

run its entire health scheme with the help of more than 60,000 Indian doctors. So, the UK and the USA are carrying forward their health-related activities mostly because of Indian doctors.

**श्री मोहन सिंह:** श्रीमान्, भारत सरकार की मदद से और भारत सरकार की 100 परसेंट फंडिंग से इंडियन स्टूडेंट्स और भारत सरकार की फैकल्टीज, जिनमें एम्स और मौलाना आजाद मेडिकल कॉलेज की फैकल्टीज भी शामिल हैं, उनका नेपाल के पांच मेडिकल कॉलेज में एम.बी.बी.एस. का कोर्स चल रहा है। वहां सारी फैकल्टीज इंडियन हैं, वहां आधे से अधिक स्टूडेंट्स इंडियन हैं और उनका माध्यम इंग्लिश स्पीकिंग है, जिसकी चर्चा अभी माननीय मंत्री जी कर रहे थे। लेकिन, केवल **outside India** का एक क्लॉज जोड़ कर वहां से भी पास होने वाले लड़कों का स्क्रीनिंग टेस्ट चार-चार, पांच-पांच साल पर होता है। मैं ऐसा समझता हूं कि यह एक एनॉमली है और इसके बारे में भारत सरकार को सोचना चाहिए।

दूसरी बात यह है कि कई लड़के ऐसे हैं, जिन्होंने बायोटेक्नोलॉजी या बायो से इंटरमीडियट नहीं किया। उन्होंने पहले इंजीनियरिंग में ट्राई किया, इसलिए मैथेमेटिक्स लेकर इंटरमीडियट पास किया। बाद में, उन्होंने बायो लिया और उसके बाद पी.एम.टी. टेस्ट क्वालिफाई करके एम.बी.बी.एस. हो गये, तो ऐसे भी हजारों लड़के हैं, जिनका एम.सी.आई. की ओर से रजिस्ट्रेशन नहीं हो रहा है क्या इन दो समस्याओं के ऊपर मंत्री जी गम्भीरतापूर्वक ध्यान देते हुए कुछ सकारात्मक निर्णय लेंगे?

**श्री गुलाम नबी आजाद:** सर, पहले सवाल का उत्तर मैं पहले ही दे चुका हूं।

**श्री सभापति:** अब आप दूसरे सवाल का जवाब दें।

**श्री गुलाम नबी आजाद:** हमें इस बात का गौरव है कि भारत के डॉक्टरों का जो स्टैंडर्ड है, वह बहुत हाई है और इसीलिए अमेरिका और ब्रिटेन जैसे देश भी हमारे डॉक्टरों पर पूरी नजर रखते हैं। पिछले तीन सालों में यहां से 3000 डॉक्टर्स इन बड़े देशों में चले गये। लेकिन, अगर बाहर के जो पढ़े-लिखे डॉक्टर्स हैं, चाहे वे बंगलादेश से हों, रशिया से हों, चाइना से हों या नेपाल से हों, अगर हम टेस्ट के बगैर उनको लेंगे, तो मुझे अफसोस है कि उनका स्टैंडर्ड हमारे स्टैंडर्ड से कम है। मैं किसी एक देश का नाम नहीं लेना चाहता हूं, लेकिन मैं पिछले साल जिस देश में गया था, उसका मैं नाम नहीं लेना चाहता, उनकी क्लास में एक हजार लड़के हैं। एक हजार लड़कों की इस संख्या से आप अंदाजा लगा सकते हैं कि एम.बी.बी.एस. की एक क्लास में एक लड़के के सवाल पूछने की बारी कब आती होगी और क्लिनिकल टेस्ट करने और पूछने के लिए उसकी शक्ल कहां दिखाई देती होगी। इसलिए, इसमें मैं हमारे एमपीज का सहयोग चाहूंगा कि हम चाहे कम ही डॉक्टर्स पैदा करें, लेकिन क्वालिटी डॉक्टर्स पैदा करें, उसको **dilute** न करें।

### **Safe drinking water for all**

\*182. SHRI RAMA CHANDRA KHUNTIA: Will the Minister of DRINKING WATER AND SANITATION be pleased to state:

(a) whether it is a fact that ground water available to 1,79,999 habitations in the country is affected with Fluoride, Salinity, Iron and Nitrate apart from manmade contaminants such as Manganese, Lead, Chromium, Cadmium etc.; and

(b) whether Government has any comprehensive national plan to ensure safe drinking water to all?

THE MINISTER OF DRINKING WATER AND SANITATION (SHRI JAIRAM RAMESH): (a) and (b) A statement is laid on the Table of the House.

**Statement**

(a) As reported by the States on the online Integrated Management Information System (IMIS) of the Ministry, as on 1.4.2009, there were 1,79,999 rural habitations in the country, where at least one drinking water source was contaminated with excess Arsenic, Fluoride, Iron, Salinity and Nitrate, remaining to be covered with provision of safe drinking water. Since 01.04.2009, 75,827 quality affected habitation have been covered upto 29.02.2012. As on 29.02.2012, as reported by the States, there are 1,04,910 rural habitations with chemical contamination in some drinking water sources remaining to be covered. These include some newly identified quality affected habitations. The State-wise and contaminant-wise details are given in Statement-I (*See below*). This Ministry does not monitor the details of contamination of drinking water caused by chemicals other than those mentioned above.

(b) Water is a State subject. Under the National Rural Drinking Water Programme (NRDWP), the Govt. of India provides technical and financial assistance to States to supplement their efforts in provision of safe drinking water to rural areas. In the discussions by the Ministry with States on their NRDWP Annual Action Plans (AAP) they are urged to cover as many quality affected habitations as possible with the available funds. States can use upto 62% of NRDWP funds allocated to them to cover water quality affected habitations with safe water supply by installing water supply schemes from safe sources, or setting up contamination removal units. The most effective and sustainable solution to ensure safe drinking water is through the supply of piped water for drinking purposes from safe groundwater or surface water sources.

In October 2011, the Government amended the NRDWP Guidelines to earmark 3% of NRDWP allocation exclusively for Water Quality Monitoring and Surveillance to be provided to States on a 100% Central share basis. These funds are used by States to carry out village level surveillance and water quality testing using Field Test Kits (FTK), and to set up and operate 23 State level, 739 district level and 939 sub-district level water quality testing laboratories for confirmatory water quality testing. States have been urged to test all public drinking water sources on the identified parameters for chemical contamination once every year and twice a year for bacteriological contamination. In habitations where contamination is confirmed, remedial action to provide safe drinking water has to be taken. The results of testing are being entered by States on the IMIS for effective monitoring.

**Statement-I**

*Status of habitation-Contamination wise (As reported on  
IMIS as on 29/02/2012)*

Sl.No.	State	Arsenic	Fluoride	Iron	Salinity	Nitrate	Total Quality Affected habita- tions
1	2	3	4	5	6	7	8
1.	Andhra Pradesh	0	396	0	91	0	487
2.	Bihar	991	2757	11782	0	0	15530
3.	Chattisgarh	0	166	6426	116	0	6708
4.	Goa	0	0	0	0	0	0
5.	Gujarat	0	45	0	29	75	149
6.	Haryana	0	12	0	2	0	14
7.	Himachal Pradesh	0	0	0	0	0	0
8.	Jammu and Kashmir	0	2	1	22	0	25
9.	Jharkhand	1	46	485	0	1	533
10.	Karnataka	38	2740	1639	726	1427	6570
11.	Kerala	0	108	588	186	45	927
12.	Madhya Pradesh	0	2337	3	190	1	2531
13.	Maharashtra	1	574	369	316	521	1781
14.	Orissa	0	401	12139	1054	23	13617
15.	Punjab	0	20	2	26	0	48
16.	Rajasthan	6	8053	46	19407	1078	28590
17.	Tamil Nadu	0	3	408	37	3	451
18.	Uttar Pradesh	199	159	29	288	1	676
19.	Uttarakhand	0	1	11	0	2	14.
20.	West Bengal	1330	844	1579	495	0	4248
21.	Arunachal Pradesh	0	0	0	0	0	0
22.	Assam	1484	89	14658	0	0	16231
23.	Manipur	0	0	2	0	0	2
24.	Meghalaya	0	0	99	0	0	99
25.	Mizoram	0	0	0	0	0	0

1	2	3	4	5	6	7	8
26.	Nagaland	0	0	131	0	0	131
27.	Sikkim	0	0	0	0	0	0
28.	Tripura	0	0	5548	0	0	5548
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		4050	18753	55945	22985	3177	104910

SHRI RAMA CHANDRA KHUNTIA: Sir, while admitting the fact that 1,79,999 habitants in the country are affected with the contamination of fluoride, salinity, iron and nitrate, the hon. Minister has said that 75,827 have been covered by, at least, one drinking water source. Is the Minister aware of the fact that contamination affects the human body and makes them vulnerable serious and deadly diseases, like, cancer, kidney-related diseases, physical disabilities, stomach ailments, liver ailments, chest ailments, etc.? Is the Integrated Management Information System (IMIS) and the National Rural Drinking Water Programme (NRDWP) guidelines also have any mandate to survey as to how many habitants have been affected by such serious diseases, especially in the districts, like, Kalahandi, Gajar, Gajpatipuri, Nuapada, Koraput of Odisha? When drinking water is the lifeline of the human beings, is it a fact that some State Governments, including the State of Odisha, have failed to utilize the Central fund released for 2009, 2010 and 2011?

SHRI JAIRAM RAMESH: Sir, the hon. Member has put so many questions.

MR. CHAIRMAN: You answer only one question.

SHRI JAIRAM RAMESH: I will be very brief. Insofar as the national figures are concerned, out of about 16 lakh rural habitations, according to the information given by the State Governments, about 7 to 8 per cent of these habitations have water quality problems, of which arsenic, iron, fluoride, salinity, etc. are the most serious problems from the chemical contamination point of view. But increasingly, in our country, biological contamination is because of fecal matter and the whole problem of pollution is assuming serious proportions. So, Sir, it is true that, at the national level, about 7 per cent of the habitations are water-quality-affected. But I would be the last to swear by these numbers. It is entirely possible that these numbers are underemphasized and underestimated. Actually the number of

habitation, where water quality is a serious issue, may well be more. We will improve the quality of the reporting system as we go on.

Insofar as the State of Odisha is concerned, this year, 2011-12, the total expenditure on the rural drinking water supply has been about Rs.450 crores. out of which, Rs.230 crores has been the State's contribution and about Rs.220 crores have come from the Central Government. It is true that in Odisha, Sir, the most serious problem is that of iron; there is also a celerity problem; and, there are some parts of Odisha, which the hon. Member mentioned, where flouride is a serious problem. Sir, a proposal has come to us from the State Government for a Rs 244 crore Flouride Control Project in the district of Naupada, in the Kalahandi-Balangir-Koraput region. This has come to us. We have approved this project and we have now written to the Ministry of Finance for posing it for assistance from the Japanese Company. In addition, Sir, we have received two more proposals, for Puri and Ganjam districts for control of salinity, of about Rs.100 crores. We have taken the decision that we will fund this out of our own funds. Sir, in the Budget speech, which the hon. Finance Minister gave very recently, hon. Members would have noticed that there has been a very substantial increase in the allocation for rural drinking water supply and sanitation. And, it will be my objective to use all the additional funds for water quality for stressing the problem of controlling water quality, which the hon. Member has just mentioned.

SHRI RAMA CHANDRA KHUNTIA: Sir, safe drinking water is a minimum requirement of life. I would like to know whether the Government of India would provide 100 per cent Central assistance to all the schemes – in 1,04,910 habitations – of contaminated water in India, including 13,607 habitations of Kalahandi, Koraput, Naupada Bolangir, Ganjam and Phulbani. I would also like to know whether the Government would allocate adequate funds to provide safe drinking water facility to all the villages in the country, including my State Odisha by 2014.

SHRI JAIRAM RAMESH: Sir, according to the National Rural Drinking Water Programme, up to 62 per cent of the money that the Central Government gives to the States can be spent on water quality. We give roughly about Rs.8,200 crores, every year, to the State Governments, to which the State Governments, then, contribute about Rs.9,000 cores. So, the total national expenditure is about Rs. 17,000 crores. Sir, according to our norms, up to 62 per cent can be spent on water quality. Unfortunately, Sir, because of the multiple pressures that exist on the State Government, the actual spending on water quality is very low. In the State of Odisha, for example, this year, about 12 per cent of the funds have been earmarked for water quality. Sir, I don't blame the State Governments, because the State Governments are under pressure to expand water supply to cover more habitations. Sir, there is an inherent conflict here between expanding coverage and improving

quality. It is a fact that expanding coverage gets more priority on improving quality. I am trying my best to earmark funds only for quality. The hon. Finance Minister has given almost Rs.3,000/- crores extra for drinking water supply and sanitation. As I have said, Sir, It is my objective to focus the expenditure only on water quality, particularly, arsenic contamination, flouride, iron and also, Sir, on those 60 districts of Eastern India where every year, we have Japanese Encyphilitis and acute Encyphilitis, syndrome-related diseases. Sir, I want to assure the hon. Members that it is not a shortage of funds that is the problem, but it is this multiple pressures that exist on State Governments. I would request the State Governments also to use the earmarked funds in a better way, particularly, from the point of view of water quality. Sir, if we don't improve the quality of water supply, we are going to pay a very heavy bill in terms of health. I believe that investment in water supply and sanitation, ultimately, is an investment in public health.

SHRI BAISHNAB PARIDA: Sir, as this question relates to drinking water facility for the rural masses of Odisha, I want to know from the hon. Minister: Will the Centre constitute a team in consultation with the State Government, comprising both, the Central and State Government officials, which should visit this region to assess the gravity of problem and evolve an effective action plan, with Central funding, to address the problem of safe drinking water in the coastal and other regions of the State of Odisha?

SHRI JAIRAM RAMESH: Sir, according to the information we have from the Government of Odisha, out of roughly 1,40,000 rural habitations, about 14,000 have water quality problems. So, roughly, 10 per cent of the habitations have water quality problems. As I have already mentioned to you, Sir, the Government of Odisha has given us a proposal for Naupada for control of fluorosis and Puri and Ganjam for control of salinity. The real problem in Odisha is iron, fluoride and salinity, and not so much arsenic.

Sir, we have constituted Central teams whenever we have noticed very serious water quality problems. Most recently, we sent two Central teams to Jharkhand to study the problem of arsenic contamination in the Santhal Parganas area, and also the problem of fluoride in the Garhwa district region, in the Palomar-Garhwa district region.

Sir, if a request comes from the State Government to send a Central technical team to assess the problems of water quality in greater detail, I have no hesitation in saying that we will certainly agree to send the team. As it is, Sir, we are already having a large amount of funds that we provide for setting up water-testing laboratories. Every district has a water-testing laboratory. Sir, three per cent of the money that we give every year is for water quality testing and surveillance. But I agree with the hon. Member that if there is a need for expanding the study-scope for

studying the water quality problems in some of the badly-affected districts of Odisha, I would be glad to do this with the cooperation of the State Government.

**श्री राम कृपाल यादव:** सर, यह चिंता का विषय है कि देश में कई ऐसे प्रदेश हैं, जहां आम लोगों को और खास तौर पर गांव में रहने वाले लोगों को गुणवत्तापूर्ण जल नहीं मिल पा रहा है। सर, मंत्री महोदय द्वारा जवाब के साथ जो तालिका प्रस्तुत की गयी है, उस में दो-तीन ऐसे प्रदेश हैं जहां कि स्थिति बहुत ही भयावह है। सर, खास तौर पर मैं बिहार के बारे में चर्चा करूँ कि आर्सनिक से प्रभावित 991 बसावटें हैं, फ्लोराइड से 2757 और लौह से 11782 बसावटें प्रभावित हैं, यानी कुल मिलाकर 15530 बसावटें प्रभावित हैं जहां लोगों को गुणवत्तापूर्ण जल नहीं मिल रहा है। माननीय मंत्री जी ने कहा कि राशि की कोई कमी नहीं है, मैं आपके माध्यम से जानना चाहूँगा कि इन बसावटों को गुणवत्तापूर्ण जल उपलब्ध कराने के लिए पिछले वर्ष कितनी राशि, खास तौर पर बिहार के लिए आप ने आवंटित की और कितनी राशि और देने का विचार है ताकि उन सारी बसावटों में जल की परेशानी से लोगों को निजात मिल सके? सर, इस जल में प्रदूषक तत्वों के कारण बहुत सारी बीमारियां हो रही हैं और इस से बिहार के लोग और अन्य दूसरे प्रदेशों के लोग बहुत परेशानी में हैं।

**श्री जयराम रमेश:** सर, माननीय सदस्य ने बिहार के संदर्भ में जो स्पिसिफिक सवाल किया है, वे आंकड़े मैं उन्हें आज ही भिजवा दूंगा। सर, मैं यह जरूर कह सकता हूँ कि बिहार एक ऐसा राज्य है, मैं किसी राजनीति में नहीं जाना चाहता हूँ, परंतु मेरी भी यह चिंता रही है और वहां के मुख्य मंत्री जी से मेरी कई बार बातचीत हुई है कि बिहार में खास तौर से पेयजल के लिए जो पैसा पानी की गुणवत्ता सुधारने के लिए दिया जाता है, उस का पिछले तीन-चार सालों से कम इस्तेमाल हो रहा है। वहां पी.एच.डी. में क्षमता की कमी है, इंजीनियरों की कमी है। तो ये सब समस्याएं हैं और उन की सब को जानकारी है। इस बारे में राज्य सरकार के साथ बार-बार बातचीत चल रही है। मैं फिर से चार दिन बाद इसी के सम्बंध में पटना जा रहा हूँ क्योंकि बिहार को जो पैसा आवंटित किया जाता है, खास तौर से ग्रामीण पेयजल कार्यक्रमों के लिए, उस का पिछले तीन साल से पूरा इस्तेमाल नहीं हो पा रहा है। यह चिंता का विषय है और मैं इस पर राज्य सरकारों के सहयोग से और कार्रवाई करने को तैयार हूँ।

सर, रहा आर्सनिक का सवाल, यह बात सही है कि उत्तर प्रदेश में खास तौर से पूर्वी उत्तर प्रदेश, बिहार, पश्चिमी बंगाल, असम जैसे राज्यों में आर्सनिक एक नई समस्या के रूप में उभरकर आया है। वित्त मंत्री जी ने बजट में यह घोषणा की है कि कोलकाता में एक इंटरनेशनल आर्सनिक सेंटर खोला जाएगा और जैसा कि मैंने पहले जिक्र किया है, इस साल जो हमें अधिक राशि मिली है, उस के जरिए हम खास तौर पर आर्सनिक, फ्लोराइड और आयरन affected जिलों में ही फोकस करके आर्सनिक की जो समस्या है, उस का समाधान करने का जरूर प्रयास करेंगे।

**DR. GYAN PRAKASH PILANIA:** Sir, I want to draw the kind attention of the hon. Minister to the horrendous scenario of contamination in Rajasthan. This House will be surprised to hear that in fluoride, in India, we are the worst. Out of 18,000 habitations, 8000 are in Rajasthan. As far as salinity is concerned, we are, again, the worst in the country; out of 22,000 habitation, 19,000 are in Rajasthan. As far as Nitrate contamination is concerned, we are the second in the country; out of 3177 habitations, there are 1078 habitations in Rajasthan. Out of the total habitations in

the country affected adversely by water contamination, 28 per cent are in Rajasthan. So, it is a worst scenario.

My question is: is the Government considering giving some special dispensation to this worst-affected State in the country? Is the Minister aware how people are suffering there because of Flouride contamination, because of salinity and because of Nitrate contamination ? I am not talking about biological contamination; let us not talk of that. But the other contaminations are really worrying, really horrendous and really terrifying.

SHRI JAIRAM RAMESH: Sir, I share the hon. Member's concerns and sentiments. As opposed to a national average of about seven per cent of rural habitations being affected by water quality, the proportion of habitations affected by water quality in Rajasthan, unfortunately, is between 25 and 30 per cent. So, it is true that from the water quantity point of view and from the water quality point of view, Rajasthan is a severely challenged and stressed State.

Sir, we are taking multiple actions on this. The hon. Member will be pleased to know that for Nagore district, I have personally discussed this with the State Government. A detailed project proposal has been prepared. A lift water supply scheme has been prepared for bringing water from the surface water source, and we have posed this to the Japanese Government. I am pleased to inform the hon. Member that the response has been positive and very soon, the JICA, that is, the Japanese International Cooperation Agency, project will start in Rajasthan.

Sir, as I have said, the additional allocations that we have got after a long time for water supply and sanitation will be focused exclusively on water quality, particularly, arsenic, flouride, iron contamination, and in that Rajasthan will certainly take priority.

Sir, I wish to make one point here. In the long run, the only answer to problems of water quality would be to go to surface water. For the last 25 or 30 years, हमने fluoride, iron और arsenic के स्तर को कम करने के लिए बहुत से प्रयास किए हैं, लेकिन पिछले 30 सालों के अनुभव के बाद यह बिल्कुल साफ हो गया है कि surface water ही एकमात्र विकल्प है और यह दीर्घकालीन विकल्प है। मैं जानता हूँ कि राजस्थान में surface water कम है। इसलिए वहां जो भी संभावनाएं हैं, उनका हमें पूरी तरह से सर्वेक्षण करना चाहिए। मैं माननीय सदस्य को विश्वास दिलाना चाहता हूँ कि राजस्थान जैसे राज्य के लिए हमारा विशेष प्रयास रहेगा और वहां पानी की गुणवत्ता की जो समस्या है, उसे हम नजरअंदाज नहीं करेंगे।

#### **Establishment of AIIMS Like institutions in every State**

\*183. SHRI KANWAR DEEP SINGH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government has received proposals from various States to