

(b) and (c) No such proposal in respect of CHS (Central Health Service) doctors presently is under consideration.

Diseases caused by intake of contaminated drinking water

1361. SHRI VIJAY PAL SINGH TOMAR:

SHRI HARNATH SINGH YADAV:

LT. GEN. (DR.) D.P. VATS (RETD.):

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the number of cases of contaminated water-related diseases/infections reported in the country during the last three years, State/UT-wise, particularly due to contaminated underground water;

(b) the number of deaths caused by intake of arsenic and fluoride contaminated drinking water in the endemic areas; and

(c) the measures taken or proposed to be taken by Government to combat contaminated drinking water-related health problems, particularly in the arsenic and fluoride endemic areas, State/UT-wise?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) and (b) Water borne diseases like Acute Diarrheal Disease, Cholera and Enteric fever, etc. are caused due to intake of contaminated water and unhygienic food. As per data from Central Bureau of Health Intelligence (CBHI), State / UT wise details of cases due to waterborne diseases in the country during the years 2016 - 2018 are given in the Statement (*See* below). Separate data of deaths due to intake of arsenic and fluoride contaminated drinking water are not maintained.

(c) Provision of safe drinking water and health services fall within the remit of the State 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 water borne diseases and their prevention and management.

The Ministry of Drinking Water and Sanitation have advised all States 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. 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.

Ministry of Health and Family Welfare has issued guidelines for 'Detection, Prevention and Management of Arsenicosis in India' to the Arsenic affected States. State Governments are also advised to strengthen District/Community Health Centre (CHC) infrastructure for early diagnosis, management and treatment of Arsenic affected cases and may seek necessary support in the State Program Implementation Plans (PIPs) submitted under the National Health Mission (NHM).

Government of India also supplements the efforts of States/UTs by providing financial and technical assistance through the centrally sponsored scheme Jal Jeevan Mission (JJM) which aims at providing potable water to every rural household with Functional Household Tap Connection (FHTC) at service level of 55 litre per capita per day (Ipcd) by 2024. States plan, approve and implement drinking water supply schemes. While allocating funds to States/ UTs under JJM, 10% weightage is given to the population residing in habitations affected by chemical contaminants including Arsenic and Fluoride affected habitations. States have also been advised to accord priority to quality-affected habitations while implementing piped water supply schemes under the JJM.

In March 2016, with the recommendation of NITI Aayog, an amount of ₹ 1,000 crore was released to various Arsenic and Fluoride affected States for installation of Community water purification plants and commissioning of piped water supply schemes.

Further, in March 2017, National Water Quality Sub-Mission (NWQSM) was launched as a part of National Rural Drinking Water Programme (NRDWP), which has now been subsumed under Jal Jeevan Mission, to provide safe drinking water to 27,544 Arsenic/Fluoride affected rural habitations in the country. Since 2016-17, an amount of ₹ 3940.34 Crore has been released to the Arsenic and Fluoride affected States.

Statement*(A) States/UTs wise Cases Due to Cholera reported during 2016 – 2018*

Sl. No.	State / U.T.	2016	2017	2018 (Prov.)
1	2	3	4	5
1.	Andhra Pradesh	0	0	0
2.	Arunachal Pradesh	9	0	0
3.	Assam	0	0	0
4.	Bihar	0	0	0
5.	Chhattisgarh	12	0	0
6.	Goa	0	7	0
7.	Gujarat	88	85	106
8.	Haryana	0	2	21
9.	Himachal Pradesh	0	0	0
10.	Jammu and Kashmir	0	0	1
11.	Jharkhand	5	0	0
12.	Karnataka	33	15	12
13.	Kerala	7	8	3
14.	Madhya Pradesh	42	0	26
15.	Maharashtra	107	103	40
16.	Manipur	0	0	0
17.	Meghalaya	0	0	15
18.	Mizoram	0	0	0
19.	Nagaland	0	0	0
20.	Odisha	0	0	3

1	2	3	4	5
21.	Punjab	0	0	0
22.	Rajasthan	2	17	0
23.	Sikkim	0	0	0
24.	Tamil Nadu	3	5	0
25.	Telangana	0	8	0
26.	Tripura	0	0	0
27.	Uttarakhand	0	0	0
28.	Uttar Pradesh	0	1	153
29.	West Bengal	157	112	126
30.	Andaman and Nicobar Islands	0	0	0
31.	Chandigarh	10	8	9
32.	Dadra and Nagar Haveli	15	0	2
33.	Daman and Diu	0	0	0
34.	Delhi	228	137	134
35.	Lakshadweep	0	0	0
36.	Puducherry	0	0	0
TOTAL		718	508	651

Source: Monthly Health Condition Reports from Directorate of Health Services of States/UTs.

*(B) States/UTs-wise Cases Due to Acute Diarrheal Diseases
reported during 2016 – 2018*

Sl. No	State / U.T.	2016	2017	2018 (Prov.)
1	2	3	4	5
1.	Andhra Pradesh	11,94,005	11,89,407	11,93,473
2.	Arunachal Pradesh	12,746	23,888	22,972

1	2	3	4	5
3.	Assam	88,736	1,65,347	2,34,578
4.	Bihar	3,89,399	3,09,855	2,74,792
5.	Chhattisgarh	1,57,064	1,80,587	1,39,809
6.	Goa	15,740	20,706	23,546
7.	Gujarat	6,40,602	6,19,174	7,29,132
8.	Haryana	2,24,780	2,36,752	2,19,415
9.	Himachal Pradesh	3,10,749	3,14,463	3,00,183
10.	Jammu and Kashmir	5,34,341	5,12,376	4,89,006
11.	Jharkhand	94,748	95,118	82,634
12.	Karnataka	9,30,452	9,17,488	9,23,036
13.	Kerala	4,77,435	4,52,953	5,50,659
14.	Madhya Pradesh	7,82,421	7,19,423	5,18,294
15.	Maharashtra	10,51,445	7,06,181	5,82,312
16.	Manipur	33,193	32,085	29,059
17.	Meghalaya	1,67,687	1,35,057	1,23,068
18.	Mizoram	14,849	16,310	14,678
19.	Nagaland	17,539	16,127	14,386
20.	Odisha	7,81,917	7,28,243	6,00,595
21.	Punjab	1,95,281	2,03,510	1,71,461
22.	Rajasthan	8,98,033	9,71,113	9,36,410
23.	Sikkim	49,691	41,816	41,449
24.	Tamil Nadu	3,69,325	4,15,845	3,72,705
25.	Telangana	10,07,284	4,87,099	4,88,094

1	2	3	4	5
26.	Tripura	97,653	79,432	79,561
27.	Uttarakhand	1,11,084	98,781	90,361
28.	Uttar Pradesh	11,02,042	12,57,202	13,08,083
29.	West Bengal	20,52,123	21,15,771	22,51,152
30.	Andaman and Nicobar Islands	23,547	15,751	12,660
31.	Chandigarh	49,891	51,453	56,393
32.	Dadra and Nagar Haveli	43,280	42,231	50,576
33.	Daman and Diu	13,062	15,291	13,832
34.	Delhi	1,37,664	1,28,585	1,56,161
35.	Lakshadweep	4,387	6,968	6,208
36.	Puducherry	92,379	94,360	94,042
TOTAL		1,41,66,574	1,34,16,748	1,31,94,775

Source: Monthly Health Condition Reports from Directorate of Health Services of States/UTs.

Shortage of nurses in India

1362. SHRIMATI SHANTA CHHETRI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government is aware that India has only 1.7 nurses available per 1,000 population, which is less than the WHO recommendation of 2.5 nurses per 1,000 population;

(b) if so, the details thereof and the steps being taken to improve the situation for better healthcare services in the country; and

(c) if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) As per Indian Nursing Council