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Opinion - News Analysis

MDG and India's drinking water: racing ahead at what cost?

Keya Acharya

It is 'nearly impossible' to monitor a centralised water system in India.

India has committed to the United Nation's Millennium Development Goals (MDG), officially adopted in 2002 by 189 countries. The eight MDGs range from halving, by 2015, extreme poverty to ensuring environmental sustainability. Progress is being actively tracked.

It is within the goal of environmental sustainability that the issue of drinking-water and sanitation has come into focus in India. Beyond committing to halving by 2015, the numbers in India who lack access to safe water and sanitation, India is also signatory to the U.N. International Year of Sanitation 2008.

The concern is that the racing towards fulfilling the MDG of supplying drinking-water to all is coming at an unduly heavy price. Granted, we have to race towards providing water to all 61 years after independence, but we need to ensure that it is sustainably achieved.

Government efforts

Initial government efforts to provide drinking-water looked at infrastructure, such as laying of pipes and hand pumps, which turned in the 1970-80s to financial assistance to States for technology. The Rajiv Gandhi National Drinking Water Mission, in force since 1991 has now morphed into the Bharat Nirman programme for integrated development of roads, electricity, telephone, irrigation and drinking-water infrastructure.

Efforts at sanitation took longer, with the Total Sanitation Campaign (1999) aiming to eradicate open defecation by 2010. Key intervention areas are household latrines and sanitation-education for schools.

With India's commitment to the MDGs, the budget outlay for the entire spectrum spurted from 16,711 crores in 1992-97 to 39,538 crores in 1997-2002 and 42,000 crores in the 10th Plan till 2007.

Current achievements

The statistics show significant progress. By 2005, 94 per cent of rural populations and 91 per cent of urban areas had access to safe drinking water, up from 68.2 per cent in the 2001 census. Government data shows 1.27 million of the total 1.42 million rural habitations are fully covered, 0.13 million are partially covered and 15, 917 habitations are not covered. The 11th Plan aims to cover all households.

Forty-eight per cent of rural populations have access to toilets, with the Total Sanitation Campaign operational in 578 of India's 600 rural districts, aiming to achieve full coverage by 2012, ahead of the MDG's scheduled 2015. (UNICEF)

And current reality

Wateraid India, however, says the statistics stem more from physical infrastructure than from actual functioning. A 2006 World Bank report notes that piped, treated water is available only for short periods daily, leaving poor populations vulnerable to other generally polluted sources. Hand-pumps may take months to repair, latrines do not get used for their purpose while blocked sewers and dysfunctional pumping-stations are familiar occurrences in urban

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Water quality

But the most serious malfunction in India's water-supply system is its hazardous quality and gigantic cost to human health and our exchequer. Consider this: India ranks 120th out of 122 countries in potable water-quality.

In 2005, a Central Pollution Control Board countrywide survey found 66 per cent of samples had unacceptable organic values, while 44 per cent had coliform, occurring generally from faeces.

Chemical contamination through over-exploitation of groundwater, resulting in excessive iron, nitrates, arsenic and fluoride is equally widespread. Even more disturbing is that 80 per cent of the government's supply is dependent on this groundwater. Arsenic contamination is now grim reality in, ironically, almost the entire Gangetic belt notwithstanding its ample rivers while fluoride contaminated drinking-water similarly affects 20 States.

Health cost

Not surprisingly, we now have a huge health problem. Around 37.7 million people are affected by waterborne diseases annually (viral hepatitis, cholera, jaundice, typhoid are examples) while 1.5 million children die from diarrhoea alone every year. Ten million people are vulnerable to cancers from excessive arsenic and another 66 million are facing risk of fluorosis, now endemic in 17 States.

Fluorosis is affecting future generations too through pregnant mothers whose anaemia is caused by fluorosis, says the Delhi-based Fluorosis Research and Rural Development Foundation. Anaemia produces low birth-weight babies who in turn manifest their mothers' nutritional deficiencies through physical and mental deformities. The organisation has data of high fluoride-levels in drinking-water in villages with a prevalence of deformed children from Madhya Pradesh, Jharkhand, Assam and Uttar Pradesh.

The health impacts of drinking-water with other environmental pollutants such as industrial wastes have not even been properly studied yet.

Cost to the exchequer

India has spent an estimated Rs. 1,105 billion on providing safe drinking water. The World Bank says meeting the MDG target in urban areas requires another approximate 925 billion for the 11th and 12th plans and recurrent expenditures of similar amount.

Meeting the MDG target in rural areas requires approximately Rs.700 billion for the 11th and 12th Plans, with similar recurrent expenditure.

Yet the economic burden from 'bad' drinking water remains enormous. Nearly 73 million working days and approximately 2400 crores are lost every year due to illness. The poor, who are the most vulnerable since they cannot afford to buy potable water, spend approximately 6700 crores on treatment of water-borne diseases.

Mr. Bharat Lal, director of DDWS and Rajiv Gandhi National Drinking Water Mission admits that water quality has been secondary to providing access and that monitoring the impact of that water subsequently "is not happening." He also says there is hardly any trained staff to check for pollutants like arsenic and fluoride.

In fact, outside of just four water-testing laboratories and the Fluorosis Research Foundation in Delhi, Gujarat is the only State currently establishing a regional monitoring network. The State's additional director of family welfare, Vikas Desai, rues that it is "ultimately 'health' [health department] that has to deal with the outcome of an essentially environmental problem."

What to do?

The challenge is huge, but we have no choice but tackle it.

The success of the recently-launched National Rural Drinking Water Quality Monitoring and Surveillance Programme hinges on coordination with the numerous agencies involved in water supply. As Mr. Lal points out, it is 'nearly impossible' to monitor a centralised water system in a country this large.

However, dependence on central financing for water schemes could well be leveraged for surveillance-commitments from States. NGOs too need to get involved.

(Keya Acharya is a journalist specialising in environment and development issues.)

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