Committee further recommend that sufficient funds should be made available to propogate the usefulness of hygienic conditions and create a sense of social responsibility towards the cleanliness among the villagers and strict vigilance should be maintained over the villages where the sanitation programme has not taken off satisfactorily.

18. CONCLUSION

18.1 One of the objectives of the Rajiv Gandhi National Drinking Water Mission is to make a provision for supply of drinking water to the people of the country. The Committee desire that the Government should take necessary steps to ensure supply of safe drinking water to all the villages to fulfil the objective.

18.2 The Committee find that the Ministry of Rural Development have not clearly defined the concept of difficult villages and problem villages. Therefore, the Committee would like to recommend that the Ministry should give a better thought to make a clear cut distinction between the two. This would help the Government to implement the scheme in a right perspective.

18.3 The Committee note that in coastal areas the water contains alkaline and other chemical elements which is not fit for domestic use. The Committee would like to recommend that the Government should adopt latest technologies for the treatment of such available water resources in order to provide safe drinking water to the rural people living in coastal areas.

18.4 The Committee observe that different schemes are being implemented by the Government in the rural areas for the purpose. Every year one or the other scheme comes up and the ongoing projects are left unfinished. This leads to loss of huge expenditure and waste of infrastructure developed. The Committee, therefore, recommend that as far as possible duplication of schemes for the same purpose should be avoided and the ongoing projects should be reviewed before starting a new project for the same purpose.

18.5 The Committee stress that the problem of Rural Sanitation should not be considered in an unidimensional angle and limited in scope. There should be an integrated approach and co-operative effort by Central Government, State Governments, Local bodies, and the beneficiaries themselves to make it a success.

18.6 The Committee note that the schemes for Rural sanitation launched by the Ministry of Rural Development have not been able to make sufficient impact on the rural life. A close monitoring is required in the case of ongoing projects. The Committee recommend that effective steps should be taken to strengthen the monitoring system to ensure proper implementation of the schemes and utilisation of funds to keep them on the right track. The Committee desire the Ministry of Rural Development to effectively discharge

its role of proper management for the implementation of schemes in letter and spirit.

18.7 The Committee are of the opinion that Sanitation and health are complementary to each other. Improper disposal of industrial wastes, human excreta, solid and liquid wastes lead to unfavourable hazardous environmental conditions and lack of personal and food hygiene have been major factors responsible for many killer and epidemic diseases. Therefore, the Committee recommend that the rural sanitation programme should be implemented effectively. Besides, better sanitation would also help in maintaining a pollution free environment. Hence the Committee, desire that a model village in every District should be created in order to encourage people's participation and generate awareness among the rural people to have a better health and hygiene.

18.8 The Committee observe that the implementation of schemes and programmes pertaining to sanitation is far from satisfactory. Hence there is a need to change the strategy to deal with these basic problems. Furthermore, the Committee recommend that the problems of rural water supply and sanitation should be dealt with in an integrated manner.

NEW DELHI;
10 October, 1994
18 Asvina, 1916(S)

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Standing Committee on Urban
and Rural Development, (1994-95)