

GOVERNMENT OF INDIA
MINISTRY OF JAL SHAKTI
DEPARTMENT OF DRINKING WATER AND SANITATION
LOK SABHA
UNSTARRED QUESTION NO. 1943
TO BE ANSWERED ON – 14.12.2023

Technology to Treat Water

1943. Shrimati Shardaben Anilbhai Patel:

Will the Minister of JAL SHAKTI be pleased to state:

- (a) the share of funds being allocated for research to find a suitable solution to develop technologies to treat arsenic-laden water;
- (b) the steps taken by the Government to provide proper medical care to arsenic-affected people to reduce the effects of poisoning;
- (c) whether it is a fact that the majority of people affected by arsenic contamination in the country live in rural areas and are not aware of the poisoning and possible treatment procedures; and
- (d) if so, the steps taken by the Government to increase awareness for the same?

ANSWER

THE MINISTER OF STATE FOR JAL SHAKTI
(SHRI RAJEEV CHANDRASEKHAR)

(a) to (d) Government of India is committed to make provision for safe & potable tap water supply in adequate quantity, of prescribed quality and on a regular & long-term basis to all rural households in the country. Towards this end, the Government of India launched the Jal Jeevan Mission (JJM), being implemented in partnership with states, since August 2019. Drinking Water is a state subject, and hence, the responsibility of planning, approval, implementation, operation, and maintenance of drinking water supply schemes, including those under the Jal Jeevan Mission, lies with State/UT Governments. The Government of India supports the States by providing technical and financial assistance.

Significant progress has been made in the country since the launch of Jal Jeevan Mission, towards enhancing access to tap water to rural households. At the start of Jal Jeevan Mission in August 2019, only 3.23 Crore (16.8%) rural households were reported to have tap water connections. So far, as reported by States/ UTs as on 07.12.2023, around 10.53 Crore additional rural households have been provided with tap water connections under JJM. Thus, as on 07.12.2023, out of 19.24 Crore rural households in the country, approximately 13.76 Crore (71.51%) households are reported to have tap water supply in their homes.

Under JJM, while allocating the funds to States/ UTs, 10% weightage is given to the population residing in habitations affected by chemical contaminants (includes Arsenic

affected habitations). States/ UTs have been advised to plan and implement piped water supply schemes based on alternative safe water sources for the villages with water quality issues on priority.

It was envisaged that planning, implementation and commissioning of piped water supply scheme based on a safe water source in such habitations may take time, therefore, purely as an interim measure, States/ UTs have been advised to install community water purification plants (CWPPs) especially in Arsenic and Fluoride affected habitations to provide potable water to every household to meet their drinking and cooking requirements.

As a result of provisions made in the operational guidelines for the implementation of Jal Jeevan Mission, the number of habitations reported as arsenic affected in JJM IMIS has decreased from 14,020 habitations on 01.04.2019 to 378 habitations as on 11.12.2023. All these remaining 378 habitations have been provided with Community Water Purification Plants (CWPPs) as an interim measure.

Furthermore, for assured delivery of safe water, strengthening, up-gradation, improving the functioning of drinking water quality testing laboratories technical and financial support is being given under JJM. As reported by States/ UTs, as on 12.12.2023, there are 2,111 drinking water quality testing laboratories at different levels viz. State, District, sub-division and/ or block level in the country. Out of 2,111 laboratories, 1,328 laboratories have been National Accreditation Board for Testing and Calibration Laboratories (NABL) accredited/ recognized. To encourage water quality testing to ensure potable drinking water supply, States/ UTs have opened water quality testing laboratories to general public for testing of their water samples at a nominal rate.

In order to empower citizens, States/ UTs have been advised to identify and train 5 persons, preferably women, in every village to conduct water quality testing using Field Testing Kits (FTKs)/ bacteriological vials at village level and report the same on the Water Quality Monitoring Information System (WQMIS) portal. So far, as reported by states/UTs, more than 23.40 lakh women have been trained for testing water using FTKs.

The Government of India is actively working with academic institutions such as IITs, to supplement the efforts of the States by providing advice on various technologies available to address such issues. The research studies are being funded under the scheme “Research and Development Programme in Water Sector and Implementation of National Water Mission” of Ministry of Jal Shakti. Also, there is a provision of funding water related research activities under Jal Jeevan Mission. In addition, Department of Science and Technology (DST) has been providing funds for arsenic removal and mitigation technology projects.

In order to provide relief to people affected by the excess arsenic in water and prevent further exposure, technical guidelines for “Detection, Prevention and Management of Arsenicosis in India” have been prepared by Ministry of Health & Family Welfare and shared with the affected States for use by the health authorities and programme managers. These are also to be used for training of field functionaries such as medical officers, paramedical workers, etc. The guidelines are available on the websites of Directorate General of Health Services and Ministry of Health & Family Welfare.

Central Ground Water Board organizes various awareness programme including Public

Interaction Programs (PIP) on local ground water issues, wherein the stakeholder including the local public are imparted information on various quality related issues.

In order to create awareness of disease symptoms and prevention of Arsenicosis, Ministry of Health & Family Welfare has also shared IEC material with the affected States.

Under JJM, States/ UTs can utilize up to 2% of their annual allocation of funds under JJM for Water Quality Monitoring & Surveillance (WQM&S) activities including awareness generation on water quality issues, water-borne diseases, and health impacts.
