

made by Public Sector Banks to the MSMEs because MSMEs are giving the largest employment to the people of this country? I want to know the quantum of One Time Settlements given to the MSMEs.

SHRI ARUN JAITLEY: That figure is not separately available at the moment. If the hon. Member writes to me I can ask him to find those details out, but if you look at the annexure which I have given with the reply itself, the fact is that the number of accounts which have been settled by the OTS in the last three years are ₹ 7,24,428 crores, ₹ 8,04,935 crores and ₹ 9,44,959 crores. Undoubtedly, the fact that ₹ 7 lakh crores, ₹ 8 lakh crores or ₹ 9 lakh crore OTS's are taking place would mean that the smaller and the medium accounts also would be included because the number of large accounts cannot be so many in number.

#### **Fatalities from water-borne diseases**

\*248. SHRI DEREK O' BRIEN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the number of people who have contracted water-borne diseases over the last three years, State-wise and year-wise;

(b) the number of such cases that have been fatal;

(c) the steps Government has taken to provide safe potable water in rural and urban areas; and

(d) the funds allocated and disbursed for these efforts in the last three years?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI ANUPRIYA PATEL): (a) to (d) A Statement is laid on the Table of the House.

#### ***Statement***

(a) and (b) Diseases such as Cholera, Acute Diarrhoeal Diseases (Dysentery and Diarrhea), Enteric Fever (Typhoid) and Viral Hepatitis A and E are caused by consumption of contaminated drinking water. State/UT-wise details of number of cases and deaths reported due to these diseases during 2013-15, as per data compiled by the Central Bureau of Health Intelligence (CBHI), are indicated in the Statement-I (*See below*).

(c) Provision of safe drinking water and health services falls within the remit of the State/UT Governments. However, the Government of India has taken steps both for facilitating availability of safe drinking water and also for ensuring effective surveillance of outbreaks of such diseases and their prevention and management.

As informed by the Ministry of Drinking Water and Sanitation, all States have been informed to commission surface water based piped water supply schemes in all habitations as a long term sustainable solution. However, since these projects have a long gestation period (say 3-5 years) and the rural people cannot be put to the risk of consuming contaminated water, all States have also been advised to install community water purification plants, especially in arsenic and fluoride affected habitations. This has been done with the objective of providing 8-10 litres of safe water per capita per day for drinking and cooking purposes only.

Besides, the Ministry of Health and Family Welfare, through its Integrated Disease Surveillance Programme, helps the States/UTs to effectively detect and respond to disease outbreaks including water borne diseases by providing additional manpower, strengthening of laboratories, Information and Communication Technology (ICT), equipment and funds. The National Centre for Disease Control (NCDC) also helps the States/UTs through surveillance, investigation, laboratory and other facilities. It also helps States in capacity building through training and developmental activities.

(d) The Ministry of Drinking Water and Sanitation has informed that funds amounting to ₹ 22,761.12 crore were released to the States against the allocation of ₹ 22,233.75 crore during financial years 2013-14 to 2015-16. Besides, NITI Aayog has also provided funds to the tune of ₹ 800.00 crore during financial year 2015-16 for commissioning community water purification plants in all remaining arsenic and fluoride affected habitations as a short term/immediate measure. Utilization of resources optimally by the State Governments is critical for effectively reducing the incidence of water-borne diseases.

#### **Statement-I**

*State-wise details of number of cases and deaths due to various diseases*

(A) State-wise cases and deaths due to cholera in India 2013-2015

Sl. No	State/UT	2013		2014		2015	
		Cases	Deaths	Cases	Deaths	Cases	Deaths
1	2	3	4	5	6	7	8
1.	Andhra Pradesh	31	0	0	0	0	0
2.	Arunachal Pradesh	0	0	0	0	0	0
3.	Assam	0	0	0	0	0	0
4.	Bihar	0	0	0	0	0	0

1	2	3	4	5	6	7	8
5.	Chhattisgarh	2	0	20	0	46	0
6.	Goa	0	0	0	0	0	0
7.	Gujarat	327	1	158	0	52	0
8.	Haryana	16	0	7	0	0	0
9.	Himachal Pradesh	0	0	0	0	0	0
10.	Jammu and Kashmir	0	0	0	0	0	0
11.	Jharkhand	9	0	0	0	36	0
12.	Karnataka	200	0	32	0	14	2
13.	Kerala	23	0	3	0	0	0
14.	Madhya Pradesh	8	0	17	0	104	0
15.	Maharashtra	293	1	252	2	289	1
16.	Manipur	0	0	0	0	0	0
17.	Meghalaya	0	0	1	1	0	0
18.	Mizoram	0	0	0	0	26	0
19.	Nagaland	0	0	0	0	0	0
20.	Odisha	0	0	0	0	0	0
21.	Punjab	0	0	0	0	0	0
22.	Rajasthan	5	0	56	0	54	0
23.	Sikkim	0	0	0	0	0	0
24.	Tamil Nadu	42	3	14	0	15	0
25.	Telangana	NA	NA	NA	NA	0	0
26.	Tripura	0	0	0	0	0	0
27.	Uttarakhand	1	0	0	0	0	0
28.	Uttar Pradesh	0	0	0	0	47	0
29.	West Bengal	120	0	173	0	131	0
30.	Andaman and Nicobar Islands	0	0	0	0	0	0
31.	Chandigarh	0	0	15	0	5	0
32.	Dadra and Nagar Haveli	25	0	28	1	10	1
33.	Daman and Diu	0	0	0	0	0	0

1	2	3	4	5	6	7	8
34.	Delhi	25	0	65	1	59	0
35.	Lakshadweep	0	0	0	0	0	0
36.	Puducherry	3	0	3	0	1	0
TOTAL		1130	5	844	5	889	4

Note: 1. 2014: Andhra Pradesh Excludes data of 10 districts of Telangana from July 2014.

2. 2015: Data is different for different reference period.

3. NA stands for Not Available.

Source: National Health Profile brought out by CBHI, Dte.GHS.

(B) State-wise cases and deaths due to Acute Diarrhoeal Diseases reported during 2013-2015

Sl. No	State/UT	2013		2014		2015	
		Cases	Deaths	Cases	Deaths	Cases	Deaths
1	2	3	4	5	6	7	8
1.	Andhra Pradesh	1855496	110	1332145	10	1019612	4
2.	Arunachal Pradesh	30756	3	12657	5	7062	4
3.	Assam	105876	147	83373	73	128392	121
4.	Bihar	550281	24	550038	24	438314	36
5.	Chhattisgarh	104966	37	115561	32	131956	13
6.	Goa	16485	0	16097	4	13204	1
7.	Gujarat	427523	8	504857	3	567123	3
8.	Haryana	168527	27	197898	8	187770	4
9.	Himachal Pradesh	349904	56	350459	52	334168	69
10.	Jammu and Kashmir	591231	1	515013	0	472843	2
11.	Jharkhand	81045	4	81451	17	71887	0
12.	Karnataka	545794	81	810781	12	827942	13
13.	Kerala	372440	12	402106	9	428837	2
14.	Madhya Pradesh	535012	89	768021	112	728261	74
15.	Maharashtra	527115	0	664014	4	822737	27
16.	Manipur	25333	37	29954	32	29159	23
17.	Meghalaya	186023	12	197024	29	75641	20
18.	Mizoram	13518	12	14201	10	14215	11
19.	Nagaland	21672	0	22301	0	11050	0

1	2	3	4	5	6	7	8
20.	Odisha	656838	217	767575	190	692484	79
21.	Punjab	183533	13	170438	22	179211	37
22.	Rajasthan	545293	18	676832	17	767794	13
23.	Sikkim	42410	1	39983	2	25283	0
24.	Tamil Nadu	278701	23	250264	14	310734	8
25.	Telangana	NA	NA	NA	NA	963573	20
26.	Tripura	92826	17	80388	22	70300	4
27.	Uttarakhand	84792	12	90428	14	108974	6
28.	Uttar Pradesh	828367	272	754582	301	774832	320
29.	West Bengal	1830310	302	1896182	200	1663793	166
30.	Andaman and Nicobar Islands	29391	0	23947	2	20841	0
31.	Chandigarh	44664	2	39277	29	45284	47
32.	Dadra and Nagar Haveli	62259	0	63337	0	50907	4
33.	Daman and Diu	8615	2	12831	0	13261	2
34.	Delhi	129367	62	120618	77	148734	82
35.	Lakshadweep	7496	0	6750	0	4029	0
36.	Puducherry	79751	28	87248	11	83172	1
TOTAL		11413610	1629	11748631	1337	12233379	1216

*Note:* 1. 2014: Andhra Pradesh Excludes data of 10 districts of Telangana from July 2014.

2. 2015: Data is different for different reference period.

3. NA stands for Not Available.

*Source:* National Health Profile brought out by CBHI, Dte.GHS.

(C) State-wise cases and deaths due to Enteric Fever (Typhoid) reported during 2013-2015

Sl. No	State/UT	2013		2014		2015	
		Cases	Deaths	Cases	Deaths	Cases	Deaths
1	2	3	4	5	6	7	8
1.	Andhra Pradesh	256458	6	186446	5	131657	0
2.	Arunachal Pradesh	7359	4	4512	3	3563	10
3.	Assam	6521	0	5328	29	10049	0
4.	Bihar	261791	2	283679	4	251818	1

1	2	3	4	5	6	7	8
5.	Chhattisgarh	27457	2	32617	1	47838	1
6.	Goa	355	0	573	0	1603	1
7.	Gujarat	22962	1	29505	0	35362	1
8.	Haryana	27115	0	29990	1	31559	0
9.	Himachal Pradesh	37128	2	48786	6	40630	6
10.	Jammu and Kashmir	70859	0	57537	1	52359	0
11.	Jharkhand	24806	7	36663	7	26333	4
12.	Karnataka	61485	9	92959	1	85376	1
13.	Kerala	4325	3	2269	0	2860	0
14.	Madhya Pradesh	114578	28	155190	25	124244	8
15.	Maharashtra	81458	1	102299	0	128839	0
16.	Manipur	10927	17	10636	10	5422	0
17.	Meghalaya	9134	1	10395	8	3665	0
18.	Mizoram	2765	3	2758	4	2804	0
19.	Nagaland	12736	0	11604	0	5701	0
20.	Odisha	60337	56	90363	39	80658	38
21.	Punjab	35136	5	34651	1	34867	3
22.	Rajasthan	65331	5	83540	4	68323	0
23.	Sikkim	186	0	716	0	174	0
24.	Tamil Nadu	31440	1	29937	0	41125	0
25.	Telangana	NA	NA	NA	NA	163747	0
26.	Tripura	12849	1	10553	0	4022	1
27.	Uttarakhand	25956	0	28939	14	32034	10
28.	Uttar Pradesh	224748	161	225829	203	280746	217
29.	West Bengal	108695	39	90086	42	107949	24
30.	Andaman and Nicobar Islands	1501	3	881	0	803	0
31.	Chandigarh	3251	0	6021	0	12447	52
32.	Dadra and Nagar Haveli	4323	0	2439	0	1406	0
33.	Daman and Diu	888	0	167	0	158	0

1	2	3	4	5	6	7	8
34.	Delhi	32691	29	27339	14	24069	15
35.	Lakshadweep	3	0	3	0	29	0
36.	Puducherry	2591	1	1477	3	1738	0
TOTAL		1650145	387	1736687	425	1845977	393

*Note:* 1. 2014: Andhra Pradesh Excludes data of 10 districts of Telangana from July 2014.

2. 2015: Data is different for different reference period.

3. NA stands for Not Available.

*Source:* National Health Profile brought out by CBHI, Dte.GHS.

(D) State-wise Cases and Deaths due to Viral Hepatitis (All Causes) reported during 2013-2015

Sl. No	State/UT	2013		2014		2015 (Prov.)	
		Cases	Deaths	Cases	Deaths	Cases	Deaths
1	2	3	4	5	6	7	8
1.	Andhra Pradesh	8739	34	3716	1	2531	11
2.	Arunachal Pradesh	588	0	378	6	267	1
3.	Assam	466	0	2033	13	917	7
4.	Bihar	6736	2	20670	3	25808	2
5.	Chhattisgarh	670	5	548	4	532	6
6.	Goa	173	0	182	0	156	0
7.	Gujarat	3676	6	4808	7	3736	0
8.	Haryana	1307	1	1934	13	5020	3
9.	Himachal Pradesh	2023	14	2808	9	1739	1
10.	Jammu and Kashmir	6307	0	5110	0	4028	0
11.	Jharkhand	1444	65	1052	1	1230	1
12.	Karnataka	5415	16	6402	8	6478	21
13.	Kerala	7034	8	5567	4	3894	3
14.	Madhya Pradesh	14055	11	16145	18	12938	25
15.	Maharashtra	5851	13	6753	13	8386	9
16.	Manipur	258	0	443	0	88	0
17.	Meghalaya	518	0	643	0	253	0
18.	Mizoram	419	10	194	0	138	3
19.	Nagaland	119	0	113	0	57	0

1	2	3	4	5	6	7	8
20.	Odisha	3743	90	5069	39	4309	21
21.	Punjab	3099	6	4525	4	9330	8
22.	Rajasthan	2384	10	9719	3	3305	0
23.	Sikkim	692	1	556	0	43	0
24.	Tamil Nadu	1868	0	880	0	1066	1
25.	Telangana	NA	NA	NA	NA	1735	1
26.	Tripura	205	1	177	1	130	1
27.	Uttarakhand	8619	11	9243	9	10242	15
28.	Uttar Pradesh	9079	17	16037	50	11088	62
29.	West Bengal	4967	91	4444	63	3865	81
30.	Andaman and Nicobar Islands	231	11	262	9	80	1
31.	Chandigarh	424	1	766	21	1249	27
32.	Dadra and Nagar Haveli	90	2	32	0	48	6
33.	Daman and Diu	184	7	65	0	64	2
34.	Delhi	8290	131	6965	98	8362	76
35.	Lakshadweep	5	0	16	0	10	0
36.	Puducherry	447	10	299	3	503	2
TOTAL		110125	574	138554	400	133625	397

Note: 1. 2014: Andhra Pradesh Excludes data of 10 districts of Telangana from July 2014.

2. 2015: Data is different for different reference period.

3. NA stands for Not Available.

Source: National Health Profile brought out by CBHI, Dte.GHS.

SHRI DEREK O'BRIEN: Sir, we have finished eight questions; it is a record. Sir, before I put my supplementary, I would like to congratulate the new Minister. Sir, the question is on the National Rural Drinking Water Programme. The Budget has only shown a marginal increase from ₹ 4400 crores to ₹ 5,000 crores, and the Smart City AMRUT's Budget is about ₹ 7,000 crores. So, my question to the Minister is: In drawing up this Water Programme, why are we only focusing or seem to focus, as shown in the Budget allocations, on exogenous sources? My question is: how does she plan to develop and manage local water resources, besides bothering about the exogenous sources?



SHRIMATI ANUPRIYA PATEL: Sir, the question relates to the fatalities on account of the water borne diseases and, the hon. Member has asked, as to why we are not focusing on developing the local water resources. Sir, provision of safe drinking water is primarily the subject of the State and the Central Government is also supplementing the efforts of the State Governments. We have the Ministry of Drinking water and Sanitation which is advising the States to provide surface based water supply scheme in all the rural areas, and apart from that, these kinds of projects have a long gestation period of three to five years. So, we also have advised the States to commission the community water purification plants in the rural areas for which the NITI Aayog has given ₹ 800 crores to the States. This is how we are trying to set up the local water supply. We are trying to supplement the efforts of the States so that local water is ensured. Another is the community-based water purification plant. We intend to provide eight to ten litres of water for drinking and cooking purposes per capita, that means to every person.

SHRI DEREK O'BRIEN: Sir, I hate to say this, but when it becomes convenient then, the matter goes to States. But anyway, since the Finance Minister is also here; maybe in the answer, I will get some assurance, and we hope to get some assurance from the Finance Minister also.

MR. CHAIRMAN: Isn't that the 'name of the game', anyway?

SHRI DEREK O'BRIEN: Yes, Sir; we all have to go to him, but she has a better chance than I and Shri Nadda is also here. So, they have a double chance to reach out to him. So, the question, Sir, is, given the situation not only in Delhi, but in also many other cities, this Budget of National Rural Drinking Water seems to me too small to solve any of these problems. This Budget should be in the range of about ₹ 8,000 to ₹ 9,000 crores. So, to reach these rural drinking water goals, do the Minister and the Union Minister have a specific plan in mind as to what is the overall Budget so that they can resolve this very basic issue which people need, that is, potable drinking water.

SHRIMATI ANUPRIYA PATEL: Sir, as I have already said, the provision of safe drinking water falls within the remit of the State Governments. The Central Government is only supplementing the efforts of the State Governments to ensure the availability of safe drinking water in the rural and urban areas. For the rural areas, I have already specified the two schemes and there is a heavy Budget that has been given. We have already released ₹ 22,761.12 crores to the States for surface-based piped water supply and the NITI Aayog is also giving ₹ 800 crores for the community-based water purification plants.

And, about the AMRUT Mission,...

MR. CHAIRMAN: I am afraid, Question Hour is over.

SHRI ANUBHAV MOHANTY: Sir, I have given a privilege notice.

MR. CHAIRMAN: Just a minute, just a minute.

SHRI ANUBHAV MOHANTY: Sir, I have given a privilege notice and it is since a week now against the hon. Minister of State in the Ministry of Water Resources. Sir, it is still under examination. When can I get the reply, Sir?

MR. CHAIRMAN: Check with the Secretary-General.

The House is adjourned till 2.00 p.m.

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## WRITTEN ANSWERS TO STARRED QUESTIONS

### Credit-deposit ratio for Nationalised banks

†\*249. SHRI MAHESH PODDAR: Will the Minister of FINANCE be pleased to state:

(a) whether any criterion has been fixed regarding credit-deposit ratio of Nationalised banks, if so, the details thereof;

(b) whether the Nationalised banks in Jharkhand are not complying with this ratio; and

(c) if so, the details thereof along with the steps being taken in this regard?

THE MINISTER OF FINANCE (SHRI ARUN JAITLEY): (a) to (c) Reserve Bank of India guidelines on improving credit deposit ratio advise Scheduled Commercial Banks including Nationalised Banks to achieve a Credit Deposit (CD) ratio of 60% in respect of their rural and semi-urban branches separately on an all-India basis. The overall credit deposit ratio for the State of Jharkhand is 60.61% as on 31.3.2016 as informed by Bank of India, the convenor bank of State Level Bankers Committee (SLBC) of Jharkhand State. This includes credit sanctioned and utilised by the Scheduled Commercial Banks and Cooperative Banks within the State, credit sanctioned outside the State but utilised within the State and Rural Infrastructure Development Fund (RIDF) funds utilised by the State.

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† Original notice of the question was received in Hindi.