

industry can be given clearance, only then, we given NOC.

श्री अमर सिंह: उपसभापति महोदय, मैं आपके माध्यम से माननीय मंत्री जी से पूछना चाहूंगा कि क्या ऐसा कोई प्रारूप उनके मंत्रालय द्वारा बनाया गया है, जिससे कि गांव की आबादी में, जहां बड़े-बड़े औद्योगिक संयंत्र लगाए जा रहे हैं, वहां वाटर एफ्ल्युएंट से गांव के ग्रामीणों को जो कठिनाइयां हो रही हैं और उसके कारण जो मौतें हो रही हैं, उसे रोका जा सके? पूरे देश में इस प्रकार की घटनाएं हो रही हैं। अभी श्रीमती जया बच्चन जी ने भी बताया कि सैचुरी के बगल में पानी खराब है, लेकिन मैं कहना चाहूंगा कि न केवल सैचुरी के बगल में खराबी है बल्कि अन्य स्थानों में भी संयंत्रों के लगने से आदमी जानवरों से भी बदतर ज़िन्दगी जीने को मजबूर हैं। मैं इसके बारे में मंत्री महोदय से जानना चाहूंगा।

दूसरा उन्होंने अपने उत्तर में यह भी कहा कि गुजरात में सीमेंट फैक्टरी का ऐसा कोई केस नहीं है लेकिन कई जगह अनियमितताओं की शिकायत है। यह उत्तर भी अपने आप में बहुत ही कट्टेडिक्टरी है कि एक तरफ तो वे कह रहे हैं कि कोई केस नहीं है, दूसरी ओर वे कह रहे हैं कि अनियमितताओं की शिकायतें भी हैं। मैं जानना चाहूंगा कि वाटर एफ्ल्युएंट जो हो रहा है, जिसे गांव की आबादी में डिस्चार्ज किया जा रहा है और जिससे ग्रामीण लोगों को बहुत असुविधा होती है और यहां तक कि उनकी मौतें भी हो जाती हैं, उसके बारे में क्या कोई कड़ा प्रावधान करने की केन्द्रीय प्रदूषण नियंत्रण बोर्ड की मंशा है अथवा नहीं?

SHRI A. RAJA: Sir, either by way of complaint or by *suo motu*, whenever we make inspection, the Central Government or the State Pollution Control Board, and we come to know that there is some non-compliance in terms of emissions or breaching of law, we issue notice for the closure. We have already issued some closure notices and accordingly, some of the factories have been closed. Now, 11 cement factories are working in Gujarat. So far as these 11 factories are concerned, I am categorical that they are maintaining the norms. If you are ready to give some details regarding their non-compliance of the prescribed emission norms, we are ready to take action.

Water borne diseases

*144. SHRI PRASANTA CHATTERJEE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the number of patients suffering from various water borne diseases in both rural and urban areas during the last three years State/Union Territory-wise and disease-wise; and

(b) the steps taken by Government during the same period to control and eradicate such water borne diseases?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMDOSS): (a) and (b) A statement is laid on the Table of the House.

Statement

Cholera, viral hepatitis, enteric fever and acute diarrhoeal diseases are the main water borne diseases caused by contamination of water with virus, bacteria parasites. The number of patients suffering from these water borne diseases during the period from 2002 to 2004, State/Union Territory-wise and disease-wise is annexed as Statement-I (See below). The relevant data on the rural-urban basis is not centrally maintained.

Health is primarily a State subject and provision of medical relief for water borne diseases like cholera etc. through primary and community health centres is looked after by the State Government. Unsafe drinking water, poor sanitation and hygiene are some of the causes of water borne diseases. The preventive measures taken by the local health authorities include provision of safe drinking water, improvement of personnel and community hygiene, safe disposal of human excreta, undertaking appropriate health education, surveillance and monitoring, distribution of chlorine tablets and ORS packets etc.

The Government of India supplements the efforts of the State Government/Union Territories by providing funds under the Accelerated Rural Water Supply Programme, Accelerated Urban Water Supply Programme, Total Sanitation Campaign, School Sanitation and Hygiene Education and Low Cost Sanitation Scheme for tackling quality related problems in respect of rural and urban drinking water supply. National Institute of Communicable Diseases, Delhi (NICD) provides technical support to the State Governments and undertake surveillance, early detection and prevention and control of outbreaks of communicable diseases including water borne diseases. Technical support to improve the quality of drinking water is also envisaged to be provided by NICD, Delhi.

The Government of India has launched an Integrated Disease Surveillance Programme in November, 2004, to further strengthen identification of outbreaks of various diseases including water-borne diseases like Typhoid, Cholera, Jaundice etc. So that early intervention could be made and occurrence, disability and death due to various diseases could be reduced.

Statement-I**State-wise and disease-wise number of cases of Water Borne Diseases between 2002 to 2004**

Sl. No.	State./UTs	No. of persons suffering from cholera			No. of persons suffering from enteric fever/typhoid		
		2002	2003	2004	2002	2003	2004
1.	Andhra Pradesh	8	111	35	78352	151876	148827
2.	Arunachal Pradesh	0	0	0	3437	2418	—
3.	Assam	—	0	—	—	—	—
4.	Bihar	—	0	—	—	—	—
5.	Chhattisgarh	2	2	0	—	—	—
6.	Goa	0	0	0	81	177	129
7.	Gujarat	74	68	79	2585	4453	4141
8.	Haryana	3	22	10	2947	4459	3152
9.	Himachal Pradesh	0	5	0	23820	28979	17971
10.	Jammu & Kashmir	0	0	0	31284	33654	25107
11.	Jharkhand	—	0	—	—	—	—
12.	Karnataka	341	170	250	100996	82358	66064
13.	Kerala	105	42	65	8776	12818	8220
14.	Madhya Pradesh	1	49	11	31218	36856	48006
15.	Maharashtra	587	1458	473	16105	14988	10778
16.	Manipur	9	0	0	5353	1435	1028
17.	Meghalaya	—	0	0	2454	3971	2454
18.	Mizoram	0	0	0	447	520	765
19.	Nagaland	0	0	0	18187	1712	2510
20.	Orissa	0	0	0	24743	17341	9830
21.	Punjab	43	96	171	19901	12265	8748
22.	Rajasthan	2	8	6	4058	4468	7312
23.	Sikkim	0	3	0	397	179	187
24.	Tamil Nadu	1426	404	1386	27649	56446	75179
25.	Tripura	0	0	0	1171	2130	5626
26.	Uttaranchal	0	0	0	—	—	—
27.	Uttar Pradesh	—	7	0	14230	15154	914
28.	West Bengal	146	126	274	50235	88048	64563
29.	A & N Islands	0	0	0	1211	777	396
30.	Chandigarh	47	26	24	322	242	153
31.	D & N Haveli	0	0	0	1224	870	1399
32.	Daman & Diu	0	0	0	6	15	7
33.	Delhi	661	296	1784	13864	15539	21158
34.	Lakshadweep	0	0	0	129	78	19
35.	Pondicherry	0	0	0	2851	2458	1022
TOTAL:		3455	2893	4568	488033	596684	535665

Sl. No.	State/UTs	No. of persons suffering from acute diarrhoeal diseases			No. of persons suffering from viral hepatitis		
		2002	2003	2004	2002	2003	2004
1.	Andhra Pradesh	1207976	1641127	1356882	16224	23094	28222
2.	Arunachal Pradesh	39571	19561	—	621	299	—
3.	Assam	—	—	—	—	—	—
4.	Bihar	—	—	—	—	—	—
5.	Chhattisgarh	—	—	—	—	—	—
6.	Goa	6537	8145	8832	71	190	93
7.	Gujarat	268978	382274	422834	2365	2752	5860
8.	Haryana	216896	237498	248759	1085	1645	1845
9.	Himachal Pradesh	443435	456130	359691	1648	1924	1872
10.	Jammu & Kashmir	515820	628034	438229	6245	8432	6959
11.	Jharkhand	—	—	—	—	—	—
12.	Karnataka	1157589	1499082	849407	32215	24954	33140
13.	Kerala	531096	505999	455339	5323	7433	5405
14.	Madhya Pradesh	394526	308272	442172	6112	33515	48789
15.	Maharashtra	394526	606332	442172	29525	33515	48789
16.	Manipur	29393	18478	9749	426	310	136
17.	Meghalaya	135153	111509	109822	472	419	688
18.	Mizoram	15013	14899	15228	1164	744	717
19.	Nagaland	30116	2924	7462	157	127	27
20.	Orissa	510830	421865	289403	715	2500	1489
21.	Punjab	249038	260575	134976	6652	5169	1423
22.	Rajasthan	333623	339074	329889	1758	2076	2078
23.	Sikkim	40419	42843	48573	322	414	372
24.	Tamil Nadu	214724	211336	142855	3177	6476	8976
25.	Tripura	44241	35034	33703	105	242	891
26.	Uttaranchal	—	—	—	—	—	—
27.	Uttar Pradesh	195144	166263	6656	5431	2964	2
28.	West Bengal	2069130	2132143	1635025	7032	6527	5474
29.	A & N Islands	42238	44300	23336	698	467	258
30.	Chandigarh	9467	8884	3491	451	398	300
31.	D & N Haveli	95920	89799	84934	232	227	675
32.	Daman & Diu	3885	3249	3261	24	23	6
33.	Delhi	127860	156501	137133	5053	7476	10656
34.	Lakshadweep	7363	5930	8039	22	19	20
35.	Pondicherry	141887	152416	128297	534	872	736
TOTAL:		9441456	10510476	8138448	135859	151287	182963

*** This statement is based on weekly reports which provide details of areas within the State/UT where cases have occurred.

—Indicate 'Not Received'

SHRI PRASANTA CHATTERJEE: Sir, according to an estimate between four to five lakh children, aged below five years, die from diarrhoea every year. While the other report says that only a small fraction of cases of water-borne diseases is recorded. The figure pertaining to efforts made to improve the drinking water do not match with the figure pertaining to decline in deaths. We all know that the EWS families are the worst sufferers. My question is, apart from arranging safe drinking water and improving sanitary conditions, whether the Government, in consultation with the States, has formulated a policy to supply ORS packets through the temporary health workers and to impart basic health education in the slum and *jhopries* areas, which are the most vulnerable areas during the peak months.

DR. ANBUMANI RAMDOSS: Sir, this question involves wider issues. So far as preventing the water-borne diseases and making the people aware about them is concerned, it involves not only the Central Health Ministry, but also involves, besides the State Governments, various other Ministries, like the Rural Development, Department of Water Resources, the Urban Development. Though 'health' is a State subject, yet, the Central Government makes the policies and the States implement them. so, the issue of water-borne disease is a State subject, while the Central Government actively monitors the disease prevalence. Nevertheless, the issue raised by the hon. Member is a very serious issue. We are advising the States to take more active measures. It is not a continuous issue; it is not that water-borne diseases are occurring throughout the year in some particular parts. Unlike other diseases, like malaria or tuberculosis, which are there throughout the year in some areas, it is sporadic. Cholera, which is a water-borne disease, can affect only some part of the country for a short period, and, hence, we have to take actions accordingly.

SHRI PRASANTA CHATTERJEE: Sir, actually first question has not been answered by the Minister. Anyway, I put my second supplementary. One survey report says that about 70 to 80 per cent diseases are water-borne disease. Malaria, as the hon. Minister has cited, is also one such water-borne disease. So, my question is whether the State Governments educate the people to combat the breeding of malaria-causing mosquitoes.

DR. ANBUMANI RAMDOSS: Sir, malaria is one of the challenges that we face today. We have a lot of national programmes to eradicate the diseases, like the tuberculosis, HIV, leprosy, and also the vector-borne diseases, like malaria, dengue, etc. So, for malaria, we are taking preventing steps, like providing mosquito nets to the people. Now, we are

going in for lipridated mosquito nets, like pyrethrin-lipridated Mosquito nets. We are also trying to induce larvacidal Gambusia fish in the water, which eats malaria-causing larva. We are also using bio-larvicides, which get into the malaria larva and kill it. We are also spraying chemicals. Even DDT is also being used for a long time as a spray. So, these are some of the steps that we are taking. (Interruptions) Yes, it is banned, but it is used in very small quantity.

श्री मोती लाल बोरा: माननीय उपसभापति जी, माननीय मंत्री जी ने विवरण में वाटर बॉन डिजीजिज़ की जानकारी दी है, उसके बारे में मैं माननीय मंत्री जी से कहना चाहता हूँ कि असम में आपने जो संख्या बतलाई है, वह शून्य बतलाई है, बिहार में आपने जो संख्या बतलाई है, वह शून्य बतलाई है और छत्तीसगढ़ में भी आपने जो संख्या बतलाई है, वह शून्य बतलाई है, यह कालरा और टाइफाइड की जानकारी है। लेकिन मैं समझता हूँ कि माननीय मंत्री जी ने जो जानकारी दी है, यह सही जानकारी नहीं है। मैं माननीय मंत्री जी से यह जानना चाहता हूँ कि भारत सरकार ने राज्य सरकारों को इसके लिए अनुदान देने की घोषणा की थी और माननीय मंत्री जी ने अपने जवाब में कहा है—"The Government of India supplements the funds of the State Governments and the Union Territories by providing funds under the Accelerated Rural Water Supply Programme".

I would like to know from the hon. Minister the quantum of funds allocated to Chhattisgarh, Madhya Pradesh and Maharashtra. Sir, if you see the annexure, you will find that the number of water-borne diseases in Maharashtra has risen in the year 2004 as compared to the year 2003. As the Minister already said, the Government of India has taken steps; the Government of India has launched Integrated Disease Surveillance Programme in November, 2004. After this programme has been launched, the number of diseases has gone up very high. Now, what are the steps being taken by the Government?

DR. ANBUMANI RAMDOSS: Sir, the figures in the list that we give, we get from the State Governments, and, even though we are doing our own surveillance, but for the reported cases, we take the numbers from the State Governments, and, whatever they give, it is in the list given here.

As far as second part of the hon. Member's question regarding quantum of amount through the Accelerated Rural Water Supply Programme is concerned, it does not come under my Ministry. I will get the information collected and provide the same to the hon. Member. For the third part of the question regarding Integrated Disease Surveillance Project, we have launched the project only in December last year. This project is in three phases. In the first phase, we are trying to launch it in nine States. Sir,

things are going on, and, it will take minimum three years for the whole country to come into the surveillance network. This is a very innovative and very modern programme. If fully implemented, it covers all the districts in the country. About six hundred districts will be covered, personnel will be there for surveying, and, we have a set of parameters for surveying.

Sir, after this whole programme is implemented, if a case of cholera is reported in any village, the Central Government and the State Government will be notified within 6 to 12 hours, and, we will take steps to check it. Sir, now this programme is being implemented.

श्री प्यारे लाल खंडेलवाल: माननीय उपसभापति जी, प्रदूषित पानी पीने के कारण देशभर में बीमारियां फैलती हैं, बच्चे मरते हैं, बच्चे बीमार होते हैं और बाकी लोग भी बीमार होते हैं और सरकार इस प्रकार के प्रदूषण को, पीने के पानी के प्रदूषण को रोकने में लगातार असफल होती जा रही है। इस समय देश में एक नया संकट फैला हुआ है, सुनामी प्रभावित क्षेत्रों में पीने के पानी का प्रदूषण बहुत अधिक है और इसके कारण बीमारियां बढ़ रही हैं। पिछले दिनों अखबारों में यह समाचार छपा था कि सुनामी प्रभावित क्षेत्रों में पीने का पानी बहुत खराब हो गया और लोग अच्छा पानी पीने के लिए इधर-उधर भागते रहे, लेकिन उन्हें पीने को अच्छा पानी नहीं मिला। मैं माननीय मंत्री जी से जानना चाहता हूँ कि सुनामी प्रभावित क्षेत्र के लोगों को स्वच्छ पीने का पानी मिले, प्रदूषण रहित पीने का पानी मिले, इसके लिए सरकार तात्कालिक रूप से क्या उपाय कर रही है?

DR. ANBUMANI RAMDOSS: Sir, as far as the first part of the hon. Member's question is concerned, I would like to say that we are definitely concerned about the fact that a lot of children are affected. Like I said earlier in my answer, this pertains to the wider issues of different Ministries and those Ministries have to look as to how we could provide safe potable drinking water to all our citizens in the country, and, our Prime Minister is actively taking a lot of steps to address this wider issue. And also how the sewage water could be disposed of properly. Of course, public health engineering plays a vital role. In the urban areas, both sewage line as well as drinking water line go side by side and there might be a seepage going about. These are some of the issues. Of course, the larger issue is of public health awareness. Sir, our country needs a lot of public health awareness and if only our country has a lot of public health awareness ... (Interruptions)... Sir, we are trying to do it and it will take some time. It is only nine months since we took over. If only our country has public health awareness, 60 per cent of the health budget could be avoided. Sanitation, cleanliness and hygiene—we are taking up all these issues in a big way and we are trying to start public health schools of international repute all over the country, to start one from the North and one from the

South ...*(Interruptions)*... whereby we are trying to first create awareness amongst the Government machinery. In the institutions, all the District Collectors will have a training programme in the school about public health awareness. And, Sir, about Tsunami, I would like to state that after Tsunami, there was no major outbreak of any diseases and the Indian Council of Medical Research, National Institute of Entomology and the National Institute of Epidemiology and all the Government mechanisms are prevalent all round the country. We are closely monitoring and surveying to prevent any outbreak of any major disease and water supply to the affected people was restored by the respective States and the Government of India in Andaman.

DR. CHANDAN MITRA: Thank you, Mr. Deputy Chairman, Sir. I am only on the point of the accuracy of the data that is placed before Parliament. The Minister just said that this is based on what the State Governments have given. But I would just like to draw the Minister's attention to two figures, both relating to Uttar Pradesh. Now, on the first page of the Annexure, in Uttar Pradesh on Enteric Fever Typhoid, the figures are 14,230 in 2002, 15,154 in 2003 and only 914 in 2004. On the page overleaf, it is even more hilarious ...*(Interruptions)*...

MR. DEPUTY CHAIRMAN: Please put the question, What exactly you want to say?

DR. CHANDAN MITRA: This is 5431 in 2002, 2964 in 2003 and 2 in 2004 in Viral Hepatitis. Sir, I am asking the Minister: Is there any effective mechanism to check the accuracy of the reports that are filed by the State Governments? Or is it that whatever is filed is presented to the House? This is absolutely incredible and I am surprised that this kind of data can be presented.

DR. ANBUMANI RAMDOSS: Sir, I would like to agree with the hon. Member. Sir, for this financial year, 2004, I think, the reports are yet to come and I will provide the Member with the accurate reports. I would also like to say that once we go through this Integrated disease Surveillance Project, I am sure, the results will be very accurate all across the country because we will have our own mechanism put up in all the districts of the country to have the accurate data.

SHRI G.K. VASAN: Sir, going by the statement that the Minister has made, it is very unfortunate that in the State of Tamil Nadu, the number has been increasing each and every year for all the diseases which have been given. The Minister is from the State of Tamil Nadu and I am sure he

[11 March, 2005]

RAJYA SABHA

will give proper attention to the State Government to take care of the poor people's health.

DR. ANBUMANI RAMDOSS: Sir, there is one more issue involved in this.

MR. DEPUTY CHAIRMAN: It is only a suggestion.

DR. ANBUMANI RAMDOSS: In some States, better performing States in the health sector, reporting is higher. That is why these figures are higher. In some States, there is no reporting and there is no awareness. That is why we get low figures. It is not as if in some States where there is a higher number, the incidence of the disease is higher; but the reporting is higher.

Allocation of funds for AIDS

*145. SHRI NANDI YELLAIAH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the details of amount released by Government, State-wise for supply of anti-AIDS drugs, free of charges to AIDS victims through various hospitals for the years 2002-03, 2003-04 and 2004-05;

(b) whether strong, costly anti-AIDS drugs are supplied through various Government hospitals; and

(c) the details of action taken, so far, by Government in curbing the menace of ever increasing AIDS patients in the country?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMDOSS): (a) to (c) A Statement is laid on the Table of the House.

Statement

(a) The funds for implementation of National AIDS Control Programme Phase II are provided in lump sum to all the AIDS Control Societies and anti-AIDS drugs are part of this. Statement-I indicating release of funds to all the State AIDS Control Societies (SACS) during the last three years is annexed. (See below)

(b) Yes, Sir. Anti-AIDS drugs are provided free of charge through 25 ART Centres established in selected Government medical institutions in 13 States of the country. The Anti Retroviral drugs used for treatment of AIDS patients through these ART Centers are the triple drug combination generic drugs manufactured by pharmaceutical companies based in India. The triple drug combination for AIDS patients not having TB include