

1	2	3	4	5	6	7	8
26	Nagaland	130	0	0	130	0	0
27	Sikkim	0	0	0	0	0	0
28	Tripura	5363	0	0	5363	0	0
29	Andaman and Nicobar	0	0	0	0	0	0
30	Chandigarh	0	0	0	0	0	0
31	Dadra and Nagar Haveli	0	0	0	0	0	0
32	Daman and Diu	0	0	0	0	0	0
33	Lakshadweep	0	0	0	0	0	0
34	Puducherry	0	0	0	0	0	0
TOTAL		99380	3481	17400	53029	22529	2941

Working group on rural domestic water and sanitation

4193. DR. K.V.P. RAMACHANDRA RAO : Will the Minister of DRINKING WATER AND SANITATION be pleased to state:

- (a) whether it is a fact that the Planning Commission had set up a Working Group on Rural Domestic Water and Sanitation to prepare a report, reviewing and making recommendations in these sectors;
- (b) if so, whether the report has been presented;
- (c) if so, the observations and recommendations made therein; and
- (d) the action taken in this regard?

THE MINISTER OF DRINKING WATER AND SANITATION (SHRI JAIRAM RAMESH) : (a) and (b) Yes Sir. The Planning Commission had set a Working Group on Rural Domestic Water & Sanitation to prepare a Report reviewing and making recommendations in the Sectors for the formulation of the XIIth Five Year Plan. The Working Group has since submitted its report to the Planning Commission.

(c) The main recommendations in the Report pertaining to rural domestic water and sanitation are:

Rural Water:

1. The vision for rural domestic water supply should be to cover all rural households with safe piped drinking water supply *at 55 lpcd for the 12th FYP.*

2. By 2017, it should be targeted that at least 55% of rural population in the country will have access to 55 lpcd within their household premises or at a horizontal or vertical distance of not more than 100 meters from their households without barriers of social or financial discrimination. Individual States can adopt higher quantity norms. By 2017, it should be targeted that at least 35% of rural population have individual household connections.
3. Convergence between drinking water supply and sanitation should be strengthened by concrete measures to reduce bacteriological contamination. Villages that have achieved open defecation free (ODF) status should be covered with piped water supply on priority and *vice versa*.
4. The Government of India, through the NRDWP, in the 12th FYP, should primarily focus on funding the provision of piped water into the household premises through piped water supply schemes from the nearest feasible sources or roof water harvesting.
5. Subsidiarity principle has to be followed and decisions should be made at the lowest level possible especially on issues like location, implementation, sustainability, O&M and management of water supply schemes, while retaining an umbrella role for the Gram Panchayats for effective implementation.
6. A holistic aquifer and surface water management approach with active community and PRI participation in villages at aquifer or at hydrological unit level, should be followed to ensure drinking water supply.
7. A Water Safety Plan to address water quality problems should be prepared for every habitation with technical inputs.
8. The weakest aspect of rural water supply is O&M and there is need for raising O&M allocations. It recommended that allocation for O&M be increased from 10% of NRDWP allocation at present to 15%.
9. Higher per capita cost should not be an obstacle to cover SC, STs and PTGs. Norms of handpump per population, minimum population for coverage with piped water supply schemes followed by some States should be relaxed in cases of SC, ST and Primitive Tribal Group concentrated habitations.

Sanitation:**i. Community Saturation approach:**

A saturation approach should be undertaken with creation of Nirmal Grams by covering whole Gram Panchayats (GPs) through provisioning of Individual Household Latrines for every household (BPL+APL).

Institutional & environmental sanitation should be ensured for community outcomes especially in sectors of health including reduction of malnutrition and disease burden, education and women's empowerment.

ii. Conjoint planning & execution of Sanitation & Water schemes

Priority in toilet construction should be given in areas of whole functional Piped Water Supply Systems (PWSS) in GPs and *vice versa* to take water supply to areas of good sanitation coverage.

iii. Incentives to be more realistic:

The current incentive amount should be made more realistic so that toilets constructed are technically sound and sustainable. Moreover, for community outcomes, funding should not be restricted to only BPLs but made available to the entire community.

iv. Capacity Building:

Local wage earners/SHGs must be trained in trades such as masonry work, brick-making, toilet pan making and plumbing under TSC/National Rural Livelihood Mission (NRLM). 'Nirmiti Kendras' may be set up for development and manufacture of cost effective construction materials. The existing Production Centres and Rural Sanitary Marts may also be considered in this regard to work on a business model.

State Resource Centres and Regional / District Resource Centres should be identified for conducting training. NGOs/CBOs of repute should be engaged.

v. Prioritizing Solid and Liquid Waste Management:

Solid Liquid Waste Management should be prioritized by developing a clear roster of options and adequate funding. Capacity building of PRI representatives and other stake holders on SLWM needs to be prioritized.

(d) The 12th Five Year Plan is being prepared by the Planning Commission.

Rajiv Gandhi drinking water mission for Uttarakhand

†4194. SHRIMATI BIMLA KASHYAP SOOD : Will the Minister of DRINKING WATER AND SANITATION be pleased to state:

(a) whether there is an acute shortage of drinking water in the village Bapta in Tehsil Thalain Patti Bangarshyon of Pauri district in Uttarakhand and this problem becomes more acute during summers;

(b) whether Government proposes to include this Panchayat (Bapta) under Rajiv Gandhi Drinking Water Mission;

† Original notice of the question was received in Hindi.