



Ministry of Drinking Water & Sanitation Government of India



Background Note and Agenda for the One day Workshop of the State Secretaries In-charge of Rural Water Supply and Rural Sanitation

**26th September, 2011
Tagore Hall, Scope Complex, Opposite CGO Complex, Lodhi Road
New Delhi**

AGENDA FOR CONFERENCE OF THE STATE SECRETARIES IN CHARGE OF RURAL DEVELOPMENT, RURAL WATER SUPPLY AND SANITATION TO BE HELD ON 26th SEPTEMBER, 2011

A one day conference of the State Secretaries in charge of Rural Development, Rural Water Supply and Rural Sanitation is to be held under the Chairmanship of Shri Jairam Ramesh, Minister of Rural Development and Drinking Water and Sanitation, on Monday, 26th September, 2011 at Tagore Hall, SCOPE Complex, Opposite CGO Complex, Lodhi Road , New Delhi. In the conference, new policy interventions for accelerating the Total Sanitation Campaign(TSC), National Rural Drinking Water Programme (NRDWP) and Indira Awas Yojna (IAY) and convergence between these schemes, MNREGS , and National Rural Livelihood Mission (Aajivika) will be discussed.

Agenda items for discussion are as follows:

1. New Policy Initiative for 12th Plan– Rural Sanitation

- **Policy Change**

- Shift focus from access to usage by incorporating:**

- ❖ National Communication Strategy
 - ❖ Bridging APL/BPL divide for community outcomes
 - ❖ Flexibility to States/Districts to incentivize GPs with higher demand generation
 - ❖ Sanitation and drinking water needs be taken up conjointly
 - ❖ Sanitation & drinking water facilities with Housing Schemes as second stream under TSC
 - ❖ Differential funding for disabled, under-privileged and notified groups
 - ❖ Provision for O&M and repairs for sustainability
 - ❖ Emphasis on user friendly functional toilets in School & Anganwadis with capacity building of School teachers ,ASHA & Anganwadi Workers
 - ❖ Independent health impact assessments

- **Objective for 12th FYP**

- ❖ Attain ODF Gram Panchayat status in phased manner

- **Strategy**

- ❖ Educate, persuade, sensitize people of the necessity and benefits of sanitation (*IEC*)
 - ❖ Strengthen community ownership for sustainability
 - ❖ Shift focus on collective outcomes against individual achievement through saturation approach in GPs
 - ❖ Bridge APL/BPL divide by introduction of incentive component for APL
 - ❖ Realistic incentive to generate demand
 - ❖ Promote ownership through owner driven construction; contractors to be kept out
 - ❖ Engage NGOs, CSOs, GPs for individual contact and motivation
 - ❖ Ensure availability of skilled personnel on hire for construction and O&M through skill development under NRLM/TSC
 - ❖ Linkage of drinking water and sanitation for incentivizing community and promote toilet usage

- ❖ User friendly adequate sanitation facilities in schools coupled with emphasis on good sanitation & hygiene practices in children and women as change agents.
 - ❖ Sanitation as part of school curriculum
 - ❖ Emphasis on Capacity Development at the GP level. State to ensure Institutions and mechanism
 - ❖ Assessment of health impact of good sanitation through periodic independent assessments
- **Conjoint efforts for provisioning water & sanitation facilities**
 - ❖ Saturate command area of existing PWSS with sanitation measures
 - ❖ Accord priority in selection for PWSS schemes to villages where TSC has reached identified milestone
 - Publicity, contract, motivation during first 6 months of approval of PWSS
 - Construction of toilets to be completed with 3-6 months of completion of PWSS.
 - ❖ Provide on priority a public handpump within 100 m for households in villages with lesser TSC coverage.
- **Operation Maintenance & Repair**
 - ❖ Identification of defunct/misused toilets
 - ❖ 10% of the project fund to be earmarked for O&M and repair of toilets
 - ❖ Grant/loan component under TSC
- **Institutional arrangement**
 - ❖ Implementation of the programme at the GP level through identified Village Water & Sanitation Committees/PRIs/SHGs/ NGOs/CBOs
 - ❖ VWSC mandatorily be a Standing Committee of G.P. to ensure community participation in planning, construction, operation and management of TSC programme
- **Manpower**
 - ❖ WSSOs to be headed by All-India service officer of suitable seniority at State level.
 - ❖ Dedicated Group A level official functionary on deputation under DWSSM at District & Block level to plan, co-ordinate & implement.
 - ❖ Jalsurakshak (Water) and Swachchhata Doot (sanitation) at GP level to be recruited, sensitized and trained
- **Funding**
 - ❖ Funds received by SWSMs/DWSMs be transferred to GP/ implementing agency
 - ❖ Flexibility to SWSM/DWSM for need/demand based release to GPs linked to milestones adopting phased approach
- **Capacity Development**
 - ❖ Focused training of local daily wagers / SHG etc for masonry, O&M and repair of defunct/damaged toilets under NRLM/component of TSC
 - ❖ Business model for mechanized pit/septage cleaning in areas of dense toilet usage
 - ❖ Involvement of Asha & AWS for ensuring health education

- ❖ Concentrated Teachers training programme through WCD
 - ❖ Block Resource Centres (BRC) to be established and made functional
 - ❖ States to identify institutions for training and capacity building of all stake holders particularly grass root level functionaries. VW&S Committees and Swachhata Doot.
 - ❖ For training of State and District level functionaries (ToT) Key Resource Centers be identified in addition to the National Level KRCs.
 - ❖ Creation of National Level Institute under the Ministry for Sanitation and Water
 - ❖ At the National level tie up with International reputed Institutions within & outside the country for capacity development of State officials in the field of sector policy formulation/implementation
- **Monitoring & Evaluation mechanism**
 - ❖ Sanitation coverage reported by census 2011 to be basis for project objective
 - ❖ Evidence based IMIS real-time monitoring
 - ❖ The focus of monitoring to shift from tracking individual household toilet coverage to tracking communities/Gram Panchayats for achievement of total sanitation outcomes. DWSC to collect , compile, analyse and transfer data to MDWS
 - ❖ Reporting facilities to be essentially made available at Block Level
 - ❖ Mandatory independent evaluation of programme once in two years by all States that will be linked to fund release.

2. Convergence between MGNREGA and TSC

As per draft guidelines, construction of **(i) Individual Household Latrines (IHHL) (ii) School Toilets (iii) Anganwadi Toilets and (iv) Community Sanitary Complexes** can be undertaken under MAHATMA GANDHI NREGS in convergence with Total Sanitation Campaign administrated by Ministry of Drinking Water and Sanitation (MoDWS), Ministry of Rural Development. This will however, be subject to the following:

- a) Unskilled labour (up to 6 person days) and skilled labour (up to 2 person days under material component) on construction of **Individual Household Latrine.**
- b) Unskilled labour (up to 10 person days) and skilled labour (up to 3 person days, under material component) on construction of **Anganwadi Toilet.**
- c) Unskilled labour (up to 25 person days) and skilled labour (up to 8 person days, under material component) on construction of **School Toilet unit.**
- d) Unskilled labour (up to 250 person days) and skilled labour (up to 85 person days, under material component) on construction of **Community Sanitary Complex with minimum of 10 seats.**

3. Integrated Habitat Development Scheme – Convergence of Rural Housing, Rural Drinking Water and Total Sanitation Campaign Schemes

Pilot Convergence scheme or Independent Scheme

- It is proposed to start as pilot scheme by pooling resources from existing three schemes. It may run for three years starting from 2012-13 and based upon experience, subsequently it may be converted as an independent scheme
 - Pilot convergence scheme is easy to launch – no approval of full Planning Commission and EFC required. After benefits are ascertained, it will be easier to convince everybody to launch a new scheme.

Objectives

- To facilitate integrated development of habitations
- Better impact on the life in the selected village than each of these schemes separately has now
- Tangible improvement in health parameters expected

Unit for Scheme

- A Village/habitation will be unit for project. A compact cluster of 10 or more houses to be treated as habitation. All houses within the cluster are to be covered in the project. Unit cannot be larger than a Gram Panchayat but projects for 2 or more adjacent Panchayats can be proposed for sanction simultaneously and common infrastructure can also be proposed including water supply scheme.
- Selection of whole Panchayat as unit will be encouraged
- Priority to be given for villages in IAP, TSP, SCP and minority dominant districts.

Minimum Provision required for villages

- All houses should be hygienic and pucca as per local requirement. Minimum size for each house should be 300 sq. feet
- All houses should have toilet facilities and the village should be free from open defecation. All institutions in the village should also have toilet facilities
- Each house should have 24X7 running tap water supply with minimum three taps from common water supply source – one in kitchen, bathroom and toilet each.

Scheme Outline

- Project approach
- To cover water supply, Sanitation (toilets), housing and related infrastructure
- Only those items of infrastructure to be considered for funding which cannot be funded from existing schemes
- State Government to submit proposal for each unit after identifying requirements and identifying the resources available from other sources/schemes and obtaining consent of all inhabitants to participate in the project. The gap will be funded under this scheme.
- Project to be in operation for 5 years – One year for construction and 4 years of supervision and monitoring to see that the project runs in self-sustainable mode.
- No external funds to be provided from any source for Operation & Maintenance (O&M) of Water Supply structure and common sanitation created under the project. The

Panchayat/Village has to use its own generated fund including user charges for this purpose.

- Construction phase will be usually for 1 year. It must not exceed 2 years under any circumstances. At the end of 2 years, the project construction activity must stop and if it is not completed, it would stand terminated on 'as is where is' basis. No further money from project can be used for these works. State Government or Panchayat may, if so desire, complete the works from their own resources.
- Success of failure of the project to be declared at the end of 5th Year based upon usage and sustainability.
- Not more than 5 projects can be taken up from one district.
- Suitable incentive for successful projects may be considered.

4. Information, Education and Communication (IEC)

Total Sanitation Campaign (TSC) emphasizes on Information, Education and Communication (IEC), Human Resource Development and Capacity Development activities to increase awareness among the rural people and generation of demand for sanitary facilities. TSC focuses on community-led and people centered initiatives. **Upto 15% of each district project outlay can be utilized for IEC activities** aimed at generating effective demand for toilets and spreading hygiene education.

IEC is an extremely important component of the programme that should lay the basis for successful implementation of TSC. IEC has to inform, educate and persuade people to realize their roles and responsibilities, and benefits accruing from adopting right practices. It should take into account the barriers related to infrastructure, socio-cultural practices and traditions. Defecating in the open has been an age old practice that appears to be the right behavior to many people in our country. This can be eliminated only by changing the mindset of people through an intensive IEC strategy in a campaign mode. The focus of communication activity should be on awareness, sensitization and motivation of people to follow the right hygiene and sanitation practices.

Contents of IEC Campaign

The IEC activities should be area specific, involving all residents of the area. IEC is not a one-time activity but an ongoing process that has to be implemented not just to create demand but also for usage, maintenance and up-gradation of facilities so that sanitation and hygiene become ingrained habits.

The purpose of a targeted awareness campaign and communication strategy is to ensure that the stakeholders are aware of the issues surrounding hygiene and sanitation using evidence, capacity building and policy influencing. An effective strategy requires a clear definition of the primary and secondary audiences, the content of the information and the methods to be employed to convey the information. It is important to fully understand the key stakeholders as well as to define the audiences as specifically as possible.

The key stakeholders are as follows:

State level: Political leaders and other figures of public eminence, State Water and Sanitation Mission, Water and Sanitation Support Organizations/ Communication Capacity Development Unit (CCDU), Key Resource Centre (KRCs), Support organizations and Media.

District level: Presidents and members of District Panchayats, District Collectors, District Water & Sanitation Mission, District level officers of WCD, Health, Education, PHED, Rural Development Departments.

Block level: Block Panchayat Samiti President and other members of the Block Panchayat, Block Development Officer, Officials of Women and Child Development, Health and Education Departments, NGOs, CBOs etc.

Village level: Gram Panchayats, Village Water Sanitation Committee (VWSC) /Village Water Health & Sanitation Committee (VWHSC), School children, Teachers, Social workers, religious teachers, local political leaders etc, Anganwadi & Health workers, Non Government Organizations, Community Based Organizations(CBOs), Self Help Group (SHGs), Youth groups from NSS, NYK & Bharat Scouts.

Identification of stakeholders/partners who are to be focused upon for behaviour change is the initial step that must be undertaken so that the IEC campaign can be planned and aimed at the right target audience.

Primary: Children, adolescents (especially girls), youth, women, men, differently-abled & elderly persons

Secondary: Elected representatives (MPs, MLAs), PRIs (Presidents of District, Block and Gram Panchayats, other members of the elected local bodies), District Collector, Government officials, Block Development Officer, District Water and Sanitation Mission/Committee (DWSC), Village Water Sanitation Committee (VWSC) / Village Water Health & Sanitation Committee (VWHSC), Block Resource Center (BRCs), Public Health & Education Department (PHED) officials, natural community leaders, Nehru Yuva Kendra and other youth organization members like NSS and NCC, Women's Self Help Groups, social workers, community based groups, Non- government organizations etc. Grassroots staff of National Programmes such as ICDS, NRHM, SSA, MDM etc.

List of activities are as follows:

District Level

1. Each project district should prepare a detailed IEC Annual Action Plan by February of the preceding financial year, with defined strategies to reach all sections of the community.
2. The Annual IEC Action Plan should be duly approved by the District Panchayat (or the DWSM where such bodies are not in existence).
3. Identification of good local institutions like NGOs, CBOs etc.
4. The Communication and Capacity Development Units (CCDUs) and Water and Sanitation Support Organizations (WSSO) set up at the state level must support the districts in developing a good IEC plan and also in implementing it.
5. Communication material developed must be periodically evaluated and impact assessment may be done through third party agencies to assess the effectiveness of the communication activities in terms of quality and quantity.
6. Engagement of Swachhata Doot may be undertaken by DWSM in all the GPs as per the terms and conditions mentioned in the Guidelines issued by the Ministry of Drinking Water and Sanitation.
7. Preparation of Training Calendar of school teachers, ANM, Asha & AW workers.
8. Celebrating National and International days such as World Toilet day (November 19th), Hand Washing day (15th October or as modified), Environment day (June 5th), etc.;
9. Organizing essay and elocution competitions on health and hygiene among school children, awarding schools with best health and hygiene condition at State, district and block level.
10. Messages printed on inside and back cover pages of free textbooks and notebooks.

Block Level

1. Visiting schools to deliver talks to sensitize teachers and students to adopt improved hygiene practices and improved sanitation,

2. Taking up of awareness generation and development communication activities among GP and VWSC members and village community.
3. Conducting training courses at block and village level for members of VWSCs and GPs and other grassroots level workers in the village (Swachchhata Doots, ASHA worker, Anganwadi worker, school teachers, pump operators, hand pump mechanics, motivators etc.) on various aspects of water and sanitation.
4. Preparing an Annual Training Calendar and Annual IEC Activities Plan and upon approval from DWSM shall be responsible for its implementation.
5. Helping the GPs/ VWSCs in baseline surveys and sanitary survey;
6. Helping the village community/VWSCs/GPs in preparation of their Village Action Plan and its approval by the Gram Sabha,
7. Guiding VWSCs in implementing and monitoring the works related to sanitation as envisaged in the Village Action Plan,
8. Interacting regularly with Panchayats, Swachchhata Doots, ASHA workers, anganwadi worker, para-medical staff of Public Health Centers, schools etc. to ensure that issues relating to sanitation get regular attention;
9. Helping in conducting social audits
10. Helping the village community in formation of VWSCs in all villages.

Gram Panchayat level

1. Door to door campaign by community leaders, panchayat members, Swachchhata Doots etc on the importance of construction of toilets and inculcating good health and hygiene practices.
2. Regular discussions in Gram Sabha, VWSC and other public gatherings, with focus on active involvement of marginalized groups like SC, STs, women and minorities
3. Sanitation and Health Padyatras (Transect Walks) especially for women and children.
4. Street theatre, Kala Jathas, street plays, folk songs folk artists for awareness generation.
5. Shramdan in schools on weekly basis under supervision of teachers. Shramdan activities like cleaning of water sources, water collection utensils, cleaning of school campus and cleaning of institutional and community sanitation facilities.
6. Taking up issues relating to sanitation and hygiene on important identified days in schools and during functions in GP.
7. Panchayats must evolve a self regulatory monitoring system to ensure that there is no open defecation in their village.
8. Gram Panchayats, Parent Teachers Associations, Village water and Sanitation Committees to monitor cleanliness in school premises and toilet blocks.
9. Exposure visits to better performing Gram Panchayats, Districts and other States. These visits may be organised for PRI members, village level motivators and beneficiaries to other NGP awarded villages or villages those who have demonstrated innovative models of sanitation.
10. Identification of Schools and Anganwadi Centres within the G.P. that do not have toilet facilities.
11. G.P. and ward wise identification of the number of households without proper and safe toilets, number of households where toilets exist but are only partially used or not used at all. This should be done in a transparent and systematic manner. Categorization of BPL and APL families that do not have toilets is also required.

Issues:

- IEC Action Plan, specifying the detailed activities for identified stakeholders at all levels (State, District, Block, G.P.) with special focus at GP level.

- As per the guidelines, specific identified functions for the Swachchhata Doot may be outlined.
- Adequate monitoring and impact assessment of IEC activities.
- Fund Utilization
- Capacity building of TSC officials, BRCs, WSSOs, DWSCs for developing effective communication strategy
- Optimum utilization of fund for different IEC activities
- Regular monitoring and assessment of IEC activities

5. Mismatch between Online district and GP level entry

There is considerable gap between achievements from Districts and Panchayat MPR. As per district MPR, achievement under IHHLs is 63.82% whereas as per GP MPR achievement is 46.04%. State-wise status is at Annexure-I. Major Gaps are in the States of Uttar Pradesh, Jammu & Kashmir, Rajasthan, Uttarakhand Chhattisgarh, Jharkhand, Madhya Pradesh and Orissa. As per GP level report, 42.48% , 12.92%, 7.70%, 4.95% and 31.95% GPs have achievement in the range 0-25%, 25%-50%, 50-75%, 75%-100% and 100% respectively. State-wise status is at Annexure-II

6. Implementation of Swachhata Utsav

Swachchhata Utsav 2011-12

Information, Education and Communication (IEC) is an extremely important component for rural sanitation programme that lays the basis for successful implementation of the programme. IEC play a very critical role in bringing behavior change on various aspects of safe sanitation, creating effective demand, usage and links to health and hygiene. There is therefore, a need to supplement the decentralized IEC envisaged under TSC at district, block and GP level through an extensive national and state level campaign to create outcome based awareness among the beneficiaries, both BPL and APL to generate effective demand and sustain the same through repeated decentralized IEC.

The Ministry of Drinking Water and Sanitation has proposed to carry out extensive media campaign to sensitize people on the need of access to improved sanitation and bring sense of responsibility at all levels among different stakeholders about their role and responsibilities. This duration will also see varied IEC campaigns including audio/video and print publicity, celebration of Sanitation Week in the states, organizing workshop, theater and folk shows intended at dissemination of key TSC messages. It is expected that the celebration of “Swachchhata Utsav” will help carry the message of sustained sanitation forward.

The Campaign is to be approximately 30 days duration from the 2nd October, 2011 and culminating on 4th November 2011. It is expected that the awareness campaign for 30 days as above should give boost to TSC and help to carry the message of sustained sanitation forward, while creating assets to include entire communities in adoption of safe sanitation practices. The States may take assistance from their partner organizations like Unicef, WSP etc in their respective States for this awareness campaign. A letter is also written by Secretary (DWS) to the Chief Secretaries of all states to simultaneously carry out intensive IEC activity in the respective states and give effective boost to the Sanitation Campaign.

7. Review performance of states under TSC

(a) Physical progress

The total project objectives and achievements under TSC are as under :

Component	Sanctioned	Achievement	%
IHHL(BPL)	6,18,38,909	4,33,67,139	70.13
IHHL(APL)	6,38,87,805	3,78,19,215	59.20
Total IHHL	12,57,26,714	8,11,86,354	64.57
School Toilets	13,14,636	11,24,554	85.54
Anganwadi Toilets	5,06,968	3,90,058	76.94
Community Complexes	33,684	22,329	66.29

In construction of individual household latrine (IHHL) the performance of Jammu & Kashmir, Bihar, Manipur, Jharkhand, Assam, Orissa, Rajasthan, Chattisgarh, Arunachal Pradesh, Nagaland, Meghalaya and Punjab is below the national average. When it comes to school toilet the performance is below the national average in Jammu & Kashmir, Meghalaya, Goa, West Bengal, Uttarakhand, Bihar, Nagaland, Tamilnadu, Madhya Pradesh, Tripura and Manipur. State-wise percentage physical performance is given below:-

State	IHHL BPL%	IHHL APL%	IHHL(APL+ BPL)%	Sanitary Complex%	School Toilet%	Balwadi-Toilet%
Andhra Pradesh	75.55	71.02	73.95	100.00	90.47	45.95
Arunachal Pradesh	53.95	60.26	54.81	31.76	98.53	92.39
Assam	54.14	28.02	45.17	16.11	96.20	64.76
Bihar	39.05	15.29	28.46	28.07	70.79	22.38
Chhattisgarh	65.74	44.77	54.47	34.79	93.01	97.86
D & N Haveli	1.49	0.00	1.49	8.33	0.00	0.00
Goa	94.96	63.98	76.24	0.00	61.01	10.60
Gujarat	93.87	68.85	78.37	100.00	96.80	100.00
Haryana	94.03	93.78	93.85	89.74	94.61	91.14
Himachal Pradesh	100.00	100.00	100.00	46.05	91.32	80.24
Jammu & Kashmir	29.95	19.57	24.53	71.02	57.02	13.74
Jharkhand	59.39	13.05	41.97	16.63	87.67	52.01
Karnataka	65.27	67.99	66.65	57.78	100.00	100.00
Kerala	100.00	100.00	100.00	85.78	100.00	93.99
Madhya Pradesh	79.79	64.52	71.04	56.68	76.52	82.52
Maharashtra	68.26	69.28	68.90	66.44	100.00	96.61
Manipur	31.78	35.87	32.84	72.80	84.51	83.60
Meghalaya	56.79	69.47	60.39	45.17	60.75	68.23
Mizoram	66.38	88.86	70.30	93.75	100.00	59.11
Nagaland	55.71	52.91	55.30	77.45	71.64	74.12
Orissa	57.44	42.09	51.85	9.17	95.69	83.07
Puducherry	12.60	0.00	12.60	0.00	0.00	100.00
Punjab	32.05	98.31	62.95	16.06	100.00	100.00
Rajasthan	44.25	56.21	52.85	28.89	90.17	57.62
Sikkim	100.00	100.00	100.00	100.00	100.00	100.00
Tamil Nadu	84.16	67.40	75.95	100.00	74.94	86.57
Tripura	95.99	91.15	94.68	100.00	81.76	100.00
Uttar Pradesh	89.45	70.12	77.88	100.00	90.23	94.14

Uttarakhand	69.95	71.92	70.94	17.02	68.13	18.93
West Bengal	77.02	48.22	64.63	79.21	67.36	31.55
TOTAL	70.13	59.20	64.57	66.29	85.54	76.94

State-wise detailed physical progress is at Annexure-III

(b) State-wise comparative physical achievement during Apr-Aug- 2010 & Apr-Aug-2011.

During Apr-Aug-2011, 29.15 lakh IHHLs, 22834 school toilet and 6903 anganwadi toilets have been reported to be constructed as compared to 38.75 lakh IHHLs, 29744 school toilet and 12386 anganwadi toilets of Apr-Aug-2010.

S.N.	State Name	IHHL Total		School Toilets		Anganwadi Toilets	
		Apr-Aug-2010	Apr-Aug-2011	Apr-Aug-2010	Apr-Aug-2011	Apr-Aug-2010	Apr-Aug-2011
1	ANDHRA PRADESH	194485	267365	1306	1833	235	519
2	ARUNACHAL PRADESH	15697	16652	210	2	244	22
3	ASSAM	134340	120530	3114	393	672	76
4	BIHAR	291533	236885	1475	3207	77	151
5	CHHATTISGARH	101312	21320	189	15	119	0
6	D & N HAVELI	0	0	0	0	0	0
7	GOA	0	0	0	0	0	0
8	GUJARAT	168297	111582	225	1110	417	162
9	HARYANA	41990	51003	149	186	160	188
10	HIMACHAL PRADESH	38604	22570	728	292	346	41
11	JAMMU & KASHMIR	2629	6602	32	96	2	15
12	JHARKHAND	149902	28613	1328	90	881	229
13	KARNATAKA	292911	188538	1919	118	1768	550
14	KERALA	2416	0	24	23	30	0
15	MADHYA PRADESH	327352	324773	5570	7748	1174	694
16	MAHARASHTRA	121103	149757	878	5	255	61
17	MANIPUR	15832	11155	845	96	677	0
18	MEGHALAYA	12064	15617	272	373	99	248
19	MIZORAM	1611	0	0	0	0	0
20	NAGALAND	10569	35229	559	276	42	148
21	ORISSA	495448	185978	1958	416	861	244
22	PUDUCHERRY	77	0	0	0	0	0
23	PUNJAB	109251	0	481	0	70	944
24	RAJASTHAN	301206	182939	3565	998	1007	433
25	SIKKIM	0	0	0	0	0	0
26	TAMIL NADU	228020	125070	441	253	11	10
27	TRIPURA	17502	12996	42	449	277	388
28	UTTAR PRADESH	564018	520399	515	0	1245	0
29	UTTARAKHAND	36123	47364	125	29	2	1
30	WEST BENGAL	201631	232274	3794	4826	1715	1779
	Total :-	3875923	2915211	29744	22834	12386	6903

(c) Financial Progress

The total financial outlay under the TSC is Rs. **22022.61** crore. Central, State and beneficiary shares of the projects are Rs. 14425.83 crore, Rs. 5394.43 crore and Rs. 2202.35 crore respectively. An amount of Rs.7519.10 crore has already been released by the Government of India for implementation of these projects, out of which Rs. 5859.89 crore has been reported to be utilized as reported by the States. Percentage expenditure against centre release is below national average in Punjab, Dadra and Nagar Haveli, Jammu & Kashmir, Orissa, Assam, Rajasthan, Andhra Pradesh, Jharkhand, Meghalaya, West Bengal, Bihar, Himachal Pradesh and Karnataka.

State-wise status is given below-

(Rs. in crore)				
State	Approved-Centre share	Centre-Release	Centre-Exp	% Exp. against released
ANDHRA PRADESH	114766.51	58840.43	39349	66.87
ARUNACHAL PRADESH	4662.35	2791.51	2248.43	80.55
ASSAM	65248.07	37550.83	24659.41	65.67
BIHAR	161632.24	56704.16	42412.14	74.80
CHHATTISGARH	45596.64	28348.6	22385.2	78.96
D & N HAVELI	80.69	3.15	1.67	53.02
GOA	634.96	172.32	149.93	87.01
GUJARAT	41025.7	28700.04	24455.31	85.21
HARYANA	13922.67	11136.1	8952.54	80.39
HIMACHAL PRADESH	11721.88	7081.23	5322.89	75.17
JAMMU & KASHMIR	28374.07	8188.01	4732.94	57.80
JHARKHAND	60485.48	26536.45	18562.81	69.95
KARNATAKA	70077.23	27619.18	21275.58	77.03
KERALA	11873.91	10297.81	8329.88	80.89
MADHYA PRADESH	113086.85	63206.24	52675.43	83.34
MAHARASHTRA	97771.77	56251.27	44464.11	79.05
MANIPUR	7908.73	2348.56	1977.02	84.18
MEGHALAYA	9562.87	6679.97	4699.08	70.35
MIZORAM	3448.71	2903.48	2347.66	80.86
NAGALAND	5607.04	3116.4	2996.75	96.16
ORISSA	104509.1	46091.07	29076.78	63.09
PUDUCHERRY	481.72	94.84	79.07	83.37
PUNJAB	15139.89	2921.86	1240.2	42.45
RAJASTHAN	64174.8	27105.55	18083.44	66.71
SIKKIM	1338.56	1123.07	1010.21	89.95
TAMIL NADU	69366.01	44154.11	36062.3	81.67
TRIPURA	6120.24	5354.4	4276.78	79.87
UTTAR PRADESH	192171.8	137666.29	127387.92	92.53
UTTARAKHAND	9993.12	5367.53	4210.06	78.44
WEST BENGAL	111799.51	43556.38	32564.9	74.76
GRAND TOTAL	1442583.11	751910.84	585989.43	77.93

State-wise detailed financial progress is at Annexure-IV

(d) State-wise unspent balance during the year 2011-2012

The Opening balance as on 1-4-2011 was **1176.71** crore, During the year 2011-12, 776.18 crore have been released by Govt. of India, Out of which only **293.48** crore have been reported as expenditure. Some states like Andhra Pradesh, Orissa, Bihar, Assam, Maharashtra, West Bengal, Madhya Pradesh, Uttar Pradesh, Rajasthan, Tamilnadu, Jharkhand, Karnataka, Chhattisgarh, Gujarat, Jammu &

Kashmir and Haryana have high unspent balance. These states are requested to reduce unspent balances. State-wise position given below:

					Rs. in lakh
Sl.	State Name	Opening Balance as on 1-4-11	Release during 2011-12(Upto Aug'11)	Exp. During 2011-12(Upto Aug'11)	Unspent balance
1	ANDHRA PRADESH	16925.37	4828.44	2261.50	19492.31
2	ARUNACHAL PRADESH	685.84	102.44	245.20	543.08
3	ASSAM	9449.60	6125.59	2683.77	12891.42
4	BIHAR	7997.00	8609.55	2314.53	14292.02
5	CHHATTISGARH	4084.78	2702.42	823.80	5963.40
6	D & N HAVELI	1.48	0.00	0.00	1.48
7	GOA	22.39	0.00	0.00	22.39
8	GUJARAT	2766.82	2154.29	676.38	4244.73
9	HARYANA	2339.40	335.27	491.11	2183.56
10	HIMACHAL PRADESH	1735.93	469.57	447.16	1758.34
11	JAMMU & KASHMIR	2635.68	912.17	92.78	3455.07
12	JHARKHAND	5316.06	3632.46	974.87	7973.65
13	KARNATAKA	2408.42	4354.64	419.47	6343.60
14	KERALA	2060.82	158.89	251.78	1967.93
15	MADHYA PRADESH	7440.82	7538.00	4448.01	10530.81
16	MAHARASHTRA	7173.71	5799.94	1186.49	11787.16
17	MANIPUR	437.60	0.00	66.07	371.54
18	MEGHALAYA	2943.43	557.86	1520.40	1980.89
19	MIZORAM	858.05	31.38	333.61	555.82
20	NAGALAND	1096.85	174.06	1151.26	119.66
21	ORISSA	12746.59	5585.85	1309.22	17023.23
22	PUDUCHERRY	15.77	0.00	0.00	15.77
23	PUNJAB	1489.41	283.18	90.93	1681.66
24	RAJASTHAN	6664.45	3443.79	1086.13	9022.11
25	SIKKIM	112.86	0.00	0.00	112.86
26	TAMIL NADU	5304.16	3831.03	1043.38	8091.81
27	TRIPURA	1104.70	133.92	161.00	1077.62
28	UTTAR PRADESH	4562.86	8389.68	2674.17	10278.37
29	UTTARAKHAND	1161.59	402.38	406.49	1157.47
30	WEST BENGAL	6129.45	7062.13	2189.10	11002.48
Grand Total		117671.90	77618.93	29348.60	165942.23

8. Online Data up-dation

(a) District not submitting Monthly Progress Report (MPR)

The following 134 districts have not entered monthly progress report online since August, 2011. These districts are required to enter online MPR immediately.

SI No	State Name	SI No	District Name	Last
				Reported Month/Year
1	Andhra Pradesh	1	MAHBUBNAGAR	Jul-11
		2	NIZAMABAD	Jul-11
2	Arunachal Pradesh	1	DIBANG VALLEY	Jul-11
		2	EAST KAMENG	Jul-11
		3	EAST SIANG	Jul-11
		4	KURUNG KUMEY	Jul-11
		5	LOWER SUBANSIRI	Jul-11
		6	PAPUM PARE	Jul-11
		7	TAWANG	Jul-11
		8	WEST KAMENG	Jul-11
		9	WEST SIANG	Jul-11
3	Assam	1	KARBI ANGLONG	Jul-11
		2	KARIMGANJ	Jul-11
		3	LAKHIMPUR	Jul-11
		4	NORTH CACHAR HILLS	May-09
4	Chhattisgarh	1	BASTAR(JAGDALPUR)	Jul-11
		2	DANTEWADA	Jul-11
		3	JANJGIR - CHAMPA	Jul-11
		4	JASHPUR	Jul-11
		5	KANKER	Jun-11
		6	KAWARDHA(KABIRDHAM)	Jul-11
		7	KORIYA	Jan-11
		8	MAHASAMUND	Jul-11
		9	RAIGARH	Jul-11
		10	SURGUJA	Jul-11
5	D & N Haveli	1	DADRA AND NAGAR HAVELI	Jun-04
6	Goa	1	NORTH GOA	Mar-11
		2	SOUTH GOA	Feb-11
7	Gujarat	1	DAHOD	May-11
		2	DANGS	Jul-11
8	Haryana	1	FATEHABAD	Jul-11
		2	GURGAON	Jul-11
		3	KAITHAL	Jul-11
		4	PANIPAT	Jul-11
		5	YAMUNANAGAR	Jul-11

9	Himachal Pradesh	1	KINNAUR	Jul-11
		2	SHIMLA	Jul-11
		3	SOLAN	Jul-11
10	Jammu & Kashmir	1	ANANTNAG	May-11
		2	BANDIPORA	--
		3	BARAMULLA	Jun-11
		4	BUDGAM	Jul-11
		5	DODA	Jul-11
		6	JAMMU	Jul-11
		7	KARGIL	Mar-11
		8	KATHUA	Jul-11
		9	KISHTWAR	Jul-11
		10	KULGAM	Apr-11
		11	KUPWARA	Jul-11
		12	LEH (LADAKH)	Mar-11
		13	POONCH	Jul-11
		14	RAJAURI	Jul-11
		15	REASI	Jul-11
		16	SAMBA	Jul-11
		17	SRINAGAR	Jun-11
		18	UDHAMPUR	Jul-11
11	Karnataka	1	BANGALORE RURAL	Jun-11
		2	BELGAUM	Jul-11
		3	CHIKBALLAPUR	May-11
		4	CHITRADURGA	Jul-11
		5	DAVANGERE	Jul-11
		6	DHARWAD	Jun-11
		7	GULBARGA	Jul-11
		8	KODAGU	Jul-11
		9	MYSORE	Jun-11
		10	RAICHUR	May-11
		11	RAMANAGARA	Jul-11
		12	SHIMOGA	Jun-11
		13	TUMKUR	Jul-11
		14	UDUPI	May-11
12	Kerala	1	IDUKKI	Jul-11
		2	KOLLAM	Jul-11
13	Madhya Pradesh	1	MORENA	Jul-11
		2	SEONI	Jul-11
		3	SINGRAULI	Jul-11
14	Maharashtra	1	AKOLA	Jul-11
		2	KOLHAPUR	Jul-11
		3	WASHIM	Jul-11
15	Manipur	1	SENAPATI	Jul-11
		2	THOUBAL	Jul-11
		3	UKHRUL	Mar-11

16	Meghalaya	1	EAST KHASI HILLS	Jun-11
		2	RI BHOI	Jul-11
		3	SOUTH GARO HILLS	Jun-11
		4	WEST GARO HILLS	Jun-11
17	Mizoram	1	AIZAWL	Jul-11
		2	LUNGLEI	Jul-11
18	Orissa	1	BALANGIR	Jul-11
		2	KALAHANDI	Jul-11
		3	MALKANGIRI	Jul-11
19	Puducherry	1	PONDICHERRY	Aug-10
20	Rajasthan	1	AJMER	Jul-11
		2	ALWAR	Jul-11
		3	BANSWARA	Jul-11
		4	BARMER	Jul-11
		5	BIKANER	Jul-11
		6	CHITTORGARH	Jul-11
		7	DUNGARPUR	Jul-11
		8	GANGANAGAR	Jun-11
		9	HANUMANGARH	Jul-11
		10	JAIPUR	Jun-11
		11	JALOR	Jul-11
		12	JHUNJHUNU	Jul-11
		13	NAGPUR	Jul-11
		14	PALI	Jul-11
		15	RAJSAMAND	Jul-11
21	Sikkim	1	EAST SIKKIM	Jul-11
		2	NORTH SIKKIM	Jul-11
		3	SOUTH SIKKIM	Jul-11
		4	WEST SIKKIM	Jul-11
22	Tamil Nadu	1	COIMBATORE	Jul-11
		2	DHARMAPURI	Jul-11
		3	NAGAPATTINAM	Jul-11
		4	PERAMBALUR	Jul-11
		5	RAMANATHAPURAM	Jul-11
		6	SALEM	Jul-11
		7	SIVAGANGA	Jul-11
		8	TIRUNELVELI	Jul-11
		9	TIRUVANNAMALAI	Jul-11
23	Tripura	1	DHALAI	Jul-11
		2	NORTH TRIPURA	Jul-11
		3	SOUTH TRIPURA	Jul-11
		4	WEST TRIPURA	Jul-11
24	Uttar Pradesh	1	ETAH	Jul-11
		2	GHAZIPUR	Jul-11
		3	MUZAFFARNAGAR	Jul-11
25	West Bengal	1	BARDHAMAN	Jul-11

		2	DAKSHIN DINAJPUR	Jul-11
		3	HOOGHLY	Jul-11
		4	JALPAIGURI	Jul-11
		5	MALDA	Jul-11
		6	NADIA	Jul-11
		7	NORTH 24 PARAGANAS	Jul-11
		8	UTTAR DINAJPUR	Jul-11
25	Grand Total	134		

(b) NGP awarded GP data not updated in online monitoring system: 24 NGP awarded GPs are not showing hundred percent coverage as per Online Monitoring Data. State-wise status is given below :

SI No.	State Name	Total GPs	Total NGP Awarded GPs	GPs which have achieved 100% Project Objective as per online data	Remaining NGPs for which 100% achievement to be entered
1	Andhra Pradesh	21878	1132	1132	0
2	Arunachal Pradesh	1744	17	17	0
3	Assam	4006	26	24	2
4	Bihar	8504	212	212	0
5	Chhattisgarh	9839	691	691	0
6	Gujarat	14457	1858	1857	1
7	Haryana	6227	1247	1246	1
8	Himachal Pradesh	3243	688	688	0
9	Jammu & Kashmir	4040	12	5	7
10	Jharkhand	4560	213	213	0
11	Karnataka	5654	966	966	0
12	Kerala	998	972	972	0
13	Madhya Pradesh	23071	1858	1857	1
14	Maharashtra	28193	9073	9065	8
15	Manipur	1261	2	2	0
16	Meghalaya	5561	220	220	0
17	Mizoram	759	38	38	0
18	Nagaland	1110	73	72	1
19	Orissa	6234	236	236	0
20	Punjab	12813	152	152	0
21	Rajasthan	9227	289	286	3
22	Sikkim	163	161	161	0
23	Tamil Nadu	12617	2332	2332	0
24	Tripura	1062	113	113	0
25	Uttar Pradesh	52701	1044	1044	0
26	Uttarakhand	7589	462	462	0
27	West Bengal	3354	1039	1039	0
Total		250865	25126	25102	24

(c) Entry of Annual Action Plan 2011-12:

As decided in Annual Implementation Plan meetings each district has to enter online the Annual Action Plan for the year 2011-12. Till date out of 607 districts, 23 districts have not entered the Annual Action Plan 2011-12 in online monitoring system of TSC. The last date as agreed in the last secy meeting held on 1st June 2011 was 20th June 2011. Further the states were also requested to update the same during video conferencing. States/UTs are requested to expedite the same. State-wise status is below :-

Entry Status for Annual Action Plan 2011-2012				
Sl.No.	State Name	Total no. of Project Approved	No. of Districts Entered	Remaining Districts
1	ANDHRA PRADESH	22	22	0
2	ARUNACHAL PRADESH	16	16	0
3	ASSAM	26	20	6
4	BIHAR	38	38	0
5	GOA	2	0	2
6	GUJARAT	25	25	0
7	HARYANA	20	20	0
8	HIMACHAL PRADESH	12	12	0
9	JAMMU & KASHMIR	21	21	0
10	KARNATAKA	29	29	0
11	KERALA	14	14	0
12	MADHYA PRADESH	50	50	0
13	MAHARASHTRA	33	33	0
14	MANIPUR	9	9	0
15	MEGHALAYA	7	7	0
16	MIZORAM	8	8	0
17	NAGALAND	11	11	0
18	ORISSA	30	30	0
19	PUNJAB	20	20	0
20	RAJASTHAN	32	32	0
21	SIKKIM	4	0	4
22	TAMIL NADU	29	20	9
23	TRIPURA	4	4	0
24	UTTAR PRADESH	71	71	0
25	WEST BENGAL	19	19	0
26	D & N HAVELI	1	0	1
27	PUDUCHERRY	1	0	1
28	UTTARAKHAND	13	13	0
29	CHHATTISGARH	16	16	0
30	JHARKHAND	24	24	0
Total :-		607	584	23

9. Independent assessment of rural sanitation

As per NSSO-2008-09, rural India has achieved sanitation coverage of 34.8%. While as per Online Reporting Data from Ministry of Drinking Water & Sanitation India has 56.03% sanitation coverage as of 2008-09. As per ASER Report of 2010, 42% rural households have toilets. Also as per NLM deputed by Ministry of Rural Development, 56.72% households having toilets in 2010. Comparative statement of State wise figures with respect to Rural Sanitation coverage as per NSSO-2008-09 Survey, TSC Online Monitoring System 2008-09, ASER 2010 and NLM 2010 is as under.

State Name	Sanitation Coverage NSSO (2008-09)	Sanitation Coverage as per TSC 2008-09	Sanitation Coverage as per ASER 2010	Sanitation Coverage as per NLM 2010
ANDHRA PRADESH	35.70	63.94	53.90	30.00
ARUNACHAL PRADESH	83.80	46.72	68.90	96.00
ASSAM	86.50	50.05	47.00	63.64
BIHAR	20.20	27.45	22.10	44.56
CHHATTISGARH	17.70	37.23	24.70	45.11
D & N HAVELI	46.80	70.06	28.70	NA
GOA	63.80	89.78	82.50	100.00
GUJARAT	32.70	67.60	44.80	45.75
HARYANA	54.70	82.16	75.30	60.56
HIMACHAL PRADESH	53.50	85.66	77.30	89.00
JAMMU & KASHMIR	65.10	33.69	NA	66.11
JHARKHAND	15.90	29.55	15.00	51.16
KARNATAKA	24.80	43.25	35.00	70.74
KERALA	94.70	99.73	96.00	100.00
MADHYA PRADESH	14.70	48.22	NA	58.31
MAHARASHTRA	39.30	60.61	48.80	58.72
MANIPUR	98.90	48.58	86.00	97.73
MEGHALAYA	88.60	42.90	63.10	98.00
MIZORAM	98.80	75.84	63.60	88.33
NAGALAND	96.90	54.57	76.20	81.01
ORISSA	11.80	35.03	22.80	47.39
PUDUCHERRY	34.60	52.14	40.00	100.00
PUNJAB	63.80	81.41	81.20	54.68
RAJASTHAN	17.90	39.09	35.70	45.08
SIKKIM	97.50	100.00	94.60	100.00
TAMIL NADU	26.50	71.26	33.30	36.96
TRIPURA	96.60	97.79	87.50	65.00
UTTAR PRADESH	46.50	58.21	25.90	47.57
UTTARAKHAND	20.80	58.12	67.90	56.76
WEST BENGAL	58.30	70.43	56.10	40.00

There appears to be a big gap between the NSSO-2008-09 report figures and the data reported by the states. We therefore need to identify the reasons for this data gap and take suitable measures to plug this gap so that a unified and authentic picture of the sanitation converge in India may be reported and appropriate plan of action may thus be prepared.

The census 2011 has recently completed which shall report on the sanitation status in India.

Water Division - NRDWP

Agenda items for discussion are as follows:

A. New Policy Framework for Rural Drinking Water in 12th Five Year Plan

Policy Change

- Shift focus from construction to service delivery

Goal for 12th FYP

1. 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 household without barriers of social or financial discrimination.
2. At least 35% of rural population has individual household connections.
3. Three standards of service can be identified depending on what communities want:
 - Piped water supply with all metered, household connections (designed for 70 lpcd or more)
 - Where this is not possible due to paucity of resources or cost considerations, basic piped water supply with a mix of household connections, public taps and hand pumps (designed for 55 lpcd).
 - Where neither of the above are possible for instance in areas without power supply, tribal areas and remote areas, the third option is of hand pumps (designed for 40 lpcd), protected open wells, protected ponds, etc., supplemented by other local sources .

Convergence of Drinking water and Sanitation

4. All villages that are covered with piped water supply are taken up for coverage to attain open defecation free (ODF) status on priority. Similarly villages that have achieved certain milestones, say 50% of coverage should be selected for provision of piped water supply schemes or hand pumps within 100 m distance to households on a preferential basis.

Integration of Rural Housing with drinking water and sanitation amenities

5. A part of the Rural Water Supply outlay be set apart for funding integrated projects submitted by States to provide drinking water along with toilet facilities in rural housing projects under IAY and State housing programmes.

Objectives - To facilitate integrated development of habitations

- A habitation should be the unit for project. Selection of whole Panchayat as unit will be encouraged. A minimum number of new houses should be taken up in each such project habitation.
- *However it has to be decided how to cover scattered households with piped water schemes.*
- Priority to be given for villages in IAP, TSP, SCP and minority concentrated districts.
- Each house should have tap water supply with minimum three taps from common water supply source – one in kitchen, bathroom and toilet each.
- Differentiated connection charges to be collected from households for tap connection.
- Only those items of infrastructure to be considered for funding which cannot be funded from

existing schemes

- State Government to submit proposal for each unit after identifying requirements and identifying the resources available from other sources/schemes and obtaining consent of all inhabitants to participate in the project. The gap will be funded under this scheme.
- 50% external funds to be provided for Operation & Maintenance (O&M) of Water Supply structure and common sanitation created under the project. The Panchayat/Village has to use its own generated fund including user charges for remaining 50%.
- Construction phase will be usually for 1 year. It must not exceed 2 years under any circumstances.
- Not more than 5 projects can be taken up from one district.

Strategy, Methodologies, Terminologies and Definitions

6. There should be shift in focus from construction of water supply systems to service delivery. IMIS should be revamped to capture service delivery aspects like quantity of water supplied, frequency, regularity, quality etc.
7. The following terminologies and definitions are suggested in the present context of rural water and sanitation in the country.
 - (i) Access: to piped water supply or improved spot sources within 100 metres radius and within 10 metres elevation in hilly areas from the dwelling unit.
 - (ii) Quality: Quality of water is defined in terms of BIS: 10500 permissible limits.

Effective monitoring

8. Setting up a **Monitoring and Evaluation Division** in the Ministry and at State headquarters for effective monitoring and evaluation.
9. Sample verification of IMIS reported data by independent agencies on a regular basis that will provide feedback to the Ministry and the States
10. IMIS should be developed as a feedback mechanism for public.
11. Monitoring missions from MDWS to the states

Ground and Surface water legislation

12. Incentivising States for enacting a comprehensive Ground and Surface Water Development legislation and its effective enforcement.

Ensuring drinking water security through Aquifer and surface water management

13. A **Holistic Aquifer and surface water management approach** with active community and PRI participation in villages
14. The DWSM would prepare a District Water Vision and should draw up **Aquifer Management Plans** with water harvesting and groundwater recharge structures to benefit drinking water sources on a watershed basis using Ground Water Prospects maps, GIS and Watershed Development Department technical inputs.
15. At the village level water security planning should culminate in arriving at a shared **Village Water Vision on Aquifer and surface water management** and equitable allocation for

landless villagers and land holding agriculturists while protecting the domestic requirements.

Holistic schemes with Water recharge an essential component of every scheme

16. SLSSC should approve any new drinking water supply schemes only if the components of (i) recharge and water conservation structures wherever necessary and feasible, for the sources, (ii) constitution, training and support to VWSCs to plan, implement, operate, maintain and manage the schemes (in-village), and (iii) waste water management through stabilisation ponds and other options by convergence with MNREGS, TSC, etc. are included.

Ensure participation in water supply schemes

17. Ensure participation of beneficiaries in planning, investment and implementation of all new single-village piped water supply schemes or in-village distribution systems of multi-village schemes. Preparatory work for schemes should start with the constitution of Village Water and Sanitation Committees, their training, and their preparing their Village Water Security Plan.
18. This preparatory phase of awareness generation, contact, motivation and training should be undertaken during the first 6 months of implementation of a pwss.
19. **Subsidiarity principle in water governance at habitation/ward level-** Subsidiarity principle has to be followed and decisions should be made at the lowest habitation/ward level especially on issues like sustainability, O&M while retaining a central role for the Gram Panchayats for effective implementation.

Coverage of Schools and anganwadis

20. All government schools and anganwadis will be provided with water supply for drinking and for toilets.

Water Quality

21. IEC campaigns to make rural people aware of drinking water quality standards, how to test them and their health impact tuned to influence women and children.
22. Existing drinking water sources and freshwater resources in general should be protected by implementation of the Total Sanitation Campaign to make villages open-defecation free and maintain a clean environment.
23. For tackling fluoride and arsenic contamination, short-term, medium-term and long-term measures will be adopted. Water supply from alternate safe sources and safe or treated surface water sources will be advocated as the sustainable solution for such habitations.
24. For tackling iron available low cost technologies like terafil will be promoted.
25. For nitrate and salinity various technologies available will be promoted with emphasis on environmental sustainability and low O&M cost.
26. Effective water quality monitoring mechanism at all levels starting with VWSC, Gram panchayats, Blocks and DWSM and for the state level, incorporating Primary health centres,

NGO's, Schools and other organisations to ensure periodic testing and surveillance.

27. Notification of drinking water quality standards based on BIS Standard IS-10500 after consultations with Ministry of Urban Development and the States, to come into force in a phased manner.

Jalmani

28. Jalmani programme to be mainstreamed and continued under the NRDWP as part of its quality component.

Sustainable model of Operation & Maintenance and Service Delivery

29. Allocation for O&M may be increased from 10% of NRDWP allocation at present to 15%.
30. States should draw up a State O&M policy for rural drinking water supply.
31. Per capita expenditure on O&M can be worked out and a grant may be given to the VWSCs every year for maintaining the in-village water supply systems.
32. VWSCs in all villages with 50% women members as sub-committee/standing committee of GP.
33. Management by VWSC, metered supply, recovery of a minimum of 50% of O&M cost (including electricity charges) and O&M corpus funds the basis of sustainable service delivery.
34. Women SHGs, Bharat Nirman Volunteers, local youth to be trained in masonry, plumbing, electricity through skill building programmes for taking over O&M of own water supply schemes
35. Zilla Panchayats should have a Water Supply O & M Wing to provide continuous technical support to GPs in managing their water supply schemes.

Safe Water to Disadvantaged Sections

36. Higher per capita cost should not be an obstacle to cover SC, STs and PTGs. Norms of hand pumps per population, minimum population for coverage with piped water supply schemes followed by some States should be relaxed in cases of SC, ST and PTG concentrated habitations and in IAP districts.

Earmarked funds for IAP districts

37. 10% of NRDWP allocation will be earmarked for IAP districts on 85:15 sharing pattern with the State share supplementing O&M of schemes in these districts.

Decentralised Governance and Institutional Mechanism

Multi-disciplinary state level organisation for RWS

38. A multi-disciplinary State level organization like WASMO or Project Management Units of externally aided projects should be set up to help in preparing and implementing rural drinking water supply projects.
39. PHEDs can be converted into Boards/Corporations with multi-disciplinary teams at State, district levels. Alternately the PHEDs can look after larger projects and PHED engineers be

deputed to the multi-disciplinary organisation to plan and implement through GPs single village and in-village projects.

40. Provision for 'Entry Point Activity' provided for in every project proposal to build trust between the community and the implementing agency.

Incentive fund for sector and institutional reforms

41. Incentive fund will be earmarked to incentivise States for devolution of management of schemes to users as well as to implement reforms in institutional structure like setting up a multi-disciplinary state level board/corporation/society, enactment of groundwater regulation legislation, formulating State Water Policy, emphasising primacy to drinking water in Water Regulatory authority legislation etc.
42. The NRC should be strengthened on the lines of NRRDA to play a greater role.

Regulatory and Oversight Mechanism

43. E-procurement should be introduced for rural water supply schemes in all States.
44. At the National level MDWS should engage independent experts as National Quality Monitors and States engage State Quality Monitors as in PMGSY.

IEC

45. IEC for habitations affected with fluoride and arsenic etc. in drinking water and in LWE districts, should be taken up in the same scale as that of IEC campaign for HIV/AIDS & Pulse Polio Campaign.

Capacity Building

46. States should identify State Key Resource Centres at State and regional/district levels to provide continuous training and resource support.
47. At least 5 members of each VWSC to be given 2-3 days initial training and one day orientation for office-bearers and new members every year thereafter.
48. One-time grant of Rs. 10-15 crore be given to each state to establish a state resource centre for training and resource support.

Financing the 12th Five Year Plan

49. A separate piped water supply programme for assisting lagging States to achieve the goals set out in the Strategic Plan.
50. NRDWP should focus on funding piped water supply schemes in the 12th FYP. States can continue installing hand pumps from their own resources. For remote, small, tribal, SC habitations the states can be allowed to spend 5-10% of NRDWP allocation on hand pumps.

B. Review performance of states under NRDWP

The Physical and Financial progress of the NRDWP as on 31.7.2011 reported by the States on the IMIS is at Annexure V and VI.

C. Review of performance of Jalmani

The Physical and Financial progress of the NRDWP as on 31.7.2011 reported by the States on the IMIS is at Annexure VII

Discrepancy between Distt. MPR & Panchayat MPR achievements

S.N.	State	% IHHL Ach(Distt)	% IHHL Ach(Panchayat)
1	ANDHRA PRADESH	73.08	36.92
2	ARUNACHAL PRADESH	52.67	12.09
3	ASSAM	44.02	26.77
4	BIHAR	27.75	13.83
5	CHHATTISGARH	54.30	36.40
6	D & N HAVELI	1.49	100.00
7	GOA	76.24	28.33
8	GUJARAT	77.86	83.32
9	HARYANA	93.07	84.62
10	HIMACHAL PRADESH	100.00	100.00
11	JAMMU & KASHMIR	24.50	0.33
12	JHARKHAND	41.70	25.83
13	KARNATAKA	66.04	61.21
14	KERALA	100.00	100.00
15	MADHYA PRADESH	70.23	54.92
16	MAHARASHTRA	68.41	66.84
17	MANIPUR	31.92	16.71
18	MEGHALAYA	59.07	41.26
19	MIZORAM	70.30	81.56
20	NAGALAND	51.38	32.22
21	ORISSA	51.23	36.14
22	PUDUCHERRY	12.60	100.00
23	PUNJAB	62.95	9.30
24	RAJASTHAN	52.23	32.77
25	SIKKIM	100.00	100.00
26	TAMIL NADU	75.48	67.33
27	TRIPURA	93.98	100.00
28	UTTAR PRADESH	76.55	31.49
29	UTTARAKHAND	69.74	50.86
30	WEST BENGAL	64.03	69.05
Grand Total :-		63.82	46.04

% of GPs on the basis of %age IHHL achievements

S.N.	State Name	0-25%	25-50%	50-75%	75-100%	100%
1	ANDHRA PRADESH	52.86	12.37	5.93	4.05	24.79
2	ARUNACHAL PRADESH	78.39	6.07	2.98	0.99	11.57
3	ASSAM	59.19	20.77	10.90	4.43	4.71
4	BIHAR	83.79	5.35	1.96	0.97	7.94
5	CHHATTISGARH	59.88	8.41	3.80	1.88	26.02
6	D & N HAVELI	0.00	0.00	0.00	0.00	0.00
7	GOA	77.13	3.19	3.72	1.60	14.36
8	GUJARAT	6.19	8.75	13.75	14.20	57.11
9	HARYANA	8.71	6.50	8.57	9.13	67.08
10	HIMACHAL PRADESH	1.27	1.30	3.39	8.20	85.83
11	JAMMU & KASHMIR	98.56	0.14	0.07	0.07	1.17
12	JHARKHAND	66.35	7.82	4.15	2.21	19.46
13	KARNATAKA	25.80	12.71	6.48	5.06	49.95
14	KERALA	0.00	0.00	0.00	0.10	99.90
15	MADHYA PRADESH	38.40	13.14	5.68	3.26	39.52
16	MAHARASHTRA	24.96	7.81	4.45	2.69	60.09
17	MANIPUR	82.76	0.00	0.00	2.30	14.94
18	MEGHALAYA	64.61	1.56	1.07	1.32	31.44
19	MIZORAM	13.50	2.76	15.09	21.34	47.31
20	NAGALAND	65.44	0.00	0.00	0.00	34.56
21	ORISSA	49.01	22.65	10.80	3.37	14.18
22	PUDUCHERRY	0.00	0.00	0.00	0.00	0.00
23	PUNJAB	72.75	1.37	1.18	1.32	23.39
24	RAJASTHAN	51.45	20.85	8.08	3.20	16.42
25	SIKKIM	0.00	0.00	0.00	0.00	100.00
26	TAMIL NADU	22.24	13.13	10.80	8.84	44.99
27	TRIPURA	24.71	0.87	2.12	4.63	67.66
28	UTTAR PRADESH	51.44	22.15	11.37	4.92	10.11
29	UTTARAKHAND	24.86	21.02	18.62	13.54	21.95
30	WEST BENGAL	20.69	14.31	10.76	8.14	46.09
Grand Total :-		42.48	12.92	7.70	4.95	31.95