

PREFACE

The need for supplying potable water to people through organized water supply stems from the fact that water as an essential requirement is inextricably linked to the state of human health. Polluted water constitutes a grave danger to human health. Nitrates and fluorides in water cause blue baby syndrome, fluorosis and carcinogenic effects. Lead, mercury, cadmium, nickel and iron can cause kidney ailments and cancer. Pesticides in water can cause carcinogenic effects and neurological ailments. According to the “World Water Development Report 2”, of the United Nations, diarrhoea is the leading cause of death from water-borne diseases in children. In 2002, diarrhoeal diseases accounted for 1.8 million deaths. These were almost entirely children under 5 years of age.

There are still millions of people in the world who do not have access to safe drinking water. The poor are the worst affected in this regard. For poor, access to potable water may involve trekking long distances, long waits, tiring trips back home with jerry-cans etc. Water chores take up a substantial part of women’s and girls’ time. This is because the responsibility of bringing water from long distances generally falls on women and girls. According to the “Human Development Report - 2006” of the United Nations Development Programme, about 1.1 billion people in the developing world do not have access to even minimal quantity of clean water. Most of these use about 5 litres a day (per capita) – one tenth of the average daily amount used in rich countries to flush toilets. The daily average per capita consumption in Europe is more than 200 litres and in the United States, the figure is more than 400 litres.

It is not just enough to ensure accessibility to safe drinking water. What is important is to provide safe drinking water to each and every citizen within the premises. Further, water should also be supplied in adequate quantity. The best scenario relating to water supply is one where each and every household gets 24x7 water supply.

What is the scenario with regard to access to safe drinking water (tap water) in the cities and towns of India? How many households have access to tap water irrespective of location of the tap, within the premises, near the premises and away from the premises? The instant document, which has been compiled on the basis of

the data of Census of India, 2001, answers these questions. The Census of India, 2001 provides data pertaining to access of households to drinking water by source and its location. The data does not include institutional households. The various types of source of water supply cover tap, hand pump, tube well, well, tank, pond, lake, river, canal, spring, and others. The location of source of drinking water has been classified into three categories based on the distance, viz., “within the premises”, “near the premises” (i.e., when the available source is located within a radius of 100 metres in urban areas and 500 metres in the case of rural areas) and “away from the premises”. The drinking water source has been considered “away”, if it is located beyond 100 metres for the households in urban areas and more than 500 metres for the households living in rural areas.

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It is hoped that the document will be found very useful by administrators, policy makers, urban planners, researchers and others involved in the field of urban development.

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